



THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

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**House Committee on Appropriations  
Children's Mental Health in the Wake of the Santa Fe Tragedy**

October 9, 2018

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# Meadows Mental Health Policy Institute

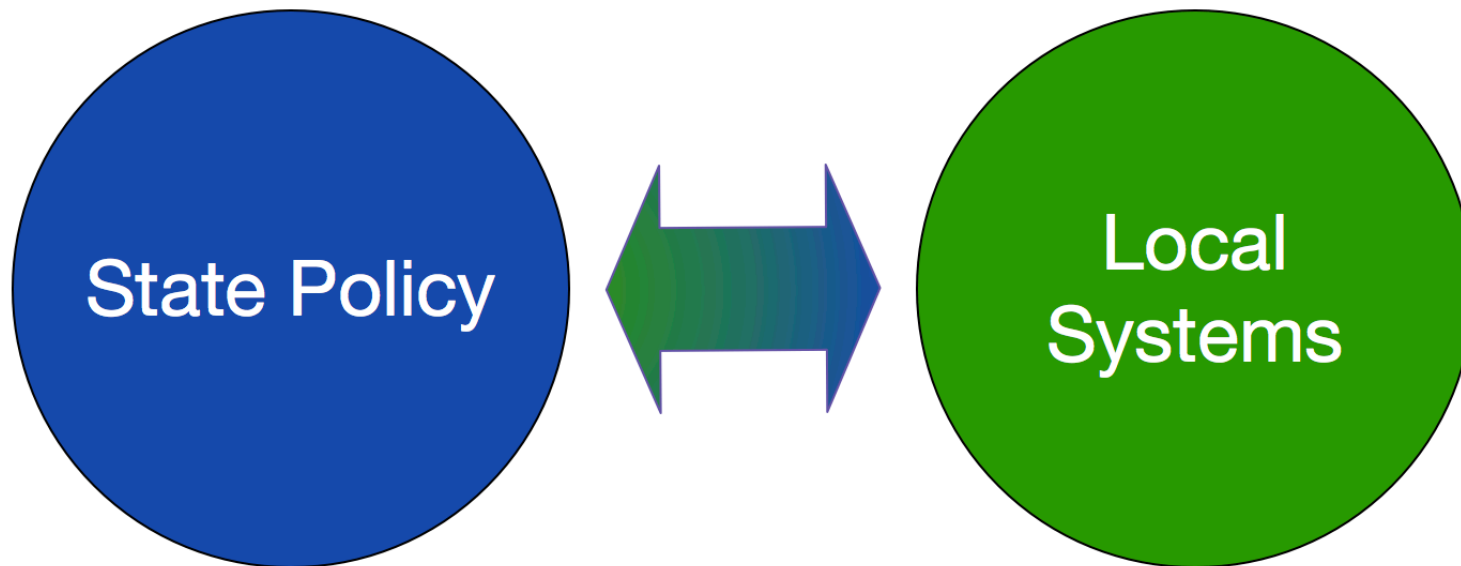
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## Vision

We envision Texas to be the national leader in treating people with mental health needs.

## Mission Statement

To provide independent, non-partisan, and trusted policy and program guidance that creates systemic changes so all Texans can obtain effective, efficient behavioral health care when and where they need it.



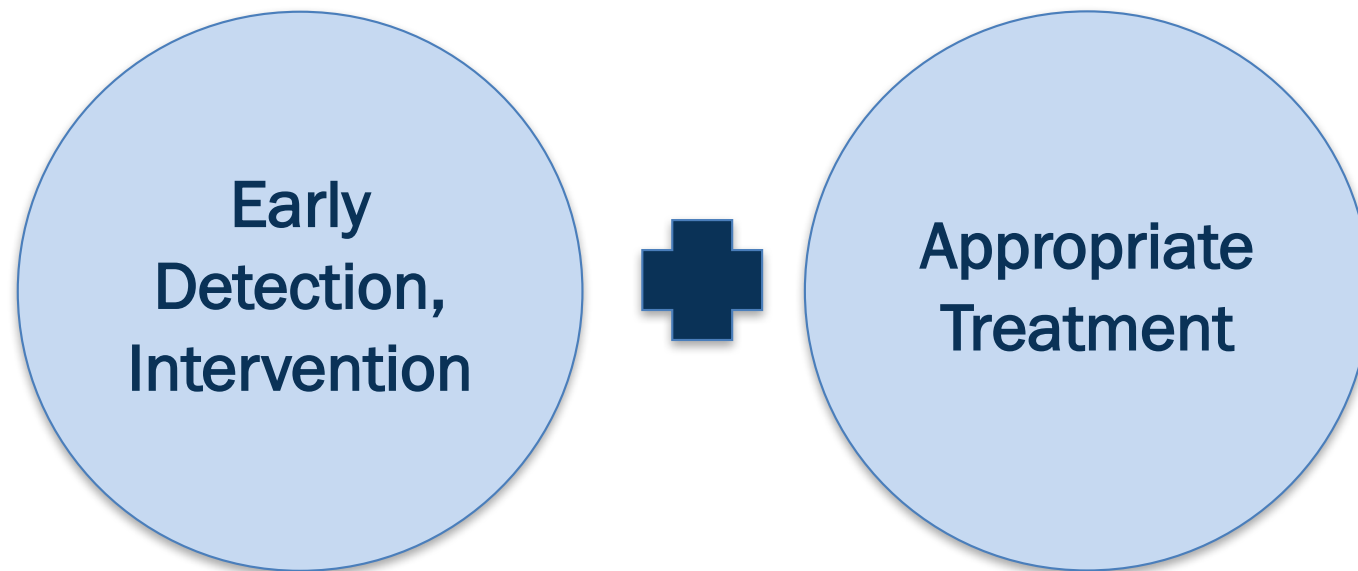
# Needs Among Texas Children and Adolescents

Mental Health Condition – Children and Youth	Age Range	Texas Prevalence
Total Population	6-17	4,900,000
Population in Poverty	6-17	2,300,000
<b>All Behavioral Health Needs (Mild, Moderate, and Severe)</b>	6-17	<b>1,900,000</b>
Mild	6-17	1,100,000
Moderate	6-17	430,000
Severe – Serious Emotional Disturbance (SED)	6-17	370,000
SED in Poverty	6-17	210,000
<b>At Risk for Out-of-Home / Out-of-School Placement</b>	<b>6-17</b>	<b>20,000</b>
<b>Specific Disorders – Youth (unless otherwise noted)</b>		
Depression	12-17	200,000
Bipolar Disorder	12-17	50,000
Post-Traumatic Stress Disorder	12-17	95,000
Schizophrenia	12-17	6,000
<b>First Episode Psychosis (FEP) Incidence – New Cases per Year</b>	<b>12-17</b>	<b>900</b>
<b>Specific Disorders – Children Only</b>		
All Anxiety Disorders – Children	6-11	270,000
Depression/All Mood Disorders – Children	6-11	25,000

# The Progression of Mental Health Conditions

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- Half of all mental health conditions manifest by age 14; interventions work best at this early stage when symptoms are *less severe*, *more treatable*, and *more readily kept from escalating* to more dangerous conditions that increase risk.
- By young adulthood, **75% of lifetime cases have presented.**



# The Ideal Mental Health System for Children

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## THREE KEY COMPONENTS:

- 1) Helping local schools **identify** needs and **link** to help:
  - **Early, before situations** become harder to treat; and
  - **Fast**, when a **severe** need arises and expertise is essential to maintain **safety** and **functioning**;
- 2) Helping pediatric primary care providers **find and treat mental illness early** when it is mild to moderate; and
- 3) Making **intensive treatment available** to children and youth with the most severe needs, *quickly, when needs emerge.*

# 1. Helping Local Schools Get Expert Evaluation

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All schools need someone to coordinate identification and linkage (“liaisons”) – school counselors with dedicated time for mental health, school-based clinics, Communities in Schools, and others can fill this role.

- When a severe need arises, schools must be able to get expert evaluation on the scene *quickly*, and teachers and staff need rapid access to reliable advice and care.
- A few Texas schools have mental health experts on site, but that solution is not feasible for most schools and no single expert can answer every question.
- Telemedicine offers the infrastructure to fill the expertise gaps.

# Funding Opportunities: TEA

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The Texas Education Agency (TEA) Legislative Appropriations Request (LAR) proposes the Safe and Healthy Schools Initiative as *their highest priority exceptional item*.

- \$52.5 million in grant funding is requested in FY 2020 (GR).
- The Initiative is grounded in four primary pillars: 1) **Mental Health Supports**; 2) Positive School Culture; 3) Facility Safety; and 4) Emergency Response Coordination.
- **Mental Health Supports** includes access to counseling resources, mental health professional networks, threat assessment protocols, and teacher and administrator training on mental health needs.

# Funding Opportunities: HB 13

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HB 13 (Price) created the **Community Mental Health Grant Program** to support community mental health programs that provide services and treatment to individuals experiencing mental illness.

- **Nonprofits and governmental entities, including school districts**, may apply.
- Funding: **\$10 million** in FY 2018 and **\$20 million** in FY 2019.
- **The Legislature should fund HB 13 at levels of at least \$20 million in both FY 2020 and FY 2021 (GR).**



## 2. Leveraging Pediatric Primary Care Providers

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75% of children with mental health issues who receive care, receive it in a primary care setting (family doctor, pediatrician).

- With the right early support, *most would not need a specialist.*
- In addition to routine care for most (including victims), it is **key to early identification, referral, & coordination** for higher risks.
- Over a decade of research demonstrates that primary care providers can treat behavioral health issues as they would any other health issue – **treating mild and moderate cases** and **detecting the more complex or severe cases** for specialists.

### Current Barriers

- **limited time** during each visit
- **minimal training** and a lack of confidence in **knowledge** of behavioral health disorders
- **limited capacity** to link cases to needed specialists and behavioral health consultation

# Leveraging Primary Care: Child Psychiatry Access Programs (CPAP)

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- Nearly 30 states have implemented CPAP programs.
- The Massachusetts Child Psychiatry Access Program, established in 2004, is the longest-running program.

A statewide system of regional children's behavioral health consultation and referral hubs located at academic medical centers.

Each hub can build over a few years to support the primary care needs of 900,000 children and youth.

Once fully operating, the cost is \$2 a year per child.

# Funding Opportunities: CPAP

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In response to Hurricane Harvey, local philanthropy funded a CPAP model for Harris County and the surrounding region that was developed by Baylor College of Medicine, UTHealth Houston, Texas Children's Hospital, and Harris Health.

*While a great start, philanthropy alone cannot sustain this initiative.*

- *The Legislature should fund a network of CPAP hubs across the state through Texas medical schools, leveraging the experience of the Chairs of the Departments of Psychiatry. Appropriations are estimated to be \$5 million in FY 2020 and \$10 million in FY 2021 (GR).*

### 3. Making Intensive Treatment Available

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About 20,000 children and youth each year need intensive treatment because of severe behavioral dysfunction.

- *They do not all need the same treatment.*
- **Highest risk of harming others:** About **900** Texas youth who first experience an episode of psychosis (FEP) each year.
- Psychosis is characterized by **hallucinations** and **delusions**.
  - Those with *untreated psychosis* are 15 times more likely to **commit homicide**. Effective treatment decreases the risk.
  - They also have a dramatically **elevated risk of suicide** and **other mortality**: 24 times the risk for their peers.
  - Today, treatment is delayed for seven years post-onset.

# Treating Psychosis: Coordinated Specialty Care

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Coordinated Specialty Care (CSC), a team-based approach, starts *assertive and intensive treatment as soon after the initial psychosis as possible*.

Texas currently has **12 Coordinated Specialty Care** teams located at **10 community centers** across the state.

- Expected caseload for each team is **30**.
- Most are **age 18 or over** and served as adults.

Texas should at least expand Coordinated Specialty Care programs for all youth ages 14 - 18 (900 new cases a year).

- *Community centers and medical schools should collaborate to provide the care, leveraging the expertise of each system.*

# Funding Opportunities: CSC Expansion

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The Substance Abuse and Mental Health Services Administration (SAMHSA) recently increased the Mental Health Block grant (MHBG) award to the Health and Human Services Commission (HHSC).

- HHSC will use \$3.7 million in increased MHBG allocation to fund **Coordinated Specialty Care expansion** in FY 2019.

The HHSC Legislative Appropriations Request (LAR) is seeking \$7.9 million in both FY 2020 and FY 2021 (GR) to fund **Coordinated Specialty Care expansion** (Item 19).

- *These appropriations are scalable as **each new team would cost approximately \$400,000 per year.***

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*The truth is: mental illness affects more people than you may think, and we need to talk about it. It's Okay to say..."* [okaytosay.org](http://okaytosay.org)

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