



THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

---

**House Committee on County Affairs**  
**Intervening Early to Address the Mental Health Needs of Texas Children**

Andy Keller, PhD | March 7, 2019

---

# Meadows Mental Health Policy Institute

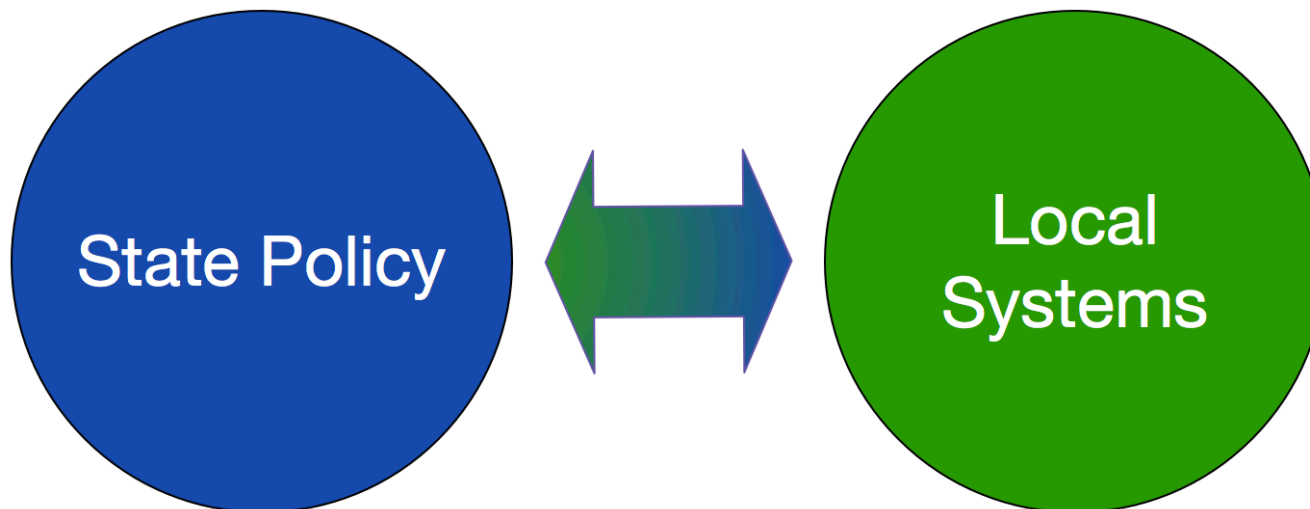
---

## 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.



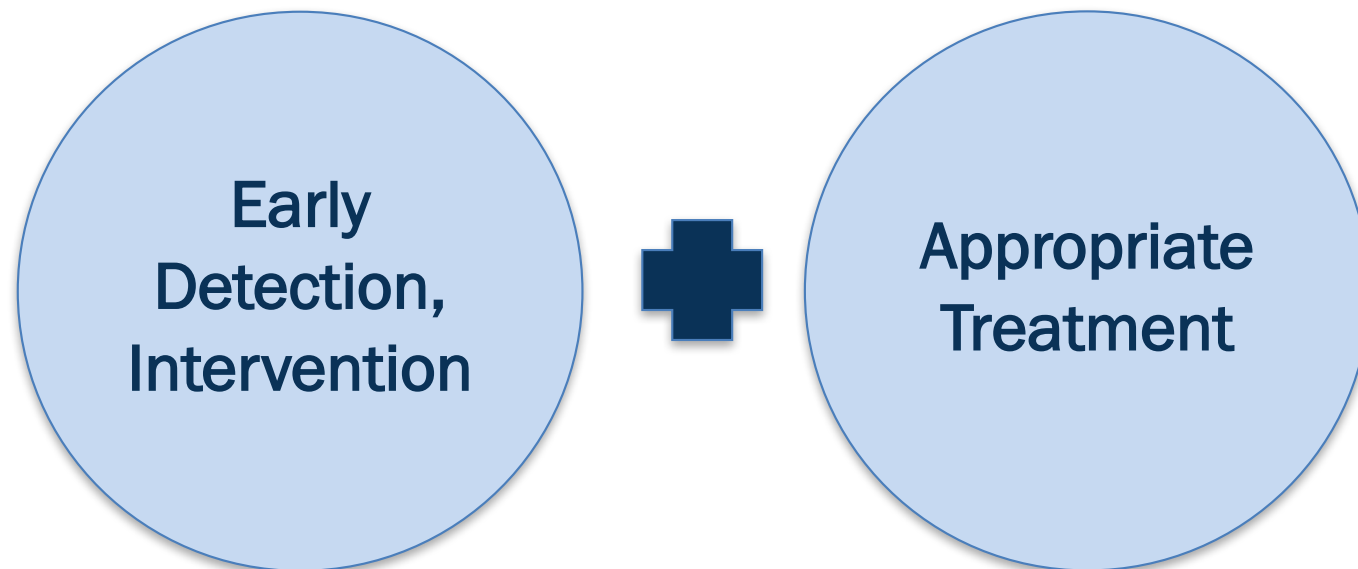
# Needs Among Texas Children and Youth

Twelve-Month Prevalence of Mental Health Disorders in Children / Youth in Texas, 2016	Prevalence
<b>Total Population – Children and Youth (Ages 6 to 17)</b>	<b>4,900,000</b>
All Behavioral Health Needs (Mild, Moderate, Severe)	1,900,000
Mild and Moderate Conditions	1,530,000
Severe Emotional Disturbance (SED)	370,000
SED in Poverty	210,000
At-Risk of Out-of-Home / Out-of-School Placement	20,000
<b>Specific Disorders</b>	
Depression - Youth	200,000
Bipolar Disorder - Youth	50,000
Posttraumatic Stress Disorder - Youth	95,000
Schizophrenia - Youth	6,000
First Episode Psychosis - Youth	900
Obsessive-Compulsive Disorder – Children/Youth	100,000
All Anxiety Disorders – Children	270,000
Depression/All Mood Disorders – Children	25,000
Deaths Due to Suicide	149

# The Progression of Mental Health Conditions

---

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



# The Ideal Mental Health System for Children

---

## 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

---

All schools need someone to coordinate identification and linkage (“liaisons”). This role can be filled by school counselors with dedicated time to address mental health concerns, school-based clinics, Communities In Schools, and others.

- 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 and telehealth offer the infrastructure to fill the gaps in expertise.

# 86(R) Funding Opportunities

---

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 for FY 2020.
- The Initiative is grounded in four primary pillars: 1) **Mental Health Supports**; 2) Positive School Culture; 3) Facility Safety; and 4) Emergency Response Coordination.

**85(R) HB 13 (Community Mental Health Grant Program)** supports *community mental health programs* that provide *services and treatment* to people experiencing mental illness. School districts may apply.

## 2. Leveraging Pediatric Primary Care Providers

---

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

- With the right early support, *most would not need a specialist.*
- In addition to routine care, pediatric primary care 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)

---

- 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 expand over a few years to support the primary care needs of 500,000 children and youth.

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

# CPAP Opportunity

---

In response to Hurricane Harvey, local philanthropy funded CPAP prototypes in Harris County and the surrounding region that were developed by Baylor College of Medicine, UTHealth Houston, Texas Children's Hospital, and Harris Health. Children's Health in Dallas also has a long-standing project.

*Philanthropy alone cannot sustain this initiative.*

*86(R) SB 10 (Nelson) establishes a network of CPAP hubs across Texas through state-funded medical schools.*

*86(R) HB 10 (Thompson) proposes a more specific model, known as a child psychiatry access line, for providers who use telemedicine.*

### 3. Making Intensive Treatment Available

---

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 five years post-onset.

# Treating Psychosis: Coordinated Specialty Care

---

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**.

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

# CSC Expansion Opportunity

---

Last year, the **Substance Abuse and Mental Health Services Administration** increased the **Mental Health Block grant** award to the **Health and Human Services Commission (HHSC)**.

- HHSC is using **\$3.7 million** of this increase to fund **Coordinated Specialty Care** expansion in FY 2019.
- Teams will be located at **23** **community centers** in FY 2019.

The **HHSC** Legislative Appropriations Request (LAR) is seeking **\$10.5 million** for the 2020-21 biennium to fund **Coordinated Specialty Care** expansion (Exceptional Item 19).

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

TEXAS STATE  
— of —  
MIND

---

THE MEADOWS MENTAL HEALTH  
POLICY INSTITUTE FOR TEXAS

---



THE HACKETT CENTER

FOR MENTAL HEALTH



*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)