Intervening Early to Address the Mental Health Needs of Texas Children

Andy Keller, PhD | March 7, 2019
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.

Vision
We envision Texas to be the national leader in treating people with mental health needs.
### Twelve-Month Prevalence of Mental Health Disorders in Children / Youth in Texas, 2016

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

*Figures rounded for simplicity; citations available on request*
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**.

![Diagram: Early Detection, Intervention + Appropriate Treatment]
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**.
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.
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