THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

Joint Hearing: House Committees on Public Health and Public Education
Children's Mental Health in the Wake of Santa Fe

Andy Keller, PhD | June 28, 2018

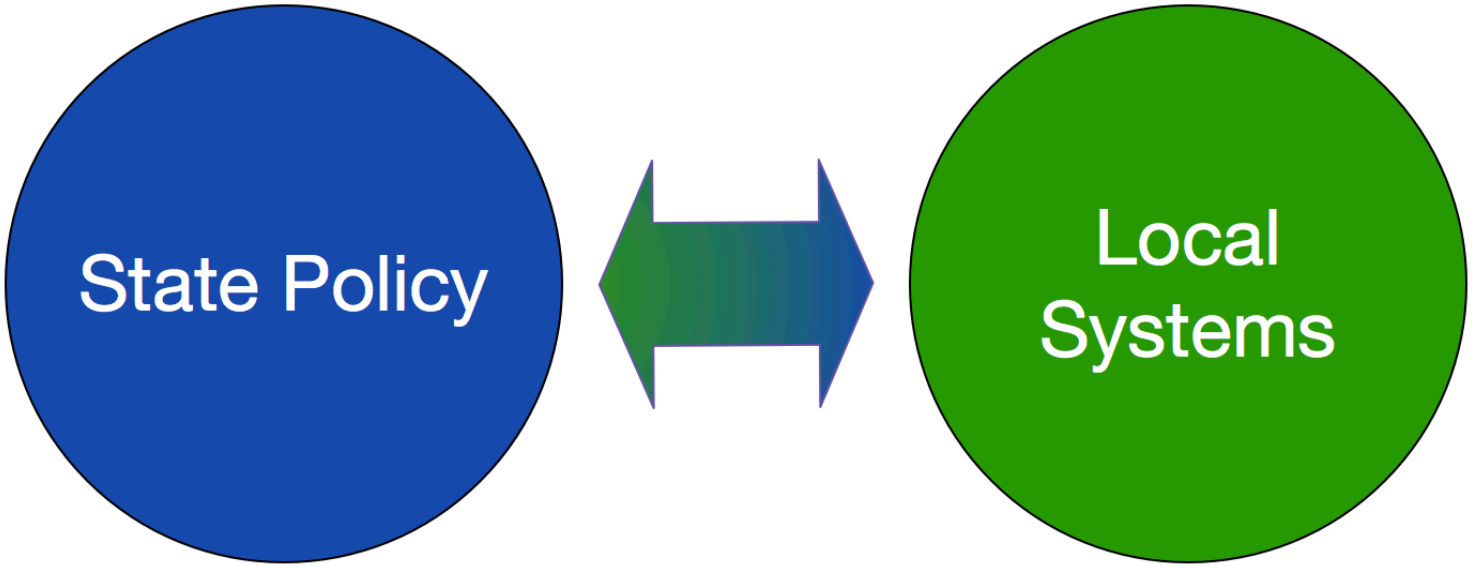
Meadows Mental Health Policy Institute

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.



The Link Between Violence and Mental Illness

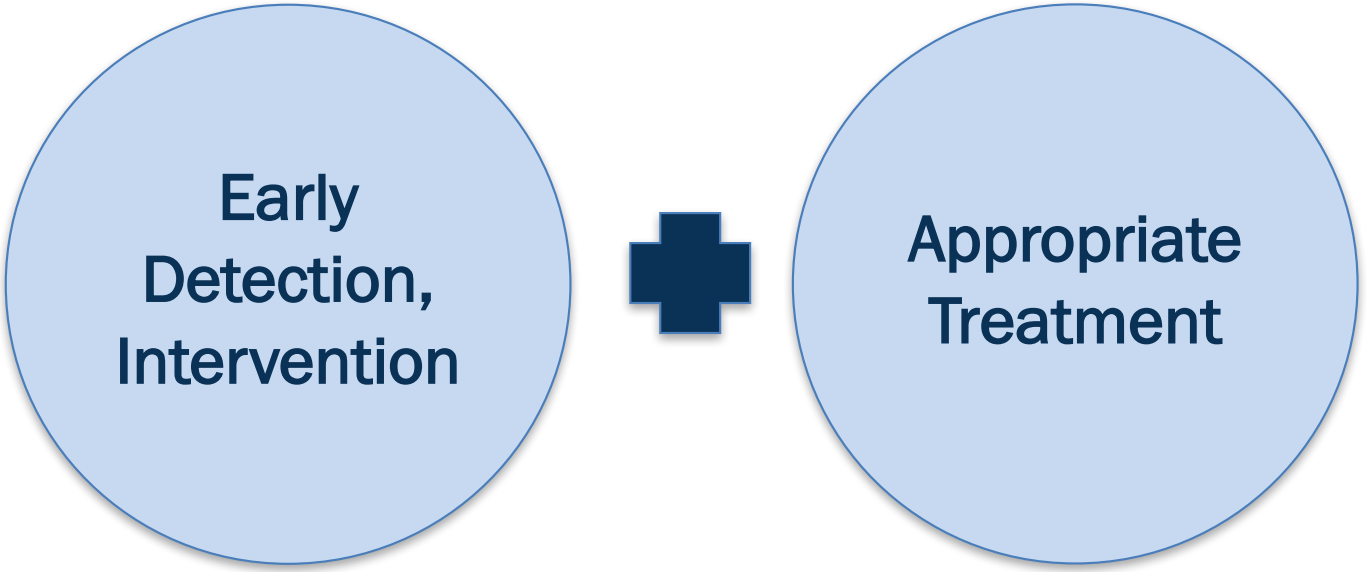
- **Mild to moderate mental illness** is *not a risk factor for violence*; *other factors drive violence* (substance use, criminogenic risk).
- **Severe mental illness** drives **slightly more risk.**
  (3 in 100 versus between 1 and 2 in 100)
- Specific subsets are at **higher risk**:
  - **20,000 children and youth with the most severe needs** and the fewest economic and family resources
  - 900 youth with **new psychotic disorders** each year are at the **highest risk**:
    - **15 times more likely to commit homicide if untreated**
    - **Prompt and effective treatment dramatically decreases the increased risk**

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
All Behavioral Health Needs (Mild, Moderate, and Severe)	6-17	**1,900,000**
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
At Risk for Out-of-Home / Out-of-School Placement	6-17	**20,000**
Specific Disorders – Youth (unless otherwise noted)		
Depression	12-17	200,000
Bipolar Disorder	12-17	50,000
Post-Traumatic Stress Disorder	12-17	95,000
Schizophrenia	12-17	6,000
First Episode Psychosis (FEP) Incidence – New Cases per Year	12-17	**900**
Specific Disorders – Children Only		
All Anxiety Disorders – Children	6-11	270,000
Depression/All Mood Disorders – Children	6-11	25,000

The Progression of Mental Health Conditions

- **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**, including many more severe cases, most notably psychosis.



The Ideal Mental Health System for Children

MMHPI's ***Harris County Mental Health Services for Children, Youth, and Families: 2017 Assessment*** described an **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 – full PTSD, complex depression / bipolar disorder, OCD, and psychosis.

1. Helping Local Schools Get Expert Evaluation

About **one in five children with mental health needs have more *severe* needs**, and traumas – whether hurricanes, school shootings, or individual traumas (abuse) – increase the risk.

- **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 needs 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*.
- **Telemedicine** offers the infrastructure to **fill the gaps.**

Getting Expert Evaluation Fast - TWITR

The **Telemedicine Wellness, Intervention, Triage, and Referral (TWITR) Project**, developed by the **Texas Tech University Health Science Center** combines ***risk-based screening in schools*** with ***rapid access*** to physicians and other professionals able to ***assess the risk*** and ***facilitate linkages*** to needed treatment.

- **Texas medical schools** could collaborate to oversee and expand TWITR to *ensure consistency and collaboration*.
- **Expert evaluation maximizes** the chance **to prevent harm.**
- This **telehealth infrastructure** can be built on over time, making the growing expertise of our medical schools available in each local region and leveraging expertise across schools.

2. Leveraging Pediatric Primary Care Providers

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)

- **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.

Each hub is located at an **academic medical center**.

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**.

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.***
- ***Current care capacity is adequate for one in 20 (at most).***
- **Highest risk of harming others:** About **900 Texas youth** (plus about 2,000 young adults who first experience an episode of **psychosis (FEP)** each year. **Psychosis: hallucinations** (to hear or see unreal things) and **delusions** (false and bizarre beliefs).
  - 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

Coordinated Specialty Care, a **team-based approach** (also known as **FEP Care**), 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**.
- According to recent data: of 319 active cases, 24% have **Medicaid**, 13% have **other insurance**, and 63% are **indigent.**
- Care takes about **two years**, on average.

Expanding Coordinated Specialty Care

Nationally, the **21st Century Cures Act expanded these programs** by requiring that 10 percent of federal Mental Health Block Grant funding be used to help *expand* **Coordinated Specialty Care.**

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

- Costs to the state can be *minimized* and effectiveness *maximized* by designing a **bundled-payment model** in Medicaid and CHIP (most components are currently covered).
- **Access for those with private insurance is also critical.** A work group may be necessary to ensure compliance with parity.
- **Community centers** and **medical schools** should ***collaborate to provide the care***, leveraging the expertise of each system.

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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

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