

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

Scaling Digital Delivery of Brain Health and Mental Health Care in Texas

Andy Keller, PhD | October 2022

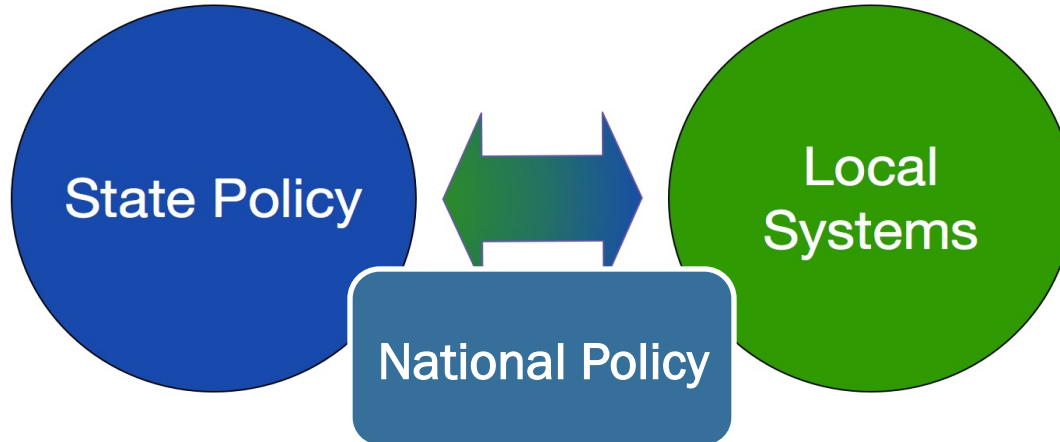
Meadows Mental Health Policy Institute

Vision

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

Mission

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



How Texas Views our European Friends

- As partners to address the pre-COVID BH/MH “epidemic” that our necessary responses to COVID made worse, especially for youth.
 - *Example: Our new MOU with La Fondation FondaMental*
- As co-investors to responsibly deploying better ways to meet these challenges given the challenges of inequitable access and insufficient workforce that conventional policy and current practice cannot on their own address.
 - *Example: Scaling the best products worldwide in Texas*
- As co-designers in sharing our resources to move faster, better.
 - None of us have the resources to do do this alone.
 - *Examples: Replicating your research partnerships, learning from the new European Mental Health Initiative*

How Texas Views our Friends in the United States



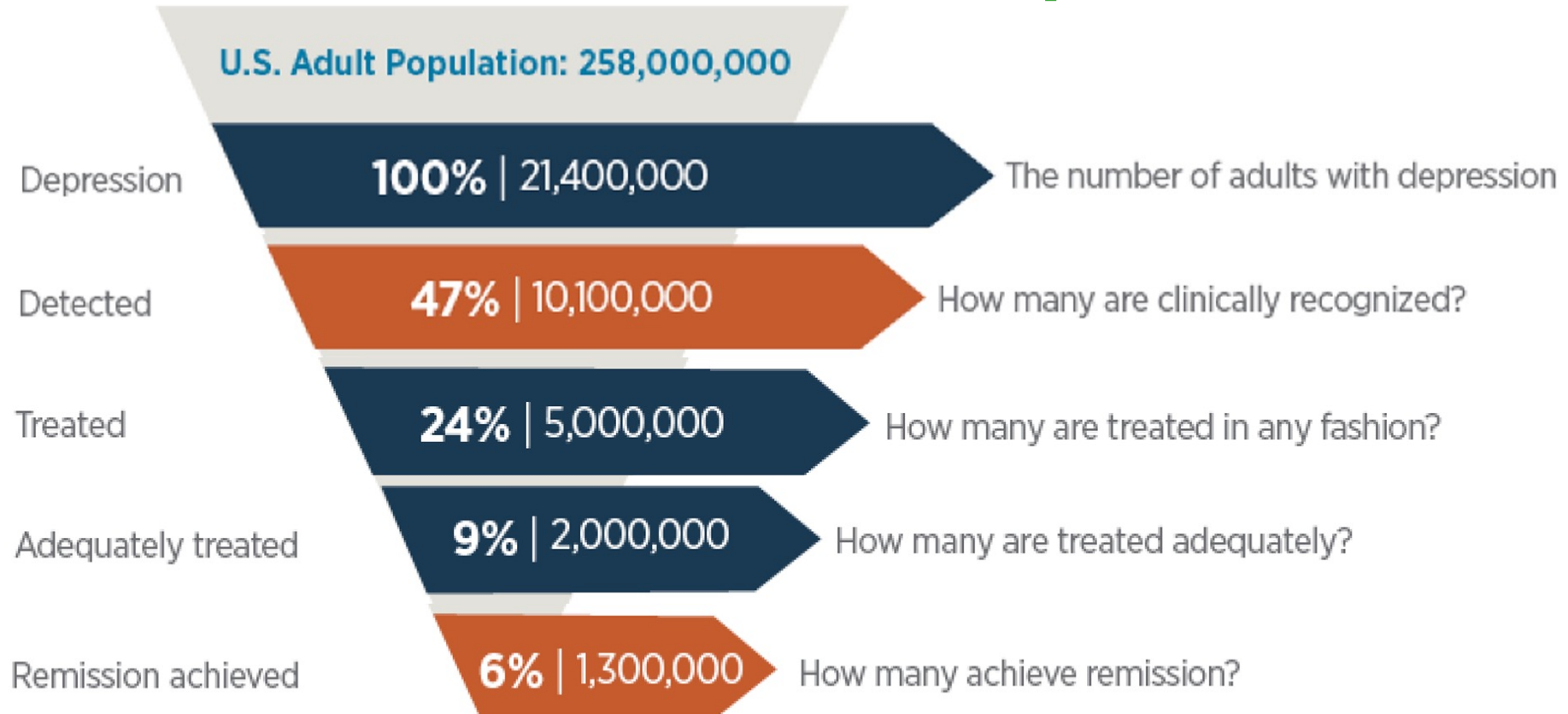
A Texas-Sized Vision for Digital BH Innovation

Texas as an Ecosystem of Scalable Innovation in Behavioral Health

1. **Internal learning initiative > culture of innovation.**
2. **Investment action plan** in partnership with venture capitalists and venture philanthropists.
3. **Behavioral health demonstration projects** across Texas.
4. **Identifying & vetting quality digital mental health solutions** for healthcare, schools, justice, community systems.
5. **Advancing policy that integrates digital solutions** into existing healthcare infrastructure.

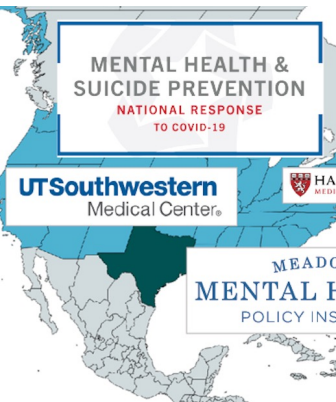


A “Texas Sized” Problem: Depression



A Time for United Action

The Lancet Commissions



Time for united action on depression: a Lancet–World Psychiatric Association Commission

Helen Herman, Vikram Patel*, Christian Kieling*, Michael Berk†, Claudia Buchweitz†, Pim Cuijper†, Toshiaki A Furukawa†, Ronald C Kessler†, Brandon A Kohrt†, Mario Maj†, Patrick McGorry†, Charles F Reynolds III†, Myrna M Weissman†, Dixon Chibanda, Christopher Dowrick, Louise M Howard, Christina W Hoven, Martin Knapp, Helen S Mayberg, Brenda W J H Penninx, Shuiyuan Xiao, Madhukar Trivedi, Rudolf Uher, Lakshmi Vijayakumar, Miranda Wolpert*



Whole-of-society engagement: Translating what we know into practice



Lone Star Depression Challenge



By 2027:

- Save over a thousand lives from suicide,
- Help at least **1 million Texans** recover from depression,
- Enable at least **10 million Texans** to access health systems able to detect and effectively treat depression, and
- Create a primary care based platform for scaling innovation, including digital care.

• \$20M invested to date in Texas; Federal legislation to scale with \$60M/yr ongoing

75% of Mental Illnesses Begin Pre-Adulthood



Texas Child Mental Health Care Consortium

TCHATT Funded Services by HRI

Texas Child Mental Health Care Consortium

Improving mental health care and systems of care for the children and adolescents of Texas.

- Scaling to all 5.5 million Texas children
- 12 medical research and clinical institutions
- \$300M invested to date
- \$2B to be invested over the next decade
- Telehealth-based platform for children's mental health

Student Population Who Can Access Services

2,114,878

of School Districts

325

of Campuses

3025

HRI

- Select all
- BAYLOR COM
- DELL MED
- TAMU
- TEXAS TECH HSC EL PASO
- TTUHSC
- UNT HSC
- UT SOUTHWESTERN
- UTHSC HOUSTON
- UTHSC SAN ANTONIO
- UTHSCT
- UTMB
- UTRGV

MOU Status

- Select all
- ACTIVE
- INACTIVE
- PENDING

School District

All

Campus

- A B DUNCAN COLLEGIATE EL
- A C JONES HEALTH PROFESSIONS MAGNET ACADEMY
- A C JONES HIGH SCHOOL
- A E BUTLER INTERMEDIATE SCHOOL
- A M PATE ELEMENTARY SCHOOL

Big Innovation Scaling Opportunities in Texas

- Current 8 to 10 year gap between onset and detection for MH
 - Building universal pediatric detection capacity: \$40M
- Referral “chasm” between detection and treatment, which is highly inequitable and unlike what we do for cancer, CVD
 - Neuroflow, Concert Health, others helping with LSDC
- Rapidly scaling solutions for workforce gaps:
 - LSDC primary care strategy leverages psychiatry 3.5x
 - Deploying telehealth to rural areas – especially audio
 - Digitally-enabled non-professionals (EMPOWER, Think:Kids)
 - The most even playing field for telemental health in the U.S.

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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
