

# House Select Committee on Youth Health & Safety

Behavioral Health Services for At-Risk Youth

Andy Keller, PhD | July 31, 2024

# The Progression of Mental Health Conditions

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**HALF**  
OF ALL  
**MENTAL**  
**HEALTH**  
**CONDITIONS**  
MANIFEST BY  
**AGE 14**

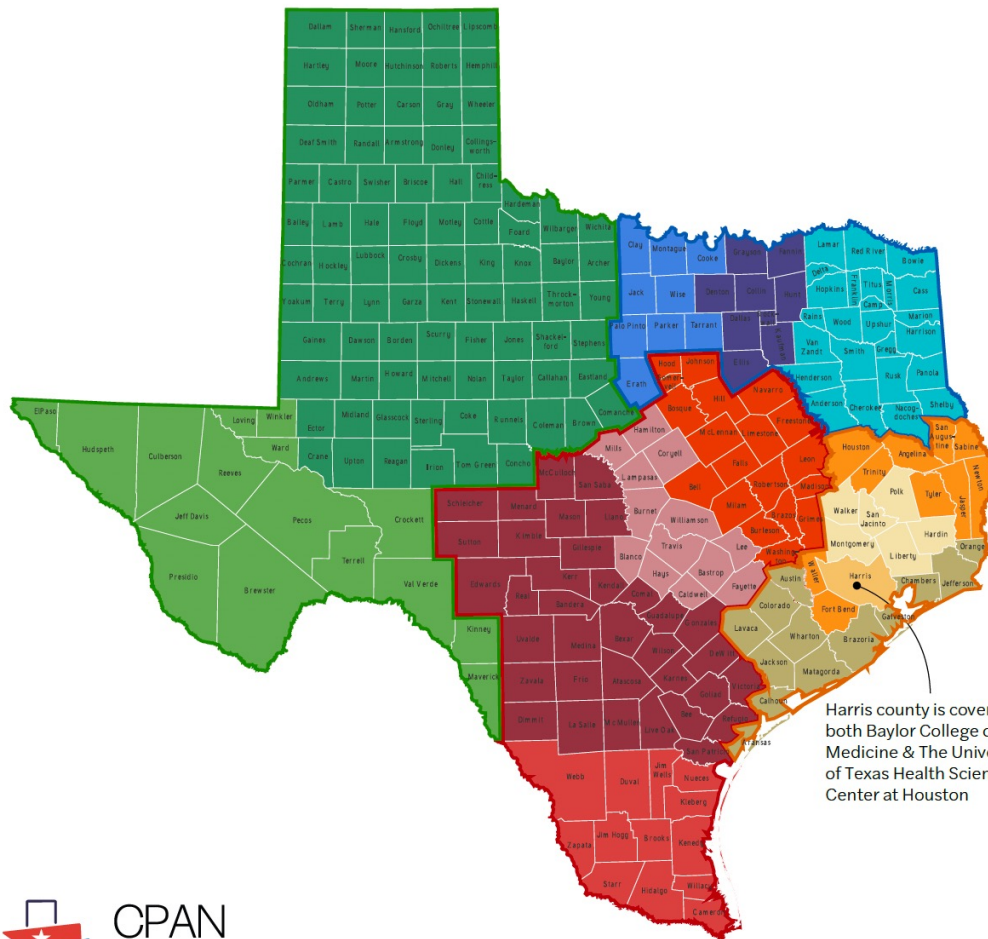
BY YOUNG  
ADULTHOOD  
**75%** OF  
**LIFETIME**  
**CASES**  
HAVE PRESENTED

*75% of children with mental health issues who receive care today are treated in a primary care setting.*

# Child Psychiatry Access Network (CPAN)

**Dial (888)901-2726 to reach CPAN**

Then dial the numbers below for region and institution



Harris county is covered by both Baylor College of Medicine & The University of Texas Health Science Center at Houston

## Dial 1 North and Northeast Region

- 1 University of North Texas Health Science Center
- 2 The University of Texas Southwestern Medical Center
- 3 The University of Texas Health Science Center at Tyler

## Dial 2 South and Southeast Regions

- 1 Baylor College of Medicine
- 2 The University of Texas Health Science Center at Houston
- 3 The University of Texas Medical Branch at Galveston

## Dial 3 Valley and Central Regions

- 1 Dell Medical School at The University of Texas at Austin
- 2 The University of Texas Health Science Center at San Antonio
- 3 The University of Texas Rio Grande Valley School of Medicine
- 4 Texas A&M University System Health Science Center

## Dial 4 West Region

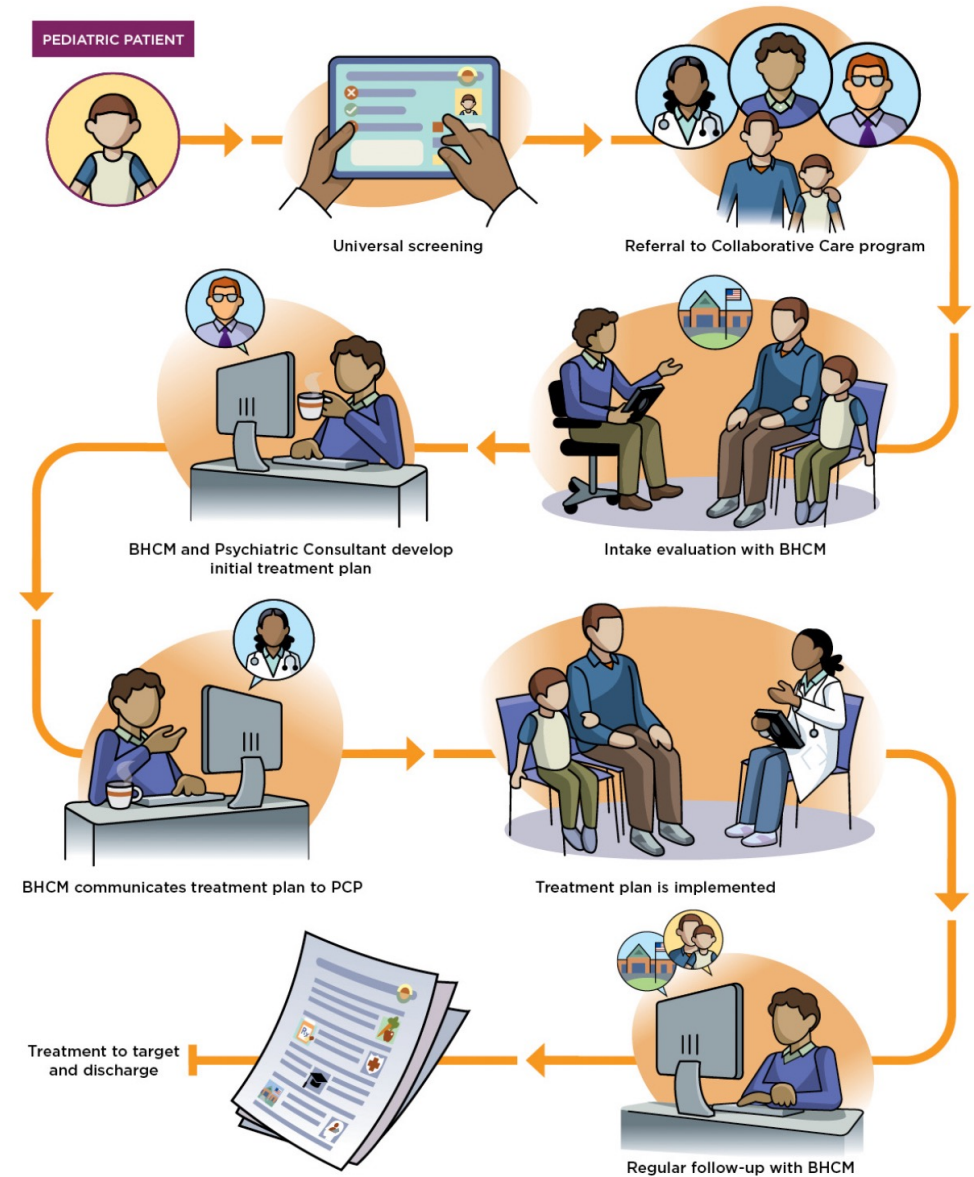
- 1 Texas Tech University Health Sciences Center
- 2 Texas Tech University Health Sciences Center at El Paso



# Detection in Primary Care

Collaborative Care (CoCM) is a proven, team-based approach to detect and treat mental illness in primary care.

- Coverage: Medicare since 2017, most commercial since 2019 (90%)
- Cost saver: **Up to 6 to 1 in total medical costs in Medicare and Medicaid settings**
- If every American with **depression** had access to CoCM, between **9,000 and 14,500 lives** could be saved every year.
- Workforce multiplier (up to 8.3x)
- **87(R) SB 672 authorized Medicaid reimbursement in Texas.**



# Midland College Workforce Expansion

The 88th Texas Legislature appropriated funding to Midland College to expand the workforce through three curriculum tracks:

- **Certified Behavioral Health Care Manager in Primary Care Track** to expand the reach of CoCM in primary care settings.
- **Qualified Mental Health Professional-Community Services Track.** Qualified Mental Health Professionals (QMHPs) provide mental health targeted case management and mental health rehab services, executing programs under the supervision of a licensed clinician.
- **Inpatient Psychiatric Technicians Track.** Midland College will pair a Certified Nursing Aid Program with a behavioral health curriculum and certification program to train inpatient behavioral health technicians.

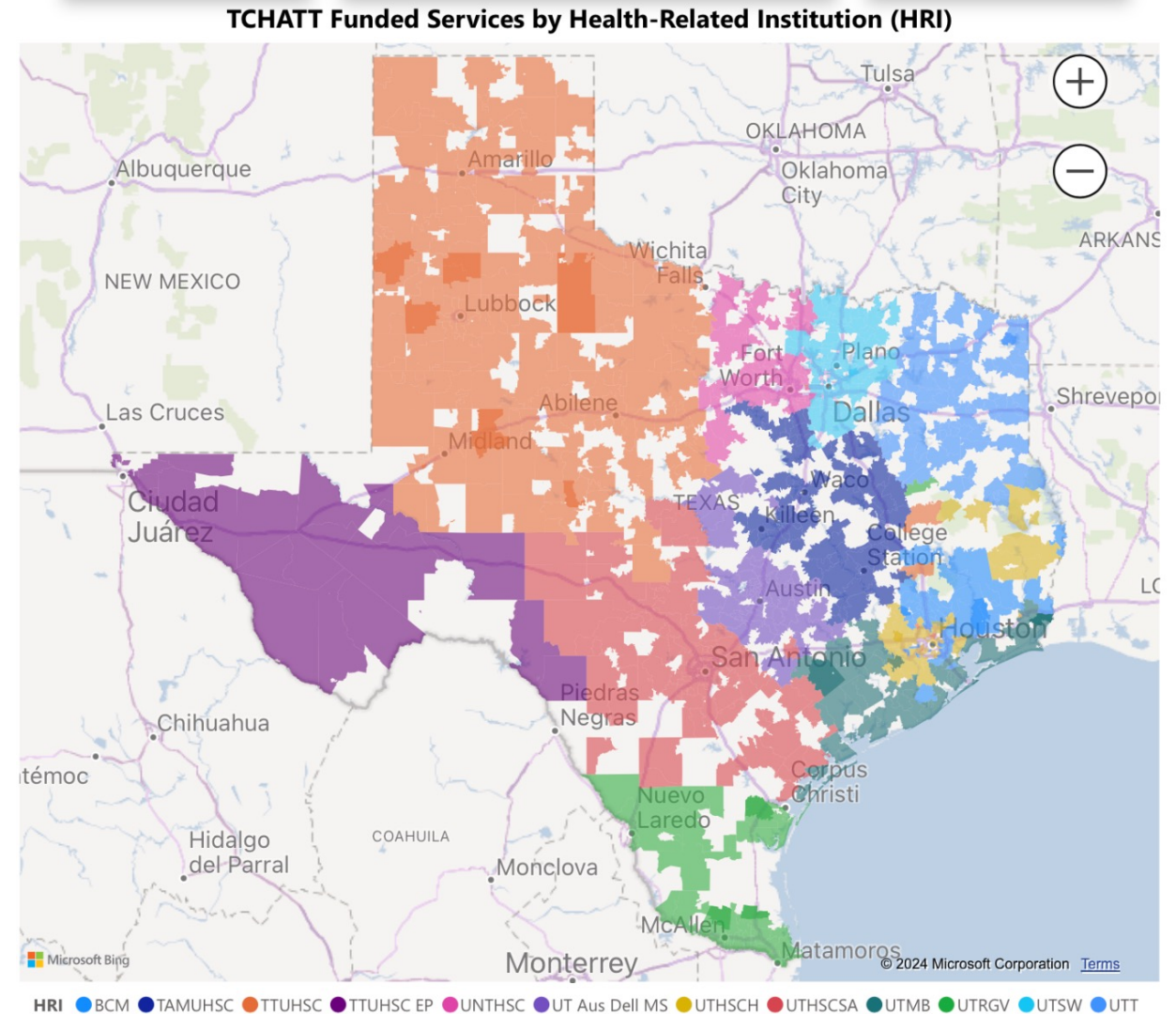
# Recommendations

1. Fully fund the **Texas Child Mental Health Care Consortium's CPAN request** to help pediatric clinicians meet families' needs.
2. Partner **CPAN psychiatrists** with **pediatric health systems** in their **regions** to provide the **psychiatric consultation for CoCM**.
3. Pass legislation that **adds CoCM as a benefit for ERS and TRS health plans** to ensure covered employees *and their dependents* have access to integrated care in primary care settings. Like 87(R) SB 672, this should have no fiscal note due to cost savings.
4. Continue the **American Rescue Plan Act (ARPA) pediatric CoCM initiative** at the Texas Child Mental Health Care Consortium next biennium to **expand CoCM to additional clinics and pediatric health systems**.
5. Replicate the **Midland College curriculum tracks** at other **community colleges** to support **regional workforce expansion**.



# Texas Child Health Care Access Through Telemedicine (TCHATT) Coverage: July 2024

- TCHATT is currently available on 6,486 school campuses, covering more than 4 million Texas students (74% of the student population).
- Schools are not health care providers. However, they are well-positioned to connect families to care.
- TCHATT can only be accessed with parental consent.



# Targeted Interventions for At-Risk Youth

The Texas Legislature continues building out the continuum of care of intensive, evidence-based services for high-needs youth. This includes:

Program	Goal	Capacity
<b>Coordinated Specialty Care (CSC)</b>	Provide the gold standard of care for people experiencing a <b>first episode of psychosis</b> .	<b>Six (6) new teams</b>  42 other teams funded with federal block grant funds.
<b>Multisystemic Therapy (MST)</b>	Treat youth who have committed <b>violent offenses</b> , have <b>serious mental health</b> or <b>substance use concerns</b> and/or are <b>at risk of out-of-home placement</b> .	<b>15 new teams</b>  24 total
<b>Youth Crisis Outreach Team (YCOT)</b>	Support youth in crisis and their families, which will reduce pressure on the <b>foster care system</b> and <b>hospital emergency rooms</b> .	<b>Eight (8) new teams</b>



# MST in Practice

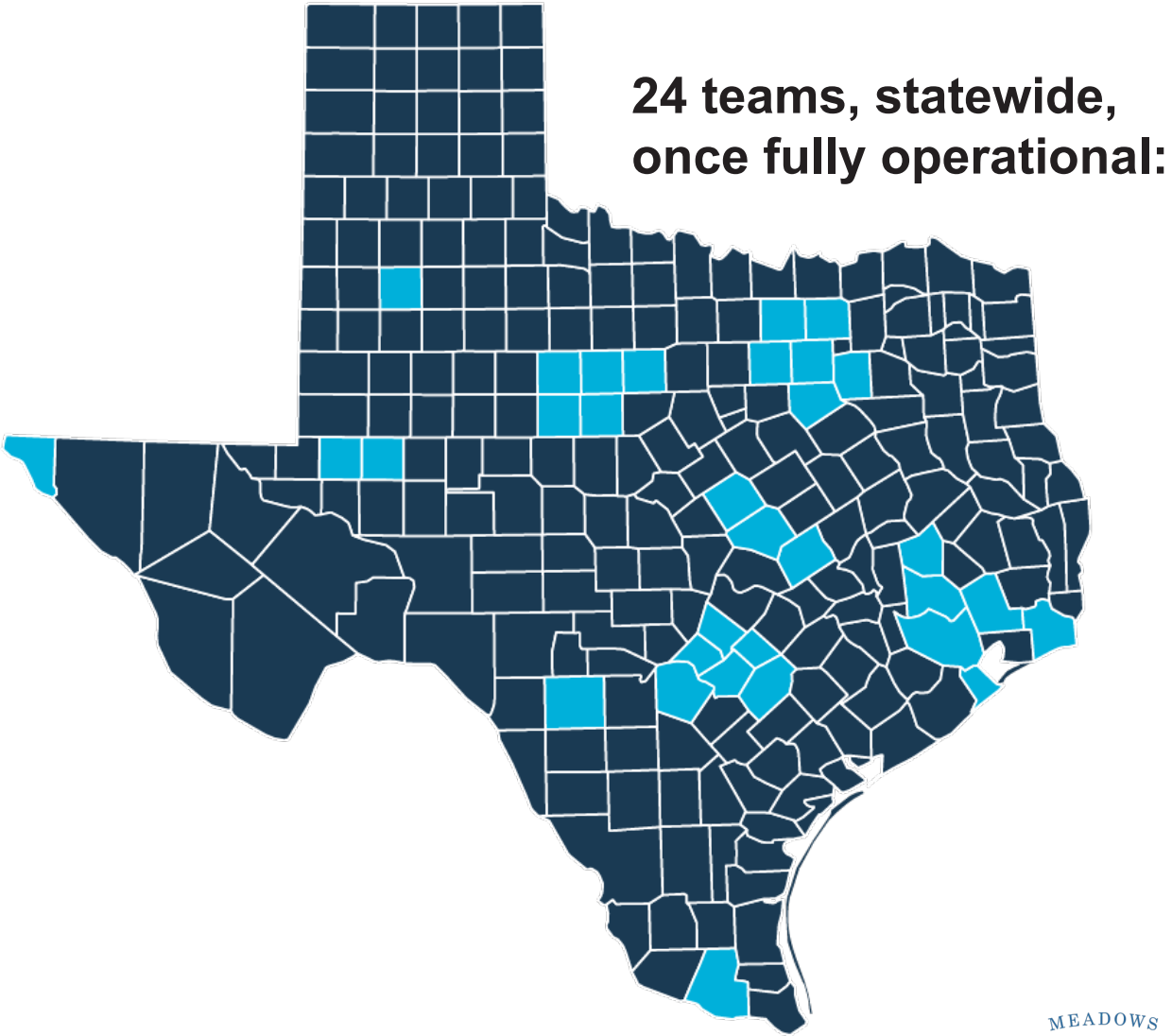
**MST is a proven, community-based treatment for at-risk youth (ages 12 to 17) with intensive needs and their families.**

- **Primary goals of MST:** (1) reduce **severe criminal activity, including violence**; (2) reduce other types of **antisocial behavior**; and (3) **save taxpayer dollars** by reducing incarceration and out-of-home placement.
- Proven to **reduce violent crimes by 75%**, compared to routine congregate and other care as usual, including **RTCs**.
- MST professionals **work with the family throughout the week** and are on call and available **24 hours a day, seven (7) days a week**.
- MST requires the **full participation** of parents or caregivers.
- Average length of treatment is **three to five months**.

# MST Capacity in Texas

## Initial seven HHSC-funded teams:

<b>Reporting Period: March 2024 – May 2024</b>	
<b>Number of Referrals Received</b>	<b>145</b>
<b>Number of Cases Served</b>	<b>145</b>
<b>Total number of cases with opportunity for full course of treatment</b>	<b>56</b>
<b>Number of Discharges</b>	<b>67</b>
<b>Percent of youth living at home</b>	<b>83.93%</b>
<b>Percent of youth in school/working</b>	<b>87.50%</b>
<b>Percent of youth with no new arrests</b>	<b>91.07%</b>



# YCOT in Practice

YCOTs are considered the best-practice model for addressing immediate and crisis-level mental health needs among children, youth, and families.

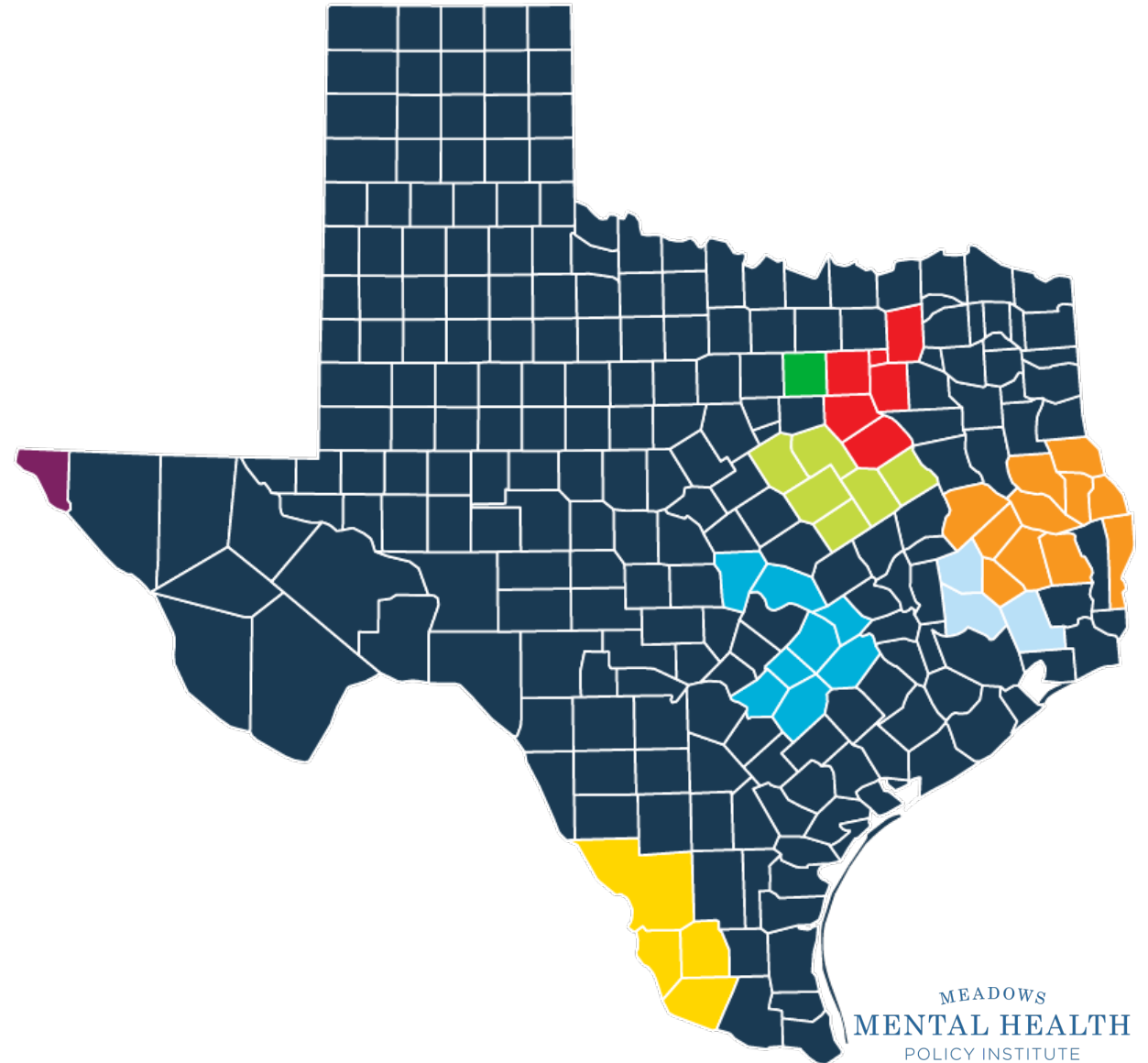
- Designed to work with families to **stabilize high-risk situations** (urgent and emergent) and provide a **30-to-90-day bridge** to engage in ongoing care.
- Staffed by professionals who know how to **work with families and child-serving systems**.
- Staffed intensively to not just **stabilize crises**, but also to **engage pre-crisis** and **provide follow-up**.

**Successful YCOT programs lead to numerous benefits, such as hospital diversion, reduced juvenile justice involvement, reduced foster care entry and foster care placement disruptions, and decreased truancy and missed school days.**

# YCOT Capacity in Texas

## Eight new HHSC-funded teams

- Bluebonnet Trails:**
  - Bastrop County
  - Burnet County
  - Caldwell County
  - Fayette County
  - Gonzales County
  - Guadalupe County
  - Lee County
  - Williamson County
- Border Region Behavioral Health Center:**
  - Jim Hogg County
  - Starr County
  - Zapata County
  - Webb County
- Burke Center:**
  - Angelina County
  - Houston County
  - Nacogdoches County
  - Newton County
  - Polk County
  - Sabine County
  - San Augustine County
  - San Jacinto County
  - Shelby County
  - Trinity County
  - Tyler County
- Emergence Health Network:**
  - El Paso County
- Heart of Texas:**
  - Bosque County
  - Falls County
  - Freestone County
  - Hill County
  - Limestone County
  - McLennan County
- My Health My Resources of Tarrant County:**
  - Tarrant County
- North Texas Behavioral Health Authority (NTBHA):**
  - Dallas County
  - Ellis County
  - Hunt County
  - Kaufman County
  - Navarro County
  - Rockwall County
- Tri-County Behavioral Healthcare:**
  - Liberty County
  - Montgomery County
  - Walker County



# Recommendations

6. Fully fund the **Texas Child Mental Health Care Consortium's TCHATT request** to ensure parents have access to services they want for their children.
7. Fund **20-30 additional MST teams** through a competitive procurement open to nonprofit and governmental entities.
8. Pass legislation to **authorize Medicaid reimbursement for MST services** provided to youth (see 88(R) HB 2638), helping reduce general revenue expenditures.
9. Fund an **MST adaptation at DFPS**, like **MST-BSF** or **MST-CAN**, which are developed to address specific system needs.
10. Fund **10-15 additional YCOTs** through a competitive procurement and allow applicants to define narrower catchment areas.



# Thank You!

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MENTAL HEALTH  
POLICY INSTITUTE

**PASO *del* NORTE CENTER**  
Meadows Mental Health Policy Institute

 **THE HACKETT CENTER**  
FOR MENTAL HEALTH

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TRAUMA AND GRIEF CENTER AT  
THE HACKETT CENTER

CENTER FOR CHILD  
AND FAMILY WELLNESS

CENTER FOR JUSTICE  
AND HEALTH

CENTER FOR HEALTH  
SYSTEM TRANSFORMATION

