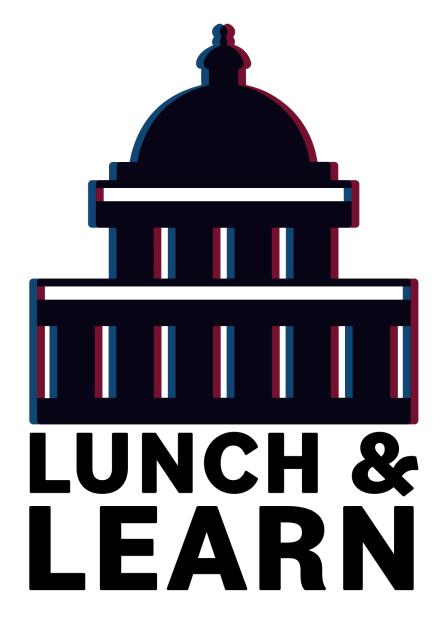






# Child Mental Health in Texas

Taiwo Babatope, MD, MPH, MBA, ABPN
Assistant Professor of Psychiatry
Louis A. Faillace Department of Psychiatry and Behavioral Sciences
UTHealth Houston McGovern Medical School



### Welcome!

- Today's room is sponsored by Senator Bettencourt, thank you!
- About TX RPC
- New Health Policy Resources: Adverse Childhood Experiences (ACEs), Social Emotional Learning (SEL)
- Dr. Anna Wilkinson Mental Health and Nicotine
- Dr. Taiwo Babatope Child Mental Health in Texas
- Next Lunch & Learn: Maternal & Child Health January 4, 2023

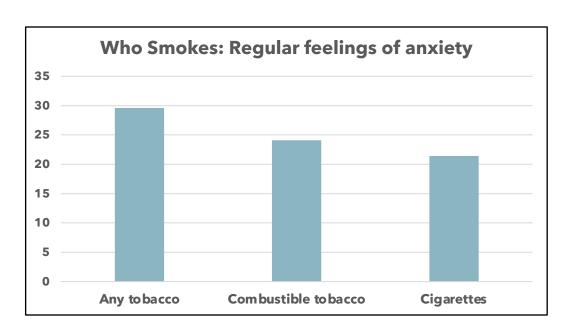


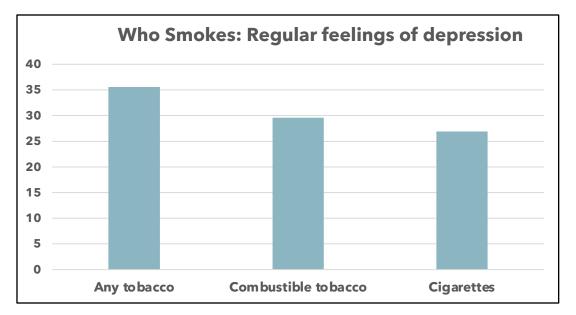






## Mental Health and Nicotine













### Mental Health/Nicotine Research

Which come first, symptoms of anxiety and depression or using nicotine?

How do depressive symptoms influence receptivity to tobacco marketing?

Identify the subgroups of college students for whom depressive symptoms have a strong influence on their use of nicotine

Do emotional responses (affective reactivity) influence use of nicotine in college students?

What is the role of nicotine use in suicide?









## Implications



- Emotional responses interact with underlying genetic influences
- Nicotine sensitizes high risk individuals with impulsive dysregulation
- College students with depressive symptoms notice tobacco advertisements
- For some tobacco use leads to symptoms of anxiety and depression
- For other symptoms of anxiety and depression lead to tobacco use

#### One size does not fit all!









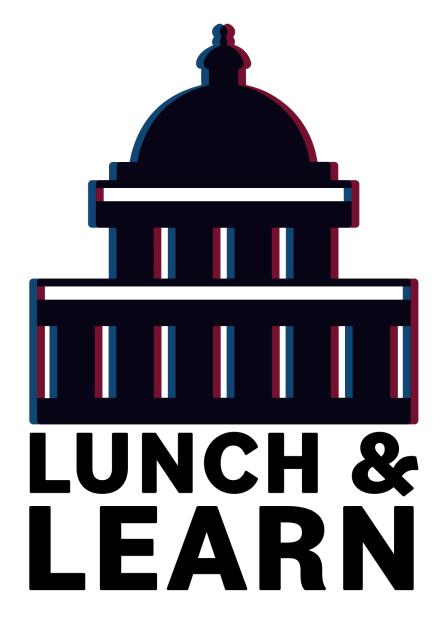






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## Agenda

### Psychiatry and Behavioral Sciences

- 1. Under-18 Population in the US and Texas
- 2. Mental Health Access and Workforce shortage
- 3. Senate Bill 11 and the Texas Child Mental Health Consortium (TCMHCC)
- 4. TCMHCC Biennium Report and American Rescue Plan Act Expansion services
- 5. What's Next?









### Child Mental Health Statistics



- 50% of all lifetime mental illness begins by age 14, and 75% by age 24
- 1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year (roughly 7.7 million)
- 50.6% of U.S. youth aged 6-17 with a mental health disorder received treatment in
  2016
- The average <u>delay between onset of mental illness symptoms and treatment is</u> 11 years
- Suicide is the 2nd leading cause of death among people aged 10-14

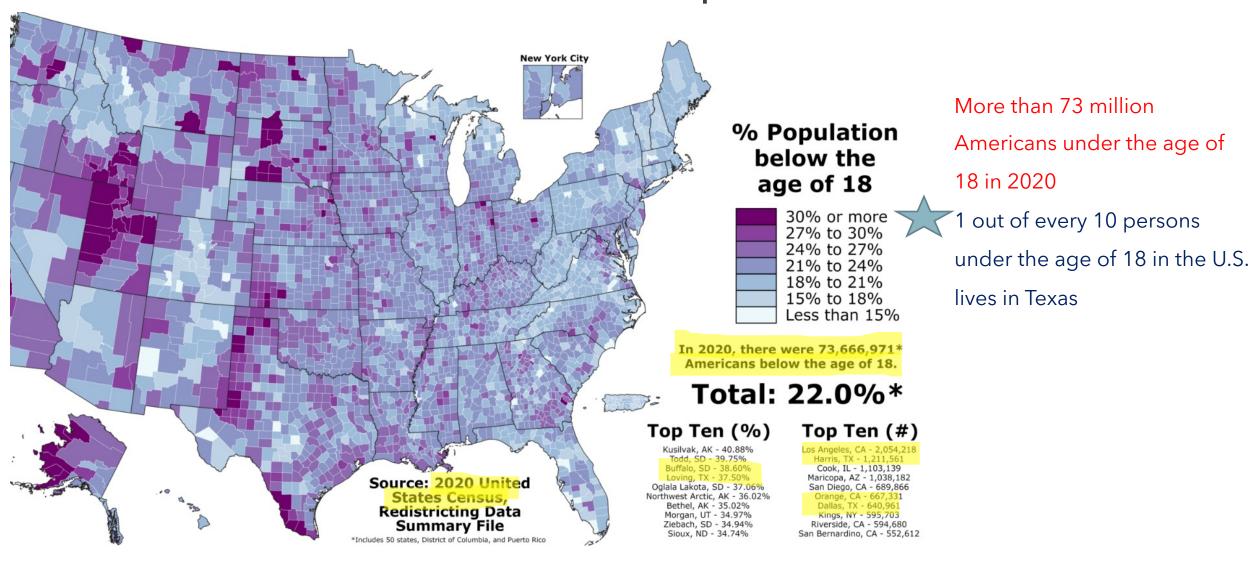








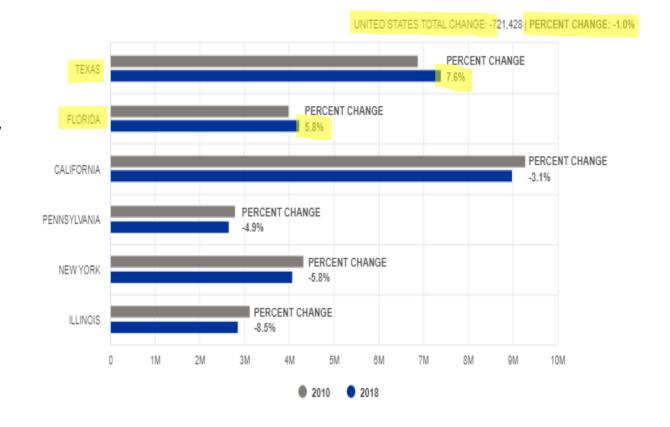
## U.S. Youth Population



### Epidemiological and Demographic Issue

- Between 2010- 2018, Texas saw the highest rate of under-18 population growth among the six most populous states
- In four of the six most populous states, the under-18 population fell in this period – as it did in the U.S. as a whole

#### EXHIBIT 4: CHANGE IN THE UNDER-18 POPULATION OF THE U.S. AND THE SIX LARGEST STATES, 2010-2018





### Texas Youth Population

There are over 7 million children under the age of 18 in Texas

Table 1: Child Population by Age and Race/Ethnicity, 2018

		Number of Children	Percent of Children Who Are							
	Under 5	Under 18	Children of Color	White	Hispanic	Black	Asian	Two or More Races	American Indian/ Alaska Native	Native Hawaiian/ Other Pacific Islander
Tennessee	406,574	1,506,220	35.0	65.0	10.0	19.0	1.9	3.8	0.2	0.1
Texas	2,024,126	7,398,099	68.6	31.4	49.5	11.8	4.4	2.7	0.2	0.1
Utah	253,004	932,462	26.5	73.5	17.9	1.2	1.8	3.6	0.9	1.1

11

## Looking towards 2050...

- Texas Demographic Center (TDC) predicts a 43% rise in the under-18 population by 2050 (or 3.2 million more children)
- By 2050, 22.7 percent of Texas' population will be under 18.
- <u>Urban counties to top the list</u> in numerical growth, with Harris County alone adding more than 500,000 children by 2050.
- Most of the 10 Texas counties with the highest projected under-18 growth will more than double their child population





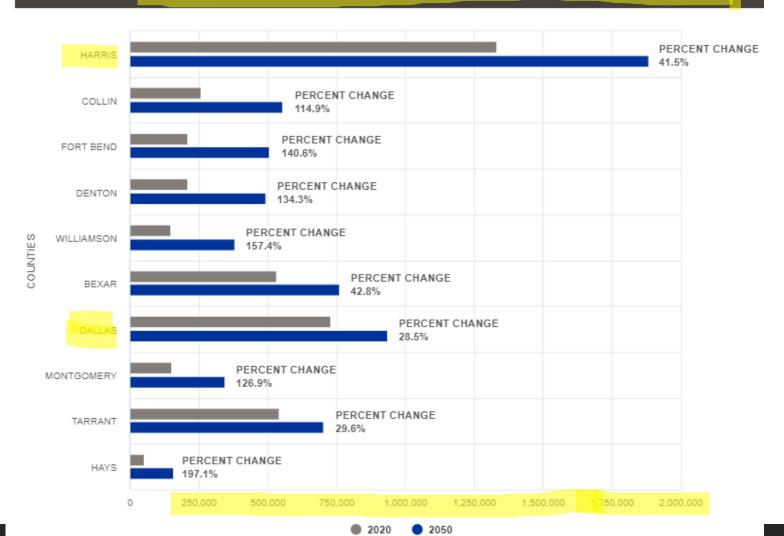




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## Looking towards 2050...

#### EXHIBIT 6: TOP TEXAS COUNTIES FOR PROJECTED UNDER-18 POPULATION GROWTH, 2020-2050



## Agenda



Louis A. Faillace, MD, Department of

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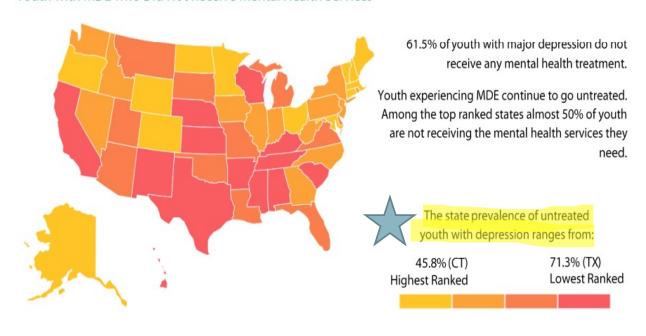
# The State of Mental Health in America, 2019 report.



- Texas ranks last among the 50 states and Washington, D.C., for youth access to mental health care.
- 71.3% of youth in Texas with go untreated, compared with the national average of 61.5%.

#### Youth Access to Care

Youth with MDE who Did Not Receive Mental Health Services











## Impact of the Pandemic

Prior to the pandemic, rates of childhood mental health concerns and suicide had been rising steadily for at least a decade, but COVID pandemic has worsened it!

Mar-Oct 2020: CDC researchers quantified the toll

Emergency Department (ED) Mental health emergencies

- rose by 24% for children ages 5- 11 years
- rose by 31% for children ages 12-17 years.

Suicide attempts *increased nearly 51% among girls ages 12-17 yrs. in early 2021* (compared to the same period in 2019).

More than 140,000 U.S. children experienced the loss of a caregiver- children of color disproportionately impacted.









### There is a Youth Mental Health Crisis in the United States

With the COVID-19, the onslaught of social media, and escalating gun violence, **the** youth mental health crisis has exploded.

The American Academy of Pediatrics (AAP), American Academy of Child and Adolescent Psychiatry (AACAP) and Children's Hospital Association (CHA) declared a **national emergency in children's mental health**, citing the serious toll of the COVID-19 pandemic on top of existing challenges.

The **U.S Surgeon General has issued** a <u>public health advisory</u> calling for a comprehensive, coordinated response to the needs of young people.



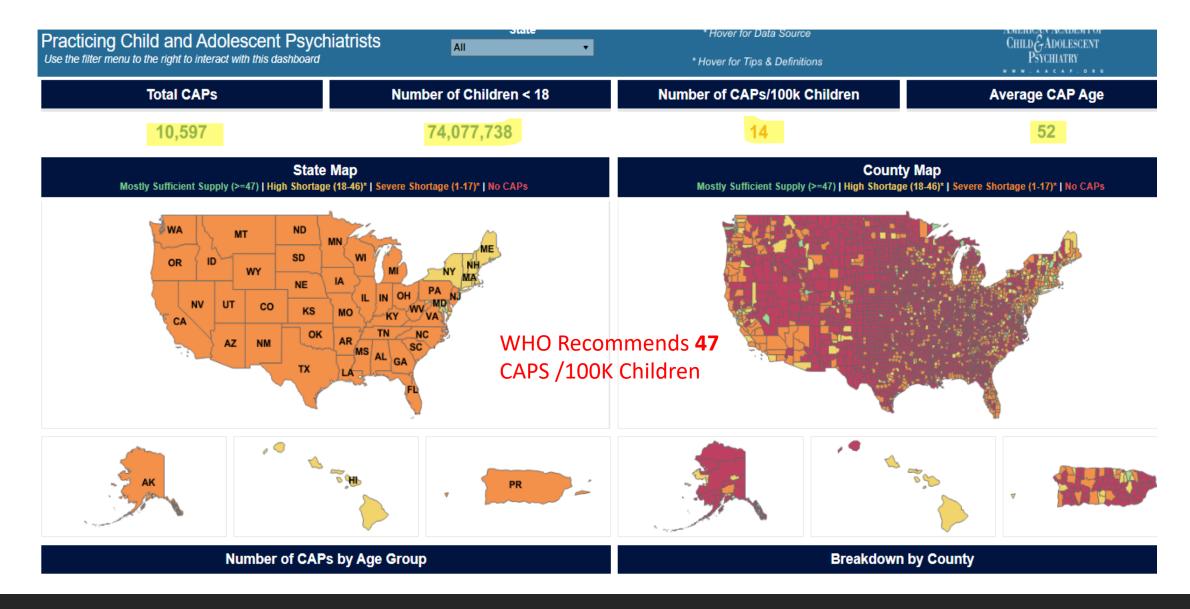




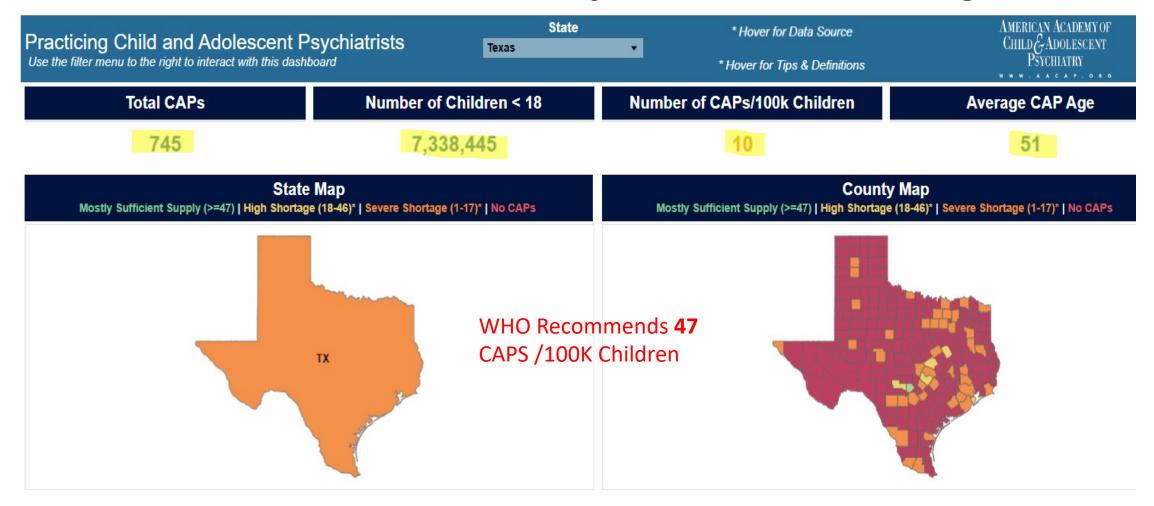




### Workforce to address mental health crises



### Texas Workforce: Child Psychiatrists shortage



## Key Takeaways

- High mental health prevalence, low access to treatment
- Pandemic led to worsening mental health outcomes
- Projected growth in Texas youth population
- Child and Adolescent Psychiatrists workforce shortage
- There is significant delay between diagnosis and treatment.









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## Texas Legislature

Unprecedented investments in mental health

Senate Bill 10 establishes the Texas Child Mental Health Care Consortium (TCMHCC) to foster collaboration among our state medical schools, promote and coordinate mental health research, and help address workforce issues.

**Senate Bill 11** by Sen. Larry Taylor and House sponsor Rep. Dennis Bonnen, M.D. became very important when SB 10 died on a point of order in the Texas House. Later that same evening, Dr. Zerwas added SB 10 as an amendment to SB 11 and brought it back to life.

**SB 10** 

#### **SPONSORS**



Jane Nelson (R - Flower Mound)



Rep. John Zerwas (R - Richmond)











## TCMHCC Initiatives

<u>Child Psychiatry Access Network (CPAN)</u>—behavioral health consultation services and training opportunities for pediatricians and Primary Care Providers (PCP).

<u>Texas Child Health Access Through Telemedicine (TCHATT)</u> — Telemedicine to assist schools in identifying and assessing behavioral health needs, and providing access to mental health services

<u>Community Psychiatry Workforce Expansion (CPWE)</u> — Full-time psychiatrists funded at facilities operated by community mental health centers, with trainee rotations established at these facilities.

<u>Child and Adolescent Psychiatry Fellowships (CAP)</u> — promote expansion of the number of child and adolescent psychiatry trainee positions

**Research** —promote and coordinate mental health research across state university systems.

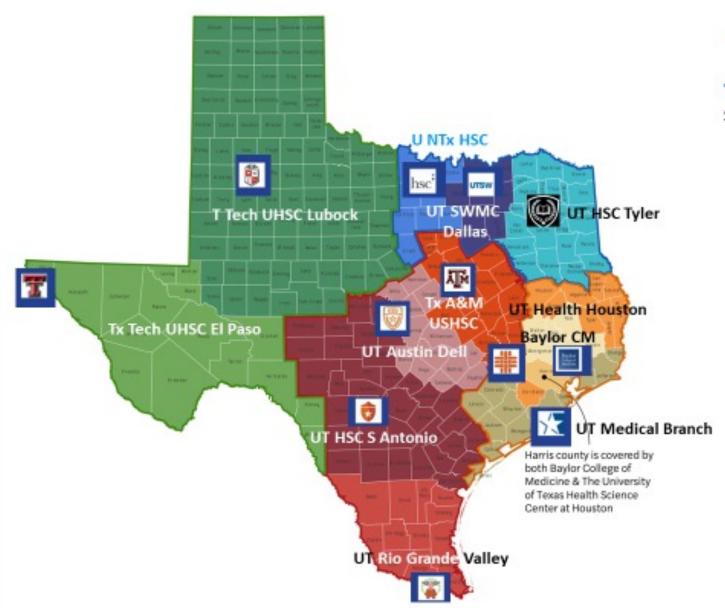
- Youth Depression and Suicide Research Network
- Childhood Trauma Research Network.













#### TCMHCC TIMELINE FOR SERVICES AND DATA SYSTEMS



9/1/2019	Statute authorizing TCMHCC became effective	5/18/2020	CPAN phone consultation line goes live at Baylor
11/25/2019	Plan submitted to LBB for approval	5/21/2020	HRIs able to enroll CPAN physicians in data system
2/20/2020	PIAs developed and executed for TCMHCC activities	7/1/2020	First CPWE residents and CAP Fellows begin
3/2/2020	THECB completes FY20 funding transfer to HRIs	8/16/2020	HRIs able to record CPAN call information in data system
3/2/2020	PIA executed for Centralized Operations Support Hub (COSH)	11/12/2020	CPAN phone consultation line auto- directs to HRIs
5/2020	First providers enrolled in CPAN	5/2021	HRIs able to record TCHATT referrals in data system
5/2020	First child referred for TCHATT	7/1/2021	HRIs able to record TCHATT services in data system

2022



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**CPAN** 

**TCHATT** 

**CPWE** 

The Texas Child Mental Health Care Consortium WEBSITE: https://tcmhcc.utsystem.edu/



— Summary Report — 2020 - 2021 Biennium

### **CPAN**

### **Child Psychiatry Access Network**

Primary goal is to enhance PCPs' capacity to care for children and adolescents with specific mental health needs and to support referral to specialty care when indicated



#### **PROGRAM METRICS**



4,854 Physicians



Number of Primary Care Providers Enrolled in CPAN



3,891

Number of CPAN Consultation Calls



99%

Percentage of PCPs Reporting Satisfaction with CPAN Consult



99%

Percent of Phone Calls Answered within 5
Minutes (February - July, 2021)



19%

Percentage of Enrolled PCPs Using Consultation at Least Once

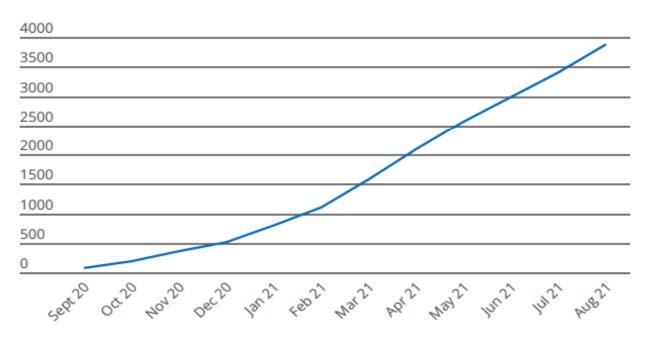


75%

Percentage of PCPs Reporting Comfort with Managing Care After Consult

Note: All metrics represent data for SFY 2021 or enrollment as of August 31, 2021, unless otherwise noted.

#### **CUMULATIVE NUMBER OF CPAN CONSULTATION CALLS**





#### **MESSAGES FROM CPAN ENROLLEES**

Appreciate the service very much. This is a huge savings of resources and allows me to meet the needs of my patients in their medical home!

The new phone system coverage has been excellent, as it allows [us] to speak directly and very fast with the psychiatrist on call, statewide!

Great idea!

This is exactly the help small, rural communities need to help with the mental health of our children.



★ Child Psychiatry Access Network (888) 901-CPAN (CPAN)



### **TCHATT**

#### **Texas Child Health Access Through Telemedicine**

School-based mental health services across the diverse regions of Texas, including areas with mental health workforce shortages.

#### **Provides:**

- mental health assessments for students
- Short-term, psychiatric medication management and/or counseling services,
- Referral access when care transition is needed.

#### **PROGRAM METRICS**



218 Districts

**2,311** Campuses

Number of School Districts and Campuses Enrolled in TCHATT



1,746,322

Students

Number of Students Able to Access
TCHATT Care (Covered Lives)



5,702

Number of Students Served in TCHATT



13,041

Number of TCHATT Encounters



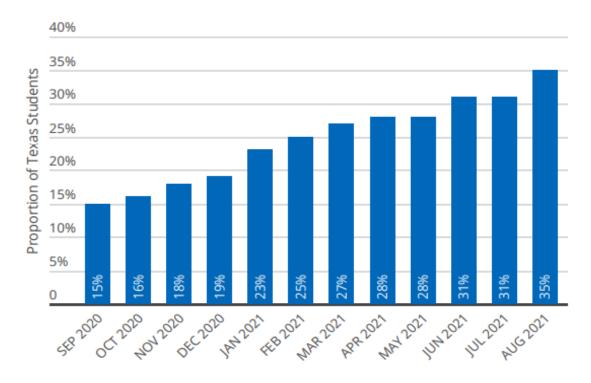
2,063

Number of Students Referred for Ongoing Services Following TCHATT



Note: All metrics represent data for SFY 2021 or enrollment as of August 31, 2021.

### PERCENTAGE OF ALL TEXAS STUDENTS COVERED THROUGH TCHATT BY MONTH



#### **MESSAGES FROM FAMILIES IN TCHATT**



I enjoyed the service; glad the program was created for families that need help. Wouldn't have made it without the TCHATT team

Absolutely pleased with the TCHATT service. You guys have been a blessing to children and families during such a difficult time. Wonderful experience. [Therapist] was incredibly patient, warm, sweet, flexible, accommodating, and knowledgeable.



# Texas Child Health Access Through Telemedicine (TCHATT)

### **CPWE**

#### Community Psychiatry Workforce Expansion

Establishment of training rotations and academic medical director to support psychiatry training in communities

Community Agencies with **HRI Partnerships** 

- The Harris Center for MH & IDD Emergence Health Network
- · StarCare Specialty Health
- El Paso Child Guidance Center
- · Aliviane, Inc.
- . Gulf Bend Center
- Andrews Center
- Metrocare Services

- JPS Healthcare
- Texana Center
- Center for Healthcare Services
- Hill Country MH & IDD
- Gulf Coast Center

#### PROGRAM METRICS



8.9

Academic Medical Director Psychiatry Residents

Number of Faculty and Residents Assigned



Individuals Served

Number of Unique Individuals Served



Visits

Number of Unique Service Visits



79%

Children

Proportion of Individuals Served Who are Children

Note: All metrics represent data for SFY 2021. CPWE metrics may under-represent program accomplishments, as data were not available at all HRIs.

## American Resuce Plan Act (ARPA) funds

•In the Fall of 2021, the **Consortium was appropriated \$113 million** to enhance and expand initiatives in response to the impact of COVID-19 pandemic.

Section 8 of Senate Bill 8 provides <u>time-limited federal resources</u> to:

"...support the operations and expansion of the Texas Child Mental Health Care Consortium to expand mental health initiatives for children, pregnant women, and women who are up to one year postpartum during the two-year period beginning on the effective date of this Act."

-Implementation of these new components varies by region and Health-Related Institution (HRI).













Filter on Institution Name or Program Category by clicking on the boxes below. You can select more than one box by holding down the CTRL key while making your selection.

#### **Health Related Institution**

Select all	TTUHSC	UTHSCSA	UTSW
ВСМ	TTUHSC EP	UTHSCT	
Dell	UNTHSC	UТMB	
TAMUHSC	UTHSCH	UTRGV	

#### **Program Category**

Enhancements and Expansions of CPAN Initiatives	Expansion of the Texas MH Workforce
Enhancements and Expansions of TCHATT Initiatives	

## ARPA Projects by Participating Institution and Program Category

#### Initiative

Additional Child Fellows / Child practicum for psychology grad students / child & adolescent psychology internship Additional Consults - Direct Services Additional Sessions As Needed Cover more TCHATT Regions CPAN DM / Text Add-On LMHA Telehealth Services LPC / LCSW / NP Training Pediatric Collaborative Care Perinatal CPAN Suicide Prevention (YAM) Suicide Prevention Intervention (FISP) / Zero Suicide ECHO TCHATT Bilingual Trauma TCHATT evidence based face to face and telehealth groups TCHATT/CPAN Anxiety Services Trauma-Focused Expansion Youth SUD Expansion





### TCMHCC. Texas Child Mental Health Care Consortium. SB-11.

**Executive Director: Taiwo Babatope, MD, MBA, MPH** 







**ARPA.** American Rescue Plan Act. SB-8. (N=12 Projects. 12,337,509\$)

Program Director: Cesar Soutullo, MD, PhD



•	C-PAN.	Child Ps	ychiatry	<b>Access Networl</b>	c. Medical	<b>Director:</b>	<b>Taiwo Babato</b>	ope, MD
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<ul> <li>Additional Consults – Direct Services</li> </ul>	Dr. Babatope & Yen	594,614
<ul> <li>C-PAN DM/Text Add on</li> </ul>	Dr. Babatope & Yen	153,244
<ul> <li>Suicide Prevention FISP</li> </ul>	Dr. Babatope & Yen	183,535



Pediatric Collaborative Care
 Dr. Soutullo, Shukla & Yin

#### • T-CHATT. Texas Child Health Access Through Telemedicine. Medical Director: Taha Ali, MD

•	Additional Sessions	Dr. Babatope	690,525
•	Region Expansion	Dr. Babatope	1,126,125
•	Suicide Prevention. YAM Youth Awareness MH	<b>Drs Soutullo &amp; Soares</b>	1,253,480
•	Anxiety / Covid-19	Drs. Zunta-Soares	867,002
•	Trauma-Focused Expansion	Dr. Taylor	2,002,638
•	Adolescent SUD	Drs. Soutullo & Yammine	827.411





#### • CPWE. Community Psychiatry Workforce Expansion. Medical Directors: Dr V. John & T. Babatope

•	LHMA Local Mental Health Authorities	Drs. Oyelakin	2,026,173
•	LPC/LCSW/NP Training/Fellowship	Dr. Hamilton & Jacob	1,702,542
•	Additional Child Fellows (CAP)/Psychology Interns)	Drs. Pearson, Babatope	910,272









### **SB 11 Team -UT Houston**











**CPWE** 







T-CHATT

**ARPA** 



Trauma



**SUD** 



Interns



SW **Fellows** 





**ARPA YAM** 

2022

## Agenda



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Child mental health concerns continue to be on the rise, as the younger population rises

ARPA funds are time-limited (January 1, 2022 - December 31, 2023.)

Child Psychiatrist Shortage:

- More than 50% of Child Psychiatrists are expected to reach retirement age by 2025.
- Primary care providers cannot safely fill the void created by of a lack of psychiatrists
- By not treating mental illness, we increase school dropouts-lower graduation rates, increase teen pregnancy, accidents, violence/ encounter with JJS (due to impulsivity and substance use) and ultimately increase risk for suicidality









## Texas is still at the heart of medical possibilities

Dr. Michael DeBakey and Dr. Denton Cooley, competed to pull off heart surgeries

Dr. Red Duke's Life Flight toted urgent-care patients across the Texas landscape to Memorial Hermann

Patients from across the world travel to MD Anderson for innovative cancer treatments

Newly constructed beds opening statewide, investments on our campus (\$125 million Dunn construction, research funding, PTSD treatment for vets, subacute program research.



### Primary Short-term Goals

#### Continue to build and Expand on Consortium/ARPA Initiatives

- o Psychiatrists lead a multidisciplinary team that could include advanced practice providers, psychologists, nurses, therapists and a variety of other mental health professionals
- o Psychiatrists act as consultant/advisor to primary care providers, provide school-based health care professionals and others to expand care to underserved areas
- o Leverage telehealth technology to improve access and continuity of care

Increase support and training for <u>all Mental Health Professionals-</u> <u>UTHealth's proposed school of behavioral sciences</u>

Provide support to Pediatric, Family Medicine, OBGYN training for training and collaborative care models to ensure adherence/continuity of care

Creating a better, more integrated system of care throughout our region can multiply the impact of the child psychiatrist.

However, It will take time and investment









### Long term Goals

Increase federal and state role in funding mental health services.

Improve access to telemedicine across the state.

Support effective models of school-based mental health care (TCHATT) Accelerate integration of mental health care in primary care pediatrics (CPAN, PeriPan)

Strengthen efforts to reduce the risk of suicide in children and adolescents (YAM, Safety-A). Address ongoing challenges of the acute care needs of children and adolescents (Children's hospitals with MH access)

Fully fund communitybased systems of care that connect families to evidence-based interventions (CPWE)

Promote and pay for trauma-informed care services. (TIC, **TF-CBT**)

Address workforce challenges and shortages so that children can access mental health services

Support workforce and capacity for 988 suicide and crises lifeline

Supportive housing, supportive education, childcare, Assertive Community Treatment (ACT)

Advance policies that ensure compliance with mental health parity laws

### **Special Thanks**



Louis A. Faillace, MD, Department of

### Psychiatry and Behavioral Sciences



Jair C. Soares, M.D., Ph.D.

Vice President for Behavioral Health.

Professor, Chairman, and Pat Rutherford Chair in Psychiatry



Cesar A. Soutullo MD, PhD

Professor, Vice Chair and Chief of Child and Adolescent Psychiatry



Mary Lopez, MBA

Director Management

Operations , Department of

Psychiatry



Vineeth John, MD, MBA
Professor, Vice Chair of
Education and Program
Director of the Psychiatry
Residency Program

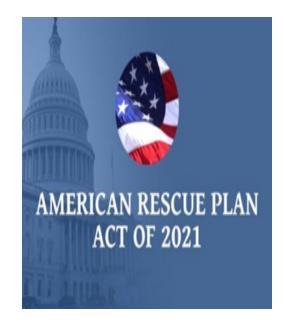
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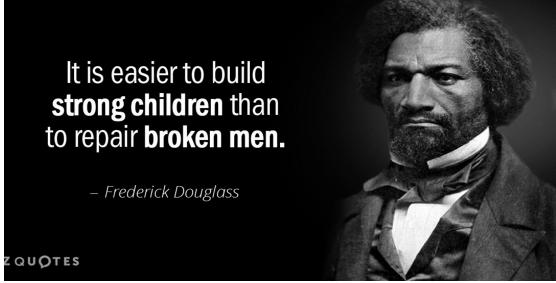
### Thank you for listening













2022

## Thank you

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### TX RPC Resources

**TX RPC Resources** 

**TX RPC Newsletter Archive** 

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**Texas Child Health Status Reports** 

**Michael & Susan Dell Center Webinars** 

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