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

Who Smokes: Regular feelings of anxiety

Who Smokes: Regular feelings of depression
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

One size does not fit all!
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
Agenda

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 delay between onset of mental illness symptoms and treatment is 11 years

• Suicide is the 2nd leading cause of death among people aged 10-14
U.S. Youth Population

More than 73 million Americans under the age of 18 in 2020

1 out of every 10 persons under the age of 18 in the U.S. lives in Texas
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.
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

<table>
<thead>
<tr>
<th></th>
<th>Number of Children</th>
<th>Percent of Children Who Are</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 5</td>
<td>Under 18</td>
</tr>
<tr>
<td>Tennessee</td>
<td>406,574</td>
<td>1,506,220</td>
</tr>
<tr>
<td>Texas</td>
<td>2,024,126</td>
<td>7,398,099</td>
</tr>
<tr>
<td>Utah</td>
<td>253,004</td>
<td>932,462</td>
</tr>
</tbody>
</table>
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**.

• **Urban counties to top the list** 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
Looking towards 2050...
Agenda

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?
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

61.5% of youth with major depression do not receive any mental health treatment.
Youth experiencing MDE continue to go untreated. Among the top ranked states almost 50% of youth are not receiving the mental health services they need.

The state prevalence of untreated youth with depression ranges from:

- 45.8% (CT) Highest Ranked
- 71.3% (TX) Lowest Ranked
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 public health advisory calling for a comprehensive, coordinated response to the needs of young people.
WHO Recommends 47 CAPS /100K Children
Texas Workforce: Child Psychiatrists shortage

<table>
<thead>
<tr>
<th>State</th>
<th>Total CAPs</th>
<th>Number of Children &lt; 18</th>
<th>Number of CAPs/100k Children</th>
<th>Average CAP Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas</td>
<td>745</td>
<td>7,338,445</td>
<td>10</td>
<td>51</td>
</tr>
</tbody>
</table>

WHO Recommends 47 CAPS /100K Children
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.
Agenda

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?
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.
TCMHCC Initiatives

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

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

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

**Child and Adolescent Psychiatry Fellowships (CAP)** — 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.

[https://tcmhcc.utsystem.edu/](https://tcmhcc.utsystem.edu/)
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/1/2019</td>
<td>Statute authorizing TCMHCC became effective</td>
</tr>
<tr>
<td>11/25/2019</td>
<td>Plan submitted to LBB for approval</td>
</tr>
<tr>
<td>2/20/2020</td>
<td>PIAAs developed and executed for TCMHCC activities</td>
</tr>
<tr>
<td>3/2/2020</td>
<td>THECB completes FY20 funding transfer to HRIs</td>
</tr>
<tr>
<td>3/2/2020</td>
<td>PIA executed for Centralized Operations Support Hub <em>(COSH)</em></td>
</tr>
<tr>
<td>5/2020</td>
<td>First providers enrolled in CPAN</td>
</tr>
<tr>
<td>5/2020</td>
<td>First child referred for TCHATT</td>
</tr>
<tr>
<td>5/18/2020</td>
<td>CPAN phone consultation line goes live at Baylor</td>
</tr>
<tr>
<td>5/21/2020</td>
<td>HRIs able to enroll CPAN physicians in data system</td>
</tr>
<tr>
<td>7/1/2020</td>
<td>First CPWE residents and CAP Fellows begin</td>
</tr>
<tr>
<td>8/16/2020</td>
<td>HRIs able to record CPAN call information in data system</td>
</tr>
<tr>
<td>11/12/2020</td>
<td>CPAN phone consultation line auto-directs to HRIs</td>
</tr>
<tr>
<td>5/2021</td>
<td>HRIs able to record TCHATT referrals in data system</td>
</tr>
<tr>
<td>7/1/2021</td>
<td>HRIs able to record TCHATT services in data system</td>
</tr>
</tbody>
</table>
Agenda

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

**Program Metrics**

- **8.9** Academic Medical Director
- **15.7** Psychiatry Residents
- **3,763** Individuals Served
- **8,228** Visits
- **79%** 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 Rescue 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 **time-limited federal resources** 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).
## 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 Psychiatry Access Network. Medical Director: Taiwo Babatope, MD
  • Additional Consults – Direct Services  Dr. Babatope & Yen  594,614
  • C-PAN DM/Text Add on  Dr. Babatope & Yen  153,244
  • Suicide Prevention FISP  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  Drs Soutullo & Soares  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
Agenda

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?
What’s Next for us?

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

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

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 community-based 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

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
Thank you for listening
Thank you

Taiwo Babatope, MD, MPH, MBA.
713-486-2700
Taiwo.T.Babatope@uth.tmc.edu