



CPAN
Child Psychiatry
Access Network



TCHATT
Texas Child Health Access
Through Telemedicine

Help is Here: State-Funded Texas Programs Address Youth Mental Health Crisis

Laurel L. Williams, DO

Medical Director, COSH

Professor

Child Psychiatry Training Director


Baylor College of Medicine

I have no financial conflicts of interests.

I want to thank Dr. Nhung Tran for her contributions to this presentation. Dr. Tran is our Texas CPAN Pediatric Consultant.

I would also like to thank Luanne Southern, the Executive Director of the TCMHCC.



- 
- 1. Discuss percentage of youth with mental health disorders**
 - 2. Review allocation of child psychiatrists in Texas**
 - 3. Texas Child Mental Health Care Consortium: Texas Out Front**
 - 4. Review AAP recommendations for pediatrician management of mild to moderate mental health disorders**
 - 5. Review data regarding statewide collaborative care models**
 - 6. Describe Texas Child Psychiatry Access Network (CPAN)**
 - 7. Describe Texas Child Health Access Through Telemedicine (TCHATT)**

PERCENTAGE OF YOUTH WITH MENTAL HEALTH DISORDERS

DID YOU KNOW?

1 IN 5 CHILDREN FROM THE AGES 13-18 WILL LIVE WITH A MENTAL ILLNESS

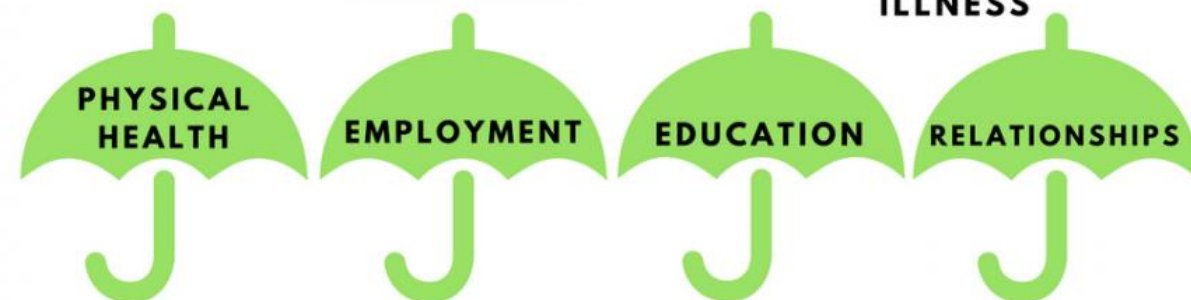


DEPRESSION AND ANXIETY ARE THE MOST COMMON MENTAL ILLNESSES

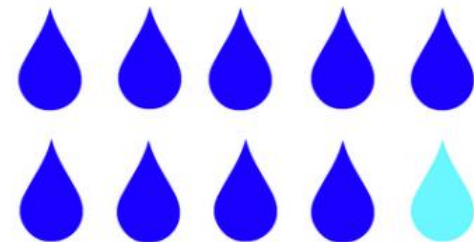
ONLY 30% OF DEPRESSED TEENS ARE BEING TREATED



MENTAL ILLNESSES CAN AFFECT



90% OF THOSE WHO COMMITTED SUICIDE HAD AN UNDERLYING MENTAL ILLNESS



According to NAMI and psychcentral

Suicide Among Youth and Young Adults: What Pediatricians Should Know

Suicide is the 2nd leading cause of death among US youth and young adults, ages 15-24



Heron, M. Deaths: Leading Causes for 2017. National Vital Statistics Reports, Vol. 68(6). Hyattsville, MD: National Center for Health Statistics, 2019.

Teen Suicide Rates Differ by Gender

17.9 5.4

*deaths per 100,000 youth ages 15-19, 2017



Young Men



Young Women

CDC National Center for Injury Prevention and Control. WISQARS Fatal Injury Reports. Accessed from: <https://webappa.cdc.gov/sasweb/ncipc/mortrate.html>



NIHCM
FOUNDATION



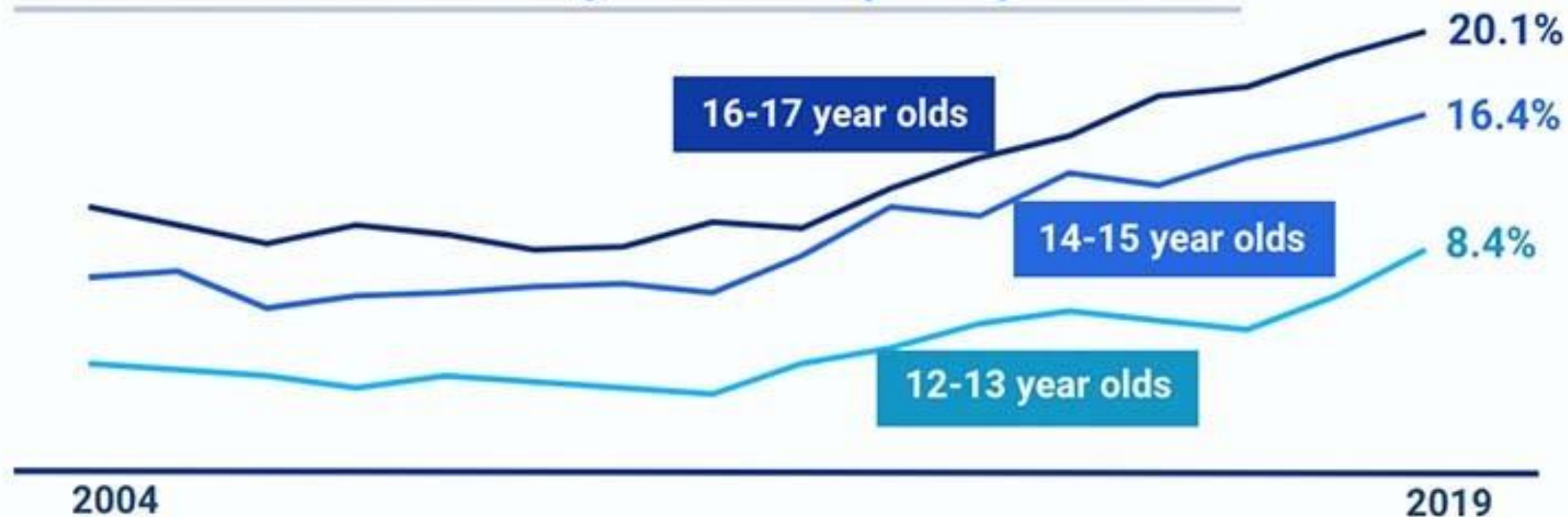
75% of all mental illnesses develop by age 24

Before the pandemic, up to **1 in 5** children had a diagnosed mental health disorder



Common mental illnesses among young people are **anxiety & depression**

Recent trends show rising rates of **Major Depression**



74%
Increase in depression for children aged 12-17 between 2004 & 2019



Impact of the pandemic on children's mental health

The pandemic has created a perfect storm of stressors for children and youth and experts warn that it may negatively impact mental health

Stressors:

- Uncertainty
- Social isolation
- School closures
- Familial challenges & economic instability
- Losing a family member to COVID-19

Barriers to Care:

- Lack of internet or technology limiting telehealth access
- Fewer mental health screenings due to school closures & delayed pediatric care

The share of mental health-related ED visits among all pediatric visits increased between mid-March and October 2020 compared to the same period in 2019



24%
among children aged
5-11 years



31%
among adolescents
aged 12-17 years

Allocation of Child Psychiatrists in Texas

Practicing Child and Adolescent Psychiatrists

Select a state for county population and workforce data

Texas

* Hover for Data Source

Number of Children < 18

7,272,795

Total CAPs

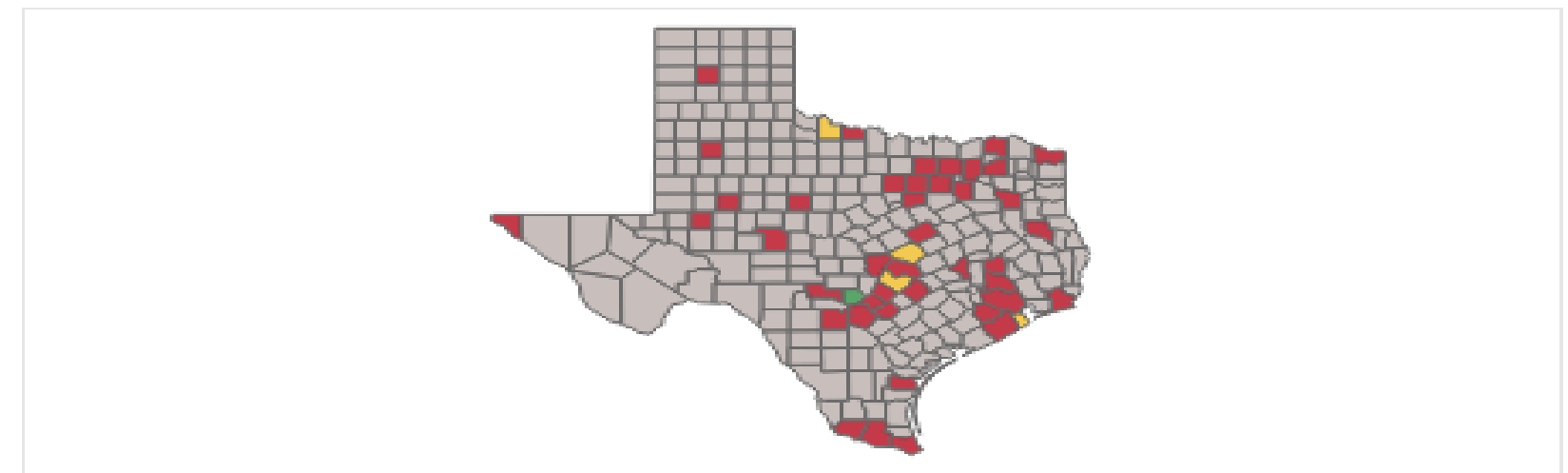
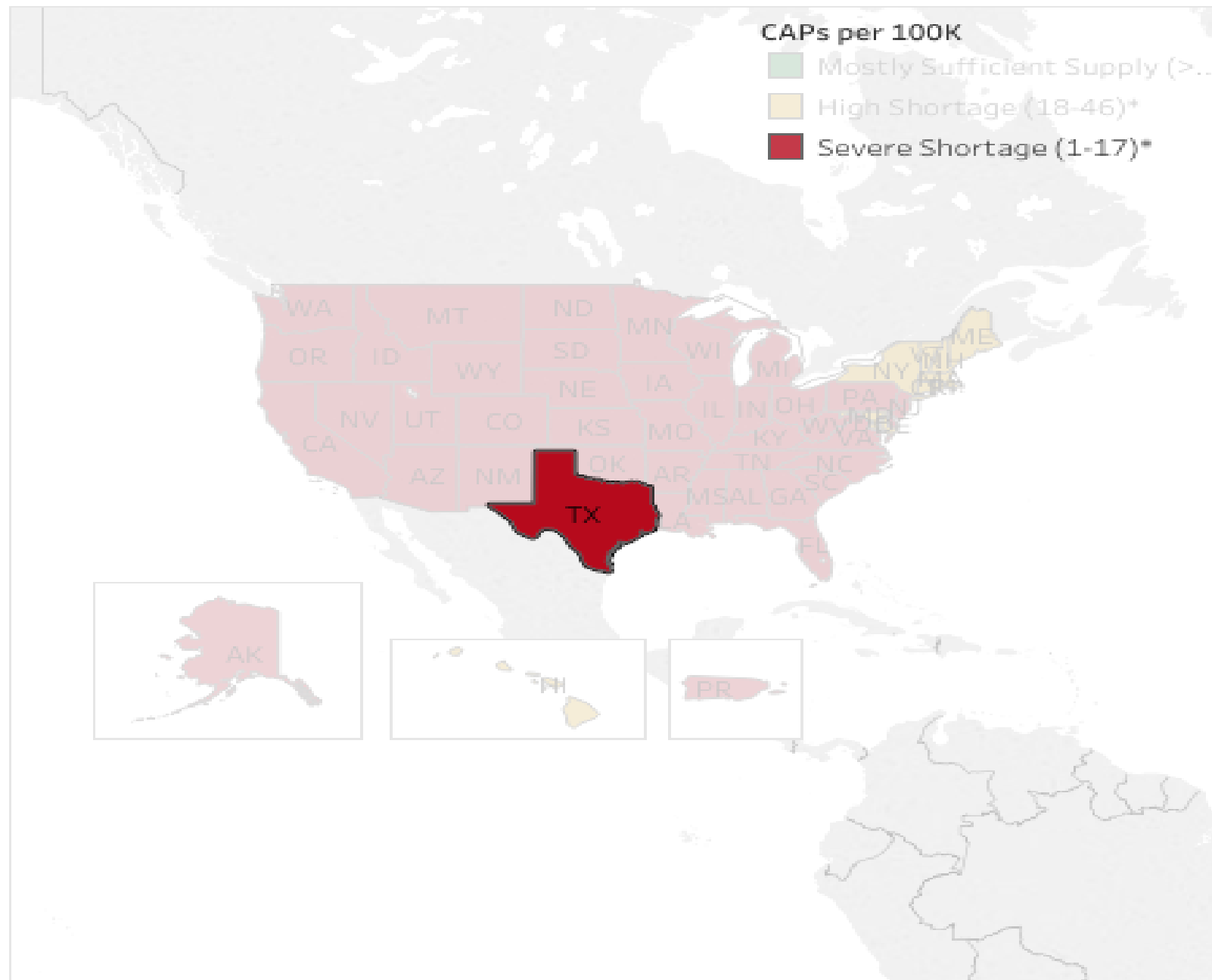
646

Number of CAPs/100K

9

Avg. CAP Age

49



County	Pop. < 18	Number of ..
Anderson County	11,191	0
Andrews County	5,309	0
Angelina County	22,915	0
Aransas County	4,575	0
Archer County	1,952	0
Armstrong County	433	0
Atascosa County	13,401	0



TEXAS CHILD MENTAL HEALTH CARE CONSORTIUM

Vision:

All Texas children and adolescents will have the best mental health outcomes possible.

SB 11- 86th legislature

Leverage health-related institutions of higher education to improve mental health care for children and adolescents.



INITIATIVES

- **Child Psychiatry Access Network (CPAN)**
- **Texas Child Health Access Through Telemedicine (TCHATT)**
- Community Psychiatry Workforce Expansion
- Child and Adolescent Psychiatry Fellowship
- Research





If you need to talk to someone right now, call 800-273-8255. To find help for you or your family, visit MentalHealthTx.org.

Texas Child Mental Health Care Consortium

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

Who We Are

The Texas Child Mental Health Care Consortium (TCMHCC) was created by the 86th Texas Legislature to leverage the expertise and capacity of the health-related institutions of higher education to address urgent mental health challenges and improve the mental health care system in this state in relation to children and adolescents.

TCMHCC has Five Initiatives:

- ★ The Child Psychiatry Access Network (CPAN) provides telehealth-based consultation and training to primary care providers. [Learn More](#)
- ★ The Texas Child Health Access Through Telemedicine (TCHATT) program provides in-school behavioral telehealth care to at-risk children and adolescents. [Learn More](#)
- ★ The research initiative has created two state-wide networks to study and improve the delivery of child and adolescent mental health services in Texas. [Learn More](#)
- ★ The Community Psychiatry Workforce Expansion (CPWE) funds full-time academic psychiatrists as academic medical directors and new psychiatric resident rotation positions at facilities



★ Child Psychiatry Access Network (CPAN)

(888) 901-CPAN

Primary care providers can access the Child Psychiatry Access Network (CPAN) for assistance with behavioral health care for their child and adolescent patients.

★ Texas Child Health Access Through Telemedicine (TCHATT)

TCHATT provides telemedicine or telehealth programs to school districts to help identify and assess the behavioral health needs of children and adolescents and provide access to mental health services.

UPCOMING EVENTS

[VIEW ALL](#)

16
MAY
2022

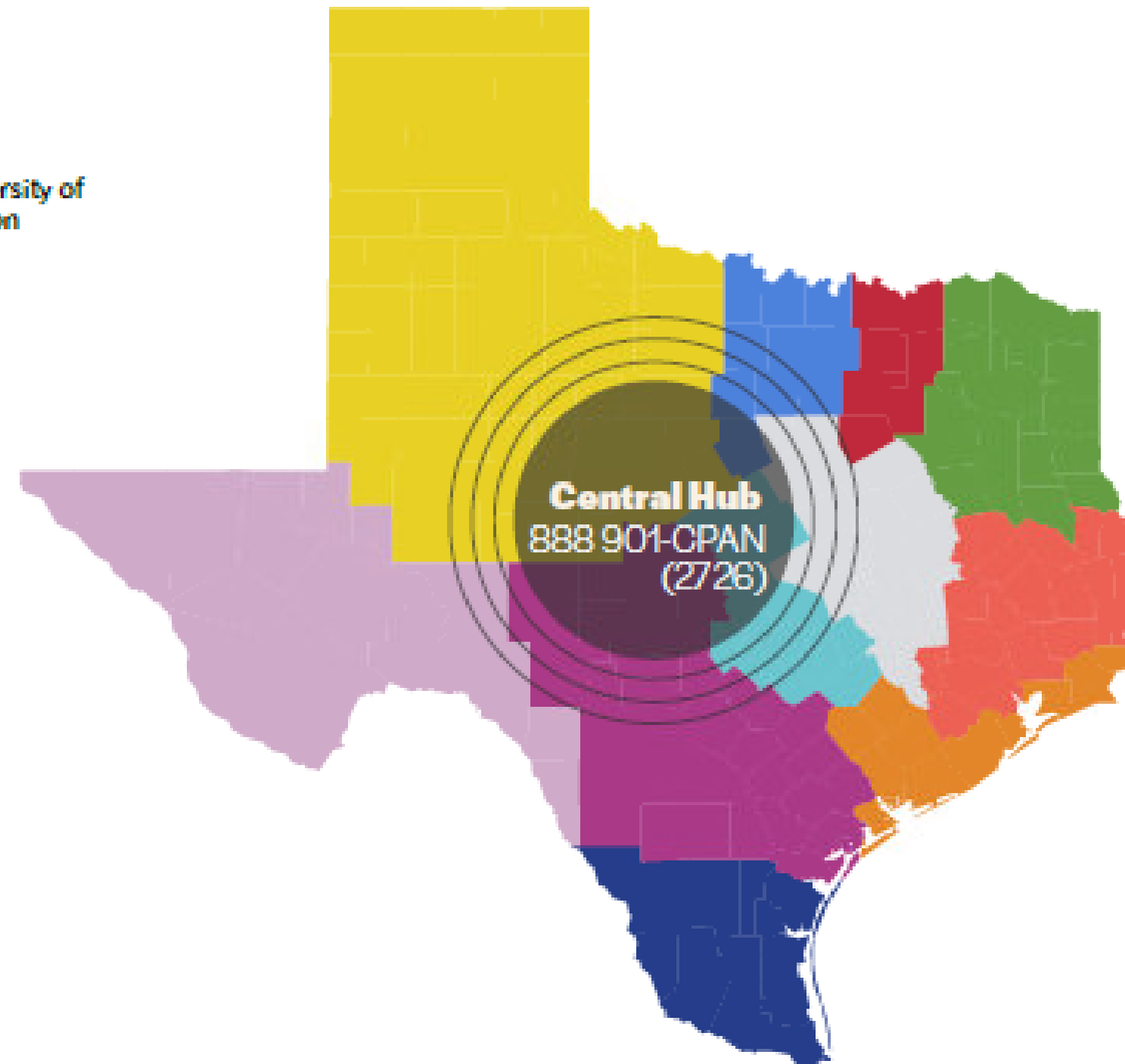
EXECUTIVE COMMITTEE MEETING

🕒 10:00 am–3:00 pm
📍 Hybrid (UTS Second floor, Room 2.206)
📅 051622 Meeting Agenda



Child Psychiatry Access Network (CPAN)

- Texas A&M University System Health Science Center
- Baylor College of Medicine | The University of Texas Health Science Center at Houston
- Dell Medical School at The University of Texas at Austin
- The University of Texas Southwestern Medical Center
- Texas Tech University Health Sciences Center at El Paso
- Texas Tech University Health Sciences Center
- The University of Texas Health Science Center at Tyler
- University of North Texas Health Science Center
- The University of Texas Medical Branch at Galveston
- The University of Texas Rio Grande Valley School of Medicine
- The University of Texas Health Science Center at San Antonio



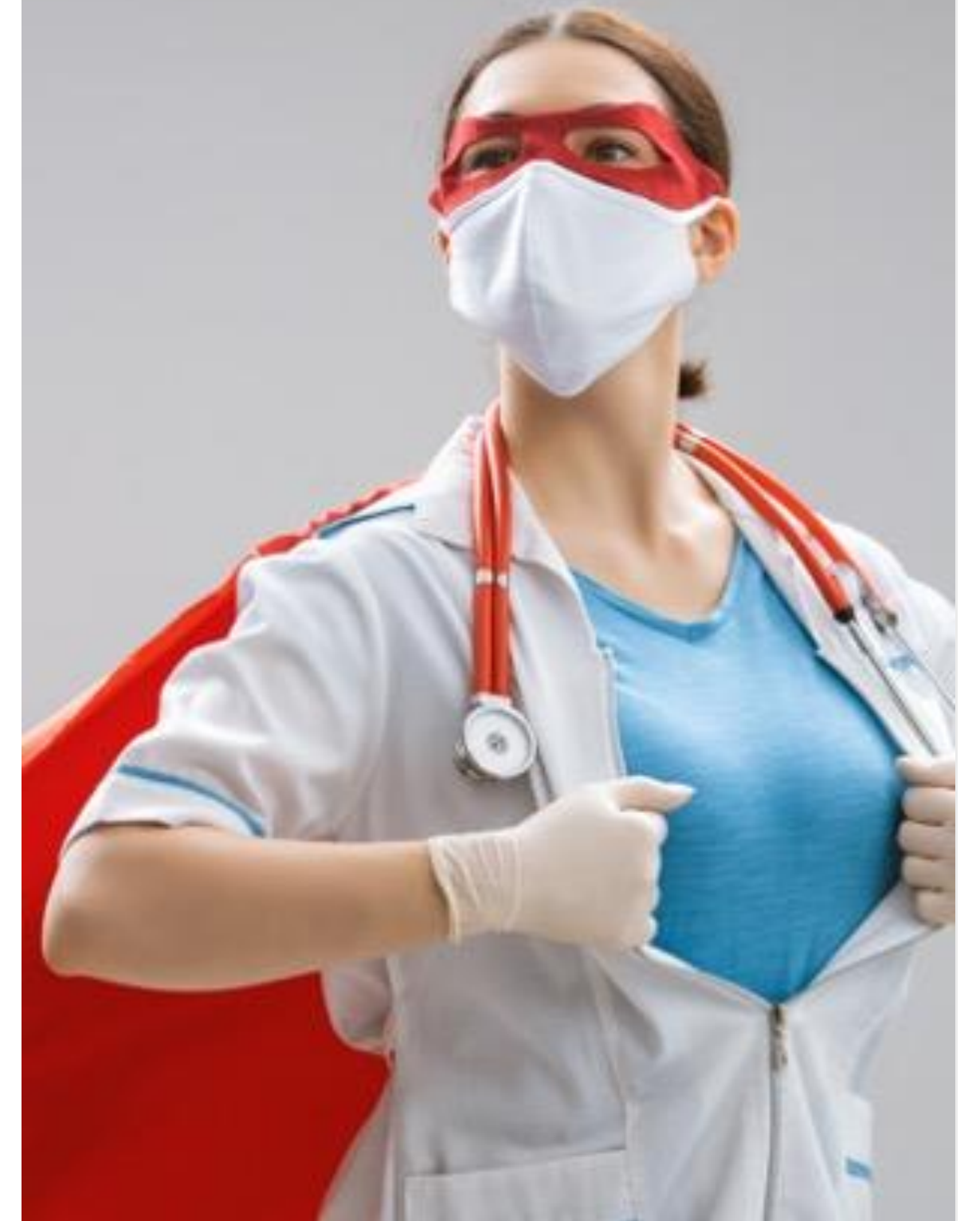
TO SAVE THE DAY WE WILL NEED...

1. Task shifting

- Promotion of mental wellness
- Early identification (screening)
- First-line care
- Targeted brief interventions, counseling for problems

2. Collaborative care

Primary providers to the rescue



AAP MENTAL HEALTH COMPETENCIES

- **Clinical skills**
 - Primary prevention
 - Secondary prevention
 - Assessment
 - Treatment
- **Practice enhancement**
 - Establish collaborative and consultative relationships (within practice, virtually, or off-site)
 - Build practice team culture around a shared commitment to embrace mental health care as integral to the practice
 - Establish systems within the practice (and network) to support mental health services



WHY MH CARE IN PRIMARY CARE?

- Burden of mental disorders is great
- Mental, physical health problems are interwoven
- Treatment gap for mental disorders is enormous
- Primary care settings for mental health services enhance access
- Delivering mental health services in primary care settings reduces stigma and discrimination
- Treating common mental disorders in PC settings is cost-effective
- Majority of people with mental disorders treated in collaborative primary care have good outcomes

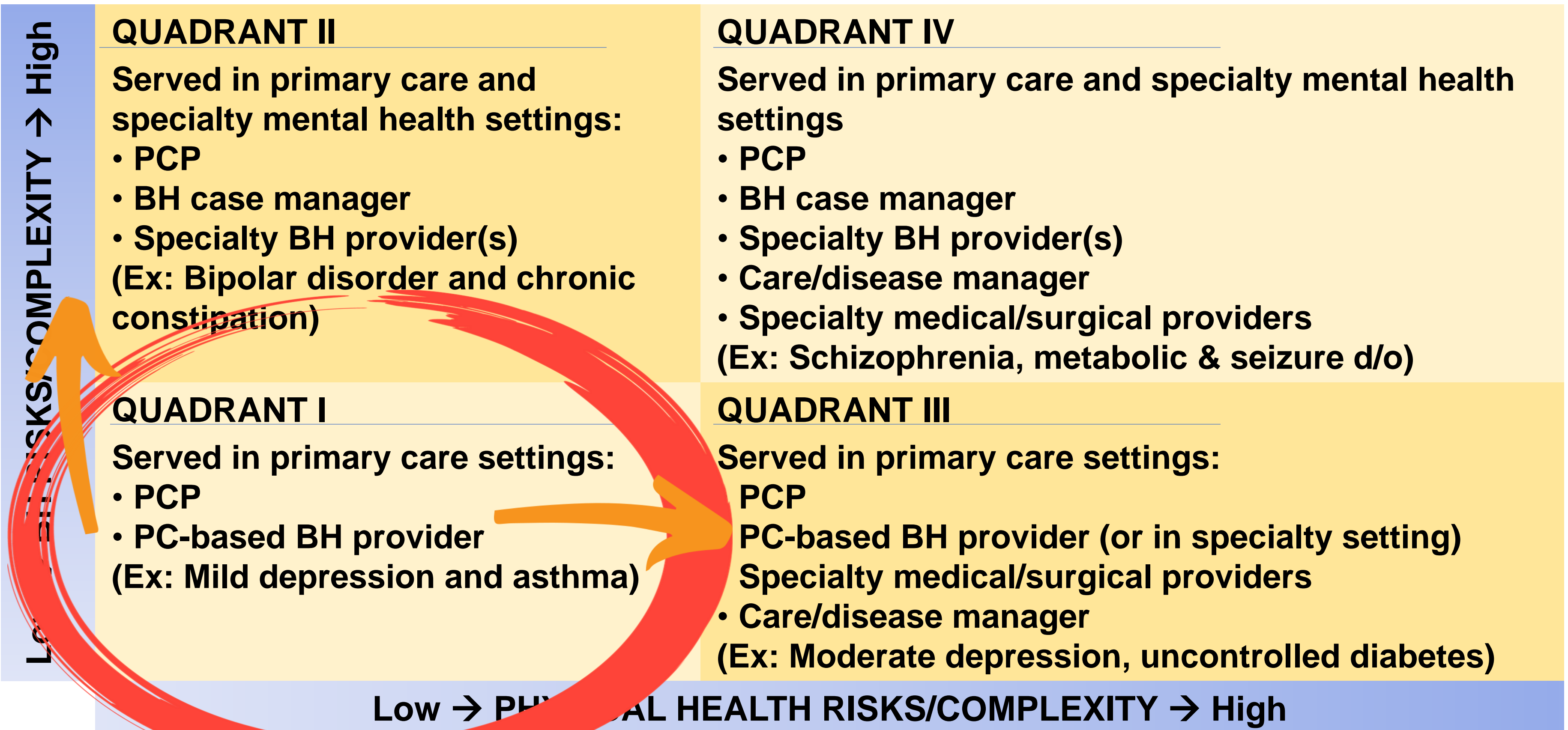


BARRIERS (KRYPTONITE)

- Lack of mental health training
- Insufficient time
- Lack of knowledge about mental health resources
- Lack of evidence-based treatments for “problems”
- Poor referral feedback from MH clinicians
- Inadequate reimbursement
- Psychosocial risks/stressors (SDoH, ACEs)
- Mental illness versus wellness
- Mental health attitudes, stigma



INTEGRATION BASED ON NEEDS



CHILD PSYCHIATRY ACCESS NETWORK (CPAN)

1. Massachusetts has the longest standing state program in the country (>17 years)
2. <https://www.mcpap.com/>
3. Several studies indicate that MCPAP is well received by PCPs and Families
4. T-CPAN is closely modeled after the MCPAP program



1. Enhanced ability to deliver mental health consistent with family preferences
2. PCP applied knowledge gained in previous calls to subsequent patients
3. *Engagement through other learning processes can help increase PCP utilization of the service*
4. *High rates of parent satisfaction with PCP who utilize the service*
5. *Further strengthened PCP relationship with families*

CHILD PSYCHIATRY ACCESS NETWORK (CPAN)

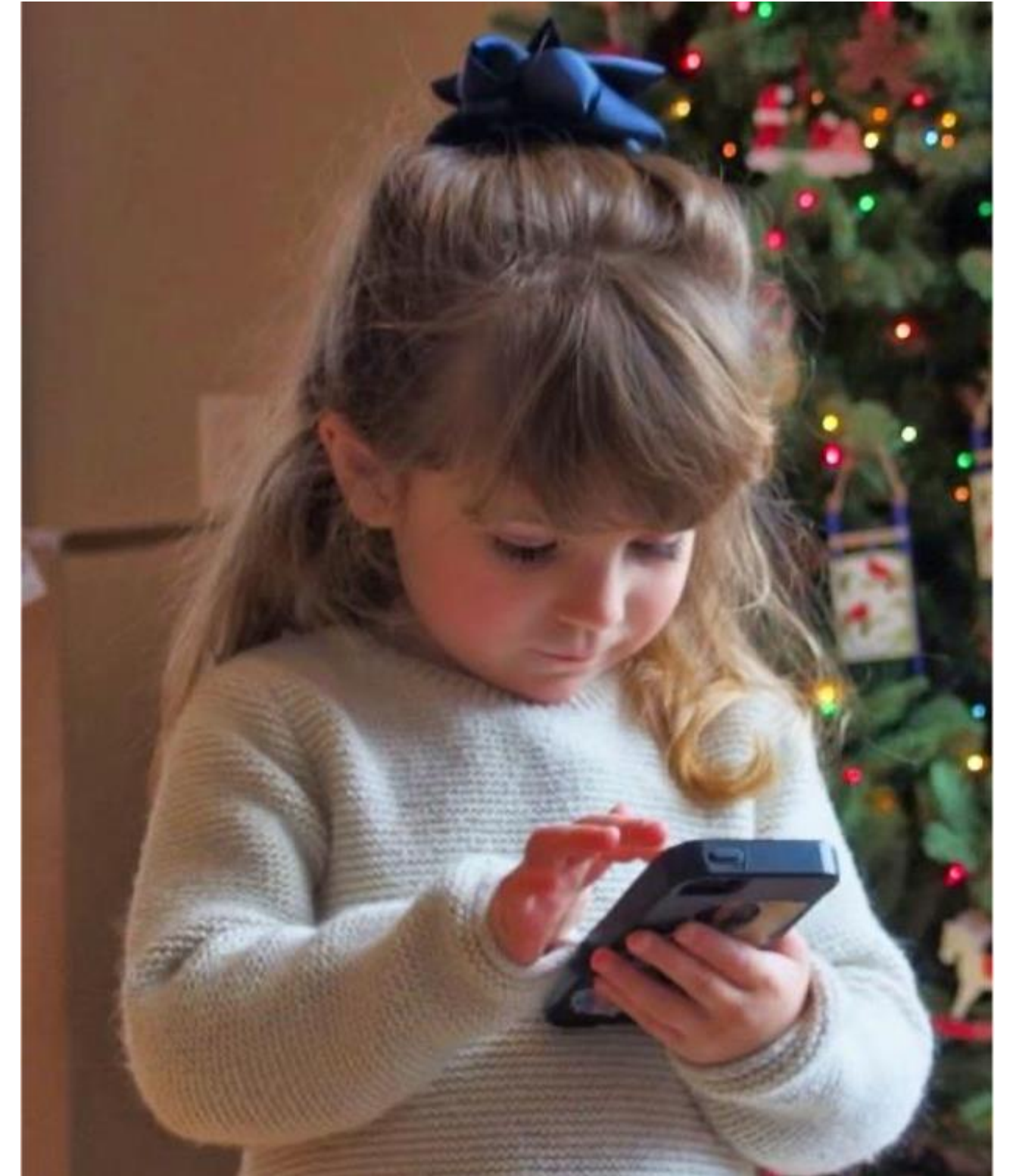
1. All PCP in Texas (Pediatricians, Family Docs, PA, NPs) will be invited to enroll
2. No Cost to PCPs or Patients
3. CPAN Enrollment for PCPs (Ability to do group practice enrollments)
4. Name
5. Phone number, email, fax
6. Clinic Location
7. To protect patient confidentiality our team cross checks (repeat calls on the same patient)



CHILD PSYCHIATRY ACCESS NETWORK (CPAN)

- Enrollment can be done BEFORE you call OR with the first call
- Each Regional CPAN Hub will offer additional educational activities outside of “the Call”
 1. ECHO Team Based Learning
 2. Webinars
 3. Best Practices Algorithms
- T-CPAN website is under construction but will be similar in scope to the MCPAP

TOLL FREE 1 (888) 901-CPAN



CHILD PSYCHIATRY ACCESS NETWORK (CPAN)

CPAN is 3 SERVICES in 1 Team, 1 Phone Call

1. Resource and Referral Assistance
2. Behavioral Planning for Youth in the care of the PCP
3. Educational Psychiatric Consultation in Real Time with a Child and Adolescent Psychiatrist



TOLL FREE 1 (888) 901-CPAN



CHILD PSYCHIATRY ACCESS NETWORK (CPAN)

1. Monday-Friday 8:00 a.m. to 5:00 p.m.
2. Phone call answered within 5 minutes or less
3. Call Triaged to determine which of the 3 routes the PCP is needing
 - **Some elements of PHI will be asked- needed often for assistance with referrals in particular**
 - PCP can decline to provide
 - Use of Clinic MRN without other elements is a SECURE method and allows for the CPAN team to locate patient again, if needed.
4. Resources and Referral Assistance can help close the loop on locating mental health services in your area
5. Real time behavioral planning
6. Return call from CAP within 30 minutes to consult on:
 1. Assessment
 2. Diagnosis
 3. Treatment Planning including Medications, Labs, Therapies



Dashboard

Apr, 2022

All CPAN

8091

ENROLLED PROVIDERS



1499

ENROLLED CLINICS



9579

COMPLETED CONSULTS



8601

PATIENTS SERVED (EST.)



98.2%

RESPONSE WITHIN 30 MIN

6.1

MEDIAN RESPONSE TIME (MIN)



CPAN By The Numbers:

- Data from the Trayt system
- From May 2020 to April 2022
- Enrolled providers include PCP, NPs, Pas, residents and fellows
- State metric to for child psychiatrist to return PCP call within 30 minutes if directed to (goal =90%)

TEXAS CHILD ACCESS THROUGH TELEMEDICINE (TCHATT)

- Direct telepsychiatry or counseling to students at schools
- Educational and training materials for school staff
- State-wide data management system



TEXAS CHILD HEALTH ACCESS THRU TELEMEDICINE (TCHATT)

1. Where are kids during the day?
2. Where are parents during the day?
3. Urban vs. Rural: Needs Assessment
4. Remember the information about mental health and providers?

TCHATT can be part of the TEXAS Solution to:

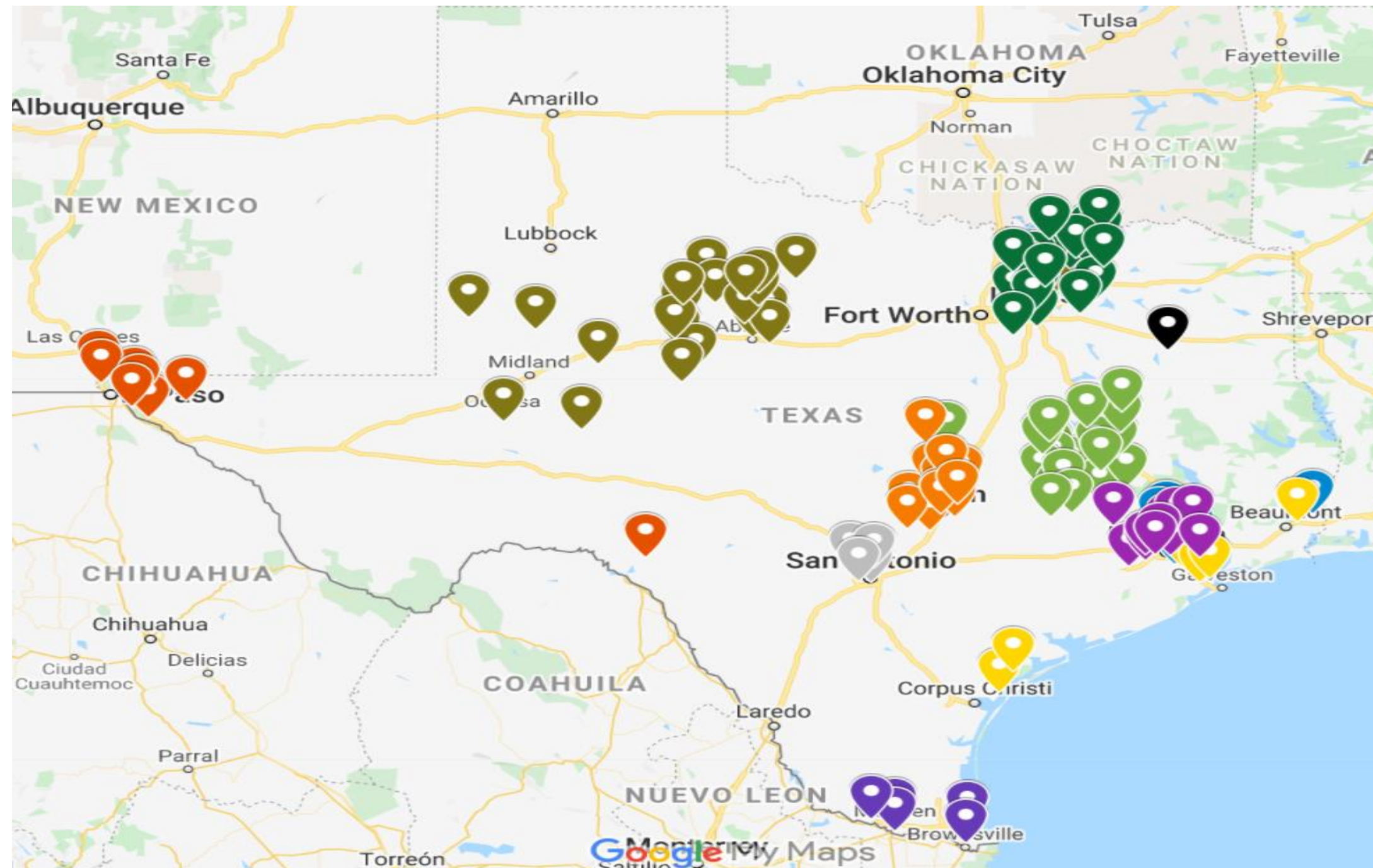
1. Timely
2. Evidenced Informed
3. Patient Centered
4. Partnership with PCPs, Schools And local Care Teams

MENTAL HEALTH ASSESSMENTS and Short Term Care



<https://tcmhcc.utsystem.edu/tchatt/>

Consortium Map



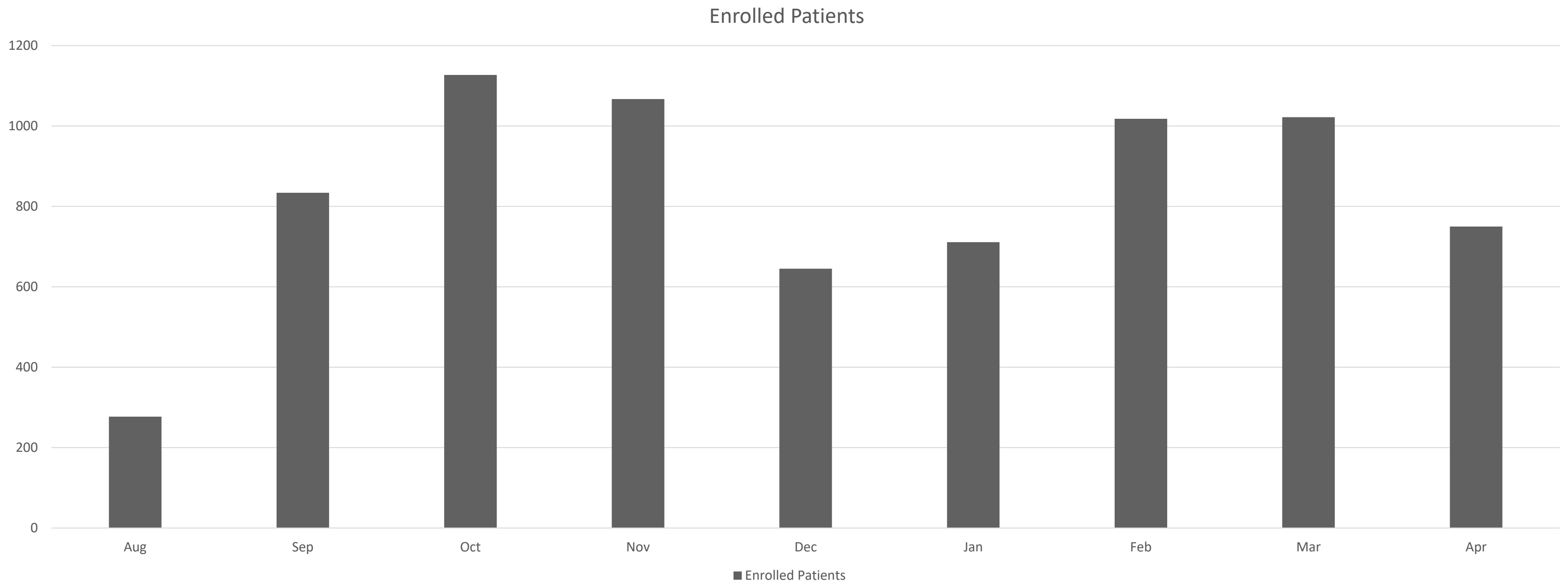
TEXAS CHILD HEALTH ACCESS THROUGH TELEMEDICINE (TCHAT)

1. Each HRI is partnering with the Regional TEA ESC
2. HRI teams consist of: Psychologists, LCSW/LPC, Child Psychiatrists
3. State-wide using a patient platform for engagement and data collection: Trayt (English and Spanish Versions)
4. Each youth will receive an assessment by the HRI team and then up to four visits dependent on the outcome of the assessment
5. Teams will plan to engage family PCP at initiation of services
6. Aftercare planning will work to locate services that may include CPAN, LMHAs, School resources, and other Local Care Providers- NO DUPLICATION OF SERVICES!

COORDINATE and COLLABORATE



Preliminary TCHATT Enrolled Patients: August 2021-April 2022 Total: 7,451*



Child Psychiatry Access Network (CPAN)

FACEBOOK

Name: Texas Child Psychiatric Access Network (CPAN)

Username: @TexasCPAN

Link: <https://www.facebook.com/TexasCPAN/>

LinkedIn

<https://www.linkedin.com/groups/12460439/>

WATCH a 3-minute version of this TALK!

<https://youtu.be/DIPgAhkY8dk>



tcmhcc
Texas Child Mental
Health Care Consortium



CPAN
Child Psychiatry
Access Network



TCHATT
Texas Child Health Access
Through Telemedicine