

**Improving Access to Behavioral Healthcare through the Implementation of the
Texas Adult Mental Health Care Consortium**

THA Leadership Fellows Class of 2021

Kirk Canada

Abilene Market Chief Operating Officer, System Vice President, Hendrick Health

Brin Cole

Vice President of Operations, St. David's Medical Center

Jessica Knudsen, LCSW

President and CEO, Clarity Child Guidance Center

Erin Marietta

Administrator Rural Hospitals, St. Joseph Health

Matthew Wylie

Director of Operations, CHRISTUS Mother Frances

Executive Summary

Mental health is one of the most pressing healthcare challenges of our time with rates of severe depression increasing for both youth and adults, and adult suicidal ideation increasing by an additional 460,000 individuals between 2017 and 2018 in the United States alone¹. Coupled with the COVID-19 pandemic, the crisis has continued to grow significantly as access to healthcare providers has become more challenging. Texas is facing a significant and serious health crisis regarding mental health, and the need for a program to be put into place to address these concerns for adults is more important than ever.

Inspired by the Texas Child Mental Health Care Consortium (TCMHCC) developed in 2019 to support children and adolescents through their most critical mental health needs, we believe that a similar approach to addressing mental health care for adults is greatly needed, and by utilizing the nature and structure of the program for children, adults suffering can greatly increase their access to mental health services. The development of the Texas Adult Mental Health Care Consortium (TAMHCC) is being proposed to provide a multi-pronged approach to increase access for adult patients suffering from mental health needs through the utilization of telemedicine and telemedicine access points, availability of psychiatry consultations through primary care providers and the expansion of mental health providers in the state.

Implementation of the TAMHCC program will require collaboration from multiple key stakeholders across the state. Efficiencies can be gained by building upon the existing infrastructure of the TCMHCC program. A coordinated action plan to engage stakeholders and facilitate legislative action is essential for the program's success. We believe the Texas Hospital Association is well positioned to lead efforts in support of TAMHCC's implementation.

¹ *Access to care ranking*. (2021). Mental Health America
<https://mhanational.org/issues/2021/mental-health-america-access-care-data>

Introduction

Access to behavioral healthcare is a challenge throughout the United States and within Texas in particular. A recent report by Mental Health America ranked Texas 50 out of 51 in providing access to mental health services (Figure 1).² Over 3.4 million adults in Texas reported having a diagnosed mental, behavioral or emotional disorder that is not related to a substance abuse or developmental concerns, and of those diagnosed adults over 59% did not receive any form of mental health treatment in the past year.² Within the last year, 756,000 Texans had thoughts of suicide.³ Additionally, of the 254 counties in Texas, 173 report not having a single licensed psychiatrist providing services in their respective communities.⁴ With the rate of mental health needs rising and the lack of providers and access to care, the State of Texas is facing a significant public health crisis.

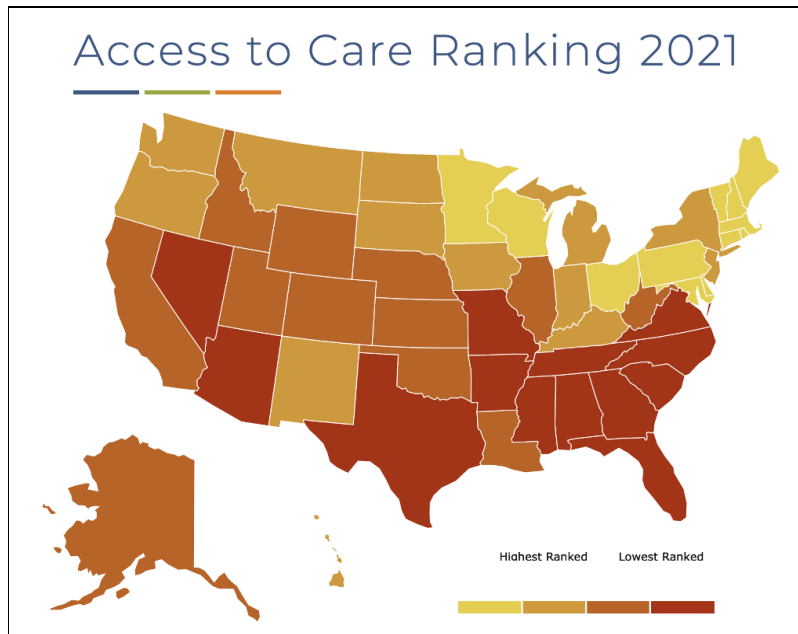


Figure 1: Mental Health America Access to Care Ranking (2021)²

The shortage of behavioral health professionals in Texas is impacting the entire healthcare delivery system, with an especially significant impact in area emergency rooms. In the absence of treatment options, individuals and families in a mental health crisis are often left to seek assistance from the only safety net option, and once these patients are seen in emergency rooms

² *Access to care ranking*. (2021). Mental Health America
<https://mhanational.org/issues/2021/mental-health-america-access-care-data>

³ *Mental Health in Texas* (February 2021). National Alliance on Mental Illness.
<https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/TexasStateFactSheet.pdf>

⁴ *Psychiatrists by County - September 2020*. (n.d.). Department of State Health Services.
<https://dshs.texas.gov/chs/hprc/tables/2020/psych20.aspx>

their mental illnesses are more likely to be exacerbated and in need of acute intervention.⁵ Often these patients require transfer to a specialty psychiatric facility, and the lack of available inpatient beds can cause a delay in transfer and an extended stay in emergency rooms which place additional burdens on hospitals and staffing.⁶

Additionally, as over 3 million Texans live in rural communities throughout the state, general access to healthcare services is already strained. Combining the current mental health crisis with existing socioeconomic challenges present among rural communities, such as lack of transportation, low income, high uninsured rates, and difficulty in provider recruitment, rural communities that are already under-resourced are even further strained.

While healthcare delivery systems across the country now fight the COVID-19 pandemic, the mental health needs for patients have grown tremendously. Research conducted across the United States demonstrates that as the rate of unemployment rises during the pandemic, associated rates of suicide rise as well. In Texas specifically, the Meadows Mental Health Policy Institute projects that an additional 300 Texans will die from suicide for each five percentage point increase in the unemployment rate.⁷ Within the last year of the COVID-19 pandemic, 3,930 Texans lost their lives to suicide.³ The multitude of challenges related to the mental health care crisis in Texas requires significant work and ambitious initiatives to ensure that one of the most pressing healthcare issues of our time is adequately addressed and that Texas provides the needed resources to serve one of our most vulnerable patient populations.

Foundation of the TCMHCC Program

As this paper focuses specifically on the mental health needs and access for adults in Texas, it is important to note that children and adolescents have also suffered from lack of care and support for their mental health needs in the state. In response to this lack of capacity and the significant healthcare needs for children and adolescents, the 86th Texas Legislature created the Texas Child Mental Health Care Consortium (TCMHCC).

In an effort to provide a robust program to address the mental health challenges for children, in 2019, TCMHCC created five initiatives focused on child and adolescent mental health care and access, with funding totaling nearly \$90 million.⁸ The five initiatives included: Texas Child Health Access Through Telemedicine (TCHAT), two statewide study initiatives, Community

⁵ Laderman, Dasgupta, Henderson and Waghray. *Tackling the mental health crisis in emergency rooms*. (January 26, 2018). <https://www.healthaffairs.org/doi/10.1377/hblog20180123.22248/full/>

⁶ *Amid shortage of psychiatric beds, mentally ill face long waits for treatment*. (August 2, 2016). PBS NewsHour. <https://www.pbs.org/newshour/nation/amid-shortage-psychiatric-beds-mentally-ill-face-long-waits-treatment>

⁷ *COVID-19 Response Briefing: MHSUD Impacts v.1: Effects of COVID Recession*. (April 28, 2020). Meadows Mental Health Policy Institute. <https://mmhpi.org/wp-content/uploads/2020/09/COVID-MHSUDImpacts.pdf>

⁸ *Implementation plan for the Texas Child Mental Health Care Consortium*. (November, 2019). University of Texas System. <https://www.utsystem.edu/pophealth/tcmhcc/assets/files/resources/TCMHCC-Report%20to-the-LBB.pdf>

Psychiatry Workforce Expansion (CPWE), Child and Adolescent Psychiatry (CAP) and Child Psychiatry Access Network (CPAN).

On May 18, 2021, CPAN launched to address access limitations resulting from provider shortages and appointment availability, geographical and transportation barriers, and perceptions and knowledge surrounding mental health. The CPAN initiative utilizes a hub and spoke model for off-site psychiatrists and mental health professionals to collaborate with pediatricians and primary care providers regarding patients under their care, and during this program psychiatrists provide the most up to date treatment recommendations.

CPAN is comprised of 12 regional hubs which are supported by the regional academic medical school's department of psychiatry in the designated area (Figure 2).⁹ For example, Dell Medical School at The University of Texas supports the Central Texas region. Each center has created an on-call schedule of psychiatrists who respond to requests in their region during their designated time on-call. Services are provided through telemedicine-based consultation, care coordination, and training to pediatricians and other PCPs to assist in managing the mental health needs of their patients.

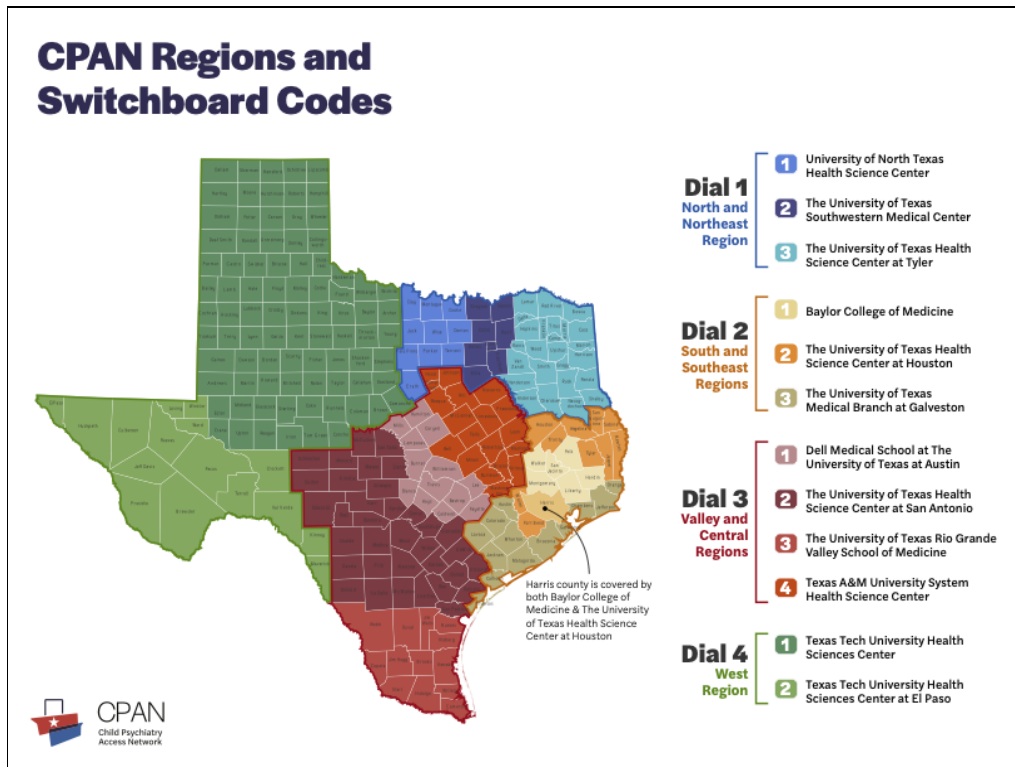


Figure 2: Child Psychiatry Access Network (CPAN)⁹

⁹ *CPAN Regions and Switchboard Codes*. (n.d.)
https://tcmhcc.utsystem.edu/wp-content/uploads/2021/01/CPAN-Map_1-5-22.pdf

After a simple registration into the program and assignment to the appropriate region, pediatricians and PCPs can call the program's toll-free number, connect to the assigned region and request consultation or resources with a response time of less than 30 minutes during weekday business hours. While the program has yet to provide results on the performance of the initiative due to the infancy of the program, the performance tracking by each center is ongoing, including the following metrics: percentage of PCPS enrolled in the region, percentage of enrolled PCPS using the consultative services at least once, percentage of calls answered within 5 minutes and responded to in 30 minutes, and the PCPs' satisfaction and comfort score. Additional metrics will also be provided regarding volumes of consults, unique patients served and repeat services.

Proposal to Develop the TAMHCC Program

Modeled after the TCMHCC program and initiatives for children and adolescents, we propose the development of a Texas Adult Mental Health Care Consortium (TAMHCC) to address the significant mental health crisis affecting adults in Texas. This program will provide valuable resources to providers who have limited experience with managing complex mental health needs and will increase access to mental health care resources throughout the state.

The recommended TAMHCC proposal focuses on 3 initiatives: an Adult Psychiatry Access Network (APAN), a Texas Adult Health Access Through Telemedicine (TAHATT) initiative, and a collaboration with TCMHCC's Community Psychiatry Workforce Expansion (CPWE) initiative. Oversight and delivery of this program would be through a collaborative effort between the TAMHCC executive committee, regional psychiatric access consortiums mirroring the 12 CPAN regions, and the 22 Regional Advisory Councils (RACs) responsible for Texas' Trauma Service Areas.

While increasing the size of the mental health care workforce is crucial to meeting the needs of Texans, it is a longer-term strategy that is inadequate to meet the crisis we face in the near-term. The APAN initiative would serve as a bridge to support existing health care providers and would provide an immediate opportunity to extend the expertise of Texas-based psychiatrists on a large scale. Whereas CPAN focusses on children and adolescents, APAN would target populations aged 18 and older, and would be designed to connect local primary care physicians and emergency department providers to licensed psychiatrists for a remote provider-to-provider consultation on an as-needed basis.

Like CPAN, APAN would be comprised of regions that are each supported by a contracted academic medical school's department of psychiatry. Each contracted medical school would have the freedom to staff the program in the manner of their choosing while ensuring the served region is provided adequate access to licensed psychiatrists. Additionally, we recommend that specific response times and quality metrics be built into contracts by the State of Texas to ensure

appropriate accountability. In addition to their role in providing psychiatric consultations, contracted academic medical centers would be responsible for developing educational resources for health care professionals that would include up-to-date research, clinical practice guidelines, and formal continuing education credit opportunities for all providers.

Whereas the proposed APAN program is founded as a direct support to providers, the TAHATT initiative would be the patient-facing component of the program and would serve as the counterpart to the TCHAT initiative that serves children and adolescents. One noted challenge in the design of this program for the adult population is the limitations of a centralized access point for receiving care. For the pediatric population, TCHAT leverages schools as a common access point as over 5 million Texas students attend public school and have access to resources through their local school districts.¹⁰ Considering the adult population does not have any common access points being utilized at such a high rate we recommend that the adult access points be available through local primary care clinics for non-emergent needs and local hospitals for emergent needs. These access points have the added benefit of providing collaboration with local licensed providers, and TAHATT would be administered via the same contracting process with academic medical schools that underlies the APAN initiative.

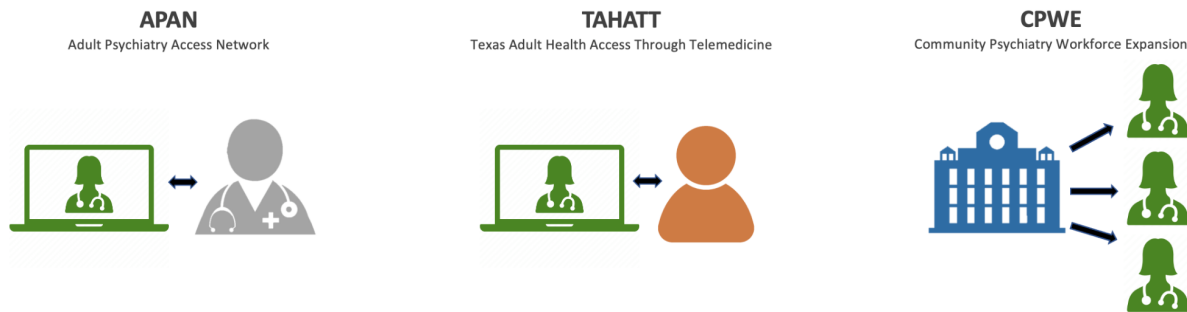
We envision the TAHATT program as the “next step” for providers after consulting with APAN psychiatrists. During the APAN consult, the local provider may request a telemedicine evaluation visit for the patient if the provider believes additional assistance is needed beyond the provider-to-provider consult. These visits would be scheduled based on the urgency of the request. Following the telemedicine evaluation, the referring provider would be sent notes pertaining to the visit as well as recommendations for any follow-up care and additional recommendations for the patient’s needs. As in the APAN initiative, academic medical centers contracted for the TAHATT initiative would be responsible for developing educational materials for patients and communities to include information about various mental health diagnoses, patient-level management strategies, as well as available support resources. Community materials could engage the public through various media channels, including social media, radio and television public service announcements, and other awareness campaigns.

As the TAHATT and APAN programs focus on patients’ most urgent mental health needs, the CPWE initiative will focus on the long-term strategy of increasing psychiatrists and other mental health professionals within the local mental health authorities (LMHA) of Texas. Through the CPWE initiative, medical schools’ departments of psychiatry and advanced practice provider programs offering mental health specialization would be provided financial support to increase the availability of faculty to supervise residents or students training within LMHAs. Research

¹⁰ *Enrollment in Texas Public Schools 2020-21*. (June 2021) Texas Education Agency. <https://tea.texas.gov/sites/default/files/enroll-2020-21.pdf>

indicates that special programs like the proposed CPWE initiative may increase a students' likelihood of practicing in underserved areas after graduation.¹¹ Considering the significant need throughout Texas, we propose that this initiative be combined with the TCMHCC's CPWE program and expanded to include non-physician providers. Combining the program is anticipated to create efficiencies in administration, and it is anticipated that by expanding the program to include non-physician providers will increase the rate at which Texas can increase the mental health workforce.

Texas Adult Mental Health Care Consortium (TAMHCC)



For the TAMHCC program, we propose a shared oversight model consisting of a TAMHCC executive committee, regional psychiatric consortiums mirroring the 12 regional hubs of the existing CPAN initiative, and the involvement of the 22 RACs across the state. The executive committee would serve to provide central oversight of the program and would report to the responsible state governmental bodies, ensuring appropriate accountability and successful attainment of program goals. The 12 regional hubs would represent the academic institutions participating in the program that are responsible for providing services of the APAN and TAHATT initiatives.

In addition to the provision of services, the regional hubs will also be responsible for monitoring key performance indicators for the program. These regions would be designed to mirror the CPAN regions to facilitate streamlined program administration. Although not currently a component of the TCMHCC program, we propose that the TAMHCC program include local RACs to increase representation of hospitals and mental health facilities. We believe the involvement of RACS will increase local involvement, improve utilization, and provide opportunities to undertake related quality and process improvement initiatives within each TSA.

¹¹ *An assessment of opportunities for graduates of Texas medical schools to enter residency programs in Texas.* (October 2020). Texas Higher Education Coordinating Board. https://tcmhcc.utsystem.edu/wp-content/uploads/2020/12/biennial2020_final2.pdf

TAMHCC Program Implementation Considerations

Based on the early successes of the established TCMHCC program, we recommend the TAMHCC program follow a similar implementation pathway. Utilizing existing support infrastructure and stakeholder engagement strategies will enhance the ability to develop a robust program in a timely manner while minimizing unnecessary duplication and waste. There are numerous factors that will impact TAMHCC's successful implementation. Three key areas of consideration include key stakeholder identification, program logistics, and the implementation action plan.

Stakeholder engagement will be essential in garnering the support necessary to bring the TAMHCC program to fruition. At the provider level, stakeholders include hospitals, medical providers, LMHAs, and other mental health facilities. These providers represent the frontline and primary access points to the program. Academic stakeholders include the fifteen medical schools in Texas, many of which are already involved in administering TCMHCC program initiatives.⁷ Among the professional associations that should be engaged are the Texas Hospital Association (THA), Texas Medical Association, Texas Society of Psychiatric Physicians, Texas Academy of Family Physicians, and the National Alliance on Mental Illness. From a programming perspective, current TCMHCC stakeholders that should be engaged include the TCMHCC Executive Committee and the Administrative Coordinators within the UT System.⁷ Engagement of local governing bodies, the Texas Health and Human Services Commission, and the Texas Legislature will also be imperative.

To streamline operational logistics, we recommend utilizing TCMHCC's existing Centralized Administration hub, currently led by the UT System, to oversee administrative functions for the proposed TAMHCC program. This centralized operations hub will be responsible for coordinating statewide communications, data management, and medical director oversight. An electronic medical record has already been developed and tested through the TCMHCC program and we recommend it be utilized by the TAMHCC program to gain cost and operational efficiencies. The original biennial budget approved for the TCMHCC program was approximately \$90 million.⁷ The TAMHCC program, which only includes 3 of the 5 TCMHCC initiatives, would be estimated to cost \$74 million per biennium if the same cost structures apply. However, further work is necessary to determine potential cost savings created by leveraging efficiencies and additional funding required to appropriately scale the TAMHCC program to the adult population in Texas.

Implementing this ambitious plan will require a highly coordinated effort from multiple stakeholders. We believe the THA is well positioned to take a leading role in this initiative. First, we recommend that THA create an exploratory committee to better understand the proposed TAMHCC program and potential impact. This committee should include representatives from the adjacent professional association stakeholders previously described. After developing a

common vision, the associations can then communicate the vision and a focused strategy to their respective members. Association members should be mobilized to engage local organizations and elected representatives to build support for the TAMHCC initiative. Concurrent to these efforts, we advise the professional associations to launch a public relations campaign to develop grassroots support. When drafting the framework for the legislation that will be required to enact the program, we recommend using Senate Bill 11 of the 86th Legislative Session as a starting point and consulting the TCMHCC Executive Committee for lessons learned and suggested changes.

TCMHCC Program (2019)	
Activity	Cost (Biennial)
CPAN	\$26,817,238
TCHATT	\$37,166,834
CPWE	\$7,985,185
CAP Fellowships	\$4,634,527
Research	\$10,000,000
Centralized Hub	\$2,275,171
External Evaluation	\$750,000
Grand Total:	\$89,628,955

Proposed TAMHCC Program	
Activity	Cost (Biennial)
APAN	\$26,817,238
TAHATT	\$37,166,834
CPWE	\$7,985,185
Centralized Hub	\$2,275,171
External Evaluation	\$750,000
Grand Total:	\$74,245,178

Conclusion

Appropriate access to mental health care for all Texans is paramount to staving off an ever-worsening strain on a system that simply doesn't have enough mental health providers to meet the needs of the community. The stress of the COVID-19 pandemic has only exacerbated the mental health crisis in Texas. Creative solutions will be needed in order to utilize the existing resources as efficiently as possible. The TCMHCC program implementation is a prime example of this, and has already proven to be beneficial to children in need, their families, primary care providers, and emergency providers. With the support of the key stakeholders, this model can be adapted to meet the behavioral health needs of the adult population through the implementation of the TAMHCC program.