

Creating a Workforce to Support Children's Mental Health

A severe shortage of specialists in children's mental health exacts a high price for children with mental illness and for Texas taxpayers, who pay more when early mental health problems go unaddressed.

Executive Summary

Addressing mental health concerns that emerge during childhood can promote success for kids with mental and behavioral challenges—and often prevent more serious problems from developing. Texas, however, faces a severe shortage of professionals with the skills, knowledge, and training to handle children's mental health challenges.

Unaddressed mental health concerns take a tremendous toll, not only on children and families, but also the broader community. Texas could reap great savings by investing in research-based mental health promotion, prevention, and treatment strategies. Having a workforce with the skills and capacity to implement these strategies is critical.

There are an estimated 735,000 children and youth with mental illness in Texas. In 2007, there were only 192 child psychiatrists in Texas—approximately one for every 3,800 children with mental health challenges.

Recommended actions for Texas are:

1. Address the need for a children's mental health workforce through promising practices, including existing integrated care and telecommunication projects and expansion of strategies shown to increase children's access to quality mental health services and supports.
2. Require training programs for mental health professionals to include a focus on issues pertinent to children and families.
3. Extend financial incentive programs (e.g., tuition assistance) to more members of the field.
4. Expand paid on-the-job training for students working in public child-serving agencies to help prepare a workforce that can address the mental health needs of the children.
5. Provide those who work directly with children in health, childcare, education, child welfare, and juvenile justice facilities access to experts for consultations, as well as training and technical assistance related to children's mental health.
6. Establish a multidisciplinary training and technical assistance institute in Texas as a hub on children's mental and behavioral health.
7. Ensure that Medicaid and CHIP reimbursement policies support integrated care practices.
8. Investigate expanding tele-health and telecommunication services beyond physicians to other professionals providing mental health services and supports to children and youth.

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Josette Saxton, Mental Health Policy Associate

jsaxton@texanscareforchildren.org

Mental health challenges are common in childhood and adolescence. About 1 in 5 children have a diagnosable mental disorder,ⁱ and 1 in 10 struggle with symptoms that significantly interfere with their lives at home, in school, or in their communities.ⁱⁱ Regrettably, almost 80% of children who need mental health supports do not receive treatment.ⁱⁱⁱ

While many factors contribute to the failure to serve these children, the inadequacy of the mental health workforce plays a significant role in Texas. A severe shortage of children's mental health professionals, high rates of workforce turnover, long delays in putting effective treatments into direct-service practice, and failure to implement proven practices result in missed opportunities to help children grow up healthy. Without access to a skilled mental health workforce, some Texas families are compelled to turn to child welfare or juvenile justice systems to obtain mental health treatment for their children. These systems are not the most appropriate place for children with mental disorders to receive treatment, and they are expensive to the public. Texas spends on average \$40,000 per year to care for a child in the foster care system,^{iv} and the average cost to commit a youth to the Texas Youth Commission is \$96,000.^v

The Need for More Providers

In Texas and across the nation, there are not enough mental health professionals, particularly child psychiatrists to meet the need. The scarcity is most pronounced in rural areas.^{vi} An estimated 735,000 children and youth in Texas have a mental illness,^{vii} yet, in 2007, only 192 child psychiatrists practiced in Texas—approximately one for every 3,800 children with mental health needs.^{viii} The vast majority of child psychiatrists practice in urban areas. In all of Texas' 177 rural counties, there are only five child psychiatrists.^{ix}

Why are so few psychiatrists serving children or specializing in children's mental health? The additional years of training and associated costs to become a pediatric psychiatrist, along with low rates of reimbursement, are common reasons cited.^x Both public and private insurers frequently offer reimbursement rates that are much lower than what providers charge for their services.^{xi} Since psychiatrists are able to see about three patients for 15 minute medication management appointments during the same time it would take them to see just one patient for a traditional talk-therapy appointment, many have chosen to focus on medication management, which has been shown to pay them about 40% more in insurance reimbursements than psychotherapy.^{xii} Many psychiatrists forego accepting both public and private insurance and see only paying families, making access to mental health treatment out of reach for many families who cannot afford the full cost of services for their children.^{xiii} Families with children covered by public insurance can face long wait times before seeing a psychiatrist or psychologist, since so few accept CHIP or Medicaid patients. In 2008, only 611 psychiatrists and psychologists served children covered by Medicaid in Texas.^{xiv}

Shoring Up Skills, Expertise, and Cultural Competence

The shortage of child psychiatrists, along with the stigma surrounding mental illness, has many families looking to their pediatricians and primary care physicians to address their children's behavioral health. However, having not had specialized training, many primary care providers find themselves ill-equipped to address often-complex

children’s mental health issues. Most prescriptions for psychotropic medication for children are written by pediatricians and family physicians, and not by child and adolescent psychiatrists who have the most training in the appropriate use of psychotropic medication.^{xv} Medications can play an important role in treating some mental disorders in children. However, there are concerns that children are being overprescribed certain medications as a more convenient and cheaper fix to behavioral health concerns that may be more appropriately treated with other interventions. A recent study found that children covered by Medicaid are prescribed antipsychotic drugs four times more than children covered by private insurance, and they are also more likely to be prescribed medication for less severe concerns.^{xvi} While medications have a role when judged clinically appropriate by a physician and in agreement with a child’s parents or guardian, other interventions also improve children’s outcomes.

Psychologists, social workers, licensed counselors and therapists, psychiatric nurses, and case managers also provide mental health services and supports to children and families—with wide variance in skill level, preparatory education, and methods of intervention. Child psychiatrists must complete an additional five years of training after they receive their medical degree; psychologists have seven years of post-graduate training.^{xvii} Most clinical social workers have a master’s degree, but some practice with a bachelor’s degree.^{xviii} Across professions, not all clinicians are trained to provide care shown to be effective.^{xix} With the variations between and within professions, it is difficult for families to know which type of provider is best equipped to provide the safest, most effective care to their children.^{xx}

Many other professionals are called upon to serve children and youth experiencing mental health difficulties. Direct care staff in health, childcare, education, child welfare, and juvenile justice act as an integral part of the workforce serving these children, yet many go without the training and support to promote children’s resiliency while carrying out their primary roles. Without minimum training to identify potential mental health concerns in children they serve and to make appropriate referrals as needed, frontline service providers for children often do not know how to handle children with mental or behavioral challenges. Many also do not have access to professionals who can provide consultations on specific cases, training, or technical assistance that would help ensure implementation of evidence-based practices for children with mental health concerns.

Another challenge facing Texas’ mental health workforce is the ability to provide children who have a serious emotional disturbance with care that is culturally competent and that actively involves families in treatment decisions and services. These two factors are considered important elements of effective treatment for children and youth with mental disorders, as is the provision of coordinated, community-based care.^{xxi} Serving children in a family-centered, community-based, and collaborative manner requires a different set of competencies and skills than what are generally taught in mental health professions’ graduate training or continuing education programs.

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A lack of ethnic sensitivity and cultural expertise particularly challenges the mental health workforce serving children.^{xxiii} Texas is increasingly diverse,^{xxiv} but the mental health workforce continues to find itself with relatively few professionals of color or those with knowledge of how to approach clients from differing ethnic, racial, or linguistic backgrounds in a culturally competent way.^{xxv} Providing culturally competent services is widely recognized as a critical component of quality care, yet professional training programs often fail to develop adequate cultural competence among graduates.^{xxvi} This can result in cultural misunderstandings between providers and patients, which can lead to inappropriate diagnoses or care decisions, and prevent children of color from receiving the care and services they need to be healthy.^{xxvii}

In reality, much of how the broad mental health workforce is trained, how it practices, and what it is paid to do by insurers does not match what research tells us works.^{xxviii} There is a long delay between when newly developed

evidence-based interventions prove themselves effective and when they are put into routine practice; the delay takes nearly 15 to 20 years on average.^{xxix} When best practice treatments are available, they are often implemented without adhering to the treatment model shown to be effective. A lack of education, training, or supervision leads to a workforce unprepared to use the latest breakthroughs in serving children with mental health challenges.^{xxx}

Current Policies in Texas

In 1996, Texas was sued in a class action lawsuit over allegations the state was not providing children covered by Medicaid with services they were entitled to under federal law, partly due to a lack of providers resulting from inadequate reimbursement rates. The Texas Legislature enacted various policies in 2007 in response to the corrective action agreement arising from the *Frew vs. Hawkins* lawsuit (Frew) to improve the ability and availability of medical providers to address the mental health of children:

- **Rate Increases:** In 2007, the Legislature passed rate increases in an effort to stabilize the existing base of Medicaid providers, encourage them to serve more children served by Medicaid, and induce new providers to begin accepting Medicaid. The state appropriated \$5 million dollars specifically to increase Medicaid rates for various mental health services, including interviews, assessments, and psychotherapy or counseling services.^{xxxi} Funding for the rate increases remained stable in 2009. It is not yet clear if the increased reimbursements have resulted in an increase in mental health providers serving children covered by Medicaid.^{xxxii} As part of cutbacks to state agency budgets due to the current recession, the Texas Legislature has imposed provider rate cuts.
- **Loan Repayment:** To address shortages in the state's health workforce, the Texas Primary Care Office within the Texas Department of State Health Services offers various programs and services to help recruit and retain medical providers, including mental health service providers, in areas across the state deemed by the federal government as having a shortage. The **Children's Medicaid Loan Repayment Program (CMLRP)** provides student loan repayment assistance to physicians and dentists in exchange for providing services to children covered by Medicaid for four years, with priority given to providers serving in areas where an acute shortage exists.^{xxxiii} Nine pediatric psychiatrists participated in the loan repayment program in 2009, which served a total of 300 physician and dentists.^{xxxiv}
- **Integrated Pediatric and Mental Health:** Another response to the Frew lawsuit has been **Services Uniting Pediatrics and Psychiatry Outreaching to Texas (SUPPORT)**. This integrated pediatric and mental health pilot project provided grants to seven doctors' offices and clinics to staff an on-site master's level behavioral health practitioner (BHP) who takes referrals from pediatricians or primary care physicians in response to social, emotional, or behavioral concerns that arise during a child's primary care visit. A child psychiatrist provides consultation to BHPs and primary care physicians, either through face-to-face meetings, conference calls, or teleconference. A preliminary evaluation of SUPPORT reports a significant reduction in behavioral problems and better school attendance after a three month follow-up with parents whose children received services.^{xxxv} Children who had two or more visits with the BHP showed significant improvement in their health, feelings, and peer, school, and social relations.^{xxxvi} SUPPORT is funded until 2012.^{xxxvii}
- **Telemedicine:** Through the funding from the Frew Settlement, Texas Tech University is expanding **telemedicine** sites throughout north and west Texas, and the University of Texas Medical Branch-Galveston is expanding **mental health telemedicine** services across the state.^{xxxviii} Specialty providers, including child psychiatrists, can offer services to young patients via an interactive televideo system, overcoming some of

the barriers families may face in taking time off from school and work to travel to a specialty provider's office.

- Consultations: The Frew Settlement is also funding projects to increase health provider access to child psychiatrists. **Telephone consultations for pediatric subspecialists** allows child psychiatrists to bill Medicaid for telephone consultations to health care providers, and a **Pediatric Specialty Access Improvement Consultation and Referral Network** provides primary care providers in north and northeast Texas access to University of Texas Southwestern pediatric faculty subspecialists, including child psychiatrists.

Other state initiatives, not funded through the Frew settlement, aim to address the ability of child-serving professionals to effectively serve children with mental health concerns. However, most of these projects are grant-funded, the state's support is time-limited, and the majority of communities in the state do not benefit from them at this time:

- Training and Technical Assistance: With grant funding, the Texas Juvenile Probation Department has implemented a Front End Diversion Initiative (FEDI) in four counties (Dallas, Lubbock, Bexar, and Travis) that provides specialized juvenile probation officers with mental health training to help them better identify and work with youth with mental health challenges.^{xxix} The Texas Mental Health Transformation Project has supported various community efforts to train segments of their frontline workforce to better serve children and adults with mental health difficulties, including law enforcement officers, paramedics, and even bus drivers who transport individuals with mental disorders to their treatment appointments. Flexible funding allows communities to address their individual workforce needs to serve children with mental health concerns and their families.
- Disseminating Best Practices: The Texas Mental Health Transformation Working Project has launched two projects aimed at promoting evidence-based practices in treating children and youth in Texas. The *Building Resiliency* initiative is investigating methods of educating mental health providers regarding evidence-based interventions.^{xl} The *Texas Evidence-Based and Best Practices Clearinghouse*, currently under development, will provide families, providers, and the public with web-based access to repositories of evidence-based practices and information on effective implementation.

Promising Practices Used in Other States

Partnering with Higher-Education

Some states collaborate with higher education systems to recruit, train, and retain a quality children's mental health workforce.^{xli} Strategies used by states include having liaison positions within state agencies to interact with university departments such as Psychiatry, Psychology, and Social Work; funding fellowships for students who work in underserved areas following graduation; and expanding education programs in underserved areas to recruit and train a local workforce.^{xlii}

Integrating Behavioral Health into Primary Care

Integrating behavioral health into primary health care has been shown to be effective in providing quality care, improving access, and reducing costs.^{xliii} By integrating appropriate mental health screenings in a primary care practice and having mid-level behavioral health practitioners available onsite, mental health problems can be better identified during routine primary care visits. This allows for early identification of problems, when symptoms are first developing, which will often prevent the need for more costly services later. Addressing mental health within a primary care setting provides families with easy access to care within a familiar environment. Treating minor mental health issues within a primary care setting and referring only more complex

cases to specialized mental health professionals improves access to appropriate care for all. Approaches to integrating behavioral health into primary care include consultation programs, co-location of services within pediatric practice settings, and collaborative care models.^{xliv}

Mental Health Consultation Services

Various models of consultation services have been implemented across the country and in Texas to support the generalist workforce that works with children and youth. To help primary providers appropriately treat children with mental health concerns, Massachusetts created the *Massachusetts Child Psychiatry Access Project* (MCPAP) to provide primary care physicians with access to **child psychiatry consultations** and training on behavioral health. Regional MCPAP teams consist of a child psychiatrist, a social worker, and a coordinator to provide psychiatric telephone consultations to primary care physicians and to help families access community behavioral services or transition into ongoing behavioral health care when appropriate.^{xlv} The most common concerns addressed through MCPAP consultations are attention deficit hyperactivity disorder, depression, and anxiety, with about half of the calls related to medication management.^{xlvi} After using MCPAP services, primary care providers report being better able to meet the needs of children with mental health concerns with their existing resources.^{xlvii} Child psychiatrists are available to consult with some physicians in Texas through various Frew initiatives (see *Current Policies in Texas* above).

Early childhood behavioral consultations are a promising practice being used in more than half the U.S. states to help frontline caregivers serving young children address challenging behaviors and promote healthy social development.^{xlviii} Pennsylvania's Early Childhood Mental Health (ECMH) Consultation Project helps childcare programs meet the social and emotional needs of children with challenging behaviors. Eighty-two percent of caregivers served by ECMH reported improvement in the care they provided all children; more than 75% felt more confident in their ability to foster healthy social and emotional child development.^{xlix} Of children referred to ECMH consultation, 70% successfully remained in their early care and education programs.ⁱ In addition to providing consultation to child care settings, Connecticut's *Early Childhood Consultation Partnership (ECCP)* also offers consultations for foster care, kinship care homes, substance abuse residential facilities, and community resource centers.ⁱⁱ An external evaluation showed significant reductions in behavior problems, with greatest impacts on oppositional behaviors and hyperactivity.ⁱⁱⁱ By better equipping caregivers and parents to address behavioral challenges and promote young children's social and emotional development, 97% of children identified as at-risk of being removed from their child care setting successfully remained in their classroom.ⁱⁱⁱⁱ

Training and Technical Assistance

Some states have established **training and technical assistance centers** within their state agencies to better enable child-serving professionals to address the mental and behavioral needs of children. New York State's *Evidence Based Treatment Dissemination Center* was created to shorten the time it takes for research to be implemented into practice in serving children and families. The Center also provides direct services, trains staff at state psychiatric centers, and conducts research.^{lv} Other states have formed **partnerships with higher education** to provide training and technical assistance to increase the capacity of its child-serving professionals to work with children with mental health concerns and their families.^{lv} The Washington State Legislature established the *Washington Institute for Mental Health and Training* to serve as an independent source for high quality research and evaluation and professional training within the behavioral health care field.^{lvi} This research and training consortium is affiliated with two state universities and the Washington State Department of Social and Health Services. Established by the Florida State Legislature within the University of South Florida, the *Research and Training Center for Children's Mental Health* was created to improve services and outcomes for children with serious emotional or behavioral disabilities and their families.^{lvii} The Center conducts research, synthesizes and

shares existing knowledge, provides training and consultation, and serves as a resource for other researchers, policy makers, public administrators, practitioners, and others.

The Texas Mental Health Transformation Project's Child and Adolescent subcommittee has proposed the establishment of a children's mental health training and technical assistance institute in Texas to help meet the state's workforce needs. The institute would serve as a recognized hub to share current information, knowledge, and resources related to social and emotional wellness of children within Texas and nationally. Proposed as a public-private partnership affiliated with one or more universities, the institute would conduct research and evaluation on behavioral health treatments and programs, evaluate promising interventions, disseminate information about innovations in behavioral health services, and provide training and technical assistance to agencies, programs, and providers on implementing evidence-based practices in Texas. The Texas Mental Health Transformation Project's multiyear grant comes to an end in 2010, so the establishment of such a training and technical assistance institute would require leadership from another state entity.

Making Smart Investments

In addition to the high human and financial costs unaddressed mental health challenges exact on individuals and families, mental illness also takes a significant toll on society. The Perryman Group estimates severe mental illness and substance abuse cost the Texas economy about \$270 billion *each year* from losses in spending and jobs, with costs to the state estimated at \$13 billion annually.^{lviii} More than half of adults who experience a mental or behavioral disorder in their lifetime report problems starting in childhood or adolescence.^{lix} Fortunately, research shows that intervening early can interrupt the negative course of some mental illnesses; early detection, assessment, and links with treatment and supports can prevent mental health problems from worsening.^{lx} The state stands to reap great savings by investing in research-based mental health promotion, prevention, and treatment strategies. Having a workforce that is skilled and adequate in numbers is critical for such strategies to be implemented successfully.

Recommendations:

1. Evaluate promising practices in Texas addressing children's mental health workforce needs, including existing integrated care and telecommunication projects, and expanding into more communities those strategies shown to increase children's access to quality mental health services and supports.
2. Require training programs for mental health professionals to include instruction on evidence-based practices, collaboration, cultural competency, and treating mental health and substance abuse in an integrated fashion.
3. Make financial incentive programs (such as training stipends, tuition assistance, and loan repayment programs) available to more mental health professionals.
4. Expand the use of higher education-state agency partnerships to create paid on-the-job training for students within public child-serving agencies, such as community mental health centers and juvenile justice facilities.
5. Provide those who work directly with children in health, childcare, education, child welfare, and juvenile justice facilities access to experts in child development and mental health for case-based consultations and training and technical assistance on evidence-based practices.
6. Establish a multidisciplinary training and technical assistance institute in Texas as a hub to disseminate information related to emerging issues and evidence-based practices in children's mental and behavioral health, provide training and technical assistance on best practices, and assist in the evaluation of promising programs and services.
7. Ensure that Medicaid and CHIP reimbursement policies support integrated care practices.

8. Investigate expanding tele-health and telecommunication services beyond physicians to other professionals providing mental health services and supports to children and youth.

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