



**House Public Health Committee
Testimony of Nhung Tran, MD, FAAP
May 01, 2019**

Submitted on behalf of:
Texas Pediatric Society
Texas Medical Association
Federation of Texas Psychiatry

Chair Thompson, Vice-Chair Wray, and Committee Members,

My name is Nhung Tran, MD, FAAP and I am a developmental-behavioral pediatrician in Temple, Texas. I am testifying on behalf of the Texas Pediatric Society, the Texas Medical Association, and the Federation of Texas Psychiatry in support of Senate Bill 10. We appreciate the dedication of Senator Nelson to leveraging the expertise and capacity of our health-related institutions of higher education to improve our state behavioral health care system.

Senate Bill 10 establishes a Texas Mental Health Care Consortium among health-related institutions of higher education and the Statewide Behavioral Health Coordinating Council to enhance collaboration and alignment between these institutions and improve effectiveness of and access to behavioral health care. As a Texas physician, I can speak to our overall behavioral health workforce challenges and as a Texas pediatrician, I can speak to the particular challenge of connecting children with mental health supports.

A typical patient I might see in my office is a young boy who throws a lot of temper tantrums. It turns out he has mild anxiety and the family doesn't need any medications for their child. They need an explanation about anxiety and connection to parenting and counseling resources to help him improve his coping skills and reshape his behaviors. At other times, children with an anxiety disorder have been referred to us already in crisis. When a child has not learned coping mechanisms for anxiety and the family does not know how to help, this can lead to escalating behavior problems to the point the child is no longer able to function at school or home. Too often, there is a "wait and see" approach to mental health.

Although 1 in 5 children in the United States suffers from a diagnosable mental health disorder, only 21% of affected children actually receive needed treatment. Mental illness is like any other disease; the earlier it is identified and treated, the better the health outcomes. Across the United States, there are serious shortages of pediatric subspecialists and child mental health providers, both groups that provide essential services to children and adolescents with special mental and physical health care needs.ⁱ

Behavioral health concerns often present in the primary care setting and can significantly impact long-term physical health.ⁱⁱ There has been a push in recent years toward integrating behavioral health and primary care, but our behavioral health workforce shortage poses significant barriers in achieving this goal. One critical component of SB 10 is the establishment of the Texas Child Psychiatry Access Network (CPAN) at health-related institutions of higher education. CPAN will support primary care pediatricians

across the state in meeting the behavioral health needs of children by providing access to teleconsultation services with psychiatrists and other licensed behavioral health professionals. Centers within the network can also establish or expand telemedicine or telehealth services to improve access to behavioral health services. This will not only support primary care pediatricians in meeting the mental health needs of children, it will also free up the behavioral health workforce to address higher acuity concerns. The Consortium will also increase the number of psychiatric residency training positions, helping to address the shortage of psychiatrists and retain the physician workforce we invest in through our robust network of medical schools.

In 2004, Massachusetts initiated a similar program called the Massachusetts Child Psychiatry Access Project (MCPAP). Several other states have since developed comparable access programs and in 2014, Connecticut, New Jersey, Oregon, and Wisconsin Legislatures approved funding for similar state programs. Thirty-two states have formed the National Network of Child Psychiatry Access Programs (NNCPAP) to promote the development of new psychiatry access programs nationwide. As of 2014, programs represented in this national network were available to primary care providers who served thirty-two percent of children in the United States.ⁱⁱⁱ

Telehealth and telemedicine are not the sole solution to addressing our behavioral health workforce shortage, but this bill takes a critical step in leveraging technology to fill the gap and our health-related institutions to create long-term solutions and improve care. Thank you again for the opportunity to testify and for prioritizing this important legislation. We look forward to continued partnership with this Committee and the Legislature to improve the health and safety of people in our great state.

ⁱ American Academy of Pediatrics. (2019). Promoting Children's Mental Health. Retrieved from: <https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Pages/mentalhealth.aspx>

ⁱⁱ Ader, J., Still, C.J., Keller, D., Miller, B.F., Barr, M.S., & Perrin, J.M. (2015). The Medical Home and Integrated Behavioral Health: Advancing the Policy Agenda. *Pediatrics* 135:5. Retrieved from: <http://pediatrics.aappublications.org/content/135/5/909>

ⁱⁱⁱ Straus, J.H., & Sarvet, B. (2014). Behavioral Health Care for Children: The Massachusetts Child Psychiatry Access Project. *Health Affairs* 33:12. Retrieved from: <https://www.mcmap.com/pdf/reports/MCPAPHealthAffairsDec2014.pdf>