



**Senate Finance Committee - Article III
Written Testimony of Nhung Tran, MD, FAAP
February 12, 2019**

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

Chair Nelson, Vice-Chair Hinojosa, and Committee Members,

My name is Nhung Tran, MD, FAAP and I am a Developmental-Behavioral Pediatrician practicing in Temple and I am testifying on behalf of the Texas Pediatric Society, the Federation of Texas Psychiatry, and the Texas Medical Association in support of the contingency rider for Senate Bill 63 (now Senate Bill 10) to provide \$50 million each year of the 2020-21 biennium to support the mental health initiatives outlined in the bill. We appreciate the dedication of Senator Nelson and this Committee to leverage 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.

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 a network of Texas Child Psychiatry Access Centers (CPAC) at health-related institutions of higher education. CPAC 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 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 and allocated funding. 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.mcpap.com/pdf/reports/MCPAPHealthAffairsDec2014.pdf>