



TEXAS A&M UNIVERSITY
HEALTH

Community Perspectives and Resources: A Summary of Key Informant Interviews*

Study on Mental Health Services for
Children and Adolescents

December 2024

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**Supplement to Year 1 Report for the 88th Texas Legislature*

The Problem

Texas children and adolescents experience behavioral health challenges that are the leading cause of disability and poor life outcomes among young people.



Exploring the Problem: Community Insights

Key informant interviews were conducted to gain community perspective on the need for pediatric inpatient care and how it can be coordinated with other care services.

The Key Informants

Texas healthcare and government leaders in child and adolescent behavioral and mental health.

What We Learned

Key informants provided valuable information about child and adolescent mental health services in terms of the following themes:

1

Challenges and Barriers

Systemic factors that negatively impact access to and utilization of mental health services for children and adolescents.

2

Needs and Gaps

Essential requirements to improve the mental health care system for children and adolescents.

3

Solutions

Strategies and interventions to address the challenges and meet the mental health needs of children and adolescents.

4

Successes

Effective practices and positive outcomes observed in the mental health care system for children and adolescents.

In Their Words...

Challenges and Barriers

- *"We're worried about the operational sustainability. And so, as we look at what we could potentially do, we have to look at it from a service line standpoint."*
- *"Our limitations in Texas have been the ability to get some of these kids into psychiatric facilities, either because there aren't enough of them, or they do not qualify for some reason to go into a psychiatric unit."*
- *"We really have a problem in terms of the acuity level is so high, that we simply don't have providers, anywhere in the state available to DFPS or available to parents or just anywhere that are able to address the child's mental health needs."*
- *"That organizational structure doesn't seem to lend itself to continuity of care and coordination, even though there's communication coordination."*



In Their Words...

Needs and Gaps

- *"The level of need that some of our children and youth have is just really unparalleled. And I think frankly unprecedented."*
- *"It's nice to be able to have that full continuum, so people can step up and step down within the same organization, which makes it easier for families."*
- *"And I would say this is why we need boots-on-the-ground resources where children are that can prevent the more severe crises and illnesses."*

In Their Words...

Solutions

- *“If you have a fully integrated, not just colocated, but integrated program and primary care, and primary care physicians become comfortable with prescribing for common conditions and comfortable working, you know, side by side with their behavioral health (colleagues), your downstream impact is going to be remarkable, and it takes years.”*
- *“I think we have to be willing to invest in them. And I think we have to be willing to make sure we have the workforce...”*
- *“...if we invest more in prevention services, might we see the need for those beds ultimately go down.”*

In Their Words...

Successes

- *“We have a pilot project with four large pediatric practices that collectively have a panel size of about 60,000 children... The health plan has put mental health resources into those practices to create this integrated primary care model.”*
- *“And some of the telehealth approaches, being in schools, providing resources to primary care, you know, all of those things that are that have been funded by the state.”*





Ensuring Quality Care for Texas Children and Adolescents Needing Acute Inpatient Psychiatric Service:

What is Needed?

1. Integration and Coordination of Services

“The thing that I worry about most is when we talk about solutions, that we're going to put our finger in the dike in one or two places, and at the same time, the water's going to be rushing over the top of the dam. Because the continuum of care is what has to be addressed.”

2. Expanded Partnerships

“Frankly, it should be a no wrong door. But right now, the only way that parents have to get into this system is either 911 or the emergency department...”

3. Workforce Capacity

“We really have a problem in terms of the acuity level is so high, that we simply don't have providers, anywhere in the state...to address the child's mental health needs.”

4. Higher Reimbursement Levels

“...we lose significant amounts of money on every patient, regardless of their insurance, because the reimbursement rates are so low.”

5. Access to Affordable Inpatient Care

“That just doesn't work for families and for children to have to wait. And so that that's a real barrier is that it just takes so long right now to receive those services.”