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Statement for the Record

Submitted to the House Committee on Energy and Commerce Subcommittee on Health

21st Century Cures Implementation: Examining Mental Health Initiatives

July 19, 2018

Thank you for the opportunity to submit a statement to today's hearing on "21st Century Cures Implementation: Examining Mental Health Initiatives." As the Hall Professor of Family and Community Medicine, Professor Public Health, and Executive Vice President for Rural and Community Health at the Texas Tech University Health Sciences Center in Lubbock, Texas, I appreciate this chance to discuss the Mental Health Screening in Schools Telemedicine, Wellness, Intervention, Triage and Referral (TWITR) Project. I specifically want to thank Chairman Burgess for his support of the TWITR project and his dedication to improving access and treatment for mental and behavioral health in the United States. I also want to thank the witness for today's hearing, The Honorable Elinore McCance-Katz, who took time to talk with me and the Texas Tech University Health Sciences President about the TWITR project just a few weeks ago.

Access to health professionals and services to address the mental and behavioral health needs of adolescents remains an important challenge. *21st Century Cures* included important provisions and reforms to strengthen our mental health infrastructure in this country, which included driving evidence-based programs, and improving mental healthcare for children, which is why I am pleased to have this opportunity to discuss the TWITR Project. The TWITR Project is a mental health screening program, which provides screening, assessment, and referral services to students who are determined to be immediate threats to do harm to themselves or others. This program provides school-based screening, assessment, and referral services to students that are typically struggling with behavioral and mental health issues and is currently active in 10 West Texas independent school districts (ISDs). The TWITR Project uses telemedicine technology to link remote rural schools that are without sufficient counselors, psychiatrists, and other mental health service providers. It also provides mental health recognition and training services to educators and school resource officers to promote greater recognition and prompt referral. This is important to areas like West Texas, which is very large, rural, and lacks immediate access in many communities to mental health professionals.

The TWITR Project uses assessment instruments commonly used in clinical practice and the process for the TWITR Project is as follows:

- The TWITR Project staff will make contact with the referral school administration when they arrive at the school. The Telepsychiatry staff will follow the school district's procedures for signing in and out of the building.
- During this visit, the TWITR Project staff can request student records [current grades, truancy reports, discipline referrals, and any other pertinent information] to assist in understanding the student's academic/social history and to monitor changes in the student's behavior throughout the school year.
- TWITR Project staff will then complete the initial student evaluation, administer required TWITR Project assessments to the student, and other applicable parties [parent/guardian, teacher/counselor]. TWITR project staff will also obtain guardian/parent signatures on required psychiatry forms. This requires training all school staff to recognize the signs of behavioral health problems and refer children needing immediate care. Evidence-based screening is done by Licensed Professional Counselors. If a child exceeds norms they are seen immediately via Telemedicine by a Psychiatrist at TTUHSC and emergency measures are taken if needed.

Data for the TWITR Project illustrate effective outcomes. For the 2013-2017 school years, the use of TWITR resulted in 25 students being removed from schools, of which about half were homicidal and the remainder were actively suicidal. While I cannot share specific details, the following two stories illustrate the seriousness of these young people.

- 1) Following triage, an individual was detained by the school resource officer, held on a mental health warrant, and searches found – a note, a map, names, a date certain, and interviews verified the intent to purchase the ammunition and handgun. According to the timeframe, this individual was detained on Thursday, had planned to buy a firearm on Saturday, and to carry out a plan for harm on Monday morning.
- 2) Following triage, an individual was ordered to inpatient emergency care by psychiatrists, EMS failed to transport, school personnel found subject moments before suicide in gym locker room. Subject was hospitalized, stabilized, and is in long-term residential treatment facility.

We have many other examples of how this intervention prevents harm to individuals themselves, or others, which I would be pleased to discuss in further details with the Committee. Overall, we have impacted an annual enrollment of almost 42,000 students in 10 mostly rural school districts in and around Lubbock, Texas, by creating an environment where students are empowered to help create a safe learning environment and better morale. Of that number, only a small fraction (414 total) have been referred by teachers we have trained to recognize those who need to be referred to TWITR. The TWITR team has screened and

triaged by telemedicine about 215 and, as previously mentioned, 25 have been removed from school, most by hospitalization and a few by arrest. We have averted tragic outcomes and started others on a path toward healing.

It is important to emphasize that we respect the culture of the schools we are invited to work in, and the schools appreciate us for it. Our best friends in the schools are often the school resource officers, especially when we worry about a particular child. We monitor things like grade point averages, truancy rates, disciplinary referrals, and other school climate outcomes of TWITR, which often improve in the schools where we work. The schools obtain consent from parents and guardians at the beginning of the school year, the TWITR team obtains the consent of parents and students before an encounter, and treatment is consented as well. We work in places in the school that are private, and we bring our own HIPPA compliant telemedicine hotspots and software to encrypt to ensure privacy and security. We are purposeful in our activities so that we do not add to the stigma associated with mental health, but instead help those who may suffer from a mental health disease.

Telemedicine is vital to the success of TWITR. While a virtual visit does not replace an in-person visit, it helps ensure access to timely care, brings care closest to home, saves time and distance, and depending on where one lives – rural or urban area – it can impact one or the other dynamic more and thus can help avoid health disparities. In mental health applications, telemedicine replaces whatever method of care is most convenient and economical at the time that care is needed. In many areas we work with, until The TWITR Project, the most convenient alternative was to not get any care at all.

Again, thank you for the opportunity to submit this statement. I hope that as the Committee and the Department of Health and Human Services, specifically the Substance Abuse and Mental Health Services Administration, continues to implement the mental health provisions of *21st Century Cures*, that they will find opportunities to support proven activities such as TWITR to help improve mental health access and treatment.