

Convening of the Texas Child Mental Health Care Consortium (TCMHCC)

July 27, 2020

1:00 PM – 4:00 PM

Minutes

I. Call to order and roll call

- Dr. Lakey, presiding officer of the Consortium, called the meeting to order.
- 28 Executive members were in attendance. See attached attendance for full list of attendees.

II. Review and approve the following item:

- a. Minutes from June 23, 2020 Executive Committee meeting
 - ➔ **Dr. Podawiltz made motion to approve. Dr. Tamminga seconded.**

III. Updates on the following activities associated with implementation of the TCMHCC. The full Executive Committee may review, receive and/or provide information and/or make recommendations from the items discussed and take appropriate action.

a. Program Evaluation of TCMHCC by University of Texas at Austin

Dr. Lopez provided an update to the group:

- A draft evaluation plan has been submitted to UTS. Current efforts include defining data collection to ensure data is standardized across HRIs, creating draft data definitions for the LBB Measures, and looking at other evaluation questions beyond the LBB measures.
- Logic models are being developed.
- There is a need to define children & adolescents. It was determined that young adults (transitional age) also needed to be defined. The committee agreed that age groups would be 5 & under, 6-12, 13-17, 18-20 and 21 & above.

b. External Evaluation of TCMHCC

- Nagla provided an update on the external evaluation:
 - o RFP will be going out this week. Will schedule a pre-proposal conference. Will be open until September 1st.
 - o Should be able to bring on an entity sometime between September & October.
 - o The review process will be conducted internally. May ask folks to provide input based on their technical expertise. UTS will identify the candidate.
 - o Message will go out once the RFP opens up to all institutions that meet qualifications, and copies will also be sent to executive committee members.

c. Community Psychiatry Workforce Expansion (CPWE)

- Dr. Pliszka provided an update on the metrics his group is working on. The group has been working to identify how to efficiently collect the required data. He walked

through the various metrics and noted that HHSC is determining whether a drop down can be added in the referral source already collected to identify whether patients came from CPAN or TCHAT. There is an expectation that as part of CPAN or TCHAT, the program would capture when a patient was internally referred. As a result, two sets of data would be captured: kids coming into LMHA and on the other side kids in CPAN/TCHAT that were referred out.

- On performance metrics, it was highlighted that the number of residents that rotate through LMHA who work in public mental health system after completing residencies would not be something captured by the LMHA. This would be a longer-term measure that the HRI would need to track.
- On clinical outcome measures, the workgroup continues to discuss the best way to capture this. Will be investigating what measures are currently being captured at the LMHAs. Dr. Pliszka encouraged members to email him if they wanted to provide input.
- Dr. Ibrahim raised that not having the final metrics has been an obstacle to recruitment. Dr. Pliszka confirmed that the broader metrics are the final metrics, but it would be 2-4 weeks before operationalized metrics were ready. He emphasized that the LMHAs won't have to collect any data that they're not already collecting.

d. Child and Adolescent Psychiatry (CAP)

- No new updates.

e. Texas Child Health Access Through Telemedicine (TCHAT)

- No updates.

f. Child Psychiatry Access Network (CPAN)

- No updates.

g. Research Initiative

- Dr. Tamminga briefed the group that the protocols have been written and are going through IRB. **<<Action Item: A copy of final protocols for each research initiative will be distributed to TCMHCC committee members once complete.>>**
- Dr. Lakey informed the group that UNTHSC will join the research networks. Dr. Chassay added that it was not 100% but looking very favorable. Dr. Lakey confirmed that funds are available for UNTHSC to participate.
→ **Motion made by Dr. Tamminga that up to \$380k be made available to UNTHSC to participate as a research node. Dr. Wakefield seconded motion. Motion unanimously approved.**
- Luanne asked that any HRI that hasn't signed their research-related PIA amendment get that to her as soon as they can.
- UTSW IRB looked into whether it could be IRB of record for each network. They can do it for Depression Suicide & Childhood Trauma networks. Have looked at Depression protocol and heard that it's ready to be approved. IRB will keep track of what the group is doing. Started to do the same thing to the Childhood Trauma Network & will likely be approved shortly.
- The IRB knows that there's a group of institutions that are linked together that can be approved as a single set. They know there are some sites outside of the set. Will have to do more for those outside of the set.

- Dr. Trivedi confirmed that UTSW IRB is using Smart IRB. 8 out of the 12 participating HRIs are on Smart IRB and the other 4 are in process. The UTSW IRB has been in contact with remaining 4 to get them set up.
- Luanne provided update on where everyone was at with regards to PIA agreements: UTMB, UTHSCSA, BCM & Dell fully executed. Waiting on signatures from UTSW, UTRGV, UTHSCH, TTUHSC, TTUHSCEP, TAMUHSC. Working with UNT and UTHSCT on their node budgets.
- Dr. Tamminga suggested \$500-\$1,000 as an honorarium to fund those doing peer review. Dr. Lakey indicated that he thought we could get \$6k to fund the six proposed reviewers (3 per each network.)
- Discussed whether national recruitment would be appropriate for the review. It was agreed that this would be appropriate. <<Action Item: HRIs should send reviewer recommendations for people they think might be helpful to UTS>>
- Dr. Peter Thompson raised that their IRB won't accept an outside IRB. It was discussed that TTUHSC EP would have to go through their own IRB process in this Dr. Trivedi asked whether their IRB would allow the deposit of data into a central database. Dr. Thompson thought that as long as it didn't contain PHI it would be ok.

IV. If necessary, closed session for consultation with attorney regarding legal matters, related to posted items, pursuant to Section 551.071 of the Texas Government Code

V. Discuss, consider, and if appropriate, approve information and updates provided by the Baylor College of Medicine in the role of the Centralized Operations Support Hub (COSH) relating to implementation of the COSH, and/or information provided by HRIs relating to CPAN and TCHATT. The full Executive Committee may review, receive, and/or provide information and/or make recommendations from the items discussed and take appropriate action.

Dr. Williams provided an update:

- The Lantana contract has been completed and a Project Manager assigned. They have meetings scheduled with all but 2 HRIs. Making good progress toward getting HRIs up & running.
- The goal for Trayt was to have all BAAs & NDAs signed by end of July. So far 6 have been fully executed and the remaining 6 are in final phases. 9 out of the 12 NDAs are fully executed.
- The contract with the Trayt team has been executed. The first payment will go out in the next few days. For CPAN, step 1 was for teams that have NDAs and BAAs to have their first training and get set up. Step 2 is the bulk enrollment. This has been completed. Step 3 is the phone call with PCP roll out. That's slated to go live this Friday (7/31).
- CPWE – one piece of CPAN process is to have comprehensive dropdown list that includes the LMHA. Dr. Williams will take back to Trayt, to add another line of specificity that says LMHA. It was suggested they pre-load LMHA names if possible. Otherwise, allow the manual entry of the LMHA name. It was discussed that this might be useful for TCHATT as well. <<Action Item: Dr. Williams to follow up with Trayt to see if they can add a dropdown of LMHA names.>>

- TCHAT data management – built into contract for them to do additional work to connect TCHAT & CPAN together so if a child was seen through TCHAT & had symptoms that a PCP could manage, they could connect the TCHAT process back to the physician that’s in CPAN. The other piece of work is regarding reporting of data to state. That data collection isn’t for research & won’t include PHI/PII. Want to eventually look beyond required metrics to focus on progress of care. Will work to report metrics on how kids are doing.
- Data Governance Committee – The Data governance committee met on May 14th.
→ **Dr. Williams made a motion to approve Dr. Alex Vo as a Co-chair on the committee. Dr. Wakefield seconded the motion. The motion was unanimously approved.** Dr. Vo reviewed the team’s goals and objectives with the group.
- Have enrolled around 1500 PCPs across Texas and have 9 CPAN teams taking calls. Average calls have remained steady – 2/3 / day.
- Will have a Facebook page ready to go next week. This will be state page. Each CPAN team across the state will be asked to participate in getting content on the site. Would like 2/3 posts per week. Have been working with Dr. Tran (PCP consultant) to make a video that explains CPAN to put on Facebook & the webpage. The last page of the video will have all HRI’s logos.
- Working on a contract with Texas Pediatric Society for them to provide information to their constituents. Their conference this year will be virtual, but Dr. Williams and Dr. Tran will participate. Have already been doing communications with the Texas Family Physicians Group; have done a blog with them.
- Drs. Lakey, Tran & Williams had a meeting with the Medical Directors of the state Medicaid programs. Working to set up a meeting with FHQC leadership to help get CPAN out into the FHQCs.
- Marketing – polled CPAN teams & will order magnets, stickers and badge holders in bulk using the CPAN logo. HRIs can use their own funds to develop materials with their own logos. Dan hired a new person to help with website development. Targeting September to go live with the site. Have team members working on content. Daniel Oppenheimer added that he will be sending out an email related to Canva that provides general communication materials that institutions can use and customize. It was suggested that it would be useful to have a timeline, if available, on when things would come out.
- Question asked about number of PCPs enrolled vs call volumes. Dr. Williams indicated that one of the issues they’re facing is developing the relationships with the PCPs to get them using the service. With COVID-19, they can’t pop into the office and have discussions with them. The Massachusetts program took a year & half to get full usage. It was discussed that it’s more than just getting marketing through the door; due to the pandemic it appears parents only taking children to pediatricians/PCPs when absolutely necessary.
- Sonja raised that there are some resources attached to HHSC like 211 that might be tapped into. 211 gets thousands of calls, some of which may be from a Dr.’s office. Also have an early childhood intervention program and the Coordinating Council. <<Action

Item: Dr. Williams to provide written material to Sonja so she can push it to those areas. >>

- Dr. Williams indicated that once they talk to a PCP they're excited, but it's been hard to get their focus. Making the video to try to show people how it would work in their busy practice. Trying to use all of the tools suggested by other states on engagement, but in early days.
- Have state-wide CPAN meeting that all the CPAN participants can attend to discuss various topics.
- Also have a state-wide TCHAT meeting. Had meeting 2 weeks ago for TCHAT. Discussed that they wanted measures that everyone would be using. This doesn't mean additional measures can't be captured. There was agreement around measures that would be used for suicidality, substance misuse, depression, anxiety, disruptive behavior disorders. Question asked about intervals for collecting metrics. **<<Action Item: Dr. Williams will send out something around intervals to get feedback and come to consensus.>>**
- Have created new consent form that HRIs may use. Also working to develop medication guidelines. Developing discharge process that would hopefully allow family to leave TCHAT services with something that shows what was done during their time with us. Hope to link to CPAN PCP.
- Have been having conversations with schools about what to do if schools remained closed. Question around how to ensure families that could use the service get access to the service. Talked about being on websites at ISD level as a potential resource for parents.
 - o UTHSCSA planned to market directly to parents if in schools they're partnering with. They would contact school (with parent permission) to let them know they'd enrolled student in TCHAT. If school is online, it will be harder for a teacher to identify a problem and refer it up the line.
 - o Danielle had kids they followed even in summer when school was out. Have direct to consumer platform.
 - o Dr. Wakefield continued to provide service and had more no-shows but still worked well. Was great because sometimes more relaxed & willing to engage with them. There's a whole new set of guidelines and procedures that you have to think about but they were able to flex & do that. A lot of schools in the Lubbock area are using Chromebooks. Would like to see if can get Trayt loaded on the Chromebook so the student could access it. Could do general consent form at beginning of school and allow kids to access it.
 - o Dr. Lakey confirmed that he was ok with providing care outside of direct referral from school. However, this should not be used to take over long-term care for kids. Can't change the model so much that no longer TCHAT. It should be a short-term intervention with linkage to care.
 - o Suggestion made that parents should be made aware of service and they would contact the school to get referred in. The program was created through statute and rider to be a school-based program. If we want to change the nature of that would need to go back to the legislature.

- Question was raised on whether we have to have a MOU with the ISD where the kids attend or can it be for any kid in the counties being covered under CPAN or LMHA you're working with? How do we decide what population of kids we're working with? Dr. Lakey – need to keep as close with the model as possible. Want to be consistent with legislation that was passed.
- UTHSCT planning on having referrals come through school even if kids not there. Working with Counselors so they can send information to parents.
- Dr. Lakey confirmed that school should be involved in the TCHAT service.
- Octavio Martinez asked whether we be distributing or leveraging parameters that already exist on medication guidelines. Dr. Williams discussed that one of things being discussed is around how, with TCHAT being a time limited service, do I in an appropriate way stop seeing a patient to ensure transition from TCHAT to another physician that will do care afterwards.
- Looking at a state-wide referral system. As they get more information, will share.

a. Designation of new chair for COSH Data Management Workgroup

- Dr. Vo to be co-chair of data management workgroup.
- COSH will help convene meetings, keep minutes. Chairs can look to COSH for project support.

b. Other COSH related items identified by the Baylor College of Medicine and members of the Executive Committee

VI. Discuss, consider, and if appropriate, approve information and updates regarding TCMHCC FY 2020 and FY 2021 planning and budgets. The full Executive Committee may review, receive, and/or provide information and/or make recommendations from the items discussed and take appropriate action.

Open discussion regarding FY 2020 - 2021 planning and budgets

- Lashelle provided an overview of preliminary budgets received to date and informed the group that meetings would be set up with HRI to go through their budgets in detail before finalizing.
- Preliminary numbers indicated that a large surplus of funds might be available to utilize on other, program-related costs, to expand or enhance services. However, a lot of cleanup needs to take place.
- If more than 10% needs to be moved, LBB approval will be needed.
- Reviewed draft parameters for allocation of unspent FY2020 revenue:
 - Cannot support ongoing expenses past FY21
 - Cannot be spent on research initiatives
 - Must enhance the capacity and/or scope of existing initiatives that provide direct services to children and families (TCHAT, CPAN, CPWE)

- Consideration will be given to efforts that improve the implementation of the above initiatives on a state-wide basis (COSH, EMR integration, marketing, technology advances, project echo)
- HRIs can submit proposals, to be reviewed at the next meeting.
- Dr. Lakey was asked why research is being excluded from the proposals. He emphasized that in conversations with leadership, \$10M is the max for research and if we pushed that up, it would not be well received by the legislature. He clarified that if the group underspends on research, they can tap into the unused funds as long as they don't go over the \$10M.
- A suggestion was made that a comparison project on care delivery might be a good investment.
- Clarification was sought regarding how unspent funds could be used. Dr. Lakey confirmed that HRIs have the ability to reallocate funds on line items within their budgets if related to the initiatives. Unallocated funds will go back to a central pot for consortium review of proposals.
- Dr. Vo inquired whether a letter had been drafted that could go out regarding carry forward funds and ability to move funds up to 10%. Dr. Lakey confirmed that the letter hadn't gone out. Luanne said that she would take language from within PIAs, LBB report and THECB and send this out.
- **<<Action Item: A proposal template will be sent out by UTS to the HRIs for submission of proposals>>**
- Dr. Lakey discussed that at the next meeting, we will bring in a presentation from folks at Massachusetts that leverage CPAN to address maternal depression. He would like to identify if there are ways we can leverage the CPAN infrastructure and with a few tweaks provide an essential service.
- A question was raised on whether the funds could be used to develop a sustainability plan. Dr. Lakey clarified that we have to be careful to follow the legislative intent of the dollars as closely as we can.

VII. Adjournment

Next meeting is scheduled for August 31, 2020 from 10:00 am to 3:00 pm Central Time.

Attendance Sheet

	Institution/ Organization	Name	Attended?
			Yes/No
1	Baylor College of Medicine	Wayne Goodman, MD	Y
2	Baylor College of Medicine	Laurel Williams, DO	Y
3	Texas A&M University System Health Science Center	Israel Liberzon, MD	Y
4	Texas A&M University System Health Science Center	R. Andrew Harper, MD	Y
5	Texas Tech University Health Sciences Center	Sarah Wakefield, MD	Y
6	Texas Tech University Health Sciences Center	Nancy Trevino, PhD	Y
7	Texas Tech University Health Sciences Center at El Paso	Peter Thompson, MD	Y
8	Texas Tech University Health Sciences Center at El Paso	Sarah Martin, MD	Y
9	University of North Texas Health Science Center	Alan Podawiltz, DO, MS	Y
10	University of North Texas Health Science Center	Mark Chassay, MD, MBA	Y
11	Dell Medical School at The University of Texas at Austin	Charles B Nemeroff, MD, PhD	
12	Dell Medical School at The University of Texas at Austin	Stephen Strakowski, MD	Y
13	The University of Texas M.D. Anderson Cancer Center	Daniel Tan, MD	
14	The University of Texas M.D. Anderson Cancer Center	Rhonda Robert, PhD	
15	The University of Texas Medical Branch at Galveston	Karen Wagner, MD, PhD	Y
16	The University of Texas Medical Branch at Galveston	Alexander Vo, PhD	Y
17	The University of Texas Health Science Center at Houston	Jair Soares, MD, PhD	Y
18	The University of Texas Health Science Center at Houston	Elizabeth Newlin, MD	Y
19	The University of Texas Health Science Center at San Antonio	Steven Pliszka, MD	Y
20	The University of Texas Health Science Center at San Antonio	Joseph Blader, PhD	Y
21	The University of Texas Rio Grande Valley School of Medicine	Michael Escamilla, MD	Y
22	The University of Texas Rio Grande Valley School of Medicine	Michael Patriarca	

	Institution/ Organization	Name	Attended?
			Yes/No
23	The University of Texas Health Science Center at Tyler	Jeffery Matthews, MD	Y
24	The University of Texas Health Science Center at Tyler	Brittney Nichols, MBA, LPC-S	Y
25	The University of Texas Southwestern Medical Center	Carol Tamminga, MD	Y
26	The University of Texas Southwestern Medical Center	Hicham Ibrahim, MD	Y
27	Health and Human Services Commission - mental health care services	Sonja Gaines, MBA	Y
28	Health and Human Services Commission - mental health facilities	Mike Maples	
29	Texas Higher Education Coordinating Board	Stacey Silverman, PhD	Y
30	Hospital System	Danielle Wesley	Y
31	Non-profit - Meadows Policy Institute	Andy Keller, PhD	
32	Non-profit - Hogg Foundation	Octavio Martinez, Jr., MPH, MD	Y
33	Non-profit - Texas Mental Health Counsel	Danette Castle	Y
34	Administrative Contract – University of Texas System	David Lakey, MD	Y
35	Other – Hospital System Representative	James Alan Bourgeois, OD, MD	