"THE COSH REPORT"

Summer 2020

- Laurel L. Williams, DO
- Jennifer Evans





PROGRESS REPORT:

- Telecommunications
- Data Management
- CPAN
- TCHATT
- State Wide Referral System





TELE- UPDATES

- 1 888 901 CPAN
- Lantana contract completed
- Project Manager Assigned
 - Leighton Poley
- Schedule for meeting with each HRIawaiting 2 HRIs to get their 1st meeting scheduled





DATA MANAGEMENT



- BAA- 6 Fully executed; remaining close
- NDA- 9 Fully executed; remaining close
- Trayt Contract Completed
- Trayt roll out for CPAN
 - Step 1: Teams with NDA/BAA having first meeting training and set up now
 - Step 2: PCP Enrollment Process Completed including bulk enrollment for large groups
 - Step 3: Phone call with PCP roll out July 31, 2020



DATA MANAGEMENT



TCHATT Data Management

- Trayt contract stipulates creation of a CPAN and TCHATT connection
- TCHATT data collection for COSH thru Trayt will not include PHI/PII
- Build for Trayt will include elements needed data collection **
- 1) Number and names of schools served
- 2) Number of students able to access care (covered lives)
- 3) Number of students referred to the TCHATT program
- 4) Number of students served
- 5) Number of encounters by provider type
- 6) Number of students referred for ongoing services following TCHATT
- 7) Number of students for whom an immediate referral source was not available





DATA MANAGEMENT

- Data Governance Committee Met May 14,
- Discussion regarding new co-chair: Alex Vo, MD
- Governance Team Goals and Objectives:
 - 1. Defining mission to align with policies of TCMHCC
 - 2. Establish decision rights what are our focus areas, goals, and metrics/success measures
 - 3. Establish accountability rules and definitions
 - 4. Performing stewardship
 - 5. Managing change
 - 6. Defining data
 - 7. Issue resolution
 - 8. Specifying data quality requirements
 - 9. Building governance into new technology
 - 10. Outlining who our stakeholders are
 - 11. Outlining how we communicate to stakeholders
 - 12. Measuring and reporting value



CPAN: IN PROGRESS



- Enrollment across the state: 1500 PCPs
- 9 CPAN Teams Currently Functioning
- Average daily calls have remained steady 2/3 per dayacross the state not focused in any specific region
- Remaining teams do plan to go-live in September 2020 time frame



CPAN: IN PROGRESS



- Working on Communication Strategies
 - Video Presentation with CPAN and Dr. Tran
 - Taping next week- BCM will do for free (WOW!)
 - Need official HRI logo to add to the video
 - Social Media (Facebook, Linkdin)- Go Live with FACEBOOK first Week in August
 - Working on TPS Contract
 - Already working TFP team for communications
 - Meeting with MCO This AM –
 - Setting up meeting with leadership team for state FHQC





CPAN NEXT STEPS



- CPAN Marketing
 - Order in bulk: magnets, stickers, badge holders
 - Site ordering for larger items that can allow for additional HRI logos
- CPAN Website- Dan working with us
 - Goal to have Webpage end of August 2020
 - 4 Teams are working on the following:
 - ADHD
 - Anxiety
 - Depression
 - Facepage- will have video discussed at last slide and COVID materials



TCHATT UPDATE:



- TCHATT State Team Agreed to Use Standard measures:
 - Columbia Suicide Severity Rating Scale- Revised -Suicide
 - CRAFFT- Substance Misuse
 - PHQ 9- A- Depression
 - SCARED- Anxiety Disorders
 - Vanderbilt- Disruptive Behavior Disorders (ADHD, ODD)
 - Teams are able to use additional measures- but we agreed that for these more common issues we would standardize



TCHATT UPDATE

Skipping Skipping school in 2019: school in 2020:



- Developing workflow when to send out measures(i.e. first visit, second etc.)
- New consent form if HRI's choose to use) including medication piece and going from not billing insurance to possibly billing or sliding scale with community referral after TCHATT program is complete.
- Developing medication guidelines for those TCHATT physicians who will be providing medication management. (Example: if a TCHATT physician is currently providing meds the patients must have an appointment with another physician who will take over med management before being discharged.)
- Developing intake questions and discharge summary to share with all HRI's to ensure consistency across each program. This will help when measuring metrics with patient/family satisfaction across the State.
- All HRIs should speak to their legal and IT teams about possibly building language in their MOUs about who is responsible for the computer equipment upgrades, damage etc.





STATE WIDE REFERRAL SYSTEM



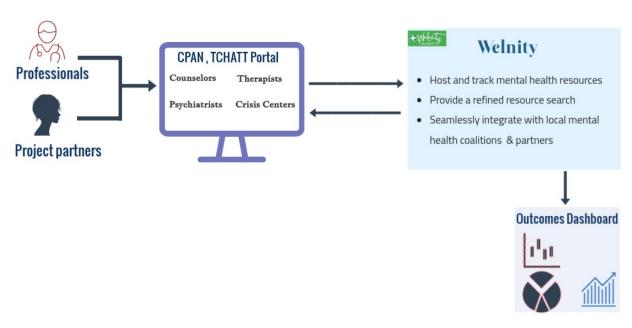


Figure 1. A conceptual diagram of the proposed software platform.

STATE WIDE REFERRAL SYSTEM

In order to fully meet CPAN and TCHATT projects' needs, we propose to customize the Welnity platform to include a few additional features while keeping CPAN and TCHATT seamlessly integrated with Welnity (see Figure 1). The proposed customized platform will perform three duties.

- Provide a resource directory of mental health providers and resources with varied expertise (e.g. psychiatrists, therapists) and attributes (e.g. type of insurance accepted by a provider). This resource directory will be accessed through a custom CPAN, TCHATT portal and accessible to all professionals/project partners (see Figure 1).
- Provide a refined search that is able to identify mental health resources that best fit a patient's needs.
 The refined search will be powered by Welnity's state-of-the-art artificial intelligence and natural language processing algorithm.
- Seamlessly integrate with other local mental health coalitions (e.g. Mosaics of Mercy) and allow CPAN
 and TCHATT to tap into resources that are shared and updated by other local mental health coalitions.
 Welnity is particularly well positioned to perform this duty as it's able to leverage novel provider
 crowdsourcing and resource sharing tools to facilitate sharing of resources among providers



COSH QUESTIONS?

STAR WARS COVID STYLE





CPAN GOAL: TO DEVELOP A NETWORK OF ACADEMIC HUBS THAT PROVIDE TELEMEDICINE-BASED PSYCHIATRIC CONSULTATION AND TRAINING TO PEDIATRICIANS TO ASSIST WITH IDENTIFYING MENTAL HEALTH ISSUES.

ASSUMPTIONS

INPUTS

Collaboration among HRI

HRI collaborate to

develop shared

infrastructure, policies,

and resources.

OUTPUTS SHORT TERM **OUTCOMES**

LONG TERM OUTCOMES

Workforce Shortages

There are an insufficient number of child psychiatrists in Texas to meet the mental health needs of all children.

Early Identification

Most families or youth

initially seek support

for mental health

issues through their

pediatrician.

Lack of Comfort

Addressing Mental

Health

Pediatricians identify

discomfort with

addressing some

mental health

disorders in children.

Active outreach and recruitment to primary care practices for

Marketing & Recruitment

enrollment in CPAN.

Expert Consultation

Provision of consultative services by child and adolescent psychiatrists and other specialists.

Provider Training

Provision of training and educational resources on best practices in child mental health care.

Referral and Coordination

Provide active linkages to mental health specialty care through referrals and support.

State-wide Call System Establishment of a

statewide telephone call system staffed by HRIs

Registry of Providers

Primary care providers are enrolled in network

Consultation Calls

Providers receive phonebased consultation on identification and management of child mental health

Training Resources

CPAN offers training on best practices in child mental health care.

Referral Resources

Regional referral resources are mapped and updated regularly.

Client Linkages

Children needing specialty care are linked with local referral resources and supported through transition.

Policies and procedures are developed to support a statewide CPAN call system.

Pediatricians and other prescribers are recruited and register for the CPAN program.

Primary care providers have access to rapid consultation from a child and adolescent specialist

Primary care providers engage in an array of training resources on best practices in mental health care.

Primary care providers receive support for identifying and coordinating access to specialty care as needed.

Expand the number of children identified and treated for mental health conditions and reduce disparities.

Enhance the quality of mental health care provided by primary care providers.

Reduce the symptom severity and improve the functioning of children served by primary care providers.

Enhance access and reduce the duration to receipt of specialty mental health care for children with complex needs.

Lack of Access to Specialty Care

Physicians may lack adequate access to referrals for children needing specialty services.

DRAFT Parameters for allocation of unspent FY 2020 revenue

- Cannot support any on-going expenses past FY21.
- Cannot be spent on the research initiative.
- Must enhance the capacity and/or scope of existing initiatives that provide direct services to children and families (TCHATT, 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).

Approach

- Reallocation proposals will be reviewed and approved by the TCMHCC Executive Committee at the August 31, 2020 meeting.
- If more than 10% of the total amount of TCMHCC funds are to be reallocated, the TCMHCC will seek approval by the LBB.

TCHATT GOAL: TO PROVIDE SHORT-TERM SCHOOL-BASED ACCESS TO SERVICES OF A CHILD AND ADOLESCENT MENTAL HEALTH PROFESSIONAL FOR HIGH-RISK STUDENTS WITH BEHAVIORAL HEALTH NEEDS

ASSUMPTIONS

INPUTS

OUTPUTS

SHORT TERM OUTCOMES

LONG TERM OUTCOMES

Workforce Shortages

There are an insufficient number of mental health professionals in Texas to meet the mental health needs of all children.

Early Identification

Many behavioral health issues are identified in the school setting.

Rapid Access to MH Services

Immediate access to a mental health assessment and intervention can reduce risk and improve outcomes.

Barriers to Access to MH Care

Provision of care through telehealth can reduce the barriers families experience to accessing mental health care. MOUs with Schools
Formal agreements
established between HRIs

and schools.

School Referrals

School systems identify students with mental health risks and provide referrals to TCHATT services.

<u>Short-Term School-Based</u> Services

Students and their guardian have access to tele-mental health services on the school campus.

Access to Measurementbased Care

Students or others will provide regular reports of symptoms and functioning

<u>Referral for Ongoing Care</u> Students receive referrals

Students receive referrals and coordination of care to support need for ongoing mental health services.

TCHATT Protocols

Protocols are established for referrals, consent, screening and assessment, crisis intervention, and referrals for on-going care.

Training Materials

Training materials for TCHATT staff and schools are developed and disseminated.

<u>Referral Resources</u>

Communities develop collaborations to support ongoing school-based mental health services

Tele-mental Health Calls

Students and families receive mental health care through telehealth on school campuses.

Client Linkages

Children needing on-going care are linked with local referral resources and supported through transition.

Policies and procedures are developed to support a statewide TCHATT initiative.

Target schools are enrolled with MOUs for TCHATT participation.

Schools have rapid referral processes for students to child and adolescent mental health specialist

Educators and parents receive training and support for identifying and referring students.

TCHATT providers use measurement-based care.

Students and families have timelier and greater access to mental health assessment and services both at school and in the community.

Increase the number of Texas schools that provide immediate access to MH services on school

Enhance the collaboration between HRIs and schools to support student mental health.

Reduce symptom severity and improve functioning of students with MH needs.

Enhance the academic performance of students with MH needs.

Enhance student and staff safety at school.