“THE COSH REPORT”
Summer 2020

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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 HRI- awaiting 2 HRIs to get their 1st meeting scheduled
• 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
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 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 day-across 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

• 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.
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

VACATION 2020

HERE WE ARE AT THE GRAND CANYON!
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**

- **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.

- **Lack of Access to Specialty Care**
  - Physicians may lack adequate access to referrals for children needing specialty services.

**INPUTS**

- **Collaboration among HRI**
  - HRI collaborate to develop shared infrastructure, policies, and resources.

- **Marketing & Recruitment**
  - Active outreach and recruitment to primary care practices for 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.

**OUTPUTS**

- **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 phone-based 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.

**SHORT TERM OUTCOMES**

- **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

**LONG TERM OUTCOMES**

- **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.**
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 (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).

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

- **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.

INPUTS

- **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.

- **Short-Term School-Based Services**
  - Students and their guardian have access to tele-mental health services on the school campus.

- **Access to Measurement-based Care**
  - Students or others will provide regular reports of symptoms and functioning.

- **Referral for Ongoing Care**
  - Students receive referrals and coordination of care to support need for ongoing mental health services.

OUTPUTS

- **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.

- **Referral Resources**
  - 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.

SHORT TERM OUTCOMES

- **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

- **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.

LONG TERM OUTCOMES

- **Increase the number of Texas schools that provide immediate access to MH services on school campuses.**

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

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

- **Enhance quality of education for students with MH needs.**

- **Enhance student and staff safety at school.**