Tier Comparison by Feature

Configuration	Free	Basic	Professional	Enterprise
Translation to 100+ languages	✔	✔	✔	✔
Configurable Branded Domain		✔	✔	✔
Configurable Category Bar Color		✔	✔	✔
Add Your Logo		✔	✔	✔
Add Your Text on Landing Page		✔	✔	✔
Configurable Private Domain			✔	✔
Separate Sites for Your Staff & Clients			✔	✔
Configurable Search Widget				✔
Configurable Taxonomy & Navigation Bar				✔
Configurable Search Results Sort Order				✔
Configurable Social Needs Assessments				✔
Configurable Program Recommendations				✔
Guided Search Configuration				✔

Integration	Free	Basic	Professional	Enterprise
Single-Sign-On (SSO)			✔	✔
API Access				✔
EHR, CRM, Care Platform, Registry (addt'l)				✔

Collaboration and Support	Free	Basic	Professional	Enterprise
Online Help Desk and General Email Support	✔	✔	✔	✔
Continuing Education Credits (Training)	✔	✔	✔	✔
Community Engagement Tools	✔	✔	✔	✔
Collaboration Tools		✔	✔	✔
Private Webinar Training			✔	✔
Media and Marketing Portal			✔	✔
Client Success Manager			✔	✔
Phone Support				✔
In-Person Training with Recorded Video				✔
Dedicated, Ongoing Client Success Manager				✔
Monthly Strategy Sessions				✔

Loop Closure	Free	Basic	Professional	Enterprise
Unlimited Users and Referrals	✔	✔	✔	✔
Make and Receive Electronic Referrals	✔	✔	✔	✔
Updates by Referring Party, CBO or Seeker	✔	✔	✔	✔
Real-time Referral Details	✔	✔	✔	✔
Notes on Referral Activity	✔	✔	✔	✔
Outcomes Reporting		✔	✔	✔

Reporting	Free	Basic	Professional	Enterprise
Referral Activity Suite		✔	✔	✔
Program Inventory Suite		✔	✔	✔
Group Activity Suite		✔	✔	✔

Questions? Schedule a demo at the link below or email us at sales@auntbertha.com.

Welnity

- Cost: $5,000 initial + $25,000 annual fee
- Active Database
- Resource directory for mental health resources and social services based on location
    - Located via search bar (i.e. therapy aetna insurance)
        - Has capability to recognize similar words/phrases to match needs (i.e. counseling vs. therapy; “hearing voices means needs mental health”)
    - Attributes include type of insurance, location, contact info (email, address, website) description of service, map, view similar resources link, last updated, counties served
    - Differentiates those with Spanish speaking services
- CPAN users will be their own group
    - Two versions – 1 is a group and the other is its own website that only shows applicable searches
    - Victoria prefers regular Welnity version but other version is nice to have
    - No log in required on other version (“blue”) but will have to either change this or limit file sharing whereas “green” version only people in group can see files
- Can request urgent referral sources and answers are “crowdsourced”
- Sources are verified manually by a team of people twice a year
    - Have plans to sync with some organizations allowing for real time access to availability

Aunt Bertha

- Cost: Enterprise account: $8,000 initial + $3,500 monthly = $42,00 yearly
    - Professional: $3,500 (initial) + $1,450 monthly = $17,400
    - https://company.auntbertha.com/for-customers/#
- “Static database”
- Resource directory for mental health resources and other social services based on location
    - Located via categories or search bar
    - Attributes include description, main services, serving (age, income), contact (location, address, phone, map, hours), availability, languages, cost, areas covered by county, last updated
    - Has options to filter search based on personal filters (age, gender, housing, disability, etc), program filters (hours, contact method, costs), and income eligibility
    - ONLY offers programs that are free or reduced cost
- Only Aunt Bertha can add/revise services, but users can suggest changes or programs
    - Full time dedicated team
    - How often are the verified after they are initially submitted?
    - How long between when a resource is submitted and having it be available in search for future use?
- Available in many US States – guarantees resources in every county (440,000 resources)
    - What happens if there is no resource in that area available on Aunt Bertha?
- Already connected with United Way 211 through ConnectATX
- Can they use state licensing sites to add social workers who provide therapy?
- Referral Tracking offered
    - Also offers premium reporting – to measure success of social determinants initiatives and their

• Can have conversations for posting offered services (can help advertise CPAN webinars, etc.) and peers when searching for a specific professional (i.e. psychiatrists)
• Plans to integrate with other local mental health coalitions and organizations for more resources (United Way 211)
• Can help us track data (i.e. mental health resource desert)
• No restrictions on resources but will have some required fields when entering in resources
  ○ Staging area to save and submit resource later – another team member can complete
• 2300 users contribute to services list
• Allows for printing resources from site – can use this to share resources – ask to include CPAN logo and make to match our template (will need to ask to be able to save as well)
• Resources available as soon as submitted
	impact at community level – Need to ask about customization
	  ○ Reporting tab offers referral activity suite, program inventory suite and group activity suite?
	• Integration with Single-Sign-On (SSO), API access, and additional integration for additional cost
	•

"THE COSH REPORT"

August 28, 2020

- Laurel L. Williams, DO
- Jennifer Evans

PROGRESS REPORT:

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

TELE- UPDATES

- *Lantana Project Team*
  - *Met with all HRI except 1*
  - *50% through the setup steps*
  - *Will not go live until all teams complete all steps*
  - *BCM Hub next week will start testing Lantana application-*
    - *This will not impact current processes for transferring to hubs*
  - *Building phone algorithm to ensure calls ring to proper hub*
    - *Will have specific sub-routine for the Houston-Galveston Area*

DATA MANAGEMENT

- All NDA and BAA for CPAN completed
- Trayt roll out for CPAN
  - Step 1: ~~Teams with NDA/BAA having first meeting training and set up now.~~ Completed
  - Step 2: ~~PCP Enrollment Process Completed including bulk enrollment for large groups~~ Completed
  - ~~Step 3: Phone call with PCP roll out July 31, 2020~~ Completed
  - Step 4: Within the next 2 weeks all teams are getting scheduled and the training for using the Trayt CPAN form
  - Step 5: CPAN will start building out Phase 3: PCP Scales for common disorders- this will connect with TCHATT

DATA MANAGEMENT: TCHATT

- TCHATT State Teams have all agreed to utilize Trayt for TCHATT data management
- Need to update COSH/Trayt BAA –working with Legal and will likely include some legal item for each HRI
- TCHATT Teams had Trayt demo 8/28/2020
- Include all the data metrics needed for state reporting + patient engagement and care outcome measures
- With TCHATT and CPAN integration seamless ability to provide PCP will summary discharge form AND allow for PCP to keep tracking Patient symptoms started in TCHATT

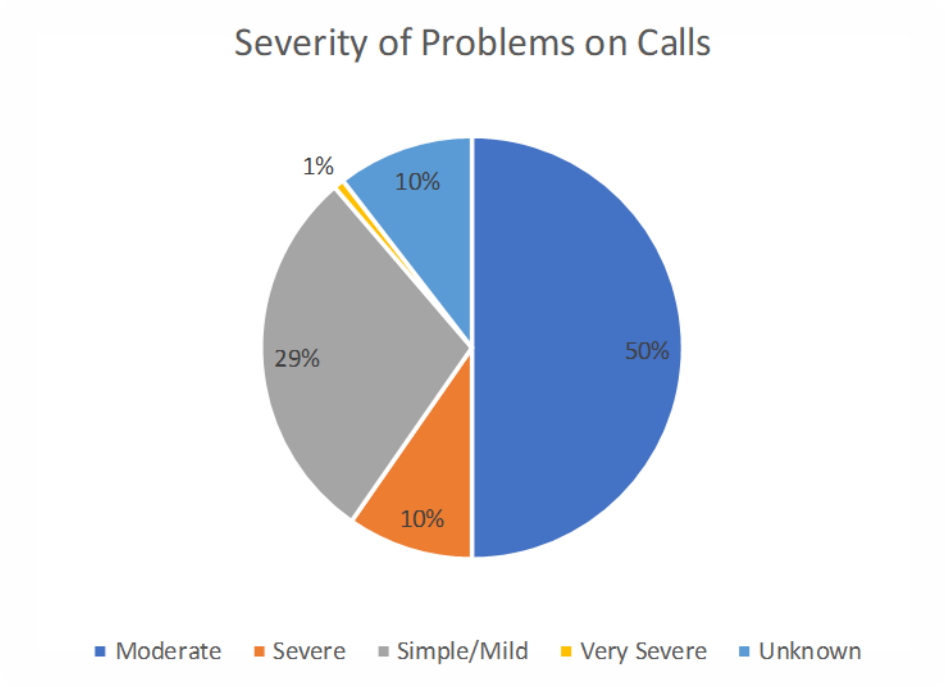
DATA MANAGEMENT: GOVERNANCE TEAM

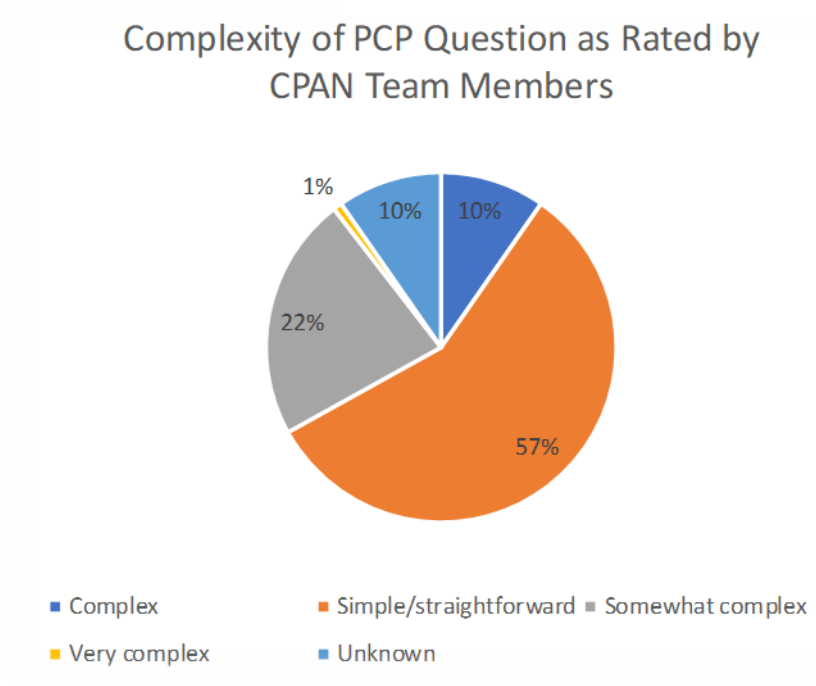
- ~~Step One: Collecting Data Points~~ - Complete
  - Trayt (CPAN and TCHATT)
  - UT Austin Internal Review Team
  - CPWE
- Step Two: Start Reviewing Data Definitions as a team
- Step Three: Working on a Data Library

CPAN:
IN PROGRESS

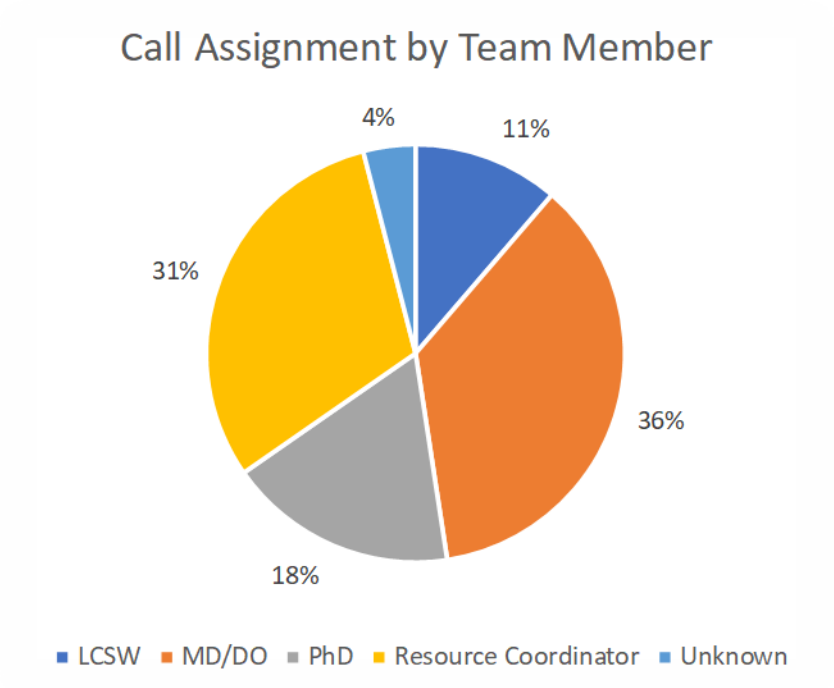
- Providers Registered in CPAN = 1788
- Clinics Registered in CPAN = 237
- Total # of calls for CPAN = 203 (average 2-4 per day)

CPAN:
IN PROGRESS

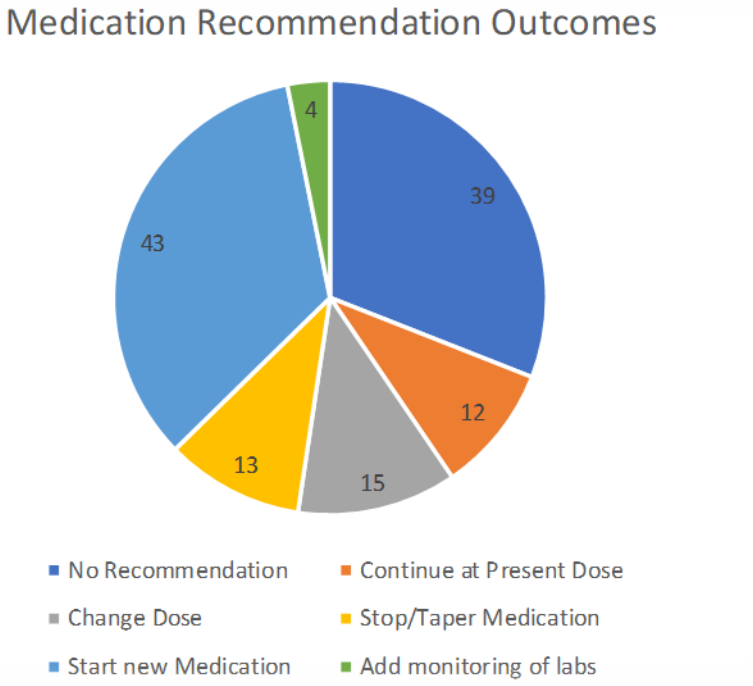


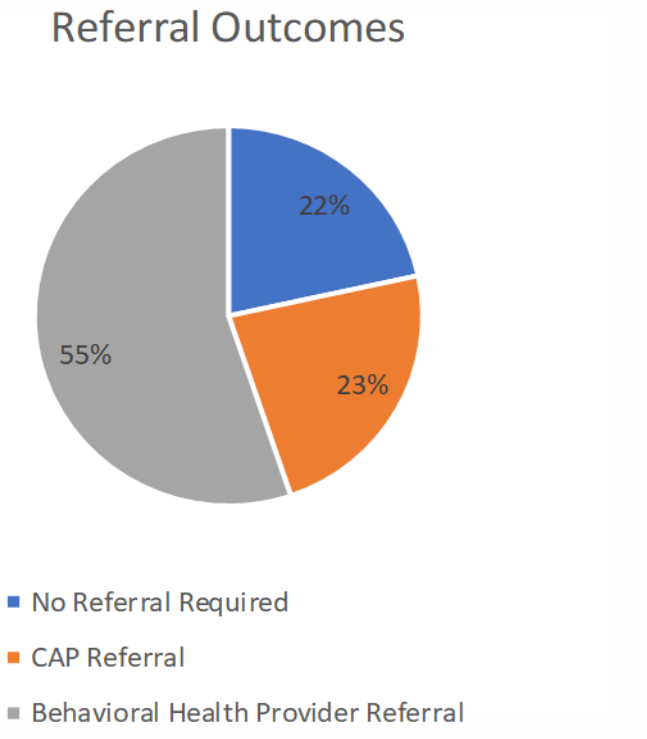


CPAN: IN PROGRESS



CPAN:
IN PROGRESS





CPAN: IN PROGRESS

- Working on Communication Strategies
  - ~~Video Presentation with CPAN and Dr. Tran-~~ Complete
  - ~~Facebook Page -~~ Complete
    - **https://www.facebook.com/TexasCPAN/**
  - ~~Working on TPS Contract –~~Complete
  - Webinar for the City of Houston- Resources now over 4,000 views (gave both CPAN and TCHATT resources) https://drive.google.com/file/d/1np14cwBbmaV2E2qnKE2npA2qlmJpz6AL/view?usp=sharing

CPAN NEXT STEPS

- CPAN Communication and Outreach
  - Order in bulk: Magnets (1000), Pens (500), Scratch Pads (500) per HRI team- in progress
  - Goal to have Webpage end of August 2020- In progress
    - 4 Teams are working on the following:
      Materials in for all teams-
    - ADHD, Depression, Anxiety
    - Facebook page- will have video discussed at last slide and COVID materials
    - PODCASTs Name (possibly) “Mind the Chat”

TCHATT UPDATE:

- TCHATT is standardizing
  - Consent Process for time-limited care
  - Prescribing guidelines and Best Practices
  - Management of emergent issues for youth who are receiving TCHATT services at home (vs. school which were already in development)

TCHATT UPDATE:

- TCHATT Build out with Trayt
  - Estimate to build all metrics and tracking= $82,000 one-time cost
  - Building Trayt to create a screening tool available to all youth/families as another entry point into TCHATT referral system = $52,000 one-time cost
  - Both of these systems help further the mission of TCHATT which is to connect families to care and provide quality of care/outcomes to the state
  - Will need to discuss data storage and pricing for data storage. That is currently ongoing. These would be recurring costs

STATE WIDE REFERRAL SYSTEM

- Welnity:
  - One-time cost: $5,000
  - Recurring annual cost: $25,000
  - Dynamic System
  - Newer system
- Aunt Bertha:
  - One-time cost: $8,000
  - Recurring annual cost: $42,000
  - Static System
  - More established system

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?

I Need a Vacation Memes - lovequotesmessages

Project Task	Global Project
Email project workbook to entire team	n/a
Coordinate kickoff call date/time via email correspondence	n/a
Kickoff call with entire team, AGENDA:	n/a
Introductions	n/a
Discuss project summary	n/a
Discuss technical requirements	n/a
Discuss hardware options (phones/headsets)	n/a
routing Change to Zip code (discussion)	
Schedule onsite training with site coordinator(s)	n/a
Provide onsite end user training for 8x8 Virtual Office application and/or physical phones	n/a
Go Live	n/a
FDOB Support	n/a

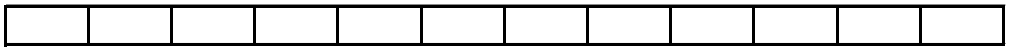
Technical Task	Global Project
Email technical requirements document to technical contact(s)	n/a
Email network assessment utility, activation key, and instructions to technical contact(s)	n/a
Run network utility on a PC that will be running the 8x8 Virtual Office PC application, save the log file and provide to Lantana PM	n/a
Analyze network assessment and provide analysis results to technical contact(s)	n/a
***Issues with Network Assessment**	n/a
Email 8x8 Virtual Office PC application to technical contact(s)	n/a
Client Testing of 8x8 Work application	
***Issues with User Test**	n/a
Install 8x8 Virtual Office PC application on all PC's being used for CPAN calls	n/a
Install hardware (phones/headsets) for all CPAN end users	n/a
Provide remote assistance installing hardware (phones/headsets) for all CPAN users	n/a
Program site specific users and call flow into the phone system	n/a
Program geographical automatic incoming call routing based on zip code into the phone system	n/a

Test site specific phone system call flow and geographical automatic incoming call routing	**n/a**

Pending
In Progress
Waiting
Complete

							✓		✓	✓	✓	✓	BCM (Houston)
							✓	✗	✓	✓	✓	✓	Dell Medical School (Austin)
							✓						Texas A&M HSC (Bryan)
							✓	✗	✓	✓	✓	✓	Texas Tech HSC (El Paso)
					✗	✓	✓	✗	✓	✓	✓	✓	Texas Tech HSC (Lubbock)
							✓	✗	✓	✓	✓	✓	UNT HSC (Fort Worth)
							✓	✗	✓	✓	✓	✓	UT HSC (San Antonio)
					N	✓	✓	✗	✓	✓	✓	✓	UT HSC (Houston)
							✓	✗	✓	✓	✓	✓	UT HSC (Tyler)
							✓	✗	✓	✓	✓	✓	UT RGV SOM (Edinburg)
							✓	✗	✓	✓	✓	✓	UTMB (Galveston)
							✓				✓	✓	UTSMC (Dallas)

				n/a	✓	✓	✓	✓	✓	✓	✓	BCM (Houston)
				n/a	✓	✓	✓	✓	✓	✓	✓	Dell Medical School (Austin)
				n/a							✓	Texas A&M HSC (Bryan)
				n/a	✓	✓	✓	✓	✓	✓	✓	Texas Tech HSC (El Paso)
				n/a	✓	✓	✓	✓	✓	✓	✓	Texas Tech HSC (Lubbock)
				n/a	✓	✓	✓	✓	✓	✓	✓	UNT HSC (Fort Worth)
				n/a	✓	✓	✓	✓	✓	✓	✓	UT HSC (San Antonio)
				n/a	✓	✓	✓	✓	✓	✓	✓	UT HSC (Houston)
				n/a	✓	✓	✓	✓	✓	✓	✓	UT HSC (Tyler)
				n/a	✓	✓	✓	✓	✓	✓	✓	UT RGV SOM (Edinburg)
				n/a	✓	✓	✓	✓	✓	✓	✓	UTMB (Galveston)
				n/a	✓	✓	✓	✓	✓	✓	✓	UTSMC (Dallas)



Comments
Waiting on response form customer technical team

Comments

Section Title	Fields on Call Form	Selection #1	Selection #2	Selection #3	Selection #4
Primary Care Provider Information					
	Last Name				
	First Name				
	Role				
	Clinic Name				
Patient Information					
	Is this call regarding a specific patient?	Yes			
		No			
	Have you called in about this patient before?	Yes	MRN		
		No			
Emergency Concern					
	Is this call regarding an emergency concern?	Yes	Select all emergency situations	Suicide Violence Physican Safety Other	Emergency Concern Notes
		No			
		Unsure			
Call Purpose		Assessment	Presenting Concern Notes (optional)		
		Diagnosis			
		Behavioral Managment			
		Medication Management			
		Referral Assistance			
		General Resources			
		Other			
General Call Notes (Optional)					
Recommended Result		No consultation needed			
		I will continue with clinical consultation			
		Assign to someone (therapist, psychiatrist, resource coordinator)	Therapist		
			Psychatrist		
			Resource Coordinator		

Section Title	Fields on Call Form	Selection #1
Medical Consultation		
	Cheif Complaints	Trayt's Database (Clinician
	Diagnosis	Trayt's Database (Clinician
	Therapists	Free Text
	Medications	Dosage, Frequency, Time c
	Medical Consultation Notes	Free Text
Diagnosis Recommendations		
	Do you recommend diagnosis change?	Yes
		No
	Diagnosis Notes	Free Text
Medication Recommendations		
	Do you recommend medication change?	Yes
		No
	Medication Notes	Free Text
Diagnostic Recommendations		
	Do you recommend a diagnostic test?	Yes

		No
	Diagnostic Notes	Free Text
Referral Outcome		
	Does PCP require a referral?	Yes
		No
	Special Referral Outcome (optional)	
Additional Consultation		
	Consultation Completed	
	Additional Consultation	Assessment Diagnosis Behavioral Managment Medication Management Referral Assistance General Resources
	Additional Notes	

Selection #2	Selection #3
Portal)	
Portal)	
of Day	
Suggest new diagnosis	Trayt's Database (Clinic
Add medication	
Labs	Glucose HA1-c Urine Pregnancy Test Serum Pregnancy Test Urine Drug Screen Serum Drug Screen Liver Function Tests Kidney Function Tests CBC/Platelets/Differential Iron Tests Thyroid Function Tests Trough Depakote Level Trough Lithium Level Trough Trileptal Level Trough Clozaril Level Psychosis Screening Tests Autoimmune Screening Tests Genetic Testing for IDD Genetic Testing for Autism
Imaging	CT Scan Brain MRI with contrast Brain Other
Other Diagnostics	EKG EEG Sleep Study Other
Psychological Assesments	Neuropsychological

Local psychiatrist referrral	Team
Local behavioral health provider referral	Family Therapy
General resources referral	Educational Resource
Any referrals handled by the Local Mental Health Authority?	Yes
	No
Please assign the appropriate staff	Assign to therapist Assign to Psychiatrist Assign to Resource Coordinator

Selection #5	Selection #6

ɔian Portal)

Which resources can the LMHA provide? LMHA referral location

CPAN Data Governance Glossary

General

Call Form Part 1: Initial Referral Consultation: Used at the outset of a call to confirm the PCP's identity, assess the needs of the PCP, and coordinate the appropriate response.

Call Form Part 2: Medical Consultation: After Call Form 1 is completed, an appropriate HRI staff member will consult with the PCP and fill out Call Form 2. Depending on the nature of the PCP's needs, Call Form 2 can entail a medical consultation, diagnosis/medication/diagnostic recommendations, or referrals.

Child Psychiatry Access Network (CPAN): CPAN is a state-wide program created by the Consortium under the 86th Texas Legislature's Bill 11 in 2019 to address critical gaps in child mental health care access by bridging the continuum of care between primary care physicians and child and adolescent psychiatry.

CPAN Portal: Website hosted by Trayt that allows staff to login to the CPAN program.

Health Related Institution (HRI): Psychiatric hospital organizations, also known as hubs, which provide CPAN consultation services to PCPs.

Multi-factor Authentication (MFA): Authentication method in which a computer user is granted access only after successfully presenting two or more pieces of evidence (or factors) to an authentication mechanism. Trayt will require you to enter a passcode in a two step process.

Medical Record Number (MRN): Also known as the patient medical record, it is an organization specific number used by the hospital as a systematic documentation of a patient's medical history and care during each hospital stay.

Primary Care Provider (PCP): Health care practitioner who sees people that have common medical problems. This includes physicians, nurse practitioners, and physician assistants.

Protected Health Information (PHI): Protected health information (PHI), also referred to as personal health information, generally refers to demographic information, medical histories, test and laboratory results, mental health

conditions, insurance information, and other data that a healthcare professional collects to identify an individual and determine appropriate care.

HRI Roles

Front Desk Service Representative: Monitors incoming calls, matches the call type to the correct CPAN staff member, and provides general referral services.

HRI Admin: Sets up clinic into the CPAN program network, manages staff list, sets permissions, and enrolls new staff into the program.

HRI Director: Ensures HRI CPAN success and works one-on-one with the Trayt team to report any feedback that may arise during deployment, monitors success program outcome measures for their HRI.

HRI Staff: HRI workers who are enrolled into the CPAN program. Staff members include the HRI Director, Administrator (Admin), Psychiatrist, Therapists (LCSW, PhD, etc.), Resource Coordinator, and Front Desk Service Representative.

Psychiatrist: Provides behavioral and psychiatric consultation to primary care providers which include recommending medication, diagnosis, therapies, diagnostic recommendations, and referral recommendations

Resource Coordinator: Creates a list of local and general referral services and materials to primary care providers for their patients.

Therapist (LCSW, PhD, etc.): Provides behavioral consultation to primary care providers which includes recommending by recommending possible diagnosis, therapies, psychological assessments, and referral recommendations

Resource Coordinator: Creates a list of local and general referral services and materials to primary care providers for their patients.

PCP Clinic Roles

Medical Director/Leader: Physician or leader who coordinates medical teams to achieve the daily goals and overall mission of a long-term care facility. They will ensure that all medical staff comply with the facility's policies, systems, and agendas.

Nurse Practitioner: Licensed medical professional who holds an advanced degree as a nurse practitioner, and is able to provide direct patient care.

Office Manager: Organizes and coordinates office administration and procedures, in order to ensure organizational effectiveness, efficiency and safety.

PCP Admin: The main point of contact of the PCP Clinic who is responsible for enrolling and maintaining the clinic's staff enrolled into the CPAN program.

PCP Representative (PCP Rep): Person who calls CPAN on behalf of a PCP.

Physician: Licensed medical professional who holds an advanced degree as a physician, and is able to provide direct patient care.

Physician's Assistant: Licensed medical professional who holds an advanced degree as a physician assistant, and is able to provide direct patient care.

Referral/Nurse Coordinator: Nurse or referral coordinator who handles referral materials collected from the CPAN program after a consultation call.

Directory

Staff Directory: This directory includes the ability to register a new user (name, phone number, email), edit and change information for a user, deactivate/Reactivate user temporarily, remove a user.

Clinic Directory: This directory includes the ability to search for a specific clinic, invite a clinic to self enroll, enroll on behalf of a new clinic, edit information on behalf of a clinic

PCP Directory: This directory includes the ability to add a new PCP to CPAN, edit an enrolled PCP's information, confirm the identity of a PCP on call, verify the identity of a PCP with a PCP Clinic Admin.

Confirm / Confirmation: Process to confirm the identity of the PCP during a CPAN consultation to determine if PHI can be shared.

Verify / Verification: Process to confirmed the identity of the PCP with the clinic

Clinic Enrollment Form

Clinic Enrollment Form: Form filled out by th PCP Admin and/or HRI staff to enroll a PCP clinic and its staff members into the CPAN Program.

Practice Information: Practice information that includes clinic status, clinic name, practice type, HRI, main address, main phone number and fax number.

Additional Sites: Additional sites that includes clinic name, main address, phone number, and fax number.

Parent Organization: Overarching organization that shares the same EMR with the PCP Clinic.

Affiliations: Name of any affiliate organizations such as accountable care organizations, physician organizations, or health system affiliations

Clinic Administrator: Information of the clinic admin which includes name, email, and phone number

Practice Staff: Includes medical directors, physicians, nurse practitioners, office managers, referral/resource nurses.

Statuses

Staff Directory

Active: HRI staff is enrolled into the CPAN program.

Pending Activation: HRI staff was sent an invitation to enroll into the CPAN program but has not yet activated their account.

Deactivated: HRI staff is no longer enrolled into the CPAN program. To re-enroll them, you must reactivate the user.

Clinic Directory

Active: PCP clinic is currently registered within the CPAN program.

Outreach Required: PCP clinic and clinic representative details are missing, and outreach to the PCP clinic is required.

Expired Invitation: Enrollment link has expired, and another email invitation to the clinic representative is required.

Pending Activation: Enrollment email was sent to the clinic representative.
Pending Agreement: Agreement was sent to the clinic representative.

Incomplete Form - PCP: PCP administrator has agreed for their clinic to participate in the CPAN program and is currently enrolling their clinic.

Incomplete Form - HRI: PCP administrator has agreed for their clinic to participate in the CPAN program, and the Hub Administrator is currently enrolling their clinic.

Declined: PCP clinic has declined to enroll into the CPAN program.

Archived: PCP clinic has been contacted multiple times, and has not responded. The clinic may require follow-up in the future.

PCP Directory:

Pending Agreement: PCP has not yet signed an PCP Agreement Form and the clinic they work for is not enrolled in CPAN. No PHI can be shared.

Pending Verification: PCP is pending verification from an enrolled PCP clinic. No PHI can be shared.

Failed Verification: PCP failed verification because the clinic said the PCP does not exist at their clinic. No PHI can be shared.

Active No Clinic: PCP has signed a PCP Agreement Form, and is tied to a clinic that has not enrolled in CPAN yet. No PHI can be shared.

Active: PCP is verified by an enrolled PCP clinic and is officially enrolled into CPAN. Once a PCP can confirm their information on file, CPAN can share PHI.

Call Form Part 1: Initial Referral Consultation

Call Form Part 1 is used at the outset of a call to confirm the PCP's identity, assess the needs of the PCP, and coordinate the appropriate response. It is also known as the referral consultation. The different sections are:

1. **PCP Information**: Record and confirm the PCP's name, role, and clinic.

2. **Patient Information**: Determine if the call is regarding a specific patient and record patient information. A unique record for the patient is created using their medical record number (MRN) that can be tracked only by PCPs that belong to that clinic.
3. **Emergency Concern**: Determine if the call is concerning an emergency and note the nature of the emergency.
4. **Call Purpose**: Mark the concerns of the PCP and add notes.
5. **Recommended Result**: Select the appropriate response path.
6. **General Call Notes**: Add any additional notes that may be helpful for the consultation.

Call Form Part 2: Medical Consultation

After Call Form Part 1 is completed, an appropriate HRI staff member will consult with the PCP and fill out Call Form Part 2. Depending on the nature of the PCP's needs, Call Form Part 2 can entail a medical consultation, diagnosis/medication/diagnostic recommendations, or referrals.

1. **Medical Consultation:**
    a. Chief Complaints: Record the patient's chief complaints.
    b. Diagnosis: Record the patient's existing diagnoses.
    c. Therapist: Record the name of the patient's therapist.
    d. Medications: Record the medications the patient is taking.
2. **Diagnosis Recommendations**: Confirm or suggest changes to diagnoses.
3. **Medication Recommendations**: Confirm or suggest changes to medication.
4. **Diagnostic Recommendations**: Confirm or suggest changes to diagnostics.
5. **Referral Outcome**: Determine if the PCP requires a referral and select the appropriate referrals, including connecting the PCP to a Resource Coordinator.

tcmhcc
Texas Child Mental Health Care Consortium

Minutes of
Community Psychiatry Workforce Expansion (CPWE) Workgroup
August, 24 2020

Members Present:

Steven Pliszka	Andrew Harper	Carol Nati
Danette Castle	Rishi Sawhney	Mark Chassay
Beth Lawson	Alan Podawiltz	Peter Thompson
Jeffery Matthews	Sonja Gaines	Wayne Young
Nancy Trevino		

The Workgroup continued its discussion of how to best operationalize the metrics for CPEW:

Table 1. Project Metrics

Tracking Metrics	
1	Number of faculty and residents assigned to the LMHA or community mental health provider
2	Number of patient visits
3	Number of unique patients seen
4	Ratio of children to total patients seen
5	Changes in child/adolescent wait lists to obtain services
6	Number of patients seen that were initially contacted through CPAN or TCHATT
Performance Metrics	
1	Number of residents who rotate through the LMHA or community mental health provider who work in the public mental health system after completing their residencies
2	Clinical outcome measures (rating scales) showing improvement of clients.

Tracking Metrics

- **Metric 1** will be tracked by the HRIs
- HHSC and the LMHA's are developing a method to track **metrics 2-5** through the HHSC/LMHA central data system. CPWE sites that are not at a LMHA must track these metrics on their own.
- It was determined by the workgroup that HRI should track **Metric 6**, **tracking only the number of outgoing referrals from CPAN and TCHATT**. This would consist of the HRI noting that the referral was made, not determining if the appointment at the LMHA was actually kept. The Workforce will inquire of as to

whether such an item can be included in TRAYT. The LMHA would not need to develop a method to determine if incoming referrals came from CPAN or TRAYT.

Performance Metrics

- Metric 1(Number of residents who rotate through the LMHA or community mental health provider who work in the public mental health system after completing their residencies) will not be tracked by HHSC. The Consortium will need to set up a system to follow graduates of CAP programs long term. This will be discussed at a future meeting of the Consortium.
- Metric 2. There was extensive discussion of the use of the CANS/ANSA as outcome measures. It was noted that CPWE resident providers were not the only providers interacting with clients at the LMHA, thus changes in the CANS/ANSA could not be attributed to the CPWE program. Data from the CANS was examined and it was noted the index scoring tool is not sensitive to change occurring over a 90 day period. The Workgroup voted NOT to use the CANS/ANSA as an outcome measure. The Workgroup will propose to the Executive Committee that TRAYT be expanded (in the manner similar to that planned for TCHATT) in order to obtain simple outcome measures (Global Improvement, ADHD, depression or anxiety rating scales).

Learning Collaborative Proposal

The Workgroup reviewed a proposal by Joesph Blader PhD (UT Health San Antonio) and Eric Storch PhD (Baylor) for a Learning Collaborative to enhance the knowledge of Evidence Based Psychosocial Interventions. As the chair (Dr. Pliszka) is from UT Health San Antonio, he provided information only. The Workgroup was asked to review the proposal and send their opinion regarding an endorsement of the proposal to Molly Lopez PhD, Dr. Lopez will collate the votes and comments and send them to the whole group. The results of the vote will be convey to the Executive Committee.

TCMHCC Data Governance Committee
Draft Data Metric Definitions

Table 1. *Data Definitions for CPAN Measures*

Performance Measure	Numerator	Denominator	Expected Source
Percentage of PCPs within each region that are enrolled.	Number of licensed pediatricians, family physicians, nurse practitioners and physician assistants enrolled in the Child Psychiatry Access Network.	Number of licensed pediatricians, family physicians, and nurse practitioners and physician assistants operating under the supervision of a pediatrician or family physician	TRAYT
Percentage of phone calls answered, by team and statewide, within 5 minutes	Number of phone calls answered by a mental health specialist within 5 minutes of receipt of the call.	Total number of unique phone calls received by the CPAN during the time period.	LANTANA
Percentage of consultative requests responded to within 30 minutes, by team and statewide	Number of phone calls requesting psychiatric consultation with start time 30 minutes or less from initial call log time.	Total number of unique phone calls requesting psychiatric consultation received by the CPAN during the time period.	TRAYT
Percentage of Primary Care Providers' reporting satisfaction with call response	Number of PCPs who complete a survey who report overall satisfaction as "satisfied" or "very satisfied".	Total number of PCPs who complete a satisfaction survey during the time period.	TRAYT
Percentage of Primary Care Providers' reporting comfort with managing care	Number of PCPs who complete a survey who report comfort managing client after consultation as "comfortable" or "very comfortable".	Total number of PCPs who complete a satisfaction survey during the time period.	TRAYT/Qualtrics
Additional Tracking Measures			**Expected Source**
Number of phone consultations provided	Total number of phone calls resulting in documentation of specialty mental health care consultation within the time period.		TRAYT
Number of pediatric and family medicine practices enrolled	Total number of active pediatric and/or family medicine practices with unique a physical address enrolled in the network during the reporting period.		TRAYT

Documentation of the reasons why practices withdraw from the CPAN	Percent of providers who withdraw from the CPAN and report the reason for disenrollment as (a) practice has moved; (b) no longer in practice; (c) dissatisfied with CPAN; (d) consultative services no longer needed; (e) requires too much time; (f) other.	TRAYT
Outcome: Referral to a local child and adolescent psychiatrist	Total number of consultative calls resulting in a referral to a child and adolescent psychiatrist or psychiatric practice during the reporting period (may be duplicated if multiple referrals).	TRAYT
Outcome: PCP manages the patient	Total number of consultative calls resulting in no referral for specialty mental health care during the reporting period.	TRAYT
Outcome: Referral to a local therapist	Total number of consultative calls resulting in a referral to a licensed mental health clinician (LP, LPC, LCSW, LMFT) during the reporting period (may be duplicated if multiple referrals).	TRAYT
Outcome: Referrals to a higher level of care	Total number of consultative calls resulting in referral to Local Mental Health Authority, specialty care program, intensive outpatient program, day treatment program, residential care program, or inpatient psychiatric care during the reporting period (may be duplicated if multiple referrals).	TRAYT
Number of calls that are resource or referral requests	Total number of consultative calls in which the presenting problem includes referral assistance during the reporting period.	TRAYT
Number of calls that are medication-related	Total number of consultative call in which the presenting problem includes medication management.	TRAYT

Table 2. *Data Definitions for TCHATT Measures*

Performance Measure	Definition	Expected Source
Number and names of schools served	Number and name of school campuses with a formal agreement to participate in TCHATT services (current).	HRI Submission
Number of students able to access care (covered lives)	Number of students enrolled in participating school campuses based on current agreements.	TIEMH (gathered from TEA)
Number of students referred to the TCHATT program.	Total number of students for whom the HRI receives a referral from a participating school campus to receive TCHATT services during the reporting period.	HRI Submission or TRAYT
Number of students served by TCHATT services	Total unique number of students served by at least one TCHATT encounter during the reporting period.	HRI Submission or TRAYT
Number of encounters by provider type	Total number of TCHATT encounters provided by (a) child psychiatrist; (b) child psychologist; (c) licensed	HRI Submission or TRAYT

	social worker; licensed professional counselor; (d) other.	
Number of students referred for ongoing services following TCHATT	Total number of unique students who complete TCHATT and receive a referral for specialty mental health services within the reporting period by: (a) LMHA; (b) medical mental health provider (prescriber); (c) non-medical mental health provider; (d) other.	HRI Submission or TRAYT
Number of students for whom an immediate referral source was not available	Total number of students exceeding the four TCHATT sessions due to a lack of adequate referral within the reporting period.	HRI Submission or TRAYT

Table 3. *Data Definitions for CPWE Measures*

Performance Measure	Definition	Expected Source
FTE faculty assigned to the LMHA or community agency	Number of full time equivalents (FTE) faculty members assigned as academic medical directors within community agencies or LMHAs during the reporting period.	HRI Submission
FTE residents assigned to the LMHA or community agency	Number of full time equivalent (FTE) psychiatric residents participating in rotations at the community agency or LMHA during the reporting period.	HRI Submission
Number of unique patients seen	Number of unique child or adolescent patients seen by a CPWE faculty or resident in a documented encounter in the community agency or LMHA during the reporting period.	HHSC (LMHA) or HRI Submission (CMH site)
Number of patient visits	Total number of service encounters provided faculty members (academic medical directors) or psychiatric residents during CPWE-funded rotation in community agencies/LMHAs.	HHSC (LMHA) or HRI Submission (CMH site)
Ratio of children to total patients seen	Proportion of unique patients seen by a CPWE faculty or resident who are between the ages of birth to 20 years old compared to those over 20. Children and adolescents will be further reported by age groups (0-5, 6-12, 13-17, 18-20).	HHSC (LMHA) or HRI Submission (CMH site)
Time from intake to first prescriber encounter	The number of days for new child or adolescent patients (child with no previous encounters for last 6 months) from intake appointment (initial authorization for care) to first psychiatric evaluation or medication management encounter (limited to those accessing psychiatric care in first 6 months of care)	HHSC (LMHA) or HRI Submission (CMH site)
Number of patients seen through CPAN or TCHATT who are referred to an LMHA with CPWE residency	Number of unique child or adolescent patients seen referred by a CPAN or TCHATT team member to an LMHA participating in the CPWE program.	TRAYT

Additional Measures	Numerator	Denominator	Expected Source
Number of residents who rotate through LMHA community provider who work in public mental health after residency	Total number of CPWE graduates who are employed in Texas public mental health locations three months following graduation from the residency training program.	Total number of psychiatry residents in CPWE rotations who completed residency during the reporting period.	HRI Submission
Percent of children demonstrating improvement on symptom measures	Total unique children with reduction in total scale score from initial to most recent exceeding the clinical cut-off for improvement on the primary outcome measure (Vanderbilt for externalizing; PHQ-9 for internalizing)	Total number of children seen by CPWE physician/resident with two valid assessments at least 14 days apart.	TRAYT (recommended)

Table 4. *Data Definitions for Child and Adolescent Psychiatry Fellowship Measures*

Performance Measure	Definition		Expected Source
Total number of child and adolescent psychiatry fellowship positions open per institution	Total number of unfilled but funded child and adolescent psychiatry fellowship positions at each HRI for the reporting period.		HRI Submission
Total number of child and adolescent psychiatry fellowship positions filled per institution	Total number of active child and adolescent psychiatry fellows funded by the TCMHCC at each HRI for the reporting period.		HRI Submission
Total number of child and adolescent fellowship positions open in Texas	Total number of unfilled child and adolescent psychiatry fellowship positions regardless of funding at each HRI for the reporting period.		HRI Submission
Total number of child and adolescent fellowship positions filled in Texas	Total number of active child and adolescent psychiatry fellows regardless of funding at each HRI for the reporting period.		HRI Submission
Successful GME approval of new fellowship programs	Total number of HRI child and adolescent psychiatry fellowship programs obtaining approval from GME during the reporting period.		HRI Submission
	Numerator	**Denominator**	**Expected Source**

Percentage of fellowship graduates that remain in Texas upon completion of their fellowship training	Total number of fellowship graduates funded by TCMHCC who are employed in Texas three months following graduation from the fellowship training program.	Total number of child and adolescent psychiatry fellowship positions funded by the TCMHCC who completed training during the reporting period.	HRI Submission

Institution Making Request

Baylor College of Medicine

Provide an overview of your request

Cognitive behavioral therapy (CBT) is well established for childhood depression and anxiety, but requires weekly therapist-led sessions over an extended duration (~10-12 visits). For some families, the time commitment, costs, stigma, and transportation needed for in-office therapy meetings are treatment barriers that limit access to care. TCHATT addresses some of these barriers by providing several intervention sessions within school, but this may not be sufficient to meet the needs of many children and adolescents. Newer service delivery models are needed to address treatment barriers and provide alternative treatments that are scaleable, accessible, efficient, affordable, and effective.

Stepped care treatment models are designed to provide first-line interventions that are easily accessible, lower cost, convenient for patients, and require less therapist time than standard treatment methods, such as weekly in-office therapist-directed treatment. Importantly, the first step must provide active mechanisms such that a substantial number of patients will improve; TCHATT successfully meets these criteria. Stepped care treatment models include a priori criteria for defining early treatment response after each step which is used to guide subsequent treatment. Stepped care models reserve resources, such as therapist time and costs, for those needing more intensive treatment. While stepped care models have demonstrated strong outcomes and savings, they have also increased capacity for serving more youth. The BCM team has successfully implemented a stepped care, telehealth model of CBT for youth struggling with anxiety and depression in the aftermath of Hurricane Harvey, and propose to leverage this experience and provide a similar model with interested member insititutions of the Texas Child Mental Health Care Consortium.

We propose to incorporate a stepped care CBT approach into the TCHATT initiative as a pilot project. *All participating TCMHCC institutions would be invited to participate* . A stepped care CBT approach would offer an innovative service-delivery model to expand evidence-based therapy services which are personalized to the child's clinical needs but also cost effective for providers/clinics. After completing an initial 4 session course of therapy through TCHATT, a collaborative decision-making process involving youth, their parents, and clinicians would be used to determine who would benefit from additional therapy sessions. For those that would benefit, youth would receive 6 additional sessions. Treatment would follow the Unified Protocol for the Transdiagnostic

How will this request expand or enhance the current initiative(s)?

Although many Texan children and adolescents will benefit from brief therapy offered through TCHATT, many depressed and anxious youth will likely continue to experience clinically significant symptoms. Referral to external resources may not be a realistic option post-TCHATT continuing a sustained trajectory of mental health problems. This pilot project, which would be open to all members of the TCMHCC initiative, would enhance the existing TCHATT initiative in the following ways:

1) Provide a model of improved service delivery within the TCMHCC. This project will establish a framework for incorporating innovative service delivery models within the Texas Child Mental Health Care Consortium. This may serve as a model for Texas community mental health settings for how to scale up services in a cost-effective, personalized, and effective manner.

2) Improve outcomes for youth with depression and anxiety. Providing an additional “step” of treatment in a structured, measurement-based manner has the opportunity to improve the quality of care for youth with more severe symptoms who would not benefit from lower intensity treatment, while maintaining the capacity of the TCHATT initiative to reach a large number of youth.

How will this benefit the public? Provide an estimate of impact where possible.

Depression and anxiety in children and adolescents is common, impairing, and costly. Without treatment, depression and anxiety have the potential to run a chronic course and confer risk for additional deleterious outcomes including suicide and substance use. Our proposal would provide the following positive impacts to the public:

1) Develop scalable approach for treating Texas youth using evidenc-based psychotherapy. Offering a personalized "dosage" of evidence-based therapy to children and adolescents who would not benefit from a shorter course of treatment would have the potential to help serve many more Texan children and adolescents when compared to a one size model typically comprising 10-12 visits. Implementing stepped care CBT across Texas could positively impact numerous families who otherwise would not have access to evidence-based treatment by providing personalized treatment in a cost-effective manner while increasing the capacity of existing providers to serve more youth. This approach may be able to serve as a scaleable treatment model implemented

Expected Cost - Please fill in the Expected Costs Tab & this field will autopopulate
$550,316.00

STAFF COSTS						
Category	**Position**	**FTE**	**Base**	**Fringe**	**Total**	
Core Staff	Project Lead (Storch)	0.2	$250,000	20%	$	59,900.00
Core Staff	Psychologist	1	$101,000	29%	$	130,704.10
Core Staff	Therapist	3	65000	35.75%	$	264,713.00
Admin Staff	Coordinator	1	43000	44.86%	$	62,290.00
Admin Staff	Fellow	0.2	51000	34.40%	$	13,708.80
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					$	-
					$	**531,315.90**

OTHER COSTS					
Category	**Description**	**Qty**	**Unit Cost**	**Total**	
Technology	Laptops	2	1500	$	3,000.00
Technology	SPSS	2	500	$	1,000.00
Training	Training	1	15000	$	15,000.00
				$	-
				$	-
				$	-
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				$	**19,000.00**

Institution Making Request

UT Health Science Center at San Antonio

Provide an overview of your request

Almost half of youth are estimated to have experienced at least one mental health disorder spanning internalizing (e.g., anxiety, depression, substance abuse, suicidal behavior) and externalizing (e.g., attention-deficit/hyperactivity disorder, disruptive behavior) domains by the time they reach 18-years-old (Merikangas et al., 2010). These disorders often lead to poorer academic performance, physical health problems, and adverse family and social functioning (Ormel et al., 2017). Mental health disorders are the single largest contributor to functional impairment worldwide from childhood through young adulthood (Gore et al., 2011).

Fortunately, hundreds of randomized controlled trials have provided a strong evidence base that demonstrates the effectiveness of behavioral and cognitive-behavioral forms of psychotherapy for young people suffering from mental health problems. These therapies have been shown to be reduce symptoms and improve functioning compared to other interventions, such as usual community care, case management, and treatments that control for the same amount of professional contact but lack the components that make behavioral and cognitive-behavioral treatment effective (Weisz et al., 2017).

Unfortunately, the dissemination and adoption of these evidence-based treatments (EBTs) in community practice remains poor. Consequently, most available mental health services provide less than optimal treatment, causing unnecessary and prolonged patient suffering, reliance on inappropriate interventions with increasing risk of side effects, detriment in patient satisfaction and consumer confidence, and increased cost.

In surveys, practitioners recognize the existence of several of these EBTs, but if their initial professional training did not include them they report that they are unprepared to provide them. Indeed, continuous skills upgrading of the behavioral health workforce is an underappreciated and under-resourced aspect of our public mental health system. Psychosocial treatments require sustained investment in training, monitoring, and organizational support so that young patients achieve the best outcomes achievable. Impactful care therefore requires not only workforce expansion but workforce enhancement.

The primary goal of the Evidence-Based Therapy Learning Collaborative (EBTLC) is to address the limited application of evidence-based psychotherapies and further develop the workforce of psychiatrists and psychotherapists through provision of trainings, treatment materials and ongoing consultation. In particular, the EBTLC will implement several core roles: 1) develop training models for psychiatry residents and fellows in EBTs to foster update within community mental health settings; 2) engage community provider participation; 3) provide training in accessible EBTs for a range of childhood mental health conditions, particularly depression

How will this request expand or enhance the current initiative(s)?

This request will expand the overall amount and availability of mental health care resources in several ways. 1) This will be used to develop educational rotations for child/adolescent psychiatry fellows and psychiatry residents in providing evidence-based psychotherapy. 2) This will expand the skillset of the two full-time psychiatrists who treatment children and adolescents to provide evidence-based psychotherapies for the children that they treatment. 3) Given the multidisciplinary nature of community mental health centers, this initiative will develop an educational infrastructure for building out the skillset in therapists whom the child psychiatrists supervise in providing evidence-based psychotherapies.

How will this benefit the public? Provide an estimate of impact where possible.

The dissemination and adoption of EBTs in community practice remains poor. Consequently, most available mental health services provide less than optimal treatment, causing unnecessary and prolonged patient suffering, reliance on inappropriate interventions with increasing risk of side effects, detriment in patient satisfaction and consumer confidence, and increased cost. This request focuses on enhancing the training of residents/fellows in psychiatry by training them in EBTs for children. As leaders in community practice, these providers will be in a position to support the update of EBTs, providing additional effective treatment options for Texas youth. Evaluation of user satisfaction, knowledge and uptake of EBTs will be used to measure impact.

Expected Cost - Please fill in the Expected Costs Tab & this field will autopopulate
$262,114.00

STAFF COSTS						
Category	**Position**	**FTE**	**Base**	**Fringe**	**Total**	
Core Staff	J Blader	0.150	$190,000	26.0%	$	35,910.00
Core Staff	E Storch	0.150	$250,000	19.8%	$	44,925.00
Core Staff	Psychologist TBN	0.200	$150,000	26.0%	$	37,800.00
Core Staff	Specialist, media development	0.500	$60,000	35.0%	$	40,500.00
Admin Staff	Coordinator, scheduling and delivery	0.300	$45,000	35.0%	$	18,225.00
Resident Costs	Post-Doctoral Fellow	0.400	$50,000	35.0%	$	27,000.00
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					$	**204,360.00**

OTHER COSTS					
Category	**Description**	**Qty**	**Unit Cost**	**Total**	
Technology	Computers & peripherals	2	1500	$	3,000.00
Supplies	Propretary content (rating scales, training guides, videos, books)	1	3200	$	3,200.00
Other	Consultants	1	10000	$	10,000.00
				$	-
				$	-
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				$	**16,200.00**

		FY20			FY21						
Institution	Program	Approved	Expected Spend	Expected Remaining (To be validated after year end financials reported)	Approved	New Forecast (One-off costs + recurring costs)	Recurring Cost Forecast	Remaining	Total Remaining	Remaining (Recurring)	Internal Transfer - Out (One-Time)
	CPAN	$ 947,857	$ 272,559	$ 675,298	$ 1,542,305.00	$ 1,542,305.00	$ 1,542,305.00	$ -	$ 675,298	$ -	$ -
	CPWE	$ 24,813	$ 24,562	$ 251	$ 148,875.00	$ 148,875.00	$ 148,875.00	$ -	$ 251	$ -	$ -
	TCHATT	$ 1,027,659	$ 389,641	$ 638,018	$ 2,398,674.00	$ 2,398,673.00	$ 2,398,673.00	$ 1.00	$ 638,019	$ 1	$ 1
	CAP Fellowships	$ 396,754	$ 370,632	$ 26,122	$ 396,753.00	$ 396,754.00	$ 396,754.00	$ (1.00)	$ 26,121	$ (1)	$ -
BCM		**$ 2,397,083**	**$ 1,057,394**	**$ 1,339,689**	**$ 4,486,607**	**$ 4,486,607**	**$ 4,486,607**	**$ -**	**$ 1,339,689**	**$ -**	**$ 1**
	CPAN	$ 904,291	$ 688,460	$ 215,831	$ 899,596	$ 1,907,958	$ 1,329,657	$ (1,008,362)	$ (792,531)	$ (430,061)	
	TCHATT	$ 820,929	$ 446,226	$ 374,703	$ 3,012,288	$ 2,582,227	$ 2,582,227	$ 430,061	$ 804,764	$ 430,061	$ 792,531
Dell		**$ 1,725,220**	**$ 1,134,686**	**$ 590,534**	**$ 3,911,884**	**$ 4,490,185**	**$ 3,911,884**	**$ (578,301)**	**$ 12,233**	**$ -**	**$ 792,531**
	CPAN	$ 669,030	$ 197,261	$ 471,769	$ 911,310	$ 1,377,148	$ 793,560	$ (465,838)	$ 5,931	$ 117,750	
	CPWE	$ 270,200	$ 72,600	$ 197,600	$ 546,000	$ 396,900	$ 396,900	$ 149,100	$ 346,700	$ 149,100	$ 296,367
	TCHATT	$ 508,166	$ 225,183	$ 282,983	$ 1,184,650	$ 1,764,000	$ 1,451,500	$ (579,350)	$ (296,367)	$ (266,850)	
	CAP Fellowships			$ -	$ 150,188	$ 150,188	$ 150,188	$ -	$ -	$ -	
TAMUHSC		**$ 1,447,396**	**$ 495,044**	**$ 952,352**	**$ 2,792,148**	**$ 3,688,236**	**$ 2,792,148**	**$ (896,088)**	**$ 56,264**	**$ -**	**$ 296,367**
	CPAN	$ 738,570	$ 283,652	$ 454,918	$ 1,180,960	$ 1,635,878	$ 1,180,960	$ (454,918)	$ (0)	$ -	
	CPWE	$ 95,847	$ 88,344	$ 7,503	$ 232,475	$ 239,978	$ 232,475	$ (7,503)	$ -	$ -	
	TCHATT	$ 1,497,227	$ 743,854	$ 753,373	$ 1,725,132	$ 2,478,505	$ 1,725,132	$ (753,373)	$ -	$ -	
	CAP Fellowships	$ 169,700	$ 145,806	$ 23,894	$ 586,348	$ 610,242	$ 586,348	$ (23,894)	$ -	$ -	
TTUHSC		**$ 2,501,344**	**$ 1,261,656**	**$ 1,239,688**	**$ 3,724,915**	**$ 4,964,603**	**$ 3,724,915**	**$ (1,239,688)**	**$ (0)**	**$ -**	**$ -**
	CPAN	$ 877,070	$ 373,165	$ 503,905	$ 1,145,880	$ 1,352,442	$ 1,081,772	$ (206,562)	$ 297,343	$ 64,108	$ 249,954
	CPWE	$ 190,035	$ 100,708	$ 89,327	$ 307,363	$ 617,642	$ 428,082	$ (310,279)	$ (220,952)	$ (120,719)	
	TCHATT	$ 915,613	$ 464,287	$ 451,326	$ 1,379,073	$ 1,673,382	$ 1,309,429	$ (294,309)	$ 157,017	$ 69,644	
	CAP Fellowships	$ 260,363	$ 64,267	$ 196,096	$ 261,362	$ 486,461	$ 274,395	$ (225,099)	$ (29,003)	$ (13,033)	
TTUHSC EP		**$ 2,243,080**	**$ 1,002,426**	**$ 1,240,654**	**$ 3,093,678**	**$ 4,129,927**	**$ 3,093,678**	**$ (1,036,249)**	**$ 204,405**	**$ -**	**$ 249,954**
	CPAN	$ 908,291	$ 190,346	$ 717,945	$ 1,218,524	$ 1,359,388	$ 1,140,644	$ (140,864)	$ 577,081	$ 77,880	
	CPWE	$ 69,604	$ 49,838	$ 19,766	$ 505,625	$ 505,530	$ 505,530	$ 95	$ 19,861	$ 95	
	TCHATT	$ 1,332,240	$ 221,302	$ 1,110,938	$ 2,139,700	$ 2,324,905	$ 1,987,333	$ (185,205)	$ 925,733	$ 152,367	
UNTHSC		**$ 2,310,135**	**$ 461,486**	**$ 1,848,649**	**$ 3,863,849**	**$ 4,189,822**	**$ 3,633,507**	**$ (325,973)**	**$ 1,522,676**	**$ 230,342**	**$ -**
	CPAN	$ 894,300	$ 583,892	$ 310,408	$ 1,618,850	$ 1,928,324	$ 1,489,324	$ (309,474)	$ 934	$ 129,526	
	CPWE	$ 424,128	$ 276,905	$ 147,223	$ 1,242,258	$ 1,228,783	$ 1,227,383	$ 13,475	$ 160,698	$ 14,875	
	TCHATT	$ 1,516,166	$ 595,752	$ 920,414	$ 4,343,600	$ 4,790,070	$ 4,483,303	$ (446,470)	$ 473,944	$ (139,703)	
	CAP Fellowships	$ 196,922		$ 196,922	$ 393,843	$ 393,843	$ 393,843	$ -	$ 196,922	$ -	
UTHSCH		**$ 3,031,516**	**$ 1,456,549**	**$ 1,574,967**	**$ 7,598,551**	**$ 8,341,020**	**$ 7,593,853**	**$ (742,469)**	**$ 832,498**	**$ 4,698**	**$ -**
	CPAN	$ 719,370	$ 562,254	$ 157,116	$ 1,318,630	$ 1,115,330	$ 1,115,330	$ 203,300	$ 360,416	$ 203,300	$ 267,405
	CPWE	$ 160,688	$ 94,270	$ 66,418	$ 957,726	$ 1,247,836	$ 1,027,276	$ (290,110)	$ (223,693)	$ (69,550)	
	TCHATT	$ 272,694	$ 172,656	$ 100,038	$ 1,850,620	$ 1,994,370	$ 1,984,370	$ (143,750)	$ (43,712)	$ (133,750)	
	CAP Fellowships	$ 214,238	$ 207,612	$ 6,626	$ 214,238	$ 214,238	$ 214,238	$ -	$ 6,626	$ -	
UTHSCSA		**$ 1,366,989**	**$ 1,036,792**	**$ 330,197**	**$ 4,341,213**	**$ 4,571,773**	**$ 4,341,213**	**$ (230,560)**	**$ 99,637**	**$ -**	**$ 267,405**
	CPAN	$ 435,756	$ 80,188	$ 355,568	$ 754,815	$ 920,090	$ 913,590	$ (165,275)	$ 190,293	$ (158,775)	$ 29,045
	CPWE	$ 64,417	$ 65,487	$ (1,070)	$ 393,000	$ 420,975	$ 420,975	$ (27,975)	$ (29,045)	$ (27,975)	
	TCHATT	$ 398,540	$ 124,436	$ 274,104	$ 1,558,360	$ 1,358,324	$ 1,308,550	$ 200,036	$ 474,140	$ 249,810	
	CAP Fellowships	$ 20,000	$ 5,635	$ 14,365	$ 80,000	$ 94,365	$ 82,520	$ (14,365)	$ (0)	$ (2,520)	

		FY20			FY21						
Institution	Program	Approved	Expected Spend	Expected Remaining (To be validated after year end financials reported)	Approved	New Forecast (One-off costs + recurring costs)	Recurring Cost Forecast	Remaining	Total Remaining	Remaining (Recurring)	Internal Transfer - Out (One-Time)
UTHSCT		**$ 918,713**	**$ 275,746**	**$ 642,967**	**$ 2,786,175**	**$ 2,793,754**	**$ 2,725,635**	**$ (7,579)**	**$ 635,388**	**$ 60,540**	**$ 29,045**
New	**CPAN**	$ 679,800	$ 679,800	$ -	$ 1,222,650	$ 1,222,650	$ 1,222,650	$ -	$ -	$ -	
Budget	**CPWE**	$ 37,638	$ 37,638	$ -	$ 230,052	$ 230,052	$ 230,052	$ -	$ -	$ -	
Not	**TCHATT**	$ 1,049,129	$ 1,049,129	$ -	$ 1,982,397	$ 1,982,397	$ 1,982,397	$ -	$ -	$ -	
Received	**CAP Fellowships**	$ 159,327	$ 159,327	$ -	$ 159,328	$ 159,328	$ 159,328	$ -	$ -	$ -	
UTMB		**$ 1,925,894**	**$ 1,925,894**	**$ -**	**$ 3,594,427**	**$ 3,594,427**	**$ 3,594,427**	**$ -**	**$ -**	**$ -**	**$ -**
	CPAN	$ 970,207	$ 327,401	$ 642,806	$ 1,425,990	$ 1,820,449	$ 1,367,796	$ (394,459)	$ 248,347	$ 58,194	$ 248,347
	CPWE	$ 191,400	$ 181,607	$ 9,793	$ 1,148,400	$ 1,159,769	$ 1,099,216	$ (11,369)	$ (1,576)	$ 49,184	
	TCHATT	$ 479,565	$ 203,894	$ 275,671	$ 1,698,251	$ 2,093,248	$ 1,708,056	$ (394,997)	$ (119,326)	$ (9,805)	
	CAP Fellowships	$ 85,000	$ 39,532	$ 45,468	$ 677,665	$ 850,578	$ 775,238	$ (172,913)	$ (127,445)	$ (97,573)	
UTRGV		**$ 1,726,172**	**$ 752,434**	**$ 973,738**	**$ 4,950,306**	**$ 5,924,044**	**$ 4,950,306**	**$ (973,738)**	**$ -**	**$ -**	**$ 248,347**
	CPAN	$ 1,696,257	$ 389,146	$ 1,307,111	$ 3,136,928	$ 3,555,319	$ 2,488,995	$ (418,391)	$ 888,720	$ 647,933	$ 874,931
	CPWE	$ 142,773	$ -	$ 142,773	$ 601,869	$ 1,013,966	$ 963,966	$ (412,097)	$ (269,324)	$ (362,097)	
	TCHATT	$ 2,009,109	$ 745,182	$ 1,263,927	$ 2,067,053	$ 3,936,587	$ 2,352,889	$ (1,869,534)	$ (605,607)	$ (285,836)	
	CAP Fellowships	$ -	$ -	$ -	$ 212,500	$ 212,500	$ 212,500	$ -	$ -	$ -	
UTSW		**$ 3,848,139**	**$ 1,134,328**	**$ 2,713,811**	**$ 6,018,350**	**$ 8,718,372**	**$ 6,018,350**	**$ (2,700,022)**	**$ 13,789**	**$ -**	**$ 874,931**
TOTALS		**$ 25,441,681**	**$ 11,994,435**	**$ 13,447,246**	**$ 51,162,103**	**$ 59,892,770**	**$ 50,866,523**	**$ (8,730,667)**	**$ 4,716,579**	**$ 295,580**	**$ 2,758,581**

Internal Transfer - Out (Recurring)	Internal Transfer - In	Internal Transfer - In (Recurring)	Non-recurring funds returned to Consortium (for proposal use)	Recurring Funds Returned to Consortium (for ongoing cost use)	% Change
	$ -		$ 675,298	$ -	-27%
	$ -		$ 251	$ -	0%
$ 1	$ -		$ 638,018	$ -	-19%
	$ 1	$ 1	$ 26,122	$ -	-3%
	$ 1		**$ 1,339,689**	**$ -**	**-19%**
	$ 792,531	$ 430,061	$ -	$ -	44%
$ 430,061			$ 12,233	$ -	-21%
	$ 792,531		**$ 12,233**	**$ -**	**0%**
$ 117,750			$ 5,931	$ -	0%
$ 149,100			$ 50,333	$ -	-42%
	$ 296,367	$ 266,850	$ -	$ -	18%
			$ -	$ -	0%
	$ 296,367		**$ 56,264**	**$ -**	**-1%**
			$ (0)	$ -	0%
			$ -	$ -	0%
			$ -	$ -	0%
			$ -	$ -	0%
	$ -		**$ (0)**	**$ -**	**0%**
$ 64,108			$ 47,389	$ -	-15%
	$ 220,952	$ 120,719	$ -	$ -	44%
$ 69,644			$ 157,017	$ -	-7%
	$ 29,003	$ 13,033	$ -	$ -	6%
	$ 249,955		**$ 204,406**	**$ -**	**-4%**
			$ 499,202	$ 77,880	-27%
			$ 19,766	$ 95	-3%
			$ 773,366	$ 152,367	-27%
	$ -		**$ 1,292,334**	**$ 230,342**	**-25%**
$ 129,526			$ 934	$ -	0%
$ 10,177			$ 156,000	$ 4,698	-10%
		$ 139,703	$ 473,944	$ -	-8%
			$ 196,922	$ -	-33%
	$ -		**$ 827,800**	**$ 4,698**	**-8%**
$ 203,300			$ 93,011	$ -	-18%
	$ 223,693	$ 69,550	$ -	$ -	20%
	$ 43,712	$ 133,750	$ 0	$ -	2%
			$ 6,626	$ -	-2%
	$ 267,405		**$ 99,637**	**$ -**	**-2%**
		$ 158,775	$ 161,248	$ -	-16%
	$ 29,045	$ 27,975	$ -	$ -	6%
$ 249,810			$ 474,140	$ -	-24%
		$ 2,520	$ -	$ (0)	0%

Internal Transfer - Out (Recurring)	Internal Transfer - In	Internal Transfer - In (Recurring)	Non-recurring funds returned to Consortium (for proposal use)	Recurring Funds Returned to Consortium (for ongoing cost use)	% Change
	$ 29,045		**$ 635,388**	**$ (0)**	**-17%**
			$ -	$ -	0%
			$ -	$ -	0%
			$ -	$ -	0%
			$ -	$ -	0%
	$ -		**$ -**	**$ -**	**0%**
$ 58,194			$ -	$ -	-10%
$ 49,184	$ 1,576		$ -	$ -	0%
	$ 119,326	$ 9,805	$ -	$ -	5%
	$ 127,445	$ 97,573	$ -	$ -	17%
	$ 248,347		**$ -**	**$ -**	**0%**
$ 647,933			$ 13,789	$ -	-18%
	$ 269,324	$ 362,097	$ -	$ -	36%
	$ 605,607	$ 285,836	$ -	$ -	15%
			$ -	$ -	0%
	$ 874,931		**$ 13,789**	**$ -**	**0%**
	$ 2,758,582		**$ 4,481,540**	**$ 235,040**	**-6%**

	LBB Approved	New Forecast	Total % Change	Year 2 LBB Approved
CPAN	$ 26,817,237	$ 24,365,405	-9%	$ 16,376,438
TCHATT	$ 37,166,835	$ 34,758,229	-6%	$ 25,339,798
CPWE	$ 7,985,185	$ 8,202,264	3%	$ 6,313,643
CAP Fellowships	$ 4,634,528	$ 4,561,307	-2%	$ 3,132,225
COSH	$ 2,275,171	$ 2,275,171	0%	$ 1,135,975
External Evaluation	$ 750,000	$ 750,000	0%	$ 500,000
RESEARCH	$ 10,000,000	$ 10,000,000	0%	$ 5,000,000
TOTALS	$ 89,628,955	$ 84,912,376	-5%	$ 57,798,078

New Recurring Cost Forecast	Reccurring Funds Being Returned	Funds Being Returned for Proposals
$ 15,666,583	$ 77,880	$ 1,496,802
$ 25,273,859	$ 152,367	$ 2,589,259
$ 6,680,729	$ 4,793	$ 226,350
$ 3,305,892	$ (0)	$ 229,670
$ 1,135,975		
$ 500,000		
$ 5,000,000		
$ 57,563,038	$ 235,040	$ 4,542,080

HRI	Program	Description & details of cost(s) you would like to add - Please separate out one-off costs from ongoing costs	Impact / Benefits stemming from this request (ex. Increased budget will allow approximately X additional students / PCPs / patients to be seen, etc.)	Requested Additional Funds	Ongoing / Operational Cost?	Total
Dell	TCHATT	We have exceeded our target goal for school participation. Consequently, we anticipate that we may need to expand clinical capacity to meet the needs of all ISDs that have signed MOUs. We propose to contract with LMHAs for additional LPCs/LCSW clinical coverage. We anticipate a maximum of 1.0 FTE per each of four LMHAs in our region (4.0 FTE total).	We have added these costs to our Year 2 budget as non-recurring. An increased recurring budget would allow us to serve approximately 120 additional students through the LPHAs per month.	4 LPCs @ $84,500 ($65K with 30% fringe), for a maximum of $338,000.	Yes	$ 84,500
					Yes	$ 84,500
					Yes	$ 84,500
					Yes	$ 84,500
UTRGV	CPAN	Child Psychiatrist (additional .35% FTE)	This allows us to serve approximately 15% additional children through consultations	$123,480	Yes	$123,480
UTRGV	CPWE	Additional .5 Faculty FTE	This allows us to provide faculty supervision at additional LMHAs (Coastal Plains and Border Regional)	$189,000	Yes	$189,000
UTRGV	CPWE	Additional Resident FTE	This allows us to see patients at additional LMHAs (Coastal Plains and Border Regional)	$75,000	Yes	$75,000

HRI	Program	Description	Details	One-Time Costs	Recurring Costs
BCM	COSH	Trayt	TCHATT Student Screening	$ 52,000	$ 15,000
BCM	COSH	Trayt	EMR Integration (recurring assumes $5k/HRI)	$ 40,000	$ 60,000
BCM	COSH	Trayt	Federated Authentication	$ 24,000	$ 24,000
BCM	TCHATT	Stepped Care	CBT for students identified as potentially benefiting (10-12 sessions). Would be a pilot. Estimate that around 7 HRIs would participate.	$ 550,316	
UTHSCSA	CPWE	Learning Collaborative	The EBTLC will implement several core roles: 1) develop training models for psychiatry residents and fellows in EBTs to foster update within community mental health settings; 2) engage community provider participation; 3) provide training in accessible EBTs for a range of childhood mental health conditions, particularly depression, anxiety, obsessive-compulsive disorder, and disruptive behavior; and 4) provide ongoing consultation and support to psychiatrists and allied professionals regarding application of these models.	$ 262,114.00	
Dell	CAP	Add 1 CAP Fellow		$ 150,000	

Total Costs
$ 67,000
$ 100,000
$ 48,000
$ 550,316
$ 262,114.00
$ 150,000

Project Pricing:

1. TCHATT build-out: phase II
    a. Uses clinician portal in phase I; adds additional questions and new assessments;
    b. 3 engineers for 6 weeks = 720 hours @ $100 / hour - $72,000
    c. Product requirements & UX Design for 3 weeks @ $100 / hour - $12,000
    d. Total build-out cost = $82,000
2. Screening through Trayt for students through TCHATT (at each HRI)
    a. Uses TCHATT Portal and mobile app for screening; triggers TCHATT session per family request;
    b. 2 engineers for 6 weeks = 480 hours @ $100 / hour – $48,000
    c. Product Requirements & UX Design for 1 week @ $100 / hour - $4,000
    d. Total build-out Cost = $52,000
3. EMR integration for each HRI
    a. Build-out / set-up – One-time fee collectively for the program = $40,000
    b. Annual cost / HRI = $5,000
4. Fed authentication statewide
    a. Using Singular Key as backend provider
    b. 1-time connector fee per institution = $2,000
    c. Annual costs per connection (each institution within each HRI is a separate connection since EMRs are different) = $2,000 per year per SSO
    d. Annual service costs / HRI for up to 1000 users = $2,000 per year
5. Annual storage costs:
    a. CPAN already priced at $24,000 / HRI / 100,000 calls
    b. Integrated TCHATT & CPAN = $42,000 / year / 100,000 calls
    c. Integrated TCHATT, CPAN Ped, CPAN OBGYN = $42,000 / year / 100,000 calls (no change from item b)
    d. Screening tool for all students in school districts = $15,000 / year / 100,000 users; this fee rolls into annual fees of TCHATT when students are referred to TCHATT; users are considered one family as long as at least one family member has downloaded the mobile app and has completed the Trayt in-take form.

Increasing Access to Perinatal Mental Health Care by Building the Capacity of Frontline Medical Providers

Nancy Byatt, DO, MS, MBA, FACLP

Medical Director, MCPAP for Moms

Executive Director, Lifeline4Moms

Director, Women's Mental Health Division

Associate Professor of Psychiatry, Ob/Gyn, QHS, UMMS/UMMHC

Massachusetts Child Psychiatry Access Program
MCPAP For Moms

Lifeline4Moms

Objectives

Describe development, implementation, and outcomes of the MCPAP for Moms perinatal psychiatry access program

Outline how the MCPAP for Moms model is being implemented throughout the US

Provide insights useful to Texas stakeholders contemplating such a model in the state

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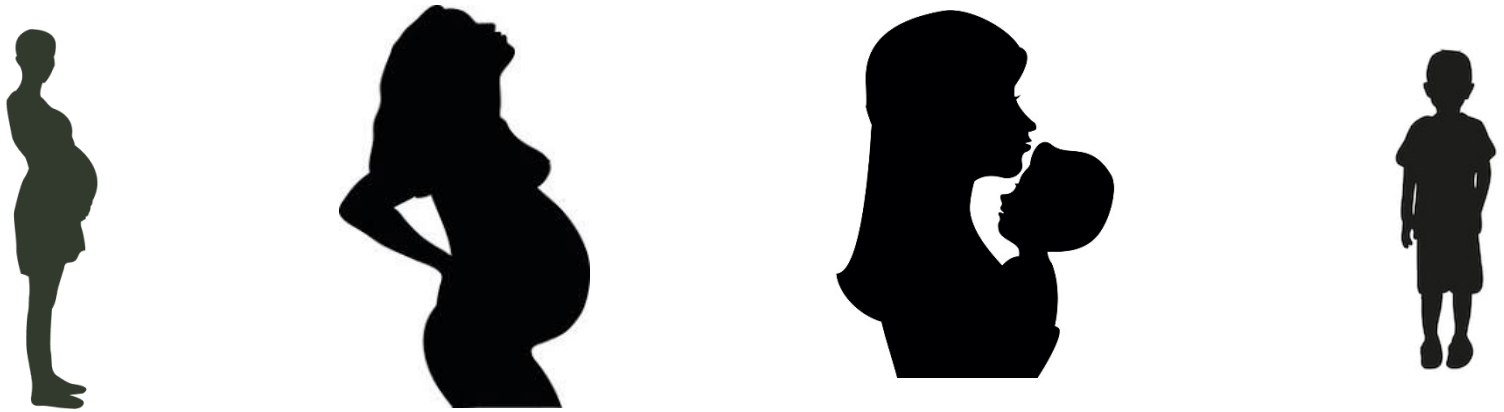
Provide insights useful to Texas stakeholders contemplating such a model in the state

Mental health conditions are the most common complication of pregnancy

Maternal mental health affects mom, child, and family

Preterm delivery
Low birth weight
NICU admissions

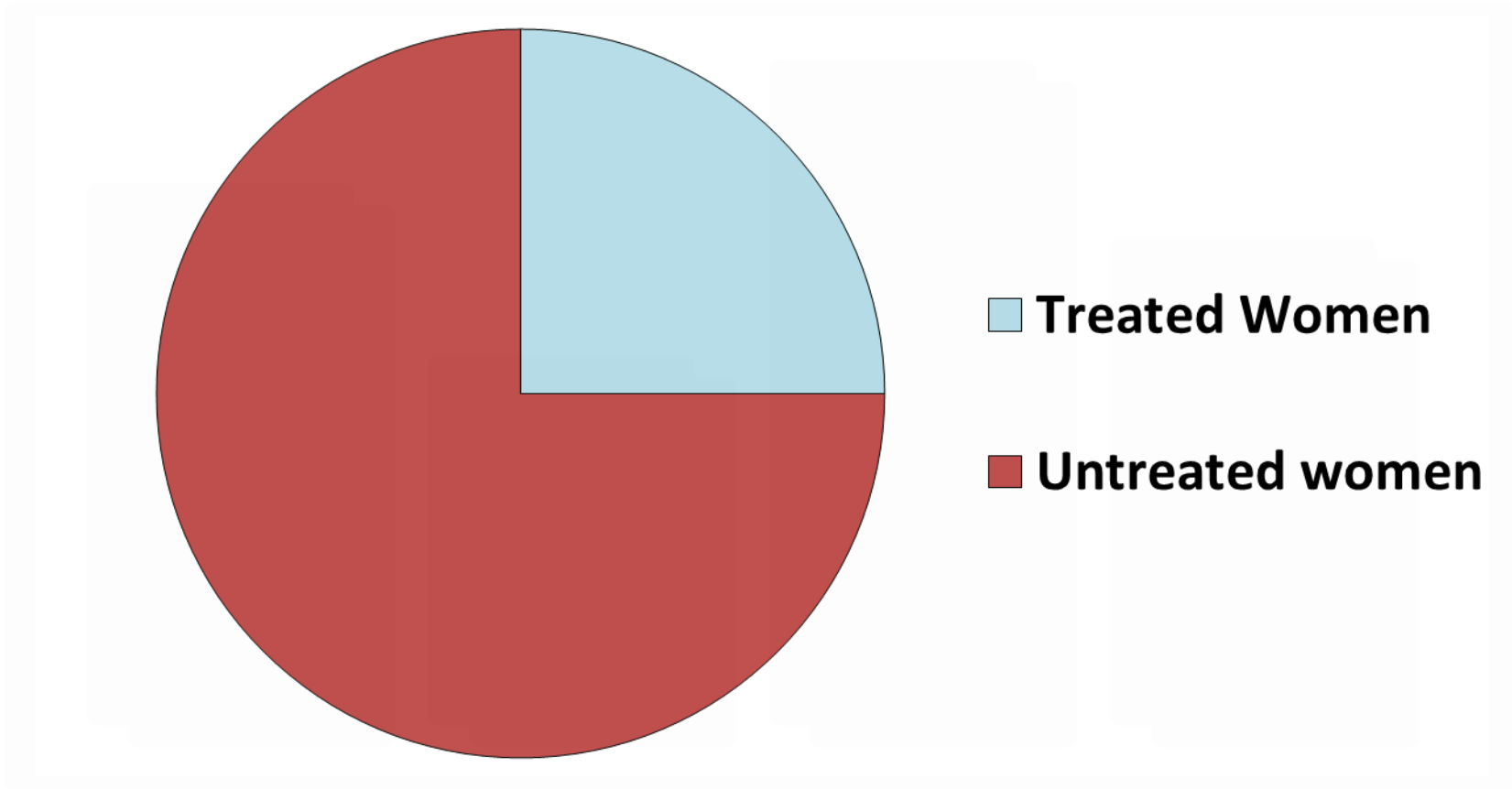
Cognitive delays
Motor & Growth issues
Behavioral problems
Mental health disorders



Less engagement in medical care
Smoking & substance use

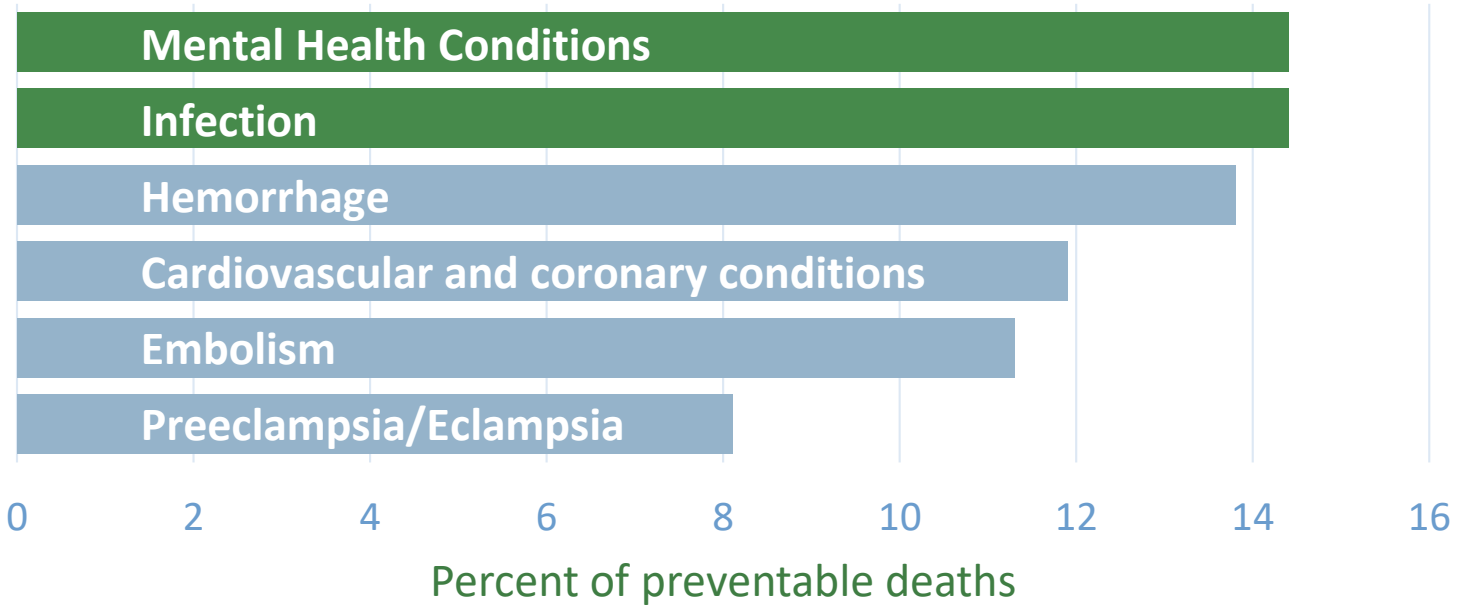
Lactation challenges
Bonding issues
Adverse partner relationships

The vast majority of perinatal depression is unrecognized and untreated



Byatt et al. (2015). *Ob Gyn*.

Mental health conditions and infection are the leading causes among preventable deaths



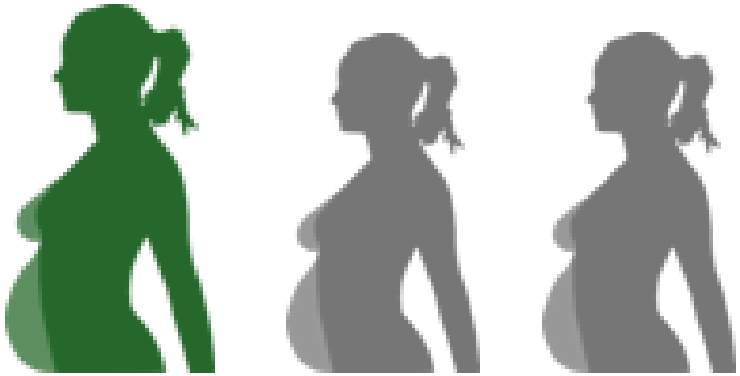
100%

of pregnancy-related mental health deaths were determined to be **preventable**

The COVID-19 pandemic is increasing perinatal depression and anxiety and widening health disparities

Depression
1-2 in 5

Anxiety
1 in 3



Huang et al (2020). *Psychiatry Research.* Davenport et al (2020). *Front. Glob. Women's Health.* Masters et al (2020*). In Prep.*

Perinatal mental health is recognized as a major public health problem

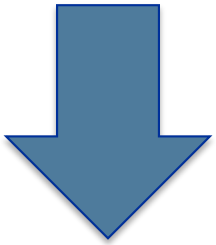
The perinatal period is ideal for the detection and treatment of mental health conditions

- Regular opportunities to screen and engage women in treatment
- Ob/Gyn providers have a pivotal role
- Most mental health conditions are treated by primary care providers

Building front line provider capacity to provide mental health care can provide a solution

In response, Massachusetts passed a PPD Act and created a PPD commission

Massachusetts Child Psychiatry Access Program



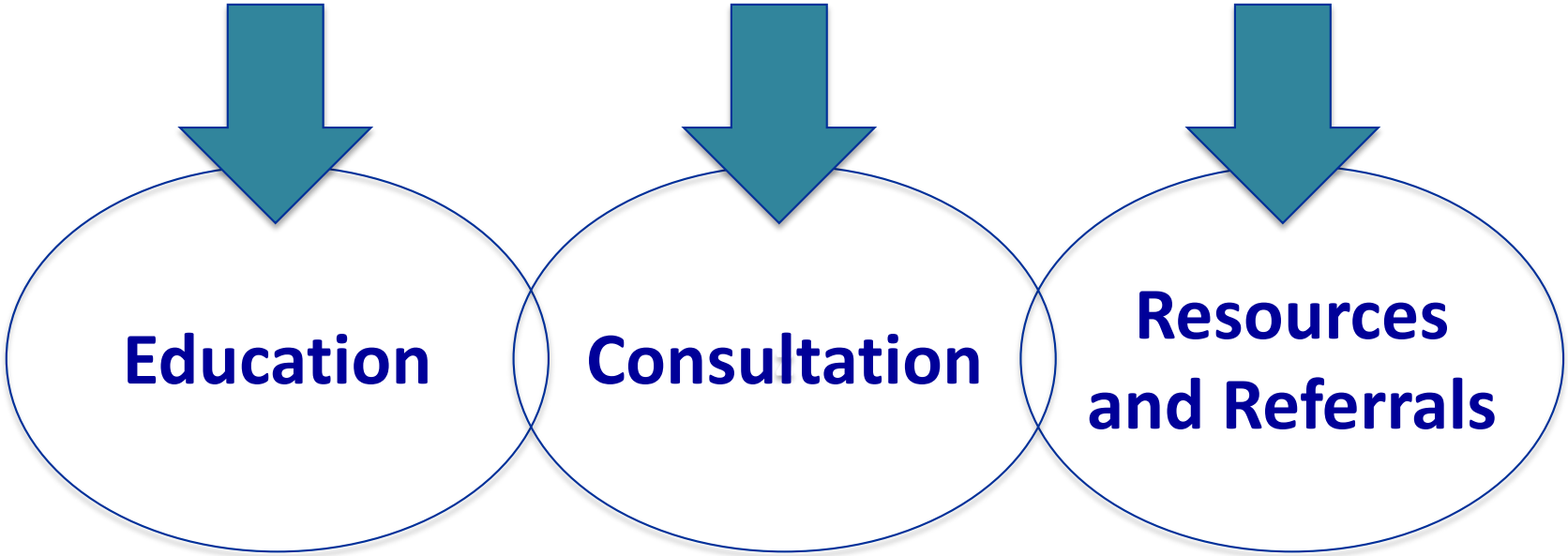
Massachusetts Child Psychiatry Access Program

For Moms

Massachusetts Child Psychiatry Access Program

MCPAP

For Moms

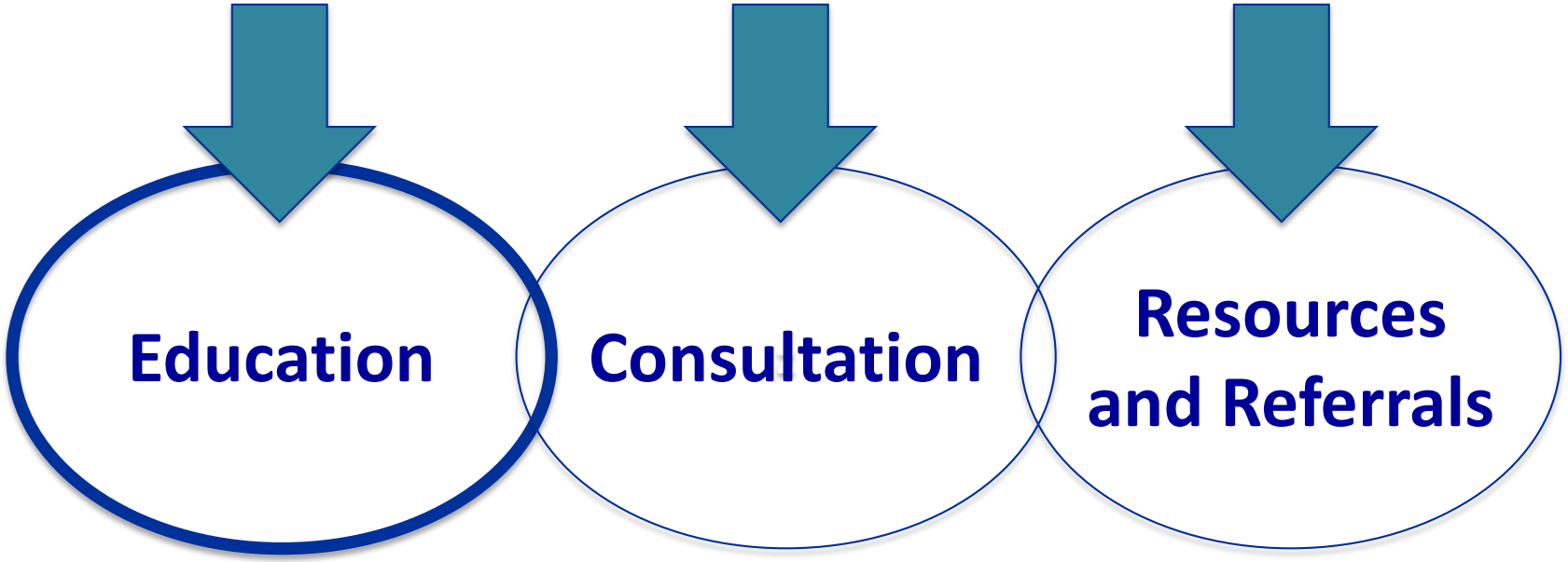


Byatt et al. (2018). *Ob Gyn.*

Massachusetts Child Psychiatry Access Program

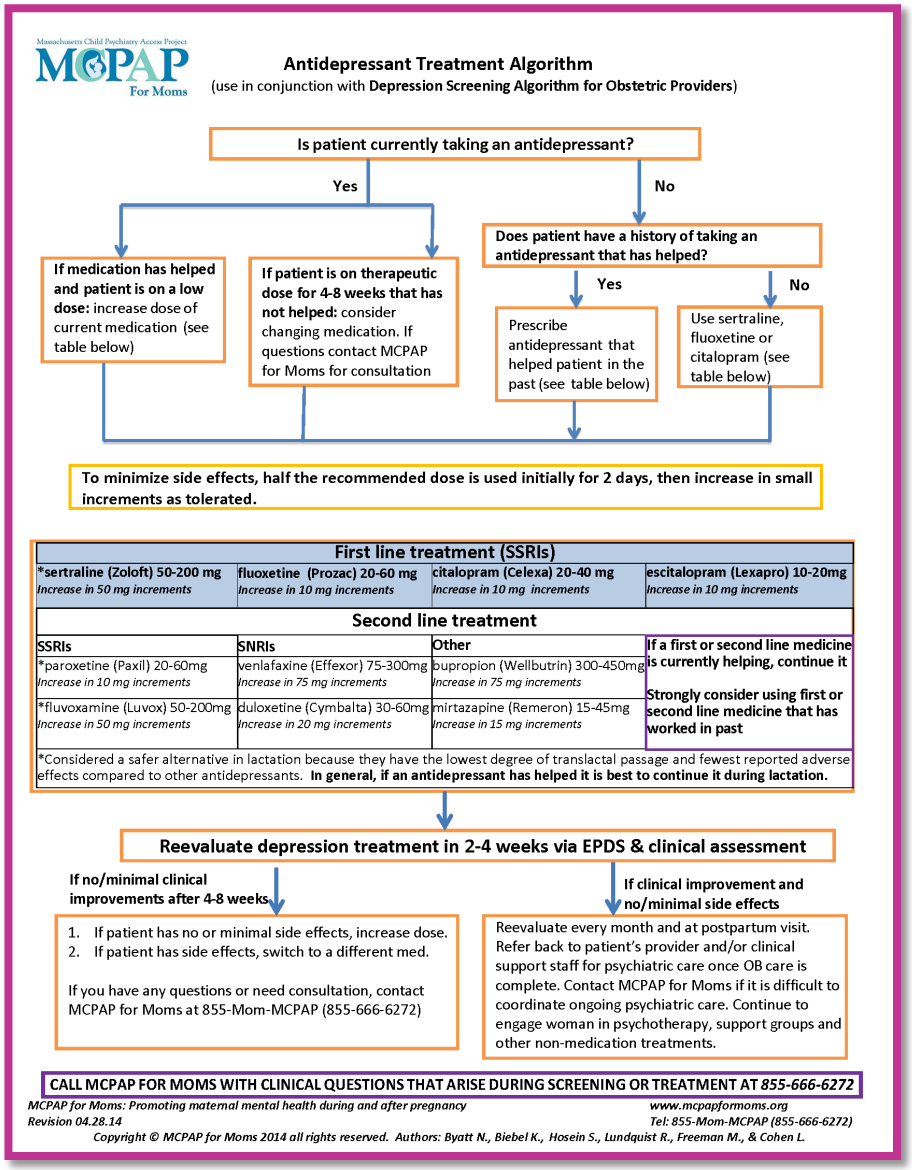
MCPAP

For Moms



Byatt et al. (2018). *Ob Gyn.*

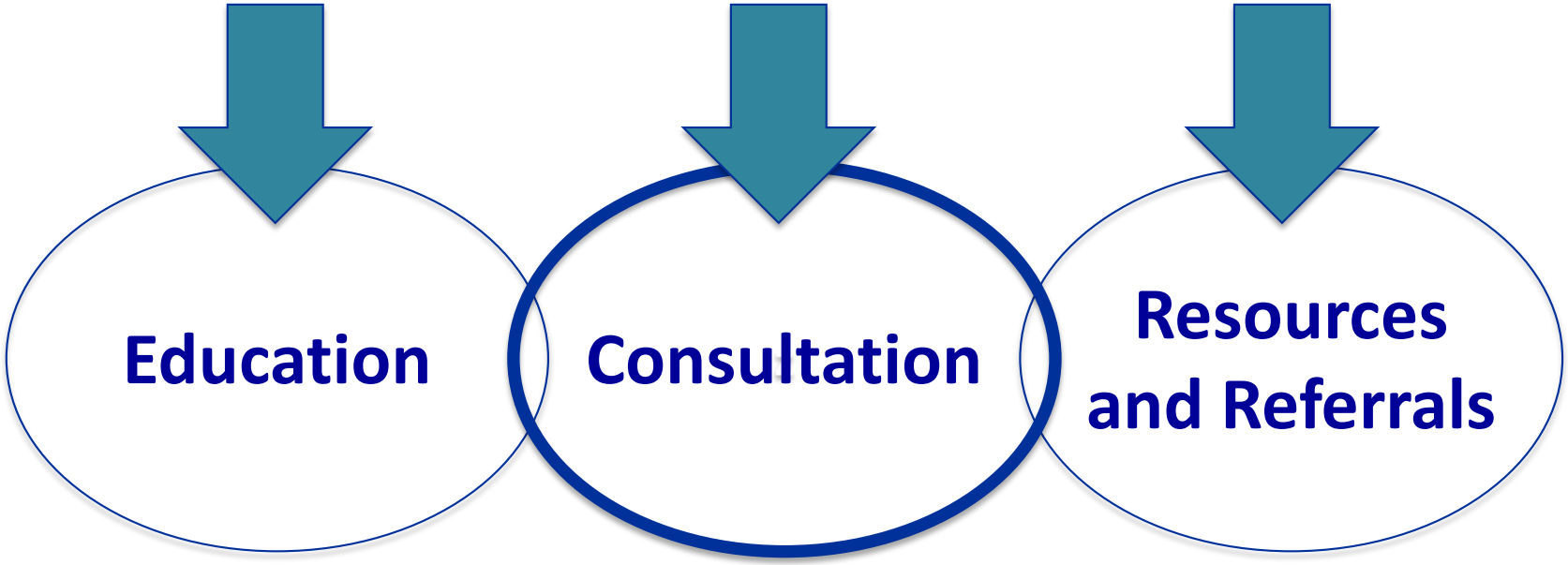
Training and toolkits help educate and engage providers in addressing mental health



Massachusetts Child Psychiatry Access Program

MCPAP

For Moms



Byatt et al. (2018). *Ob Gyn.*

Telephone consultation is the primary currency of this relationship and the “engine” of Access Programs

Telephone Consultation

Discuss potential management strategies

Recommend a Face to Face Evaluation

Refer to the community

MCPAP for Moms ≠ telepsychiatry

We serve all providers for pregnant and postpartum women

Obstetric providers/ Midwives	Family Medicine/ Primary Care providers	SUD providers	Psychiatric providers	Pediatric providers

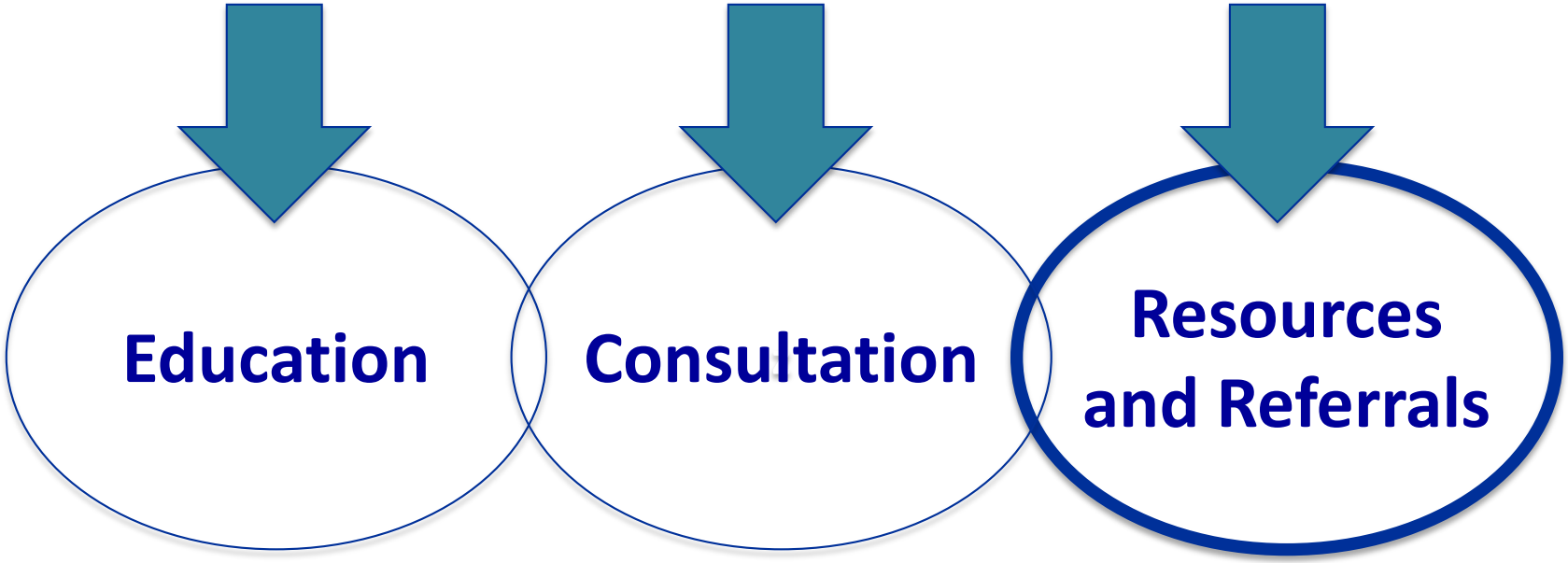
Obstetric providers are our highest utilizers

Obstetric providers/ Midwives	Family Medicine/ Primary Care providers	SUD providers	Psychiatric providers	Pediatric providers
60%	9%	<1%	14%	5%

Massachusetts Child Psychiatry Access Program

MCPAP

For Moms



Byatt et al. (2018). *Ob Gyn.*

Resources and referrals to link with therapy, support groups, and community resources

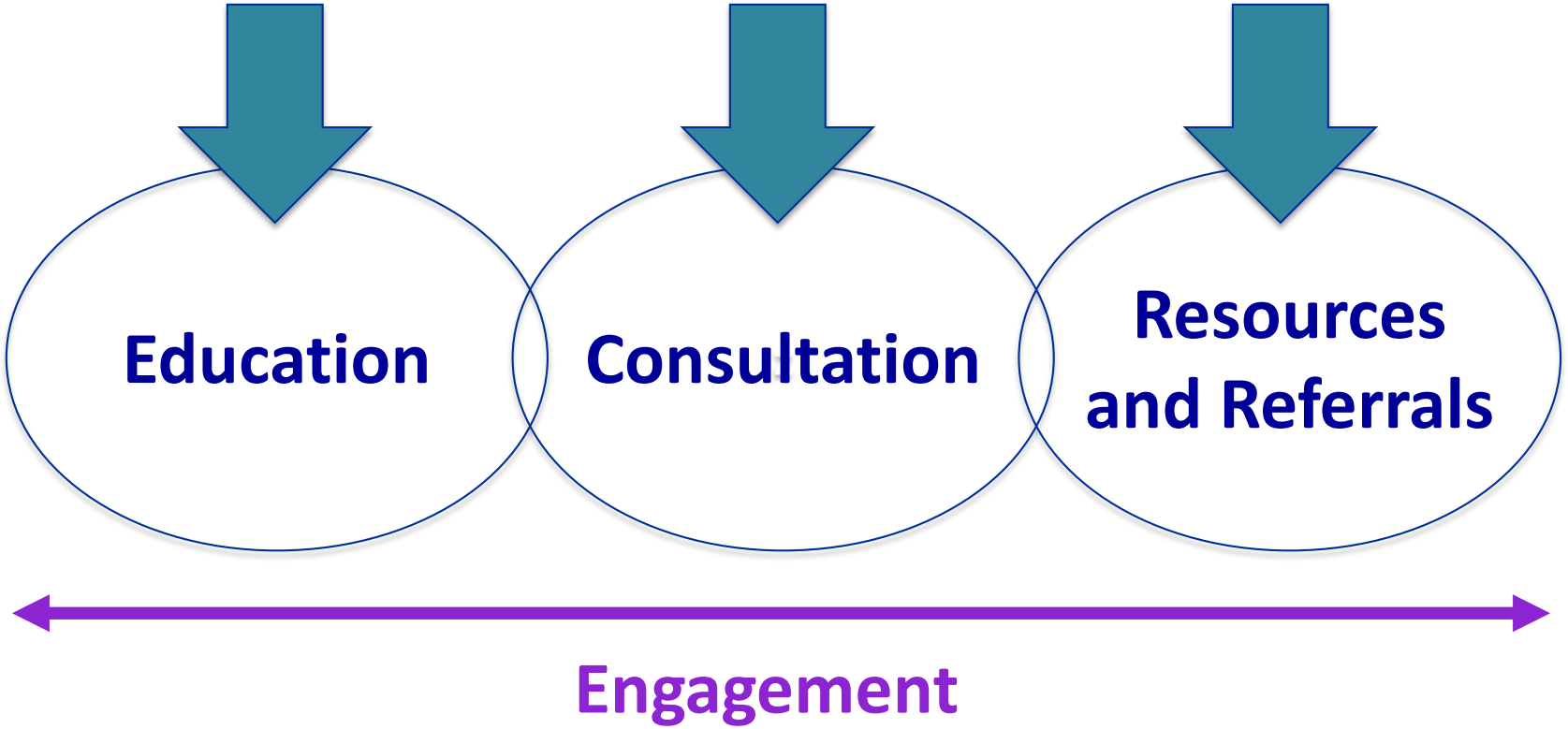
WILLIAM JAMES COLLEGE

INTERFACE Referral Service

Support the wellness and mental health of perinatal women

Massachusetts Child Psychiatry Access Program

MCPAP For Moms



Byatt et al. (2018). *Ob Gyn.*

MCPAP for Moms is a scalable model that leverages limited resources

1.0 FTE Perinatal Psychiatrists

2.5 FTE Resource and Referral Specialists

Byatt et al. (2018). *Ob Gyn.*

Since our launch in July 2014, MCPAP for Moms has served many providers and parents

OB practices enrolled	159 (76%)
Enrolled practices utilizing	110 (64%)
Women and other perinatal individuals served	8,773
Provider-provider telephone encounters	4,869
Face-to-face evaluations	529 (31)
Resource and referral encounters	10,166

We serve 200-300 women per month

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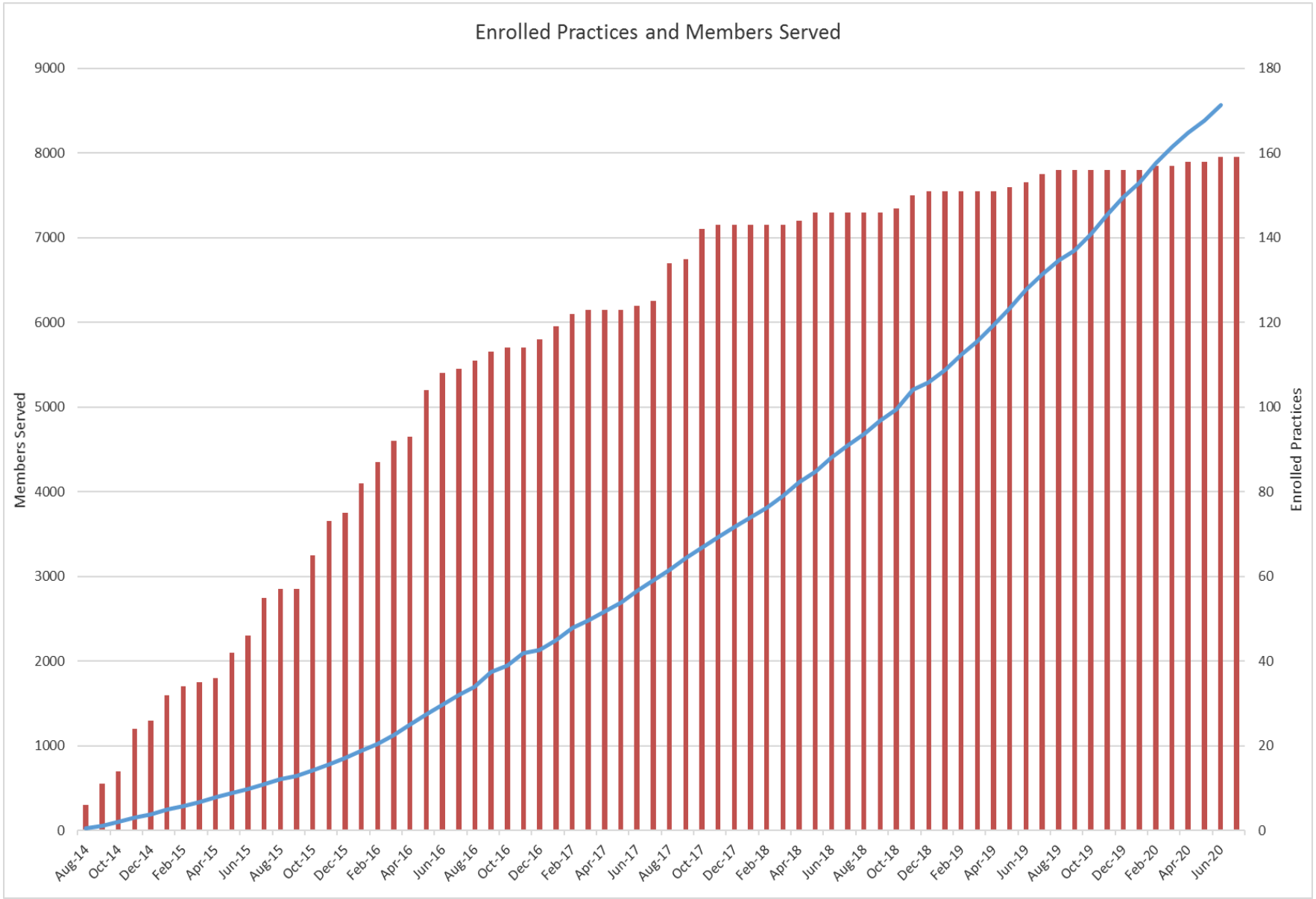
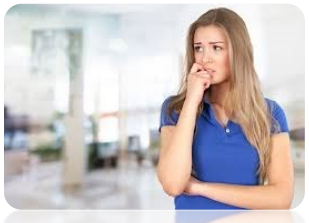
We serve 200-300 women per month

MCPAP for Moms covers 80% of the deliveries in MA and has served > 8700 women



2013-2014
Depression



2016
Depression
Anxiety

2017
Bipolar Disorder

2018
Substance Use Disorder

2019/2020
COVID
Health Equity

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
1951
WOMEN'S HEALTH CARE PHYSICIANS

COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE
safe health care for every woman

U.S. Preventive Services Task Force

MCPAP for Moms actions to promote equity

Shift our culture to address racism and promote equity and belonging

Explicitly ask during consultative services

Integrate content into trainings and products

Include specific resources for WOC and underserved communities

Implement program measures

Untreated perinatal mood and anxiety disorders come at a high cost

$32,000/yr

$345.6 Million/yr

Lùca et al. (2019). *Mathematica Policy Research Issue Brief.*

MCPAP for Moms costs are low

$32,000/yr

$13.89/yr
$1.16/month

$345.6 Million/yr

$1 Million/yr

Luca et al. (2019). *Mathematica Policy Research Issue Brief.*

50% is recuperated through legislated surcharge to commercial insurers

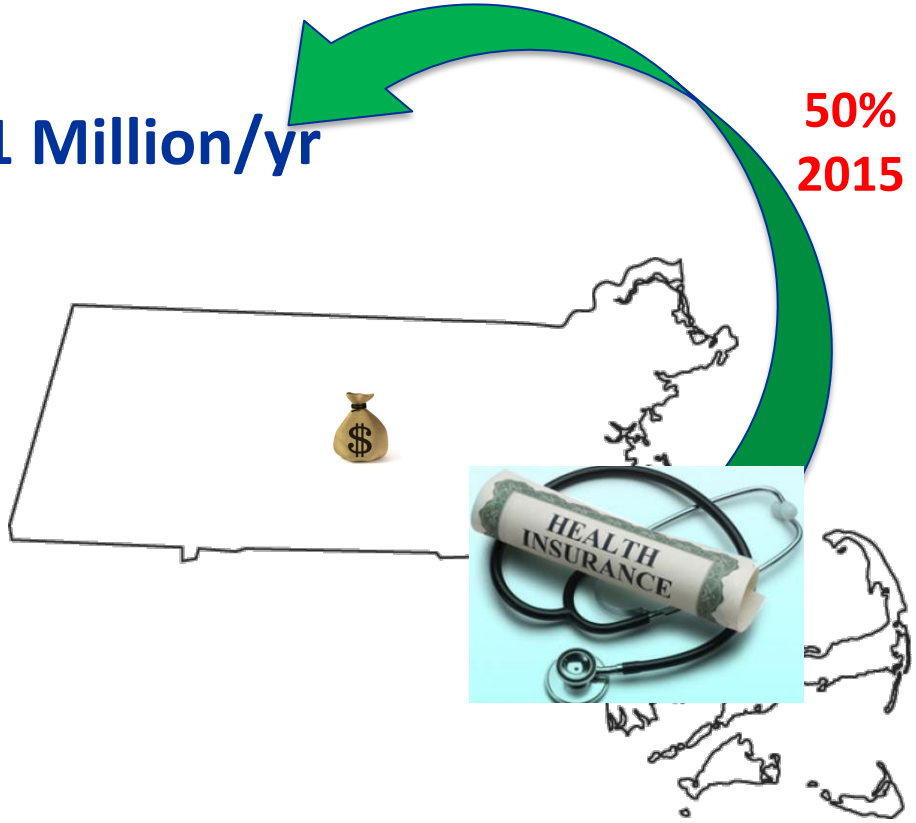
$32,000/yr

$345.6 Million/yr

$13.89/yr
$1.16/month

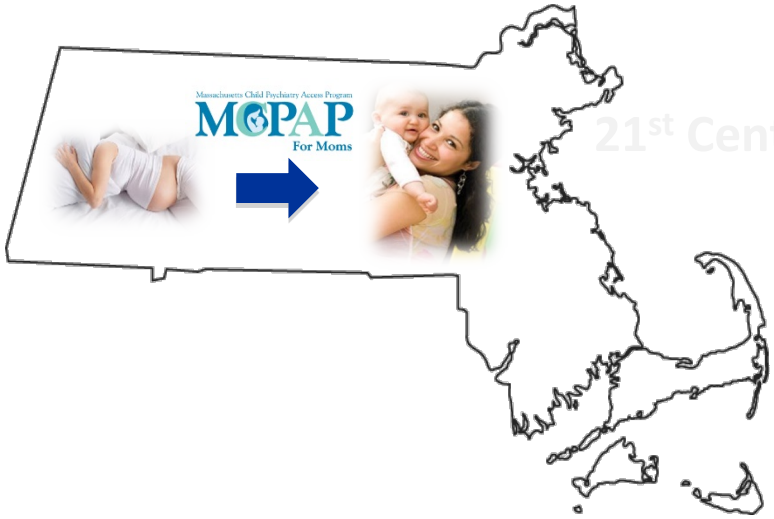
$1 Million/yr

50%
2015

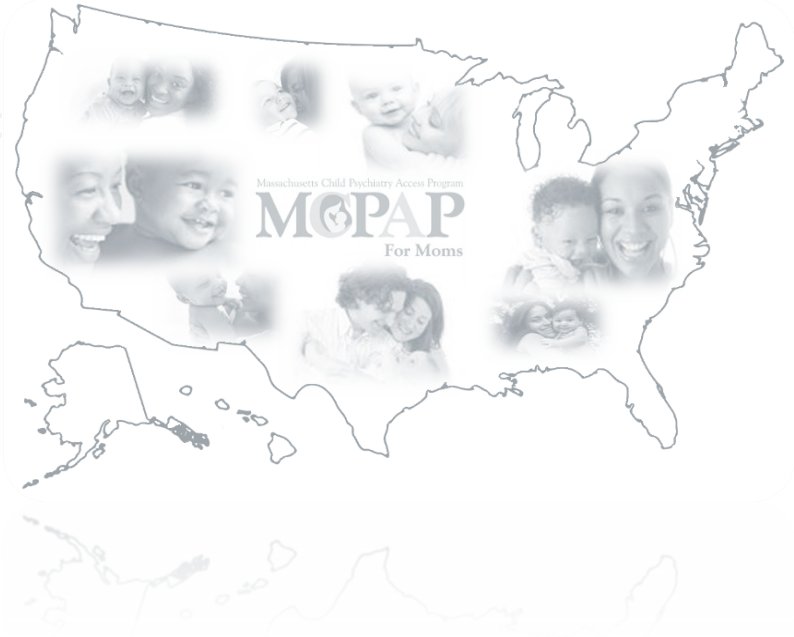


Luca et al. (2019). *Mathematica Policy Research Issue Brief.*

With MCPAP for Moms, all women across MA have access to evidence-based mental health and substance use disorder treatment



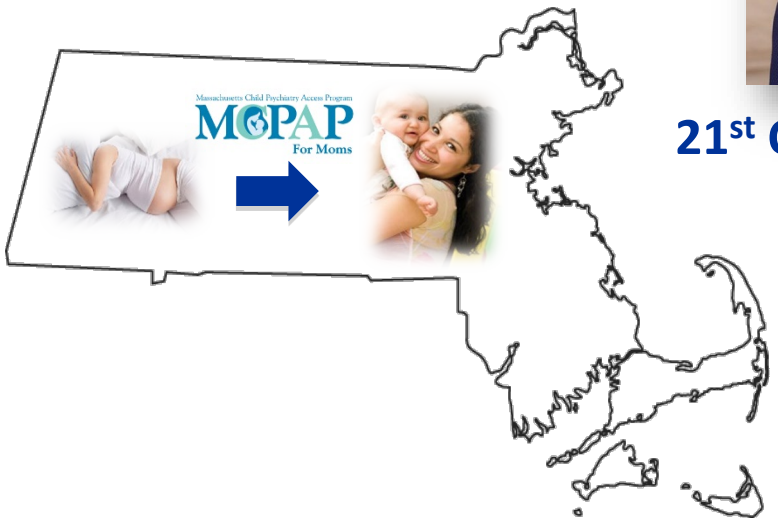
21st Century Cures Act

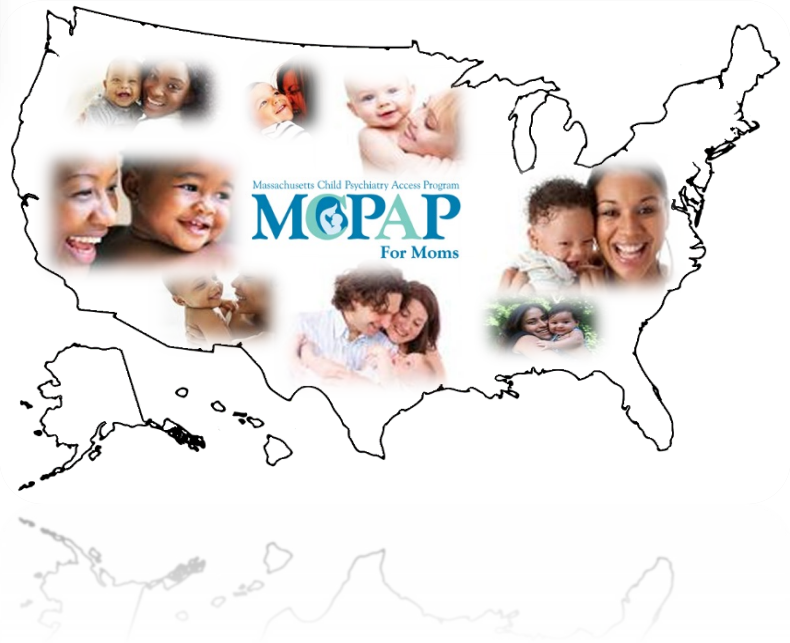


MCPAP for Moms can serve as a model for other states in the US

With MCPAP for Moms, all women across MA have access to evidence-based mental health and substance use disorder treatment

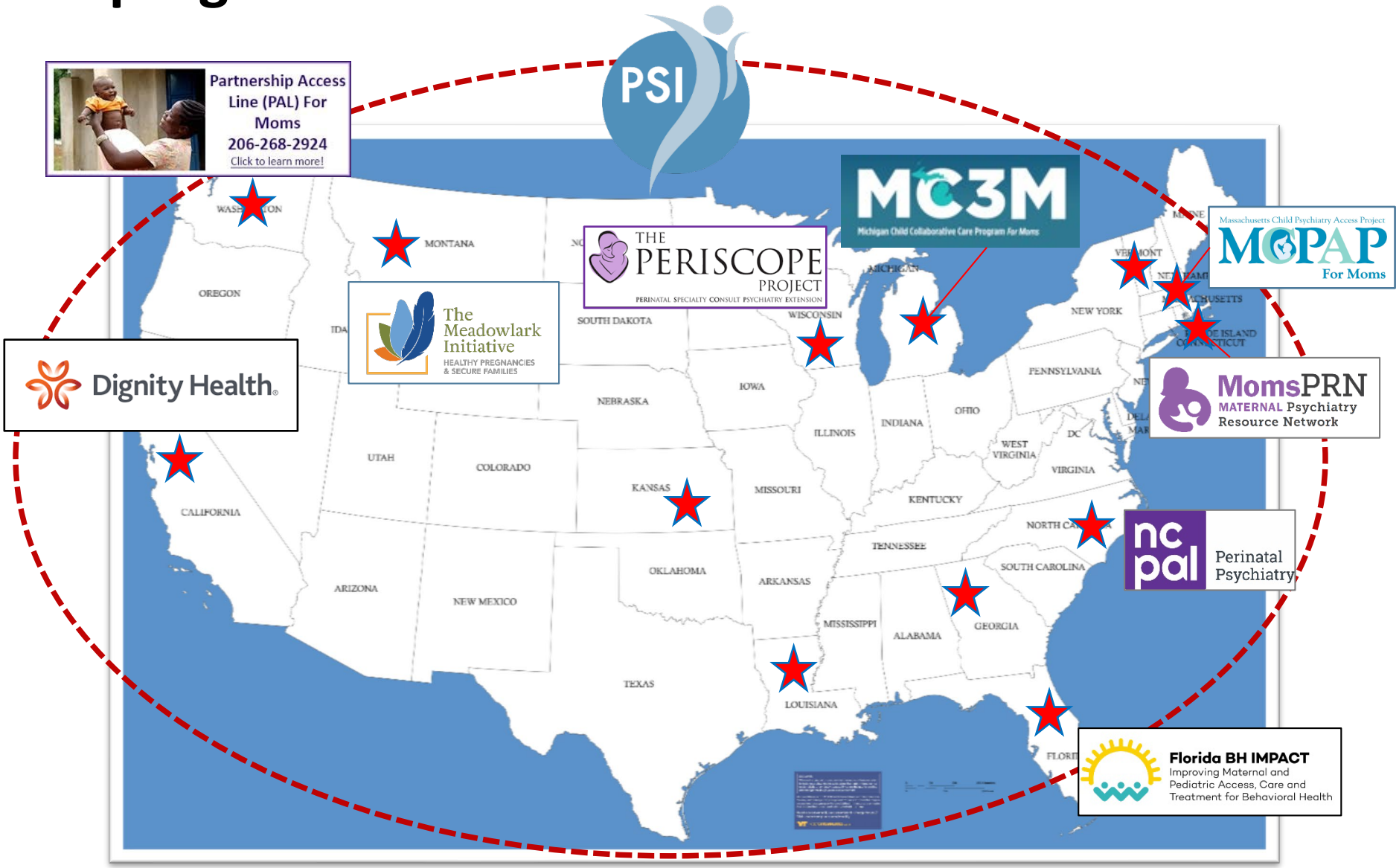
21st Century Cures





MCPAP for Moms can serve as a model for other states in the US

15 programs are now available across the US



Perinatal Psychiatry Access Programs need to be tailored for each state or health care system

Program Component	Massachusetts	Washington	Wisconsin
Training and toolkits	✓	✓	✓
Consultation	✓	✓	✓
Resource and referral	✓		

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Training and toolkits	✓	✓	✓
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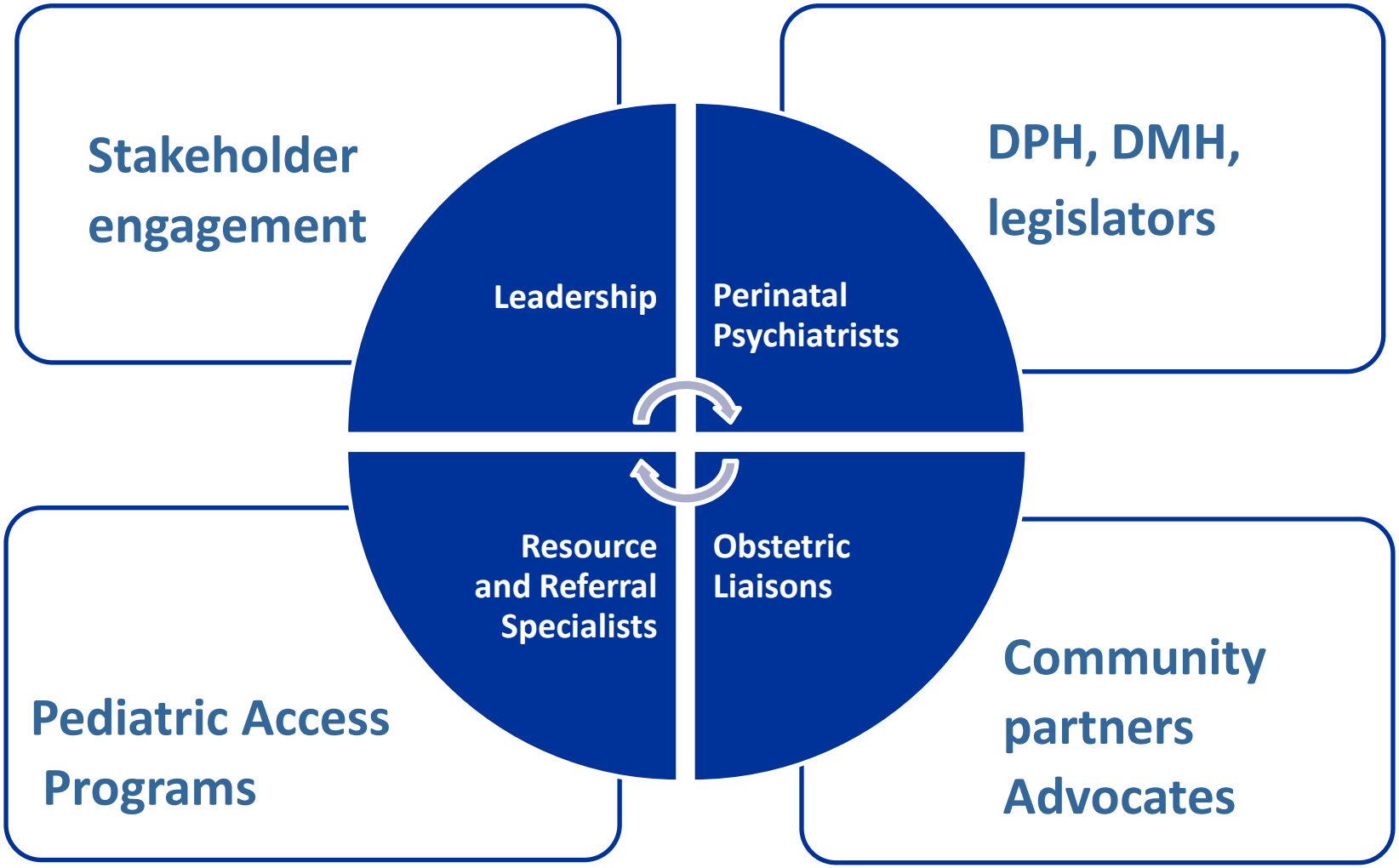
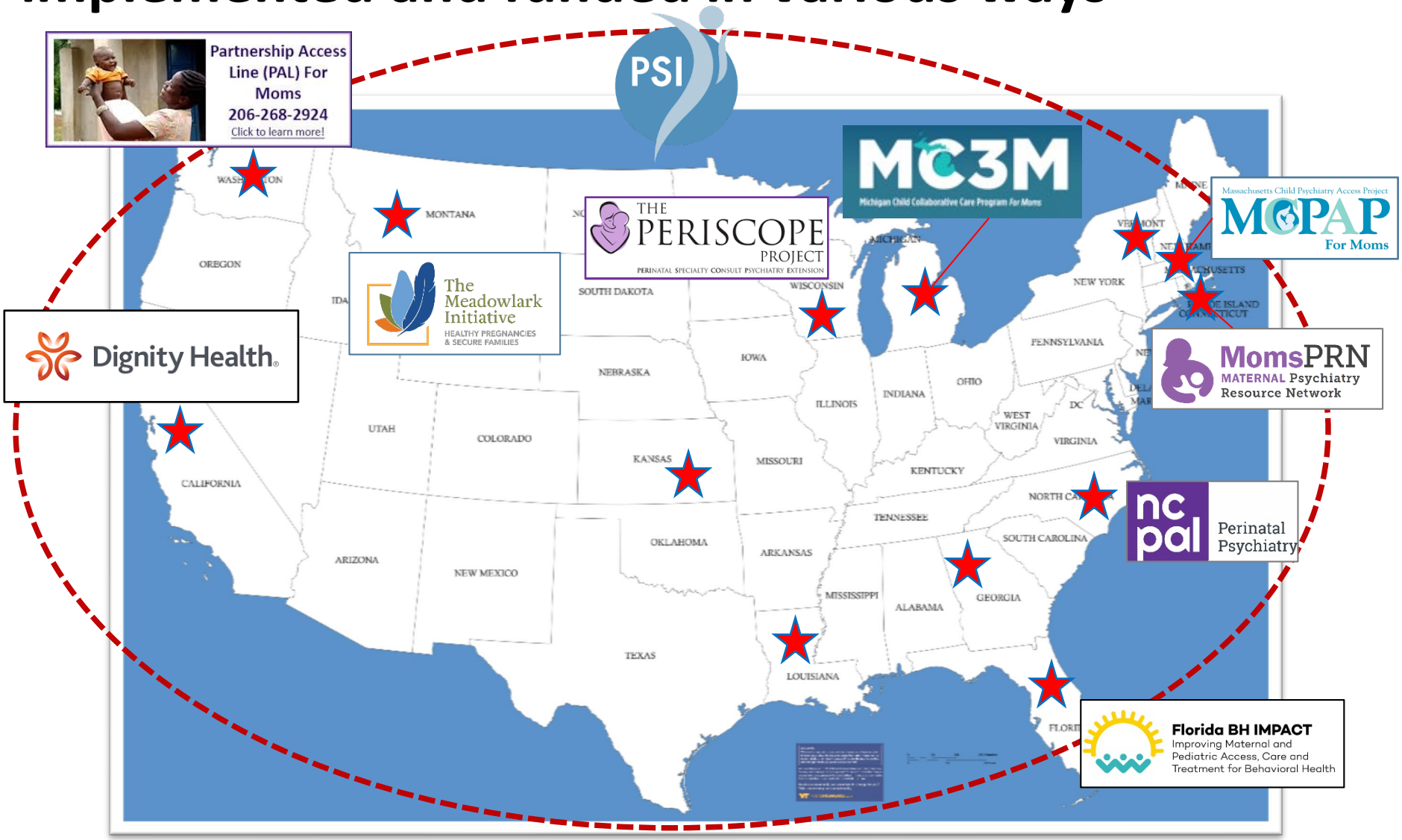
Resource and referral	✓		
Context (e.g., legislation, funding, complementary programs)			

Engaging multi-level stakeholders is critical when developing a Perinatal Psychiatry Access Program



Perinatal Psychiatry Access Programs are being implemented and funded in various ways



The Lifeline4Moms Network aims to improve maternal and child health through Access Programs

Lifeline4Moms

Increasing front line provider capacity to provide mental health care can promote maternal and child health

Massachusetts Child Psychiatry Access Program
MCPAP
For Moms

Led by professional societies and governmental organizations, expectations of obstetric care providers are changing

QUESTIONS?

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Thank you!

Please contact me with questions

www.mcpapformoms.org
www.lifeline4moms.org

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Thank you!