Convening of the Texas Child Mental Health Care Consortium (TCMHCC)
October 29, 2020
10:00 AM – 3:00 PM
Minutes

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I. **Call to order and roll call**
-   Dr. Lakey, presiding officer of the Consortium, called the meeting to order.
-   28 Executive members were in attendance. See attached attendance for a full list of attendees.

II. **Review and approve the following item:**

a. **Minutes from September 28, 2020 Executive Committee meeting**
➔   **Dr. Wagner made a motion to accept the September 28, 2020 minutes. Dr. Ibrahim seconded. Minutes were unanimously approved.**

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

a. **TCMHCC communications and marketing**
-   Daniel Oppenheimer discussed the upcoming 2020 Pediatric Brian Health Summit being held November 5-6 in which Luanne & Dr. Williams will be discussing the TMCHCC.
-   Daniel indicated plans are moving forward to use a WordPress plugin to auto-translate website content into different languages. Translations can be edited and the group may do this for Spanish translations.
-   Progress on the new website continues and the site should be up & running early next year.
-   The question was posed as to whether or not the TCMHCC logo would continue to be used in future years. Dr. Lakey acknowledged that there will be an ongoing need for communication, so it is anticipated that the logo will continue to be used.

b. **Program Evaluation of TCMHCC by University of Texas at Austin**
-   Molly Lopez provided an update on the program evaluation work:
    o   Qualitative information gathering has been ongoing with plans to wrap up interviews this week.
    o   Metric data is being gathered, which has been challenging because the data is being provided in a lot of different ways. As Trayt is stood up this will improve.
    o   A few HRIs still need to provide data.

c. **External Evaluation of TCMHCC**
-   Nagla Elerian provided an update on the external evaluation:
    o   The RFP is now complete and the contract with UTHSCH School of Public Health was fully executed today.
    o   Dr. Peskin and Dr. Savas were introduced as the PIs.
    o   The UTHSCH willbe collaborating with 2 professors from the Baker Institute at Rice.

- o Drs. Peskin and Savas or their colleagues will reach out soon to schedule interviews with HRIs. They will be coordinating data pulls on information coming from Dr. Lopez & the COSH.
    - o It was confirmed that information from the External Evaluation will be incorporated into the final LBB report.
    - o Nagla emphasized that we want to look at how programs are set up, which aspects of models are working better for their populations, what barriers are present and how to improve on the models, looking at it from a local perspective.
  d. **Community Psychiatry Workforce Expansion (CPWE)**
    - Dr. Pliszka gave the update and referenced a sheet with progress to date which was sent as an attachment to the meeting.
      - o HHSC is close to formalizing the process by which data will be extracted centrally for reporting the number of new patients, number of established visits, etc. It is anticipated this will be completed by the next meeting.
      - o For the outcome metric, voted last month to utilize Trayt. After the TCHATT development work is complete, they will begin work on CPWE. Anticipate having simple outcome measures that families/physicians will fill out. A parent & child will be enrolled and then receive an email that allows them to log on & complete the instrument.
    - Dr. Lakey called attention to the fact that Dr. Pliszka's chart was used for a recent interim Public Health Committee report. He was impressed by the number of individuals being seen/served.
    - Dr. Lakey queried whether any feedback had been received from Residents on how they feel about the educational experience. Dr. Pliszka replied that the only complaint has been the EMRs in the LMHAs as they're more first generation vs what they're used to seeing. Residents have had no concerns about the clinical environment itself & supervision. Dr. Wagner added that UTMB's residents were enjoying the experience and thought the educational quality was excellent. Dr. Newlin agreed and noted that the fellows and residents were definitely noticing a difference in terms of the physical location and populations and Attendings were saying the work is rewarding.
    - Dr. Pliszka advised the group that he will request numbers manually for October but hopes to have these centrally reported for November.
    - Mike Maples queried how many residents were represented? Dr. Pliszka wasn't sure but acknowledged this would be an excellent measure going forward. Dr. Martin shared that they have 18 fellows and residents participating just at TTUHSC. Dr. Tamminga added that UTSW will have child fellows, residents & medical students rotating through.
    <<Action item: Dr. Plizka will add column for number of residents in facilities for each reporting period by category>>
    - Dr. Williams highlighted that Molly's team is asking each HRI how many Residents or Fellows are in their rotations so some of this information is being captured as part of the internal evaluation.
    - Dannette Castle was asked about feedback from the LMHAs. She shared that she's getting positive feedback and those not participating want to participate in the future. Dr. Lakey thought this important to document as we approach the next session.
    - Dr. Nemeroff indicated that his LMHA was eager to be a part of this if there are funds available.
    - Dr. Keller counseled the importance of making sure we're focused on the number of residents going through and careful about how numbers might be misinterpreted if we're

not watchful about how we represent them. For example, how many FTEs do the residents equate to? What is the cost of service for service recipients?

e. Child and Adolescent Psychiatry (CAP) Fellowships
- Dr. Lakey indicated that he had talked to Dr. Newlin & she had no update on the CAP Fellowships right now; the match will be in January. There has been a lot of interest, but we won't know until January how things will play out. The numbers we're shooting for are aggressive; we want to attract as many young fellows to Texas as possible, but we don't expect all to fill. If we can increase numbers it will be a win.

f. Research Initiative
- Dr. Tamminga provided an update on the research initiative.
    o All of the centers have been trained and at least 8 are now IRB approved. Many of those 8 have started entering people into a childhood database. This suggests we won't have problems with collecting data from across Texas to present to Legislators.
- Dr. Nemeroff updated the group on the Childhood trauma network:
    o UT Austin, UTMB, UTHSCH, UTHSCSA and UTSW are all activated. BCM & TTUHSCEP will be activated shortly; they are waiting on local approvals. All nodes are ready with exception of UTRGV and UTHSCT, which should be activated before Thanksgiving.
    o A link was brought up showing a dashboard of progress. The dashboard showed the participating HRIs and their status, the Hub leadership, committees, network meetings, assessments, templates, IRB protocol training videos, etc. Dr. Nemeroff indicated he thought they'd exceed expectations for recruitment.
- Dr. Wagner indicated that she was impressed by quality of work & cooperation of everyone. She also pointed out that just having the research is raising awareness of the issue and encouraging people to ask about it. As a result, people in clinics are identifying children with trauma that otherwise would have been unidentified.

- Dr. Trivedi provided an update on the Depression network:
    o There are 8 sites enrolling and the other 4 are close (just waiting for BAAs).
    o They have over 200 people trained & certified in assessments.
    o He believes they will get patient numbers easily. Depression is, unfortunately, not a rare disease. The key is to make sure the workflow is in place so patients coming into the system get approached for participation.
    o The feedback so far has been very positive; patients are getting feedback on their clinical status, empowering patients & parents.
    o On track for doing something many states have wanted to do but not succeeded.
- Dr. Wakefield indicated it was exciting to work on measurement-based care protocols and she thought it will move the practice of medicine forward in ways we haven't seen before.
- Dr. Trivedi concurred and discussed how the project is elevating the quality of care as it's being implemented. Everyone is trained, aware of the metrics needed, getting fidelity forms filled out, and can make judgements on where additional resources are needed.
- Dr. Trivedi also remarked that we are creating a team across 12 medical schools that are working in a unidirectional way that doesn't happen anywhere else. You can potentially improve outcomes in one area, but if you can do it across the state, we can make a significant impact on the Texas population.

- Dr. Tamminga noted that the clinical benefit that has resulted from the research is one point to make to the Legislators; even though it's research there's a considerable clinical benefit.

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

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

   a. **COSH related items identified by the Baylor College of Medicine and members of the Executive Committee**

   - Dr. Williams provided an update on CPAN Telephone System rollout.
     o Dr. Williams referenced an attachment that was sent out as part of the meeting showing where everyone is at for using Lantana.
     o Pushing November 9th for full launch date. The phone system is working right now, but this second phase is to move to an automated system with an auto-attendant & data tracking. Once fully operational the COSH will have reports that can be shared.
     o 10 of the 12 hubs have been trained on the phone system.
     o Have been talking to the CPAN team on what the auto-attendant message should say and the schedule for holidays, so the group is doing things consistently across the state of Texas.
     o Dr. Wakefield indicated that the phone system is working as expected. She shared that her region had an ice storm & power was out for several days but phone lines rolled over as expected while they were down.
   - Dr. Williams provided an update on the CPAN Trayt rollout:
     o Working on an updated contract with Trayt that incorporates the new elements. Hoping to have that done by the end of November.
     o The Trayt team has already started working on the TCHATT workflow. There were two attachments sent out to the group – one for the CPAN timeline and one for the TCHATT workflow.
     o For CPAN, currently in Phase 3, where we will develop analytics & start sending things out to the PCP after the phone call.
     o Trayt is working on the TCHATT workflow. As Joinder agreements are received, Trayt provides training for Phase 1. Phase 2 is process where they're adding additional measures that the TCHATT team agreed upon. There will be a standard set of measures that families will complete based on diagnosis received from their TCHATT care. They are adding measures that weren't built in & should be complete by November.
     o Working to have a meeting between the CPWE teams and COSH to make sure it's understood how they're running. Will then set up basic measurement-based care surveys to capture CPWE outcomes. Allows families to get information into their

hands so they can see how their child is doing and how things are going with symptoms and problems.

- o Will make timeline for federated authentication system once contract is complete.
- o Dr. Pliszka asked if he'll be point of contact for the CPWE work. Dr. Williams confirmed that she will use the list of CPWE contacts previously provided by Dr. Pliszka to schedule meetings.
- o The data management council has not met as there's no work to do at this moment. The goal is to have a meeting in December. Once definitions are set, will work on a data library build. Targeting January for this.
- o For the Internal Review work, Molly's team has been working with the COSH to do surveys, as a means to get feedback from CPAN providers. An attachment of the survey was included for the group to look at. Want to send out surveys to providers in November. Will then get baseline data and share with internal & external assessment teams. The COSH will talk with the CPAN teams on the process for sending out surveys to get info back to the COSH & internal team, and eventually external team.
- o After this, will work on the TCHATT survey process. They have been looking at a final form for families, which may be included in Trayt. (Working through this right now.) The COSH is working with the internal team to get quantitative & qualitative data that will drive improvements to the service.

- Dr. Koli asked whether every individual that's currently a part of CPAN will need to re-enroll with Trayt. Dr. Williams wasn't sure of the answer and Jennifer Evans wasn't on the call to assist with the answer. Dr. Williams indicated that some of the data in Redcap wasn't accurate or complete so migration efforts have taken longer than anticipated; They have had to redo some things that weren't currently there. **<<Action Item: Dr. Williams to get with Jennifer to answer Dr. Koli's question on whether PCPs registered in HRI's existing systems will need to go through an additional step as they're migrated to Trayt. >>**
- Dr. Williams added that the COSH team took on the process of manually migrating data, line by line, because they didn't want inaccurate data to be migrated. It's taken longer than anticipated but they're close to full migration for most teams at this point.
- Dr. Koli indicated that the concern is that if PCPs need to verify their email as part of the migration process, then not all physicians may successfully transition over and data wouldn't reflect the actual number of PCPs enrolled. Dr. Williams agreed that this was an important thing to get right and will work with Dell on this.
- Dr. Keller asked for clarification on the requirement being put on PCPs. Dr. Williams responded that they are trying to ensure that the provider agreement, that the Executive Committee agreed that providers would sign, doesn't have to be signed again. The migration to Trayt should not disrupt the service. She also added that Dell's migration is not yet complete and the COSH team is currently going through their data in detail to take that burden off of the HRI.
- Dr. Wakefield indicated that in her experience, the clinic director had to answer an email & click a link to enroll in Trayt. They didn't have to put in new information; after the clinic director clicked on the link to enroll the data was already there.
- Dr. Tamminga said that her people felt that they had to re-enter information and there was a disruption. She felt that more education may be needed. Dr. William indicated that they did find incorrect or missing information as they migrated over and that may be part of the issue. She invited people to reach out if there were any outstanding issues that needed to be addressed.

- Dr. Ibrahim felt that across the network more education may be needed as people think every individual has to approve and are not aware that others in the practice can approve. Dr. Williams agreed that this is something they can do during the individual HRI meetings or as part of the regular monthly state meetings.
- Dr. Keller asked whether PCPs could still be provided consultation if they were previously enrolled but had not yet clicked on the link to enroll in Trayt. Dr. Williams confirmed that yes, they can still call & get their question answered.
- Dr. Ibrahim thought this might also be something good to include in the education as well.

b. **CPAN update**

   – 2 out of the 3 items purchased for education & outreach have come in. Once the final item comes in the COSH will ship out to HRIs so PCPs will hopefully remember and utilize the CPAN number.
   – Teams are seeing a steady increase in activity.
   – Currently working on standardization of workflows for when Hubs are offline (partial or full).
   – There have been a number of talks/presentations that every team has been doing for CPAN to educate providers on CPAN and encourage them to enroll.
   – Dr. Sarah Martin's Grand Rounds are going well. BCM did a presentation and is excited to do it again.
   – BCM also did a Grand Rounds presentation in the Baylor community and got permission from the Baylor Pediatrics team to share it. Dan Oppenheimer shared the video on YouTube. It is a 45-minute presentation on CPAN's background & purpose with a live demonstration of how it works. As the new state site is updated, this link will be included. The presentation is also in Box along with the slide deck.
   – Have 2542 providers registered in CPAN – a 30% increase since last month. There are 299 registered clinics. There has been a 62% increase in calls since last month with a total of 526 calls to date.
   – The reasons for calls hasn't really changed that much. They are primarily seeing PCPs call in on behavior management, medicine management & referral assistance. Referral outcomes are 54% to behavioral health provider, 28% to child psychiatrist. As Trayt becomes more mature, will have more granular detail around the metrics.
   – Dr. Tamminga asked, when mature, how many do we expect to have registered & what will that total number of calls in a month look like? Dr. Williams indicated that when they talked to other national programs offering a similar service, they indicated it can take up to 3 years to be mature – with around 95% PCP enrollment. We're at the beginning stage – with around 10% of all providers in Texas registered. By years 3-5 hope to be closer to 95% enrollment. Target volume of calls is around 8 calls per hour for each child psychiatrist, 8 per therapist. Dr. Tamminga would like to see what percent of our goal we're at and suggested a graph of where we're at and our end goal.

c. **TCHATT update**

   – Currently providing services to 96 ISDs across the state. Some HRIs are servicing all schools in a ISDs where others are in an ISD but not all schools. There's a blend of urban & rural ISDs.

- Have over 300 referrals across the state for TCHATT services. Some programs just started services in October so expect to see nice growth as we move forward.
- Have created google map to see what school districts they're in. As refined, will be a good tool. Also lets us see where we're at & where we need to be. Over 2000 ISDs in Texas, but we have a good start.
- Dr. Lakey indicated he would like to know what percentage of student population being served.
- Dr. Molly Lopez added that they've been gathering data and are getting close to having data at a school level.
- Dr. Williams re-iterated that with TCHATT they will be doing measurement-based care. The group has agreed on a set of measures that will be used and these will be tracked with Trayt. If a student is then referred to a LMHA or PCP, they can continue with the measures. This will be helpful to families & providers giving care.

CPWE update

- Dr. Williams indicated that they have asked HRIs for information on rotation structures.
- Work continues on the data collection plan. Need to see how well a rotation goes, getting feedback from residents/fellows/faculty. Will coordinate with HRIs on programmatic reviews to get data to COSH & internal & external evaluation teams.
- Ultimate test will be whether residents hire into LMHAs but this will take time.
- Will be doing measurement-based care with Trayt. The hope is that the same measures in TCHATT is what would be used for CPWE so can see consistencies around measures to assess progress.
- Dr. Pliszka added that CPWE wants a small number of broad-based measures. TCHATT has a range of measures but for ones CPWE will report, want no more than 5 that are simple & easy that families will complete.

Welnity

- Dr. Williams indicated that they were still working to develop the Welnity contract.
- They are partnering with the State referral system with the goal of not duplicating efforts but finding ways for families & teams to locate services.
- One challenge they've heard from the TCHATT team is that they're getting referrals from schools, but not always getting families to call back. Not every TCHATT team is operating in the same way. They're trying to see if there's any way that technology could reduce the wait time to get a family scheduled. The COSH will investigate the possibility of Welnity gauging the parent's interest in TCHATT services once they are referred for TCHATT services through a texting application.

General Feedback

- TTUHSC EP indicated that they are happy with the support that they've received from the COSH.
- Dr. Lakey mused that it will be interesting to see what the demand will be from other schools to provide them the same services. We will need to capture what that number is as we move into the next session.

- Dr. Williams added that each team is working with their TEA regional educational service centers to think about what ISDs we want to reach out to next. Most teams feel that they'll have the capacity to add more in the coming months.
- Danielle Wesley asked whether there was an expectation around the percent increase.
- Dr. Williams replied that there is not a target number, but they are asking teams to look at their staffing model & help identify what they can stretch to with their current budget & staff. To goal is to have teams fully engaged. Every team is structured differently, so hesitate as COSH to tell a HRI that they need to add by X%.
- Luanne added, if you look at your FTE structure, you should be able to estimate capacity. If at full capacity, how many youth/children could be served? As you rotate families through every few months, this may help. She indicated that we have been encouraged to reach out to the rural areas that may not have mental health services to expand services to those young people that may not otherwise have access.

VI. **Discuss, consider, and if appropriate, approve information and updates regarding metrics/dashboard for TCMHCC initiatives. The full Executive Committee may review, receive, and/or provide information and/or make recommendations from the items discussed and take appropriate action.**

- No additional discussion needed around metrics.
- Luanne acknowledged that Quarterly Reports had been received but that the team hasn't had the time to review those. Will present back on these in November.

VII. **Discussion regarding suggested statutory modifications in preparation for the convening of the 87th Texas legislature. The full Executive Committee may review, receive, and/or provide information and/or make recommendations from the items discussed and take appropriate action.**

- Dr. Lakey explained that this item was put on the agenda to get feedback from the group on whether there are items we need to be thinking about as we approach the next session.
- He updated that he had briefed the LBB as to where we are & the current expenditure plan for the next biennium. The number provided was $118.5 M over the biennium. It is unknown at this time whether that will get into the base budget or whether there will discussion during the session. Have had other briefings with other leadership offices to let them know about the great work being done.
- There may be some cleanup language needed but we will see if the statute is opened or not. That will be a decision by Senator Nelson. If opened up, there may be cleanup issues that might be helpful such as whether the Consortium is a full mental health care consortium vs a child mental health consortium so the group can have discussions that were previously had around other mental health issues in Texas.
- Another issue is around program promotion. There's a need to get information and phone numbers out to providers. There were some questions raised from lawyers at HRIs whether GR dollars can be used for promotion. UT System feels comfortable that what we're trying

– to do isn't promotion of the consortium, but of the service being stood up. We need to identify whether there's direct language that needs to be added in order to make it clear that we can move in that direction.

– There may be some conversation around the makeup of the executive committee, whether adding additional institutions, or how it looks in general.

– One additional area to discuss may be the role of perinatal mental illness. We need to be directed by the legislature before moving into that area. Dr. Lakey indicated that he got a question today about whether we can provide services to a OBGYN physician being used by a child as their PCP. He felt that it was germane to what we do as the child was under 18. The discussion on perinatal mental illness goes beyond this, to older individuals and will require the legislature to weight in.

– Dr. Blader felt that an OBGYN can be a PCP and if a mental health issue comes up they should be able to tap into CPAN. However, if there are any suggestions for outreach to those providers may have to work across party lines to achieve.

– Dr. Martin shared that she had just got an email from the Texas Pediatric Society (TPS) who had put out a call for their annual meeting next September. She suggested that it might be worthwhile to get together as consortium & do a presentation (due date Dec 1). She also revealed that attached to same email, the TPS did a needs assessment of pediatricians in Texas (around 150 responded) and the highest category of need was adolescent mental health. She felt this might be good thing to share with the legislature. Second highest category of need is psychiatric medications.

– Dr. Martinez commented that there will be a push to continue the advancement that's been made in the areas of telemedicine & telepsychiatry which will be important to CPAN & TCHATT. Where there's synergy with these other initiatives– broadband expansion, rules for telepsychiatry – it will be important to tie these together for the legislature.

– Dr. Tamminga thought the issue of diversity - diversity in the composition of the EC, how it is addressed through committees, diversity of those we serve – will be important to share. It may be an asset that we want to emphasize because Texas has such a broad group of people to serve.

– Dr. Nemeroff proposed that when in dialogue with the legislature, the numbers we're now seeing in prevalence rates of mood & anxiety disorders, substance abuse, domestic violence, child mistreatment are all up nation-wide & in Texas. Making the case for funding, there will be the post-covid epidemic to deal with. If the legislature is serious about a perinatal psychiatry network that will take a fair amount of planning.

– Dr. Lakey agreed but thought it could be built on a lot of work that's already taken place. Would probably have a better starting point than when we put this together, but still a significant amount of planning that would need to take place.

– Dr. Keller agreed with Dr. Martinez's earlier point about the critical importance on not losing gains made in telemedicine. He indicated, however, that broadband is great, but a lot of people can't afford it, or don't want to use it. Telephone-only services are also important. Audio-only telehealth is the biggest expansion to access of mental health services. We should call attention to this as it's at risk of being lost.

– Danette concurred and felt that we they wouldn't have been able to maintain access to care without the audio-only option. Getting a lot of feedback that it's working for patients.

Recognize that the COVID-19 environment has created an environment where it's accepted as less than ideal but finding its effective in expanding service. We should utilize the full range of modality in terms of delivering care beyond the pandemic.

- Dr. Pliszka had a question on the process of interacting with the legislature. Dr. Lakey acknowledged that as state employees we don't lobby but educate. The legislature wants this kind of input so they can make educated decisions. Within UT System, if there's a hearing and they want someone to talk, they'll ask who would be good to testify.
- Dr. Lakey asked for feedback from the group on changes needed with regards to the work within the Consortium, so he can have those conversations and figure out what the will of the legislature is to have that presented.
- Dr. Lakey indicated that 2 reports had already been provided - one to higher education, one to public health - to let them know where we're at with regards to rolling out the programs. We will also be putting together a year-end report.
- Dr. Pliszka imparted his concern that the legislature might take dollars from the other initiatives to enable the rollout of a perinatal or other new program. We're just getting going and we need to keep this momentum. Dr. Lakey didn't feel there will be will to take a step back from what we're building.
- Dr. Keller stressed that we all need to keep in mind, this is an unusual legislative year and be thankful if no changes are made to what we're doing. There's a risk that most programs will probably face cuts next year so we need to be cognizant of that & modest in our ask.
- Dr. Strakowski imparted that they're making major efforts on the adult side that require substantial investment. However, teenagers transition to adults in a few years. We need to approach this with a broad, thoughtful view.
- Dr. Liberzon disclosed that there's expected to be a $6 billion deficit coming – about 10% of annual budget. He felt that if we could stay flat that would be a huge success overall.
- Dr. Lakey acknowledged that, but also indicated that sometimes unique opportunities occur and you need to be prepared for them. We will be gathering information in case the legislature is interested in expanding services to pregnant women, expand to additional LMHAs, etc. We will be careful that we don't hurt adult mental health services, but if there is an opportunity to advance our mission, we want to be prepared to take it.
- Dr. Lakey asked that if anyone has any suggestions on governance of this organization, to let us know.
- Dr. Trivedi shared that sustainability is more important than trying for other things.
- Dr. Suarez thought it's important to focus on what is good for the state & hope for the best.
- Dr. Pliszka – when do we determine what our ask is? Dr. Lakey stated that to continue with current state we will need $118.5M. However, will also communicate that they can build on that and will be thoughtful on what that would take.
- **<<Action Item: HRIs to share their thoughts on any suggested changes.>>**
- Dr. Plizka asked whether Dr. Lakey would then continue to update the group at each meeting on what their thinking was so the group could comment.
- Danette Castle suggested that with the challenges of the budget, we communicate that our greatest hope is to sustain what we have now but also share our wish list. Acknowledge that it may not be possible to move forward with them this cycle, but lay out what we see

as the needs. We should frame it in such a way to recognize the challenges the legislature will have in front of them.

- Dr. Ibrahim asked if the Presidents are being included in conversations about the ask. Dr. Lakey communicated that there will be conversations within UTS but we will let them know what we're thinking. He asked that if an HRI gets information from their President that they think is important to let us know about it.
- Dr. Lakey imparted that Legislators are elected by the public and may have a desire to do something; we need to be able to respond quickly if they ask.
- Luanne added that SB11 requires a bi-annual report and she will be sending out an email requesting info in support of its development.
- Michael Patriarca asked if they should let their GR teams know this is an item they should support for continuity. Dr. Lakey indicated that the UT System GR folks were already listening but it would be good to educate the HRI's own GR folks, letting them know about the work taking place & how it's beneficial to the HRI's constituents.

VIII. Adjournment

Next meeting November 30, 2020 10:00 – 3:00.

Attendance List

#	Institution/ Organization	Name	Attended?
1	Baylor College of Medicine	Wayne Goodman, MD	
2	Baylor College of Medicine	Laurel Williams, DO	y
3	Texas A&M University System Health Science Center	Israel Liberzon, MD	y
4	Texas A&M University System Health Science Center	R. Andrew Harper, MD	y
5	Texas Tech University Health Sciences Center	Sarah Wakefield, MD	y
6	Texas Tech University Health Sciences Center	Nancy Trevino, PhD	y
7	Texas Tech University Health Sciences Center at El Paso	Peter Thompson, MD	y
8	Texas Tech University Health Sciences Center at El Paso	Sarah Martin, MD	y
9	University of North Texas Health Science Center	Alan Podawiltz, DO, MS	
10	University of North Texas Health Science Center	Mark Chassay, MD, MBA	y
11	Dell Medical School at The University of Texas at Austin	Charles B Nemeroff, MD, PhD	y
12	Dell Medical School at The University of Texas at Austin	Stephen Strakowski, MD	y
13	The University of Texas M.D. Anderson Cancer Center	Daniel Tan, MD	
14	The University of Texas M.D. Anderson Cancer Center	Rhonda Robert, PhD	
15	The University of Texas Medical Branch at Galveston	Karen Wagner, MD, PhD	y
16	The University of Texas Medical Branch at Galveston	Alexander Vo, PhD	
17	The University of Texas Health Science Center at Houston	Jair Soares, MD, PhD	y
18	The University of Texas Health Science Center at Houston	Elizabeth Newlin, MD	y
19	The University of Texas Health Science Center at San Antonio	Steven Pliszka, MD	y
20	The University of Texas Health Science Center at San Antonio	Joseph Blader, PhD	y
21	The University of Texas Rio Grande Valley School of Medicine	Michael Escamilla, MD	
22	The University of Texas Rio Grande Valley School of Medicine	Michael Patriarca	y
23	The University of Texas Health Science Center at Tyler	Jeffery Matthews, MD	y

#	Institution/ Organization	Name	Attended?
24	The University of Texas Health Science Center at Tyler	Brittney Nichols, MBA, LPC-S	y
25	The University of Texas Southwestern Medical Center	Carol Tamminga, MD	y
26	The University of Texas Southwestern Medical Center	Hicham Ibrahim, MD	y
27	Health and Human Services Commission - mental health care services	Sonja Gaines, MBA	
28	Health and Human Services Commission - mental health facilities	Mike Maples	y
29	Texas Higher Education Coordinating Board	Stacey Silverman, PhD	y
30	Hospital System	Danielle Wesley	y
31	Non-profit - Meadows Policy Institute	Andy Keller, PhD	y
32	Non-profit - Hogg Foundation	Octavio Martinez, Jr., MPH, MD	y
33	Non-profit - Texas Mental Health Counsel	Danette Castle	y
34	Administrative Contract – University of Texas System	David Lakey, MD	y
35	Other – Hospital System Representative	James Alan Bourgeois, OD, MD	y

Community Psychiatry Workforce Expansion

HRI	Executed MOU	MOU In Process	Clients Served (combined numbers among entities with Executed MOUs)
BCM	Harris County		Individual data not tracked
TAMHSC		MHMR Brazos	
TTUHSC EP	Emergence Alivane El Paso Child Guidance Center		474 total individuals
TTUHSC	StarCare		Program being rolled out
UNTHSC	JPS community health settings	Tarrant County	402 established 50 new
UTHSCT	Andrews Center		44 individuals
UTHSCH	Harris County Texana		Program being rolled out
UTMB	Gulf Coast Center		76 individuals
UTRGV	Coastal Plains Tropical Texas Nueces Center Border Region		734 total individuals* 924 total encounters* *estimated amount
UTHSCSA	Center for Health Care Services	Gulf Bend Hill Country	220 total individuals 313 total encounters
UTSW	Metrocare		Program being rolled out

The COSH Report
October 29, 2020

Laurel L. Williams, DO & Jennifer Evans

Outline

- Telecommunications

- Data Management System

- CPAN

- TCHATT

- CPWE

- Centralized Referral System

How awesome is the Texas team?

Accomplishment Overview Year One (in no particular order):

- CPAN work groups established to build processes
- TCHATT workgroup established to build processes
- COSH established
- CPAN go-live on phones
- Training for CPAN calls
- Training for Trayt
- Data Governance Committee Established
- CPAN build out Trayt
- Positions posted and filled
- Processes developed and implemented
- Website
- Facebook
- Webinars held to introduce CPAN
- The Box created for information sharing
- LMHA collaboration
- Monthly meetings held with each HRI
- Monthly state meetings held for TCHAT
- Monthly state meetings held for CPAN
- Safety plans developed for suicidal patients

- Outcome measures (screening tools) agreed upon for TCHATT
- Consent processes developed
- MOU's developed for schools
- Marketing strategies for CPAN and TCHATT engagement
- Surveys developed for measuring satisfaction
- Video produced for CPAN marketing
- BAA were executed
- Contracts executed
- Budget development
- ROI was developed between schools and TCHATT
- CPAN practices are enrolling
- TCHATT enrollment began
- Data migration from Redcap to Trayt
- LMHA regional partnerships
- TCHATT and PCP integration
- Statewide CME participation

These is just a high-level overview of the awesome accomplishments we have had during this challenging year. We been very successful in the middle of a pandemic! Congratulations Texas on meeting children's needs where they are.

The best thing about it? **Collaboration!** It has been great!

Telecommunications: Lantana

- See Attachment
- Goal is transfer to Lantana system wide November 2, 2020
- 10 hubs trained and operational
- 2 hubs not operational with Lantana
- Move to Auto-attendant process
  - Standardized messages
  - Standardized Holiday Schedule
  - Teams to cover when needed- standardized process

Data Management

- Trayt update

- Data Governance Update

- Collaborative efforts with Internal Review Team for Feedback on CPAN, TCHATT and CPWE

Trayt

- Working on updated contract estimated Time to completion: November 30, 2020
- See attachments related to CPAN timeline
  - Phase 3 currently
- See attachments related to TCHATT workflow
  - In phase 2 currently
  - Awaiting Joinder agreements from several HRIs
- Preliminary work on CPWE set up
- Federal Authentication System- TBD once contract completed
- TCHATT School Screening-TBD

Data Governance Council

- Added new member: Data Analyst from UTRGV: Dr. Basel Kikhia

- Next meeting scheduled for early December

- Review Data definitions for TCHATT and CPWE

- January 2021 Data Library Build

Internal Review Team

- Molly's team created survey for CPAN- see attachments
  - HRIs have been providing feedback for improvement
  - COSH will work with Molly's team and each HRI for processes related to sending surveys out systematically
  - Goal Live- Mid- November
- Next Up TCHATT survey process

CPAN Summary

- Pens and Magnets are in
  - Awaiting note pads
  - Will ship out to each HRI within the next 10 days
- Teams are seeing steady increases in activity
- Working on standardization of work flows for when Hubs are off-line (partial or full)
- Communication and Educational Outreach Efforts
  - See Attachment
  - Guidance from State related to funding allocation went out to all HRI Chairs
  - Tech El Paso Grand Round Series- performing Well. BCM team already participated- suggest all HRIs do so
  - BCM Pediatric Grand Rounds: A Call to Action: PCPs must Manage Mental Health- youtube video. Explained CPAN and Did Live Demonstration. https://youtu.be/QsoheJvqAiw

CPAN:Summary

- Providers Registered in CPAN = 2542 (1939 = 9/2020)

- Clinics Registered in CPAN = (273 = 9/2020)

- Total # of calls for CPAN = 526 (326 9/2020)

- In the month of October we saw an increase of provider enrollment by 31% and increase of total calls by 62%

CPAN: In Progress

PCP Reason for Call

- Assessment — 14%
- Diagnosis — 10%
- Behavioral Management — 15%
- Medication Management — 28%
- Referral Assistance — 28%
- Other — 1%
- Medical Management — 4%

PCP Type

- Nurse Practitioner — 3%
- Other — 2%
- Physician — 92%
- Physician Assistant — 3%
- Unknown
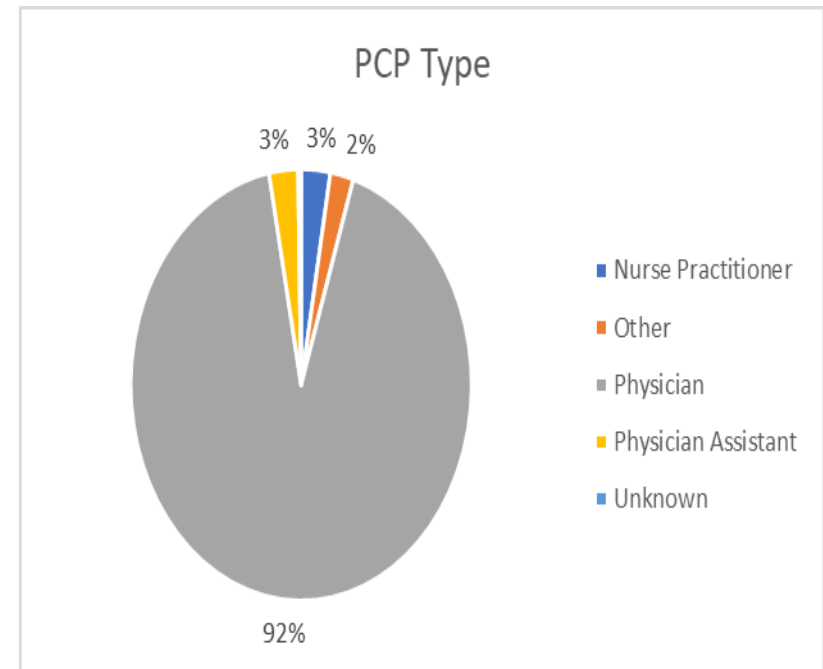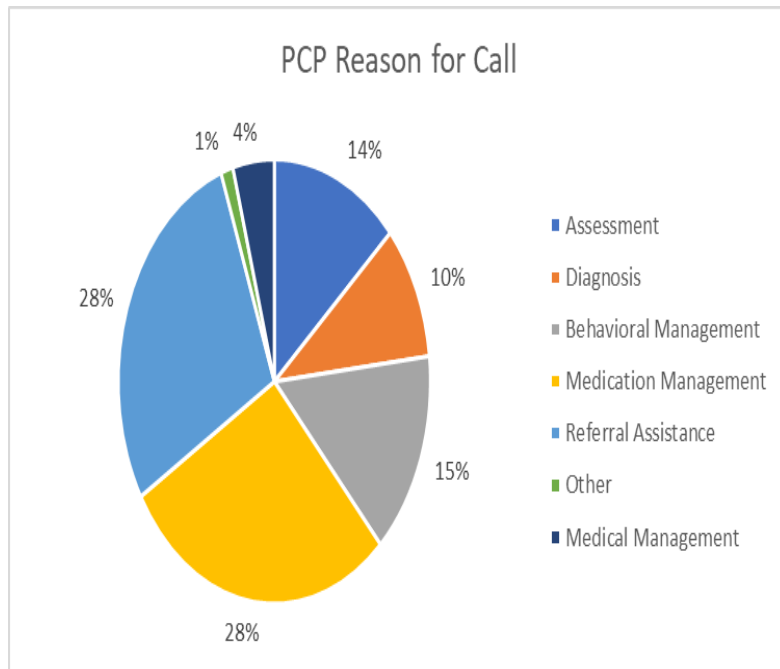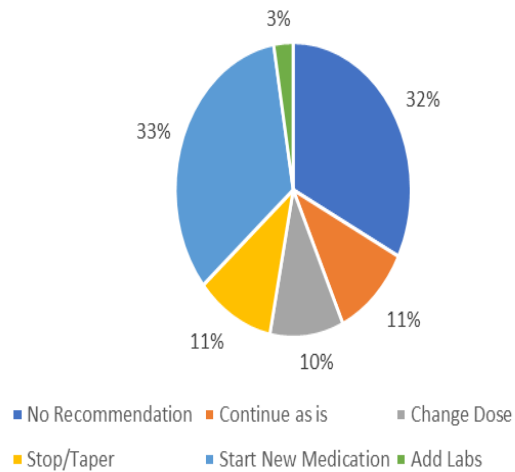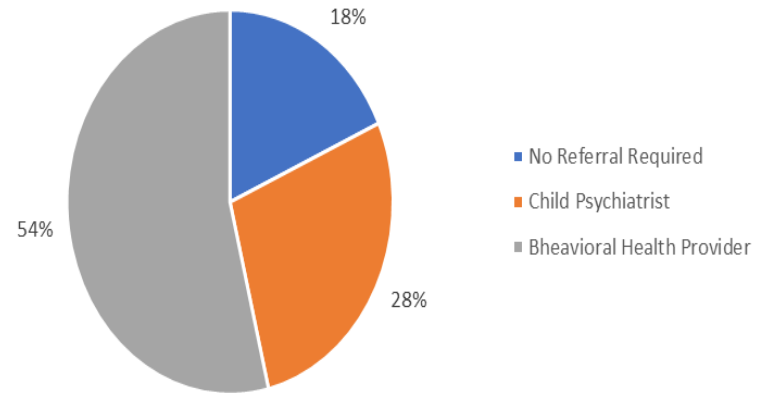
CPAN: In Progress

TCHATT Summary:

- See Attached Excel Spread Sheet

- Currently providing services to ~ 96 ISDs across the state

- Blend of urban and rural ISDs

- Referrals as of October 27, 2020 = 295

TCHATT MAP:

CPWE: In Progress

- COSH working with each HRI to
  - Understand Rotation Structure
  - Develop an interim plan for data collection
    - State level plan to pull data from LMHA EMR system
      - possibly will take time and
      - Not completely portray defined goals per HRI
      - Collaborate with Molly and Tracey on this aspect
  - Work with Trayt on roll out for patient outcome collection within LMHA teams

Welnity Summary:

- COSH developing Welnity Contract
- Welnity and COSH will partner with:
  - State referral system
  - LMHA
  - FQHCs
  - Insurance Carriers
  - Hospital and Care Systems
  - Private Providers

  One barrier for TCHATT services has been the ability to reach the parent to gauge their interest in TCHATT. COSH will investigate the possibility of Welnity gauging the parent's interest in TCHATT services once they are referred for TCHATT services through a texting application.

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 from Zip Code to routing by Region using the Automated Attendant (discussion)	✓
Approval from CPAN for Automated Attendant Scripting	10/27
Schedule remote training with site coordinator(s)	n/a
Provide remote 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	n/a

*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 region/Hub Automated Attendant routing into the phone system	
Record Automated Attendant Scripts	
Record Voicemail Greeting for each Hub	
Test site specific phone system call flow and geographical automatic incoming call routing	**n/a**

Pending (plan developed, waiting on execution)

In Progress

Complete

Dell Medical will not deploy on LC Voice/8x8 Work platform due to current contractual obligations

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)	UT HSC (Houston)	UT HSC (Tyler)	UT RGV SOM (Edinburg)	UTMB (Galveston)	UTSMC (Dallas)
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10/8	🔨		10/26	10/14	10/19	10/22	10/21	10/15	10/16	10/26	
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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)	UT HSC (Houston)	UT HSC (Tyler)	UT RGV SOM (Edinburg)	UTMB (Galveston)	UTSMC (Dallas)
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email 10/22   email 10/22
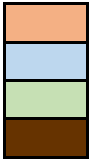
Comments
TAMU - Working with Jennifer Prall -Kickoff call completed 10/07/20
10/07 - TAMU - Documentation sent to Jennifer
Decision: Automated Attendant (AA) will prompt for 'Region' and secondary AA will prompt for Hub affiliation

Comments
TAMU - will be hosted at BSW Temple - Jennifer to update address - Additionally, they will install client on remote laptops and begin testing - they are having to complete paperwork and gain approval to run network assessment on campus - Advised that target GO LIVE is by the end of October - Jennifer will keep me updated - Follow up email sent 10/22
10/22 - Tech (El Paso) - working to resolve network issues on campus - remote workers are OK - Follow up email response - Still working to resolve campus network issues 10/22 - UTSMC (Dallas) - waiting for feedback from client test

10/22 - UTMB (Galveston) - issue with one remote worker. Laptop is being replaced/provided. User will use Mobile App until laptop is received
Users programming complete - site specific call flow programming in progress

CPAN Enrollee Survey – provided 1 week after enrollment
https://utexas.qualtrics.com/jfe/form/SV_bsAESOl9ovCV0jz

CPAN Annual Survey – provided 12 months after enrollment date
https://utexas.qualtrics.com/jfe/form/SV_bqsi8Zk0dmw9HW5

CPAN Initial Experience Survey – provided immediately following first call to CPAN
https://utexas.qualtrics.com/jfe/form/SV_b45XJcnq9dVl1uB

CPAN Experience Survey – provided immediately following every fifth call to CPAN
https://utexas.qualtrics.com/jfe/form/SV_eQjHjY8iSnMyetD

Convening of the Texas Child Mental Health Care Consortium (TCMHCC)
October 29, 2020
10:00 AM – 3:00 PM
Agenda

Live Stream link: https://www.youtube.com/channel/UCSQqIc7NFQEGlSPQs6Ar7IA

Phone access: 1 346 248 7799
Webinar ID: 962 0116 6633
Passcode: 699807

_____

I. **Call to order and roll call**

II. **Review and approve the following item:**

    a. Minutes from September 28, 2020 Executive Committee meeting

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

    a. TCMHCC communications and marketing
    b. Program Evaluation of TCMHCC by University of Texas at Austin
    c. External Evaluation of TCMHCC
    d. Community Psychiatry Workforce Expansion (CPWE)
    e. Child and Adolescent Psychiatry (CAP) Fellowships
    f. Research Initiative

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

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

    a. COSH related items identified by the Baylor College of Medicine and members of the Executive Committee
    b. CPAN update
    c. TCHATT update

VI. **Discuss, consider, and if appropriate, approve information and updates regarding metrics/dashboard for TCMHCC initiatives. The full Executive Committee may review, receive,**

and/or provide information and/or make recommendations from the items discussed and take appropriate action.

VII.   Discussion regarding suggested statutory modifications in preparation for the convening of the 87th Texas legislature. The full Executive Committee may review, receive, and/or provide information and/or make recommendations from the items discussed and take appropriate action.

VIII.   Adjournment

Next meeting November 30, 2020 10:00 – 3:00.

Convening of the Texas Child Mental Health Care Consortium (TCMHCC)
October 29, 2020
10:00 AM – 3:00 PM
Agenda

Live Stream link: https://www.youtube.com/channel/UCSQqIc7NFQEGlSPQs6Ar7IA

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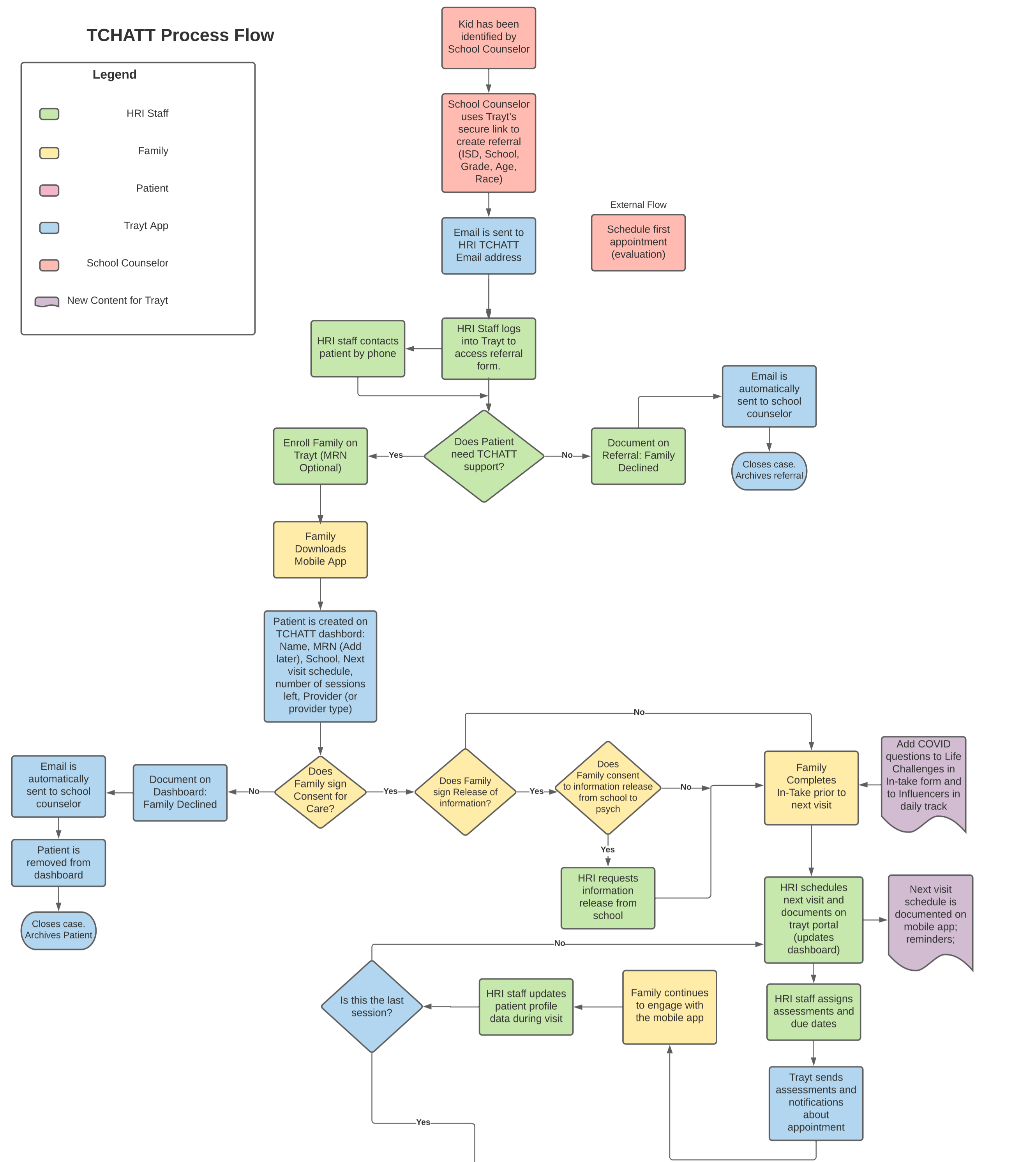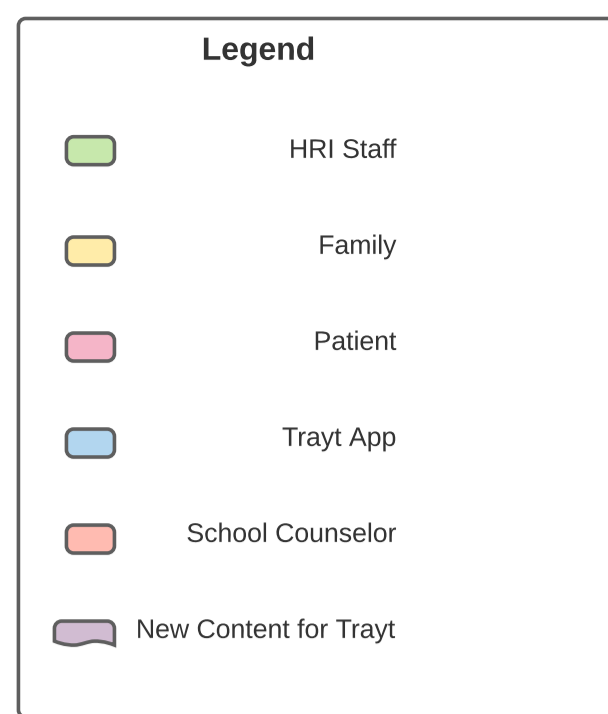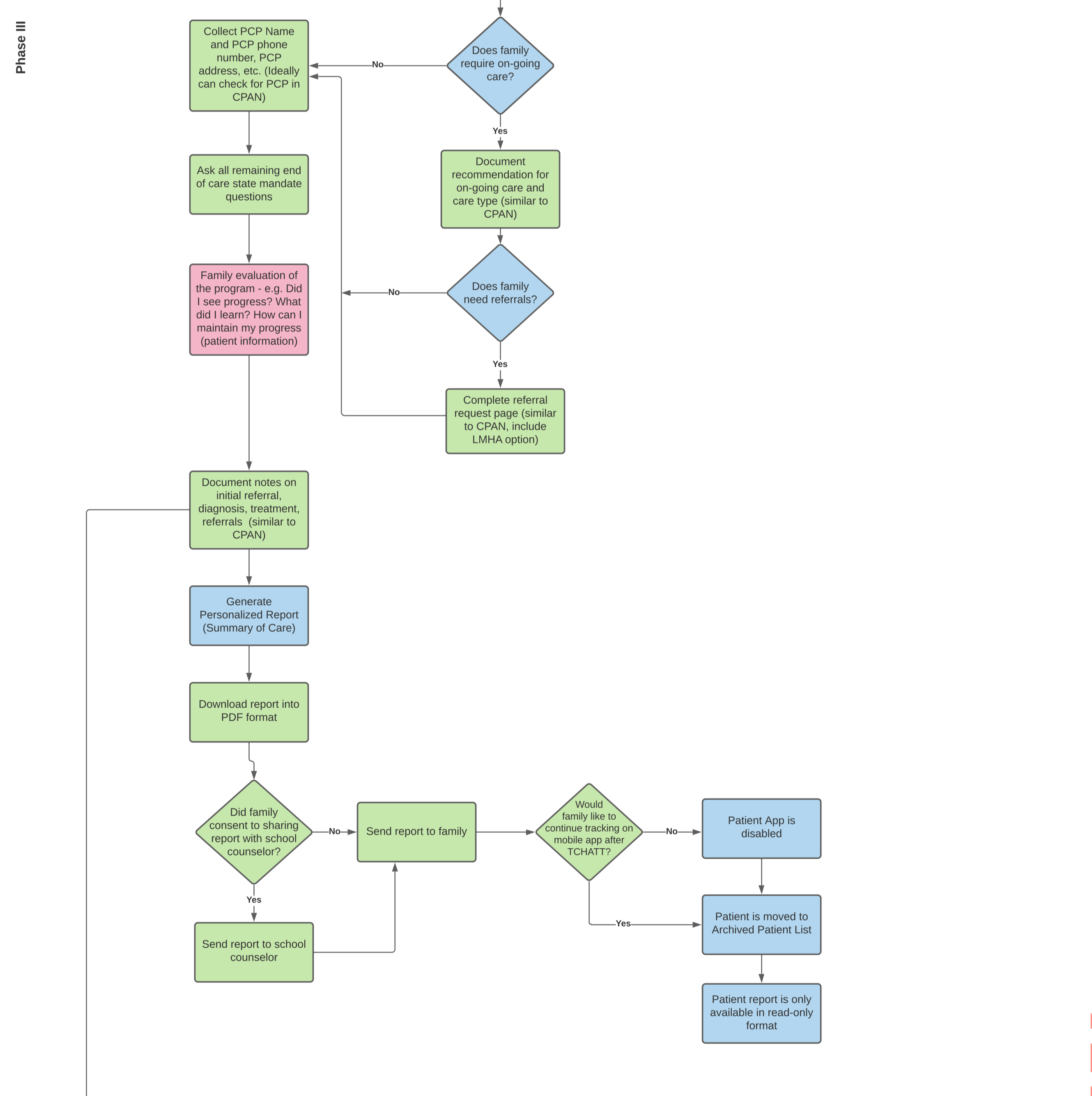
VIII. **Adjournment**

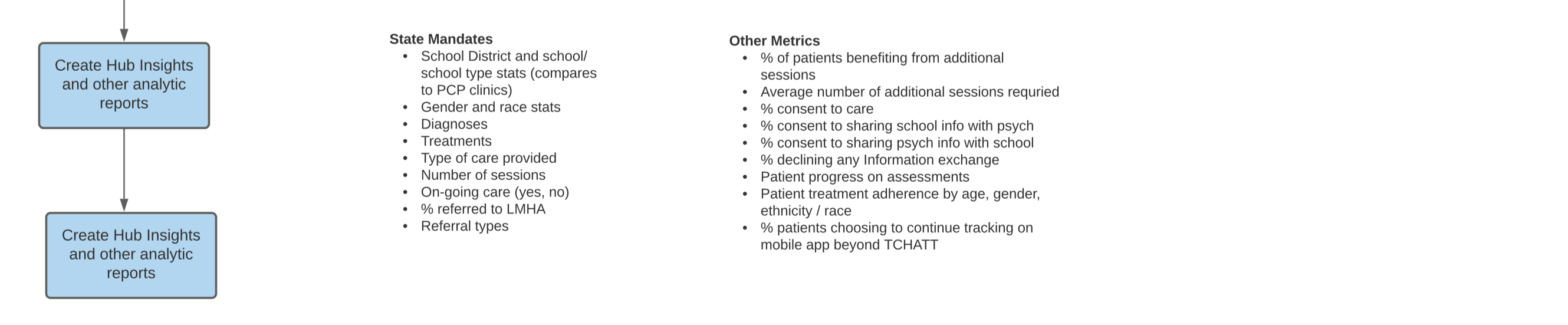Next meeting November 30, 2020 10:00 – 3:00.

TCHATT Process Flow

Legend

- HRI Staff
- Family
- Patient
- Trayt App
- School Counselor
- New Content for Trayt

Kid has been identified by School Counselor

School Counselor uses Trayt's secure link to create referral (ISD, School, Grade, Age, Race)

External Flow

Schedule first appointment (evaluation)

Email is sent to HRI TCHATT Email address

HRI staff contacts patient by phone

HRI Staff logs into Trayt to access referral form.

Email is automatically sent to school counselor

Does Patient need TCHATT support?

Enroll Family on Trayt (MRN Optional)

Document on Referral: Family Declined

Closes case. Archives referral

Family Downloads Mobile App

Patient is created on TCHATT dashboard: Name, MRN (Add later), School, Next visit schedule, number of sessions left, Provider (or provider type)

No

Does Family sign Consent for Care?

Does Family sign Release of information?

Does Family consent to information release from school to psych

Family Completes In-Take prior to next visit

Add COVID questions to Life Challenges in In-take form and to Influencers in daily track

Email is automatically sent to school counselor

Document on Dashboard: Family Declined

No — Yes — Yes — No

Yes

HRI requests information release from school

HRI schedules next visit and documents on trayt portal (updates dashboard)

Next visit schedule is documented on mobile app; reminders;

Patient is removed from dashboard

Closes case. Archives Patient

Is this the last session?

HRI staff updates patient profile data during visit

Family continues to engage with the mobile app

HRI staff assigns assessments and due dates

No

Trayt sends assessments and notifications about appointment

Yes

Collect PCP Name and PCP phone number, PCP address, etc. (ideally can check for PCP in CPAN)

No

Does family require on-going care?

Ask all remaining end of care state mandate questions

Yes

Document recommendation for on-going care and care type (similar to CPAN)

Family evaluation of the program - e.g. Did I see progress? What did I learn? How can I maintain my progress (patient information)

No

Does family need referrals?

Yes

Complete referral request page (similar to CPAN, include LMHA option)

Document notes on initial referral, diagnosis, treatment, referrals (similar to CPAN)

Generate Personalized Report (Summary of Care)

Download report into PDF format

Did family consent to sharing report with school counselor?

No

Send report to family

Would family like to continue tracking on mobile app after TCHATT?

No

Patient App is disabled

Yes

Send report to school counselor

Yes

Patient is moved to Archived Patient List

Patient report is only available in read-only format

Create Hub Insights and other analytic reports

Create Hub Insights and other analytic reports

State Mandates
- School District and school/school type stats (compares to PCP clinics)
- Gender and race stats
- Diagnoses
- Treatments
- Type of care provided
- Number of sessions
- On-going care (yes, no)
- % referred to LMHA
- Referral types

Other Metrics
- % of patients benefiting from additional sessions
- Average number of additional sessions requried
- % consent to care
- % consent to sharing school info with psych
- % consent to sharing psych info with school
- % declining any information exchange
- Patient progress on assessments
- Patient treatment adherence by age, gender, ethnicity / race
- % patients choosing to continue tracking on mobile app beyond TCHATT

TCHATT Deployment

Proposed TCHATT Release Schedule

New Assessments & Content

- Add 2 new assessments in English and Spanish
- Add new COVID content to in-take life challeges
- Add new COVID content to daily inflencers

Family Evaluation, Referrals, & Summary of Care

- Document care continuation
- Provide and document referrals
- Collect PCP data
- Document evalation and program effectiveness data
- Complete end of care summary (structured and unstructured text)

| 1 | Phase 1 *(deployed)* | 1.5 | Phase 1.5 *(End of Novemberr)* | 2 | Phase 2 *(End of January* | 3 | Phase 3 *(End of March)* | 4 | Phase 4 *(End of May)* |

TCHATT Deployment

- Create TCHATT HRI organizations
- Allow HRI staff to engage with patients through the existing clinician portal
- Enable patient engagement

Referral, Consents, Patient Enrollment, & Adding and assigning Assesments, Session Documentation and Update

- Update content to include COVID related questions
- Add 2 new assessments
- Ability to update patient profile on Clinician web portal

HRI & Global Insights

- Create analytic rerports for Hub Admins and Leadership to view Hub specific state mandate and other metrics
- Create analytic rerports for TCHATT state-wide and Leadership to view Hub specific state mandate and other metrics

Trayt