

The COSH Report November 30, 2020

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Outline

- Telecommunications
- Data Management System
- CPAN
- TCHATT
- CPWE
- Centralized Referral System

Telecommunications: Lantana

- 11 hubs trained and 10 operational
- 2 hubs not operational with Lantana
- Move to Auto-attendant process occurred November 13, 2020
 - Standardized messages
 - Standardized Holiday Schedule
 - Teams to cover when needed- standardized process
 - Metrics on calls across the state can be reported at next meeting (ie response time)

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. On CFO desk for signature
- Payment for services related to build out and training for CPAN completed
 - CPAN optimization occurring- Trayt has scheduled releases based on feedback
 - Phase 3 currently
- See attachments related to TCHATT workflow
 - All outcome measures will be available to TCHATT teams November 30, 2020
 - Still Awaiting Joinder agreements – several still outstanding
- First meeting on CPWE with the teams across Texas to discuss implementation of Trayt platform
- Federal Authentication System- TBD once contract completed
- TCHATT School Screening-TBD

Data Governance Council

- 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
 - CPAN surveys process has been finalized for new enrollment and first time caller.
 - Each CPAN team is to send out surveys based on the defined process
 - Internal Evaluation Team will provide this information to CPAN teams, COSH, and the TCMHCC executive committee
- Next Up TCHAT survey process meeting to be scheduled

CPAN Summary

- Educational materials have been sent to all HRI teams
- Teams are seeing steady increases in activity
- CPAN Hub Process for transferring calls and Hubs being off-line have been developed
- Communication and Educational Outreach Efforts
 - Teams across Texas continue in their efforts to engage, enroll and assist PCPs
 - Dr. Williams presented to NAMI North Texas on both CPAN and TCHATT programming November 2020
 - Brain Summit Presentation with Drs. Lakey and Williams discussing initiatives November 2020

CPAN: Summary

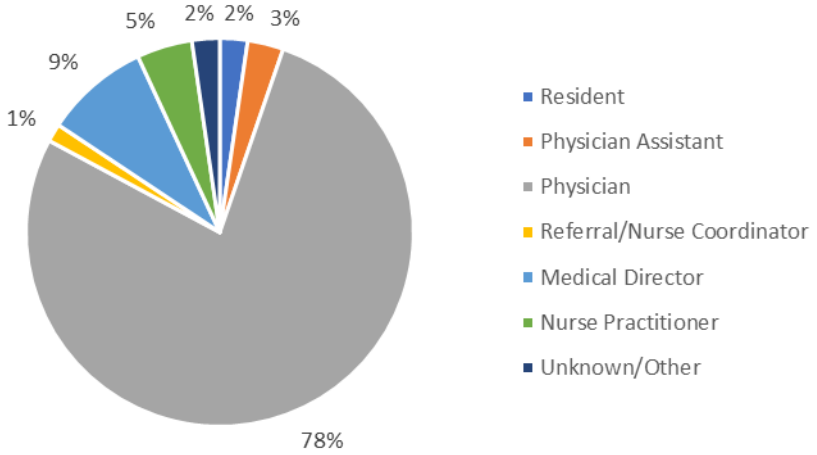


- Providers Registered in CPAN = 2420
- Clinics Registered in CPAN = 279
- Total # of calls for CPAN = 734
- In the last month we have had a 40% increase in calls to CPAN

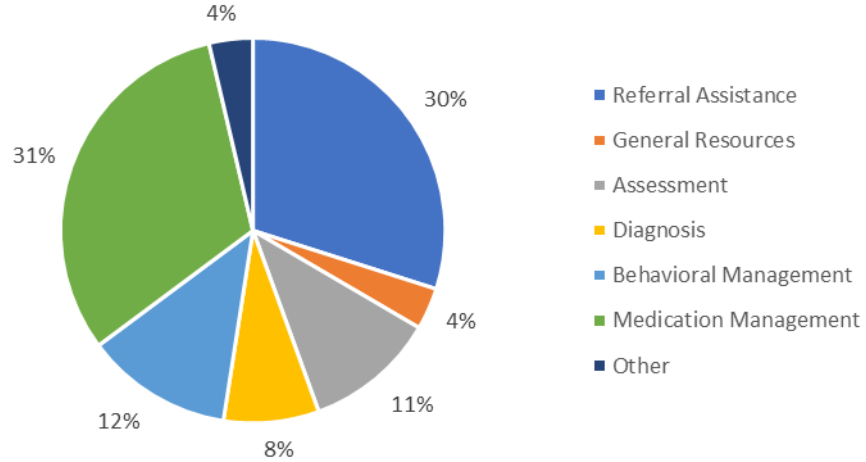
CPAN: In Progress



CPAN Consult Calls by PCP Type



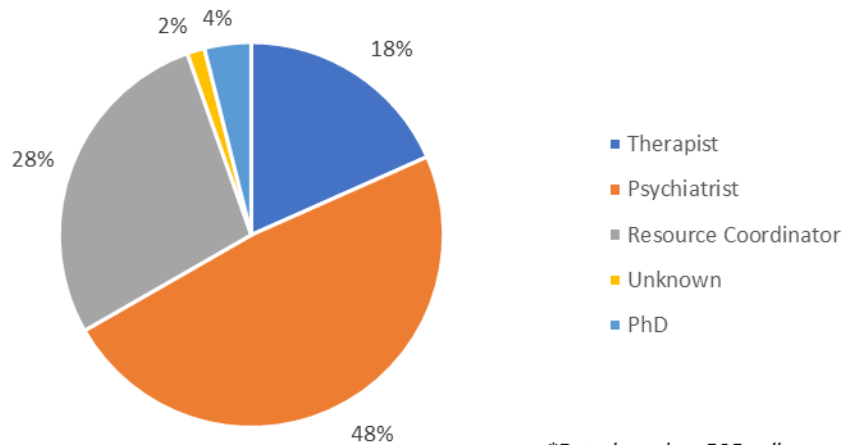
CPAN Consult Calls by Reason For Call



CPAN: In Progress

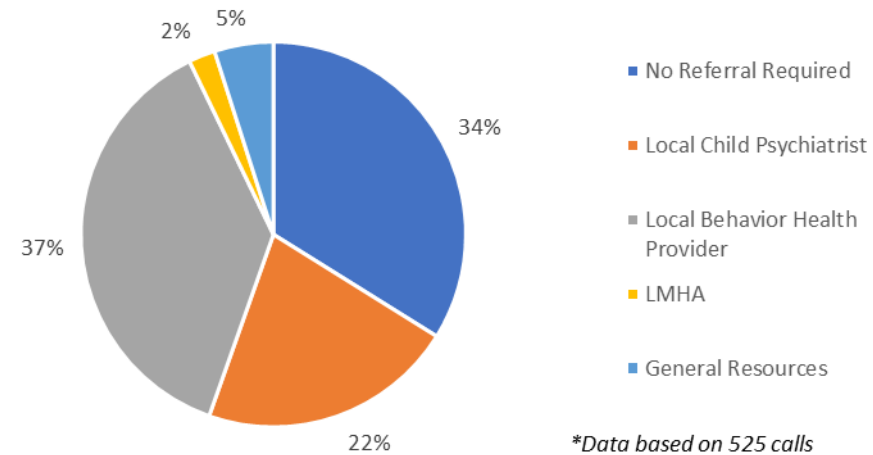


Consulting CPAN Team Member



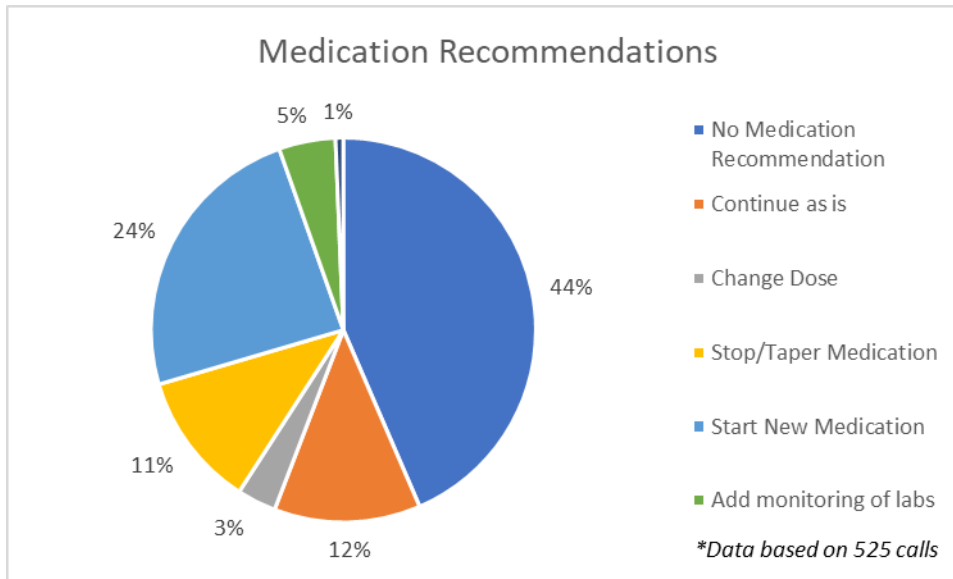
**Data based on 525 calls*

Referral Recommendations



**Data based on 525 calls*

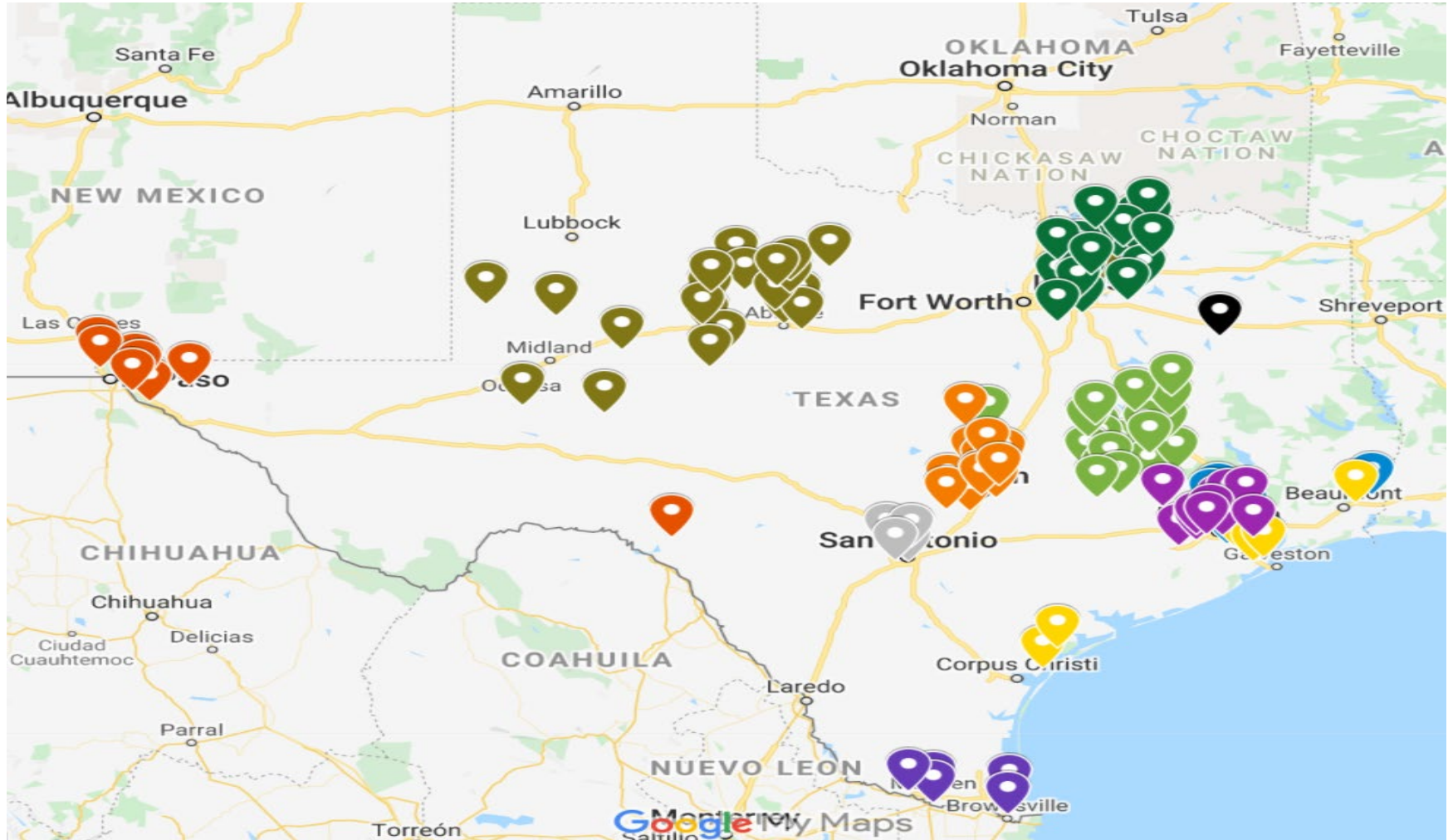
CPAN: In Progress



TCHATT Summary:

- Currently providing services to ~ 96 ISDs across the state
- Total Referrals as of November 16, 2020
 - 878 (1 team awaiting results; 2 teams not started yet)
 - Average age: 11.6
 - More detailed TCHATT metrics will be available January 2021
 - COSH hired Project Manager starting in December
 - Teams providing metrics still in somewhat disparate ways
 - Many of the services are ongoing
 - Will report out grade level, gender, status at completion of services, Service provider type at the next meeting

TCHATT MAP:



CPWE: In Progress

- Step 1: COSH working with each HRI to determine how best to utilize the Tragt System for Data collection- First meeting occurred November 17,2020. Next meeting early December
- Work with Tragt on roll out for patient outcome collection within LMHA teams once first step is achieved
- Plan is to utilize Tragt as is- and use the same measures employed for TCHATT and CPAN

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.

QUESTIONS



	Name of LMHA or agency	MOU status	Monthly Resident FTE*
UTHSCSA	CHCS	YES	2
	Gulf Bend	IN PROCESS	
	Hill Country MHDD	IN PROCESS	
Baylor (see note on tab)	Harris Center	YES	1
UTMB	Gulf Coast Center LMHA	YES	1
Texas Tech El Paso	El Paso Child Guidance Center	YES	1.1
	Aliviane	YES	0.7
	Emergence Health Network (LMHA)	YES	0
UT Houston	HARRIS CENTER	Yes	0.5
	TEXANA CENTER	Yes	0.9
UTSW	Metrocare	YES	0.1
Texas Tech Lubbock	StarCare Specialty Healthcare System	IN PROCESS	2
UTRGV	Tropical Texas Behavioral Health	YES	4.7
	Nueces Center MHID	YES	0.3
	Border Behavioral Health	YES	0.05
	Coastal Plains Community Center	YES	0
TAMU			
UT Tyler	Andrews Center	YES	2

Number of Residents on Monthly Rotation*	Other Trainees (if Applicable)	Unique Clients served, start of program throught Oct 31, 2020**
2	1 medical student	299

4		
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2	N/A	100
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8	0	184
6	0	45
0	0	0

1		90
2		42

1	resident elective rotation	0, MOU begins 11-1-20
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6	0	0
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13		2083
2		4
1		4
0		0

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7	0	71
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Total Encounters, Start of Program through Oct 31, 2020	Percent Child and Adolescent
452	100%

*Example: If a two residents each are hal
nd Sep, Patient #2 is seen in July, Sep, Oct, th

	90%
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146	100%
-----	------

302	95%
122	84
0	0

90	100%
47	100%

0	N/A
---	-----

0	75%
---	-----

2780	0.102
4	0
5	1
0	0

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96	30.21
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If time each month, there is 1.0 FTE with 2 residents rotating
ere are twc

YES
NO
IN PROCESS

At BCM our fellows are working within various locations of the Harris Center in order to provide an improved patient experience outside of the normal patient volume. The fellows rotate with the Mobile Crisis Team and/or the work with the Juvenile Justice Team seeing how the Harris Center assist youth in their system. This is followed by a child psychiatrist who is a senior administrator. Finally, they work with a child psychiatrist who is a senior administrator. This is followed by a child psychiatrist who may function in within an LMHA setting. BCM will be able to provide some of these services and the fellows already have clinical experiences with direct patient care in the Harris Center. Furthermore, BCM will be able to show necessarily improved wait metrics as a result.

nt metrics in the near future. However, our goals for this rotation where about enhancement



External Evaluation Activities for Texas Child Mental Health Consortium Initiatives for Senate Bill 11

Melissa Peskin, PhD and Lara Savas, PhD, Principal Investigators

Multi-Disciplinary Evaluation Team

- **UTHealth School of Public Health**

- Lara Savas, PhD and Melissa Peskin, PhD (PIs)

- **Rice University Baker Institute for Public Policy Research**


- Quianta Moore, MD, JD (PI) (subcontract PI)

- **Decision Information Resources**

- Sylvia Epps, PhD (PI) (contract lead)



Year 1 Evaluation Goals

- ▶ Develop infrastructure to support a rapid cycle evaluation framework that allows for real-time program monitoring and improvement
 - ▶ Increase understanding of best practices for program implementation across sites and potential impact of programs on equitable access to mental health assessments and ongoing services
 - ▶ Provide monthly progress reports, interim quarterly evaluation reports, and a final report of early (1-year) impacts.
- 

Guiding Frameworks

- CDC conceptual framework for program evaluation
 - Engage stakeholders, describe the program, focus the evaluation design, gather credible evidence, justify conclusions, ensure use and share lessons
- Logic models
- **R**each **E**ffectiveness **A**doption, **I**mplementation, and **M**aintenance (RE-AIM) framework

Centers for Disease and Control and Prevention (CDC). CDC Program Evaluation Framework Checklist for Step 2: Describe the Program. 2018; www.cdc.gov/eval/steps/step2/Step-2-Checklist-Final.pdf. Accessed September 1, 2020.


Jilcott S, Ammerman A, Sommers J, Glasgow RE. Applying the RE-AIM framework to assess the public health impact of policy change. *Annals of Behavioral Medicine*. 2007;34(2):105-114.

Evaluation Goals

- Goal 1 (Quarter 1): Conduct formative evaluation to examine program inputs and planned activities, and finalize evaluation measures, data sources and reporting systems.
- Goal 2 (Quarter 2, through end of Year 1): Conduct a multi-level ongoing process evaluation to examine reach, adoption, implementation and maintenance of the programs
- Goal 3 (Quarter 2 through end of Year 1) Conduct a multi-level outcome (summative) evaluation and cost analysis of TCHATT, and CPAN, and Psychiatry Workforce Expansion (CPWE and CAP fellowships) initiatives.



Formative Evaluation

- Goal: Engage with stakeholders to review and document the existing implementation plans, and document current practice as planned through use of process mapping
 - Identify existing data sources available for the process and outcome evaluation
 - Design and develop the database of existing data for analysis
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Process Mapping Protocol (CPAN and TCHATT)

- ▶ Review implementation plan developed by Consortium and each of the HRIs
- ▶ Complete preliminary process maps
- ▶ Conduct virtual Computer Assisted Group Interviews with stakeholders
 - ▶ Up to 2 key informants from each HRI to obtain feedback on initial process map
 - ▶ Up to 3 key informants (e.g., practice managers, medical directors, PCPs, and other providers) from a diverse sample of 20 clinic sites [CPAN]
 - ▶ Up to 2 key informants (e.g., principal, nurse, counselor, teacher) from a diverse sample of 20 school districts [TCHATT]
- ▶ Complete process maps for each site for CPAN and TCHATT and review with program stakeholders
- ▶ Update logic models as needed



Process and Outcome Evaluation Goals

- To increase understanding of intervention reach (organizational and individual), level of implementation and implementation fidelity (Process)
- To understand the characteristics of participants and engagement in different program components (Process)
- Identify facilitators and barriers to implementation at the organizational- and patient-level (Process)
- Examine preliminary program effectiveness (Outcome)

Process and Outcome Data Collection (CPAN)

- ▶ Analysis of existing data sources
- ▶ Online quantitative surveys (Mid-year and End of year)
 - ▶ Representative sample of 100 clinics (~5 people per clinic surveyed)
- ▶ 5 virtual focus groups with clinic staff (e.g., practice managers, medical directors, PCPs and other providers) (End of year)
- ▶ Example Outcomes
 - ▶ implementation fidelity and level of implementation
 - ▶ satisfaction and contextual factors associated with implementing the program
 - ▶ determinants of implementation (knowledge, attitudes, and skills)
 - ▶ implementation practices that increase equitable access
 - ▶ proportion of unique children/patients served by PCPs and from a medically underserved and/or vulnerable population

Process and Outcome Data Collection (TCHATT)

- Analysis of existing data sources
- Online quantitative surveys (Mid-year and End of year)
 - Representative sample of 250 school district stakeholders (e.g., principals, nurses, counselors, and/or teachers)
- 5 virtual focus groups with school district staff (End of year)
- Example Outcomes
 - level of implementation
 - determinants of implementation (e.g., knowledge, attitudes, and skills)
 - experiences with the program
 - implementation maintenance
 - proportion of students served (total), by provider type, from medically underserved and/or vulnerable populations)

Process and Outcome Data Collection (CPWE and CAP)

- ▶ Analysis of existing data sources
- ▶ 30 in-depth interviews (End of year)
 - ▶ child psychiatrist residents and fellows, academic faculty and local mental health providers
- ▶ Example Outcomes
 - ▶ experiences providing mental health care in community settings
 - ▶ experiences providing additional child and adolescent psychiatry fellowship opportunities
 - ▶ contextual factors associated with implementing and maintaining the workforce expansion programs
 - ▶ # of unique patients seen at LMHAs (and from vulnerable and/or underserved populations)
 - ▶ # of child and adolescent patients (and those from vulnerable and/or underserved populations) seen in CAP open and filled institutions

Key Deliverables for Process & Outcome Analysis

- Evaluation of reach, implementation, and adoption of initiatives across sites and organizational- and individual-level influencing factors
- Evaluation of whether implementation practices result in equitable participation of practices that reflect the racial and economic diversity of the population served
- Comparison of implementation by the HRIs and between TX Model and Other States
- Program Satisfaction
- Comparison of program outcomes (in the total population and among vulnerable and/or medically underserved populations) across the one-year time period
- Evaluation of barriers to mental health services for various vulnerable populations
- Budget analysis to examine the initiatives' costs, focusing on cost of implementation and costs associated with numbers of people served



Thank You and Questions

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

November 30, 2020

10:00 AM – 1:00 PM

Agenda

Live Stream link: <https://www.youtube.com/channel/UCSQqIc7NFQEGISPOs6Ar7IA>

Phone: 1 (346) 248-7799

Webinar ID: 992 9458 8237

Passcode: 702701

-
- I. Call to order and roll call**
 - II. Review and approve the following item:**
 - a. Minutes from October 29, 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. Research Initiative
 - d. External Evaluation of TCMHCC by University of Texas Health Science Center School of Public Health
 - e. Additional updates (if needed) on other activities associated with implementation of TCMHCC initiatives
 - IV. If necessary, closed session for consultation with attorney regarding legal matters, related to posted items, pursuant to Section 551.071 of the Texas Government Code**
 - V. Discuss, consider, and if appropriate, approve information and updates provided by the Baylor College of Medicine in the role of the Centralized Operations Support Hub (COSH) relating to implementation of the COSH, and/or information provided by HRIs relating to CPAN, TCHAT, or CPWE. 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 (may include Trayt and/or Lantana updates)
 - b. CPAN update
 - c. TCHAT update
 - d. CPWE update
 - VI. Adjournment**

Next meeting January 15, 2021 10:00 – 3:00.

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TCMHCC RESEARCH NETWORKS

Charles Nemeroff
Madhukar Trivedi
Carol Tamminga

PROGRESS: RESEARCH NETWORKS

11/30/2020

CHILDHOOD TRAUMA NETWORK

- IRB approved (9/2020)
- 12 Sites Participating
- 5 Nodes entering cases
- Node, staffed & trained
- Electronic dashboards
- Cases entered: 66
- Pace, ↑ exponentially
- 2400 cases projected

DEPRESSION, SUICIDE NETWORK

- IRB approved (7/2020)
- 12 Sites Participating
- 5 Nodes entering cases
- Node, staffed & trained
- Electronic dashboards
- Cases entered: 35
- Pace, ↑ exponentially
- 1800 cases projected