

tcmhcc

Texas Child Mental Health Care Consortium

COSH January 2021 Report



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COSH OUTLINE

- COSH Operational Updates
- CPAN
- TCHATT
- CPWE
- Centralized Referral System



COSH Operational Updates

- Marketing:
 - Texas Pediatric Society contract finalized
 - Includes monthly email blasts to TPS listserve
 - Advertisements in TPS newsletter
 - First email blast will include brief letter from TPS President Seth Kaplan, MD; CPAN interactive map and the short CPAN video with Drs. Tran and Williams
 - COSH will coordinate with Texas Association of Family Physicians to do similar cadence of content
 - Consideration for COSH Instagram and Twitter accounts- need executive committee input

COSH Operational Updates

- Coordination with TEA
- Presented TCHATT to TEA December 2, 2020 MHBH Leadership team
- Presented TCHATT to MHBH PLC TEA Meeting December 16, 2020
 - Goal is coordination of efforts for 2nd and 3rd waves of ISD TCHATT services targeting rural and low-resource districts.
 - Each HRI is partnering with their regional MHBH teams

COSH Operational Updates

- Data Governance Council Updates
 - Met December 8, 2020
 - Data Definition discussions continue
 - Data Library build will occur as definitions are agreed upon



CPAN

Child Psychiatry
Access Network



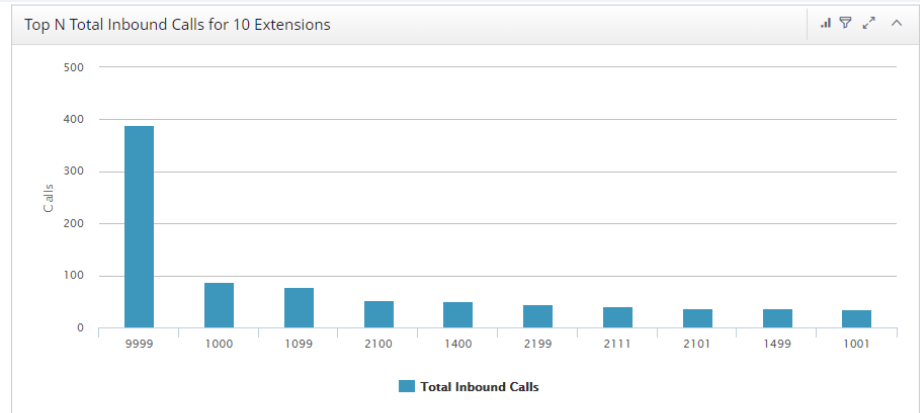
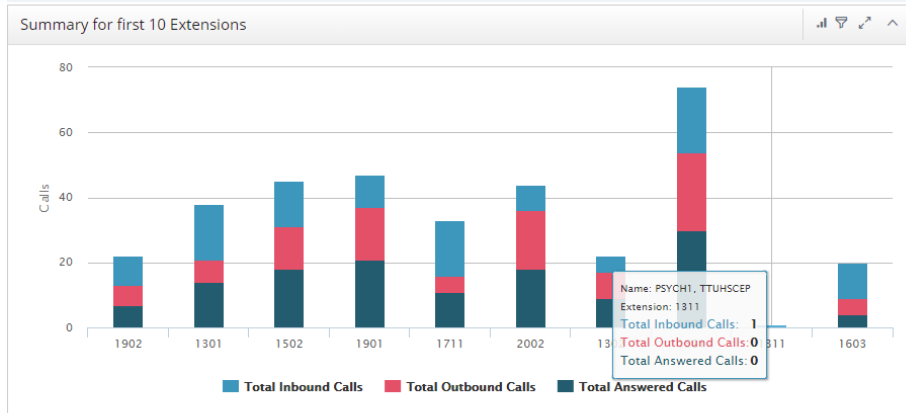
CPAN
Child Psychiatry
Access Network

- Lantana

- 10 of the 12 teams are fully operational with Lantana platform
- Created SOP for hub closures
- Dashboard for State Metrics is completed
 - Review data and dashboard
 - Dashboard training for all HRIs next Tuesday January 19, 2021
 - Will include internal and external evaluation team

Lantana Dashboard

Extensions Summary - 12/01/2020 - 12/31/2020 (America/Chicago)



Extension	First Name	Last Name	Department	Branch	External Inbound					External Outbound			
					Total	Answered	% Answered	Abandoned	Missed	Active	Total	Answered	% Answered
1000	BCM	Main		Baylor College of Medicine (Houston)	88	80	91%	1 (1%)	8 (9%)	0	0	0	-
1300	TTUHSCEP	Main		Texas Tech HSC (El Paso)	8	7	88%	1 (13%)	1 (13%)	0	0	0	-
1400	TTUHSC	Main		Texas Tech HSC (Lubbock)	45	41	91%	0	4 (9%)	0	0	0	-
1500	UNTHSC	Main		University of North Texas HSC (Fort Worth)	18	13	72%	3 (17%)	5 (28%)	0	0	0	-
1600	UTHSCH	Main		University of Texas HSC (Houston)	26	15	58%	2 (8%)	11 (42%)	0	0	0	-
1700	UTHSCSA	Main		University of Texas HSC (San Antonio)	20	18	90%	1 (5%)	2 (10%)	0	0	0	-
1800	UTHSCT	Main		UT HSC (Tyler)	23	23	100%	0	0	0	0	0	-
1900	UTMB	Main		University of Texas Medical Branch (Galveston)	16	12	75%	0	4 (25%)	0	0	0	-
2000	UTRGV	Main		University of Texas Rio Grande Valley SOM (Edinburg)	5	5	100%	0	0	0	0	0	-
2100	UTSW	Main		University of Texas Southwest Medical Center (Dallas)	51	46	90%	1 (2%)	5 (10%)	0	0	0	-



CPAN
Child Psychiatry
Access Network

- Trayt
 - All teams are operational with Trayt as of January 2021.
 - Prior to that 11/12 teams utilized Trayt for all aspects of CPAN
 - Upgrades to platform based on HRI Hub feedback
 - Trayt Dashboard with state metrics
 - Review data and dashboard now
 - Trayt will schedule training in January for all HRIs and internal and external evaluation teams for dashboard

Trayt Dashboard: Overview

Overview Dec, 2020

2690
ENROLLED PROVIDERS



341
ENROLLED CLINICS



516
COMPLETED CALLS



455
PATIENTS SERVED (EST.)



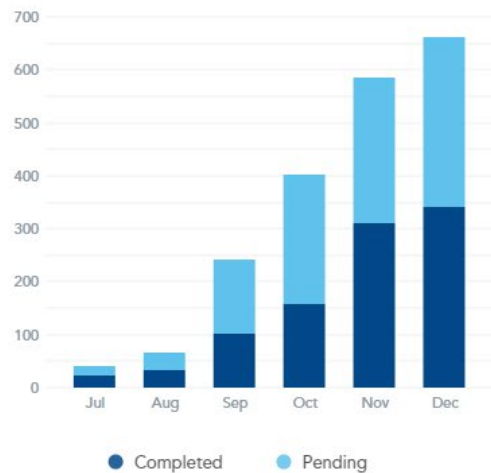
74.6%
RESPONSE WITHIN
30 MIN

21
MEDIAN RESPONSE
TIME (MIN)

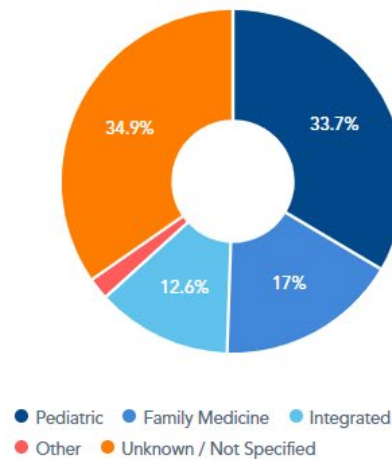


Enrollment

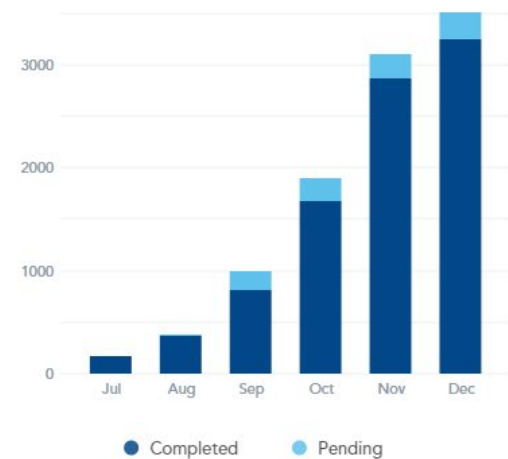
Clinic Enrollment i



Clinic Type i



Clinic Staff Enrollment i

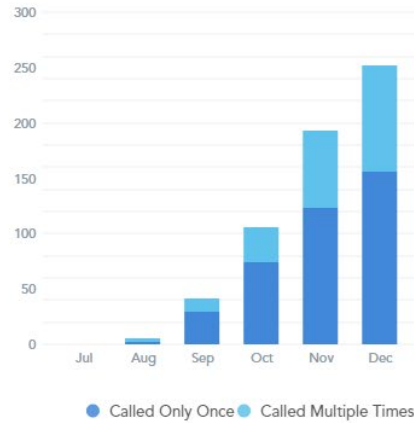


Trayt Dashboard: Call activity

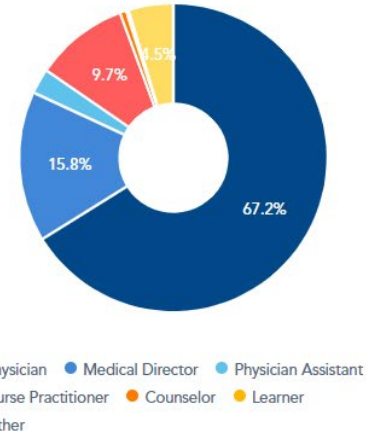
Monthly Call Volume i



Clinic Staff Engagement i

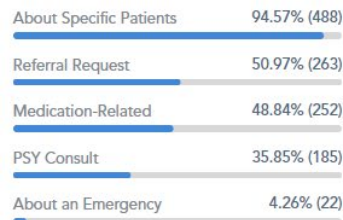


Clinic Staff Roles i



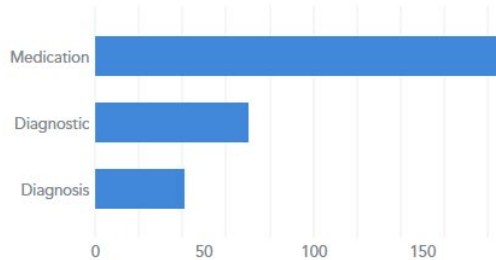
Purpose of Call i

516
TOTAL NO. OF CALLS



Change Recommendation i

228 CALLS RECOMMENDING CHANGE
44.2% OF COMPLETED CALLS



Referrals i

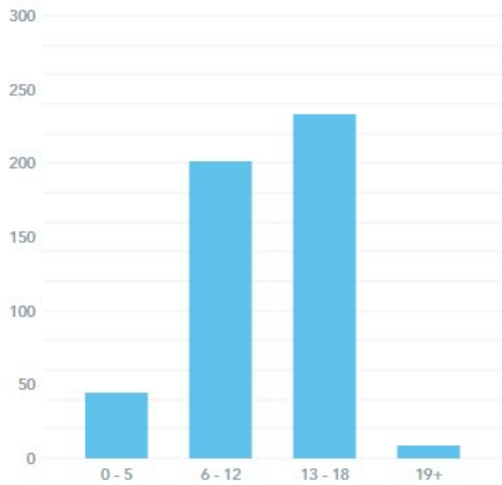
253 CALLS WITH REFERRALS
49% OF COMPLETED CALLS



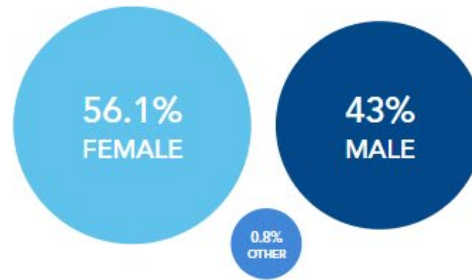
Trayt Dashboard: Demographics

Demographics ⓘ

Age

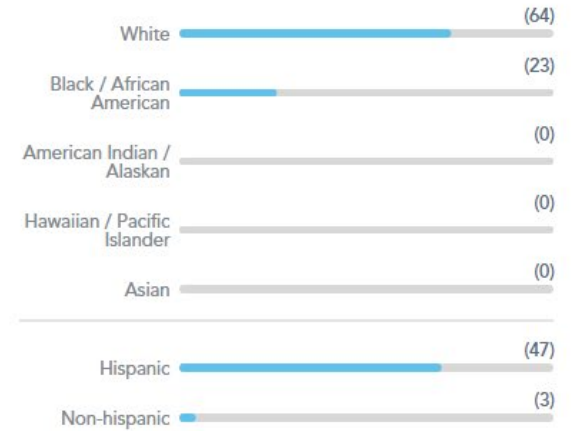


Gender



Race & Ethnicity

*Less than 20% of calls reporting ethnicity or race.





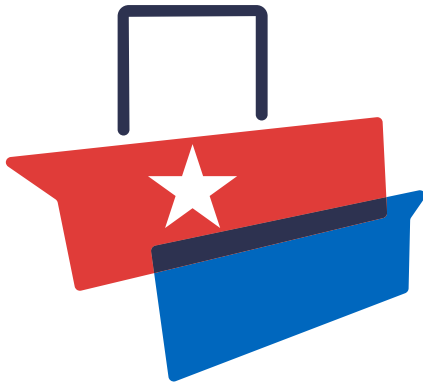
CPAN
Child Psychiatry
Access Network

- Satisfaction surveys:
 - Current surveys
 - Enrollment survey (baseline characteristics)
 - 1st Time PCP call
 - Annual survey (linked to enrollment to see changes over time)
 - Possible super-user survey
 - Questions related to PCP super users
 - Future directions
 - Survey exists OUTSIDE of the Trayt platform
 - Survey data is held by Internal Evaluation team



CPAN
Child Psychiatry
Access Network

- PCP enrollment metric
 - How often should CPAN “update” this metric
 - Annually
 - Bi-annually
 - Teams are tasked with identifying all PCPs in their area and indicating either enrollment or reasons for declining- evaluation teams will need access to this raw data
 - PCPs are located through several mechanisms
 - State licensing board (COSH purchased data set provided to all HRIS)
 - Physicians
 - NP
 - PA
 - Outreach



TCHATT

Texas Child Health Access
Through Telemedicine



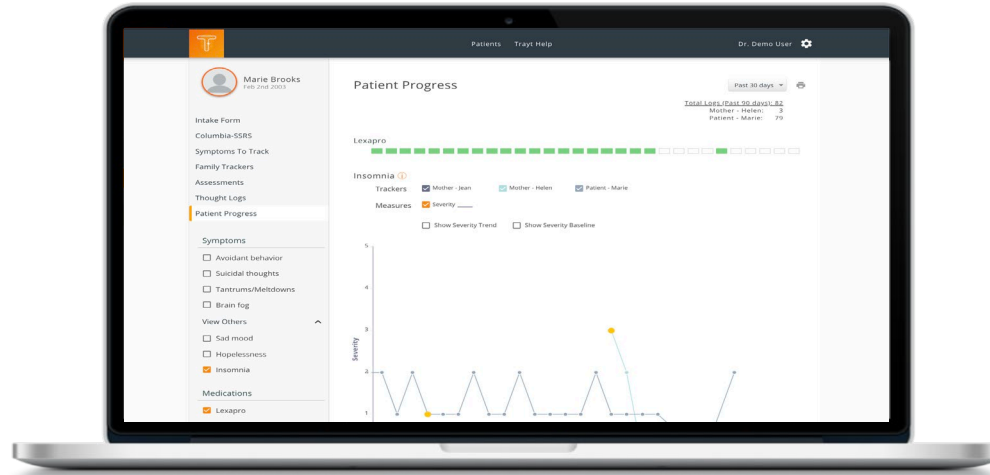
TCHATT
Texas Child Health Access
Through Telemedicine

- All 12 HRI teams have started accepting referrals
- Joinder Agreements for utilization of Trayt:
 - 3 Outstanding: (TAMU, UTSW, and TT El Paso)
- COSH has worked with Trayt for build-out of platform
 - Discuss in next slide implementation timeline
- Continuing to work through standardization across hubs as feasible
- STEPPED-Care Model implementation meetings have started under the direction of Drs. Storch and Blader





TCHAT DEPLOYMENT TIMELINE

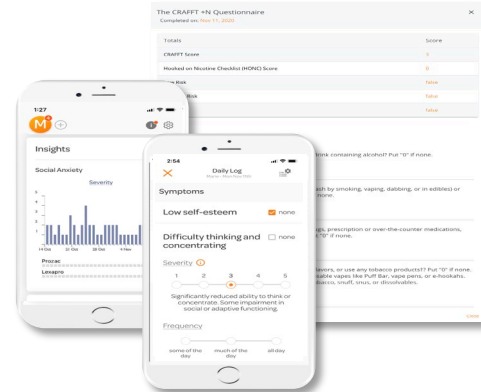


Timing:

- MVP buildout Phase 1: end February
- MVP buildout Phase 2: end March

Not currently in scope:

- Referral & consent management
- EMR integration
- Data migration



- Referral documentation
- Consents to care / release of information

- Intake
 - HRI enrolls patient in Trayt, documenting receipt of consents and scheduled triage appointment or treatment sessions
 - Patient sent invitation for mobile app & completes intake
 - Care team receives alert if patient intake is not completed prior to triage appointment
 - Care team can contact patient and complete telemed intake as necessary (new intake form)

- Triage & Treatment Sessions
 - Patient dashboard tracks ongoing care status
 - Clinician monitors patient progress via clinician portal
 - Patient completes daily log/tracks symptoms on mobile app
 - Clinician can invite additional trackers to help monitor patient
 - Clinician assigns assessments via portal (completed either on mobile app or in browser-based forms). Results tracked in “patient progress” on portal
 - New dashboards record program-specific information (e.g., sessions remaining & alerts)

Close of care

- Clinician records diagnoses, referrals, other ongoing care recommendations
- Care team coordinates patient evaluation and Summary of Care and then archives patient record
- If patient opts out prior to conclusion of care, reason for unenrolling and attempted outreach is recorded and file archived
- Patient notified that they will no longer be under care or monitoring of a TCHAT provider. Has option to continue independent monitoring but must “opt in” for independent mobile tracking

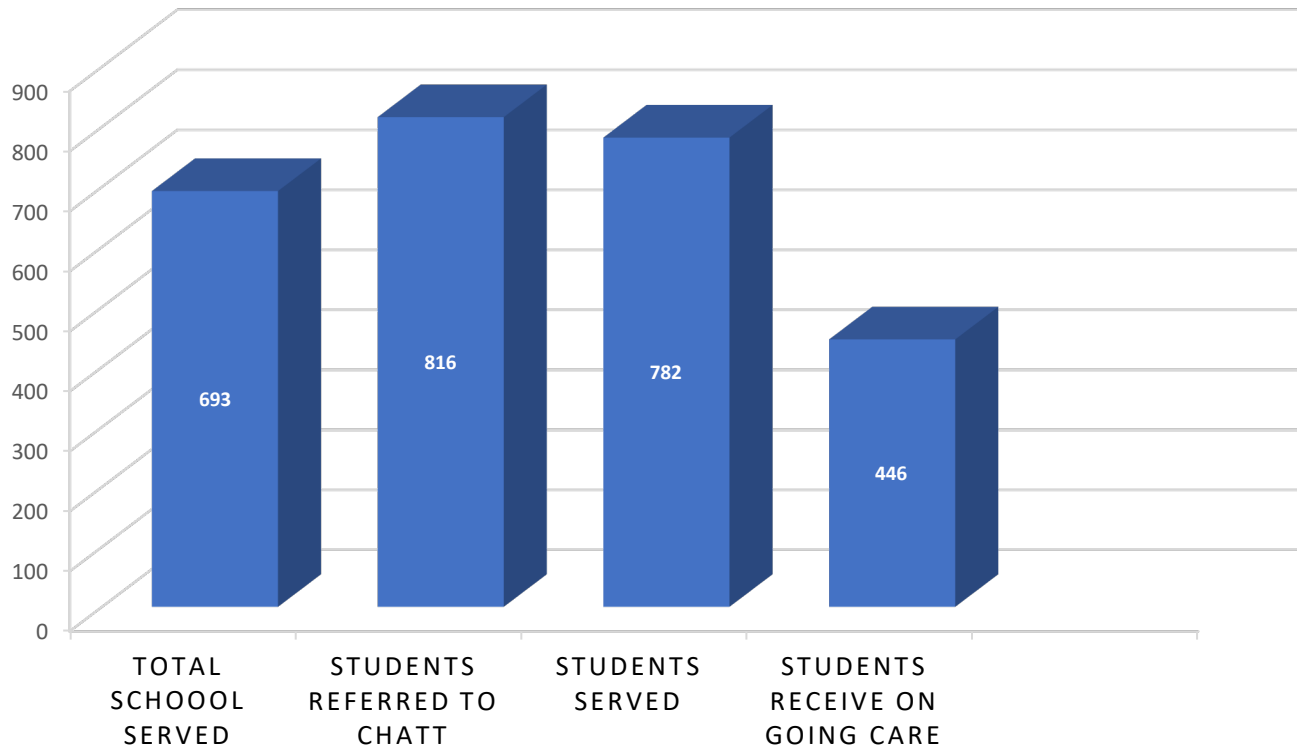
Insights & analytics

- School, Hospital, HRI, Program reporting for key metrics
- Metadata accessible for custom queries



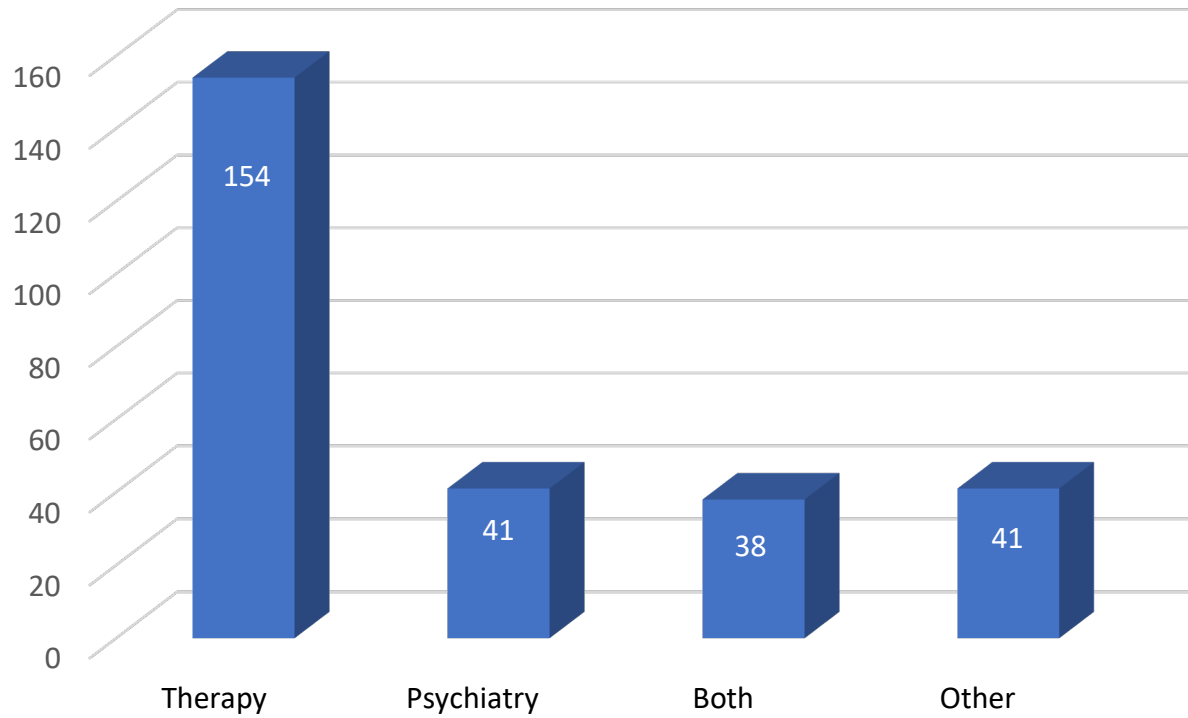
TCHATT
Texas Child Health Access
Through Telemedicine

CUMULATIVE METRICS



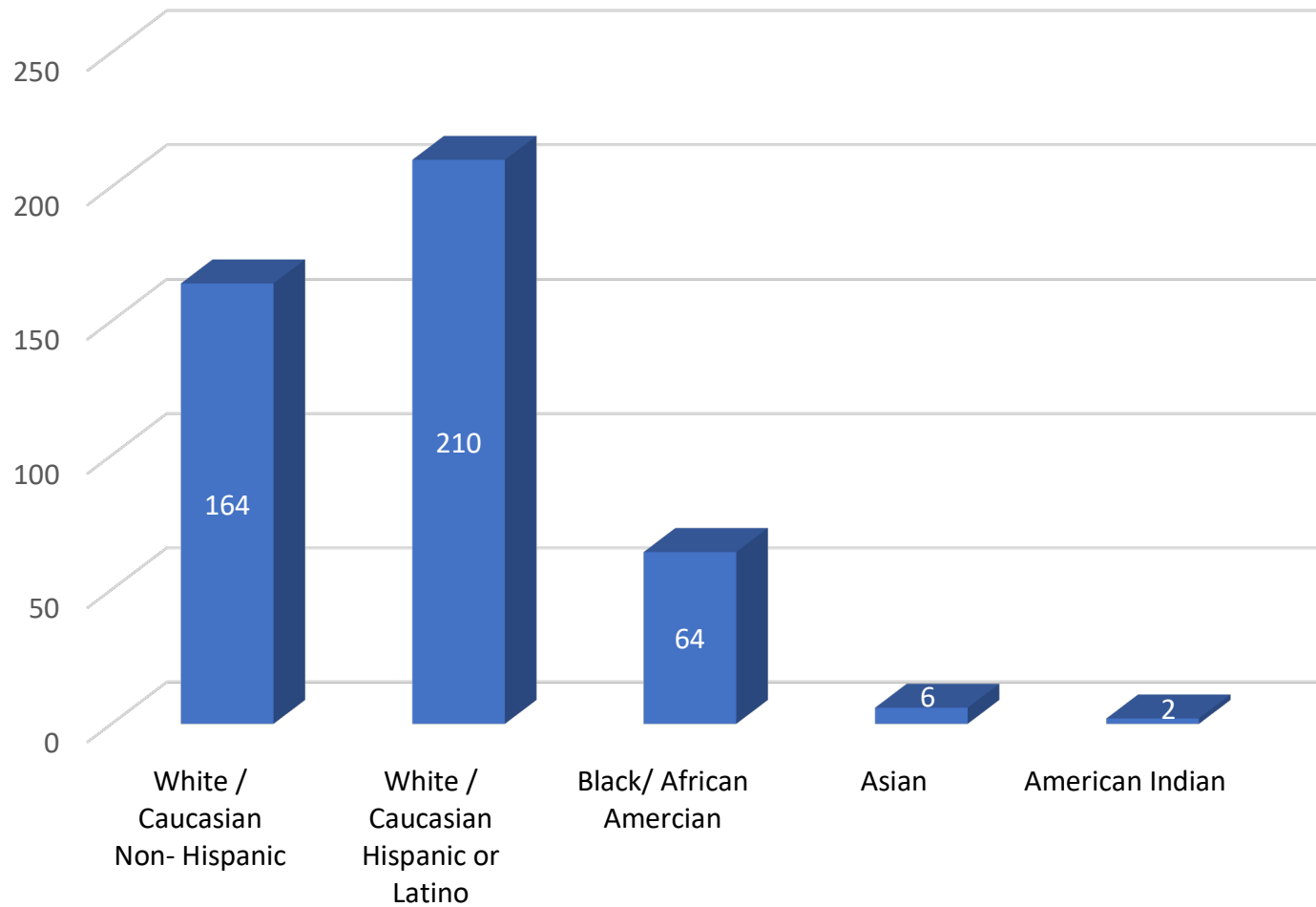


Service type



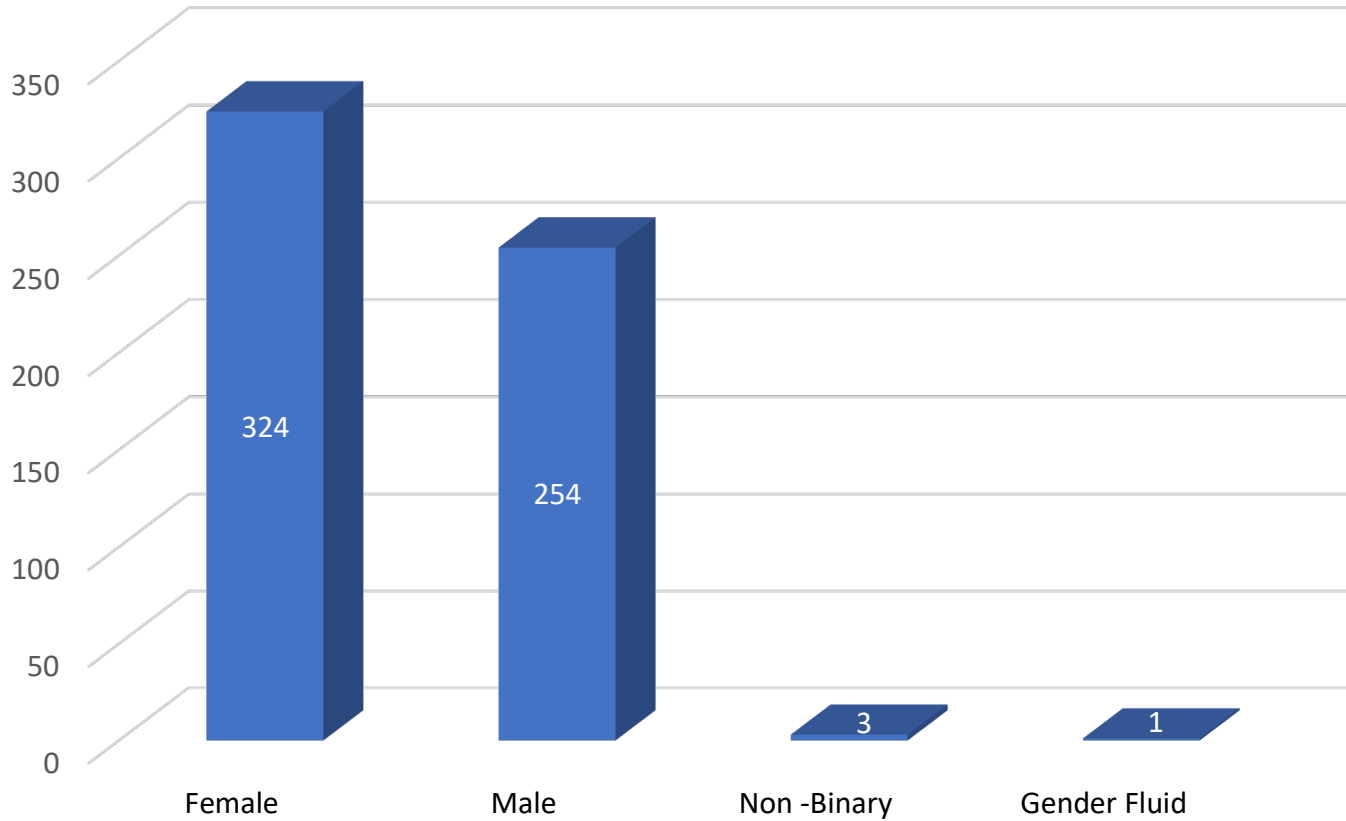


Demographics: Race and Ethnicity





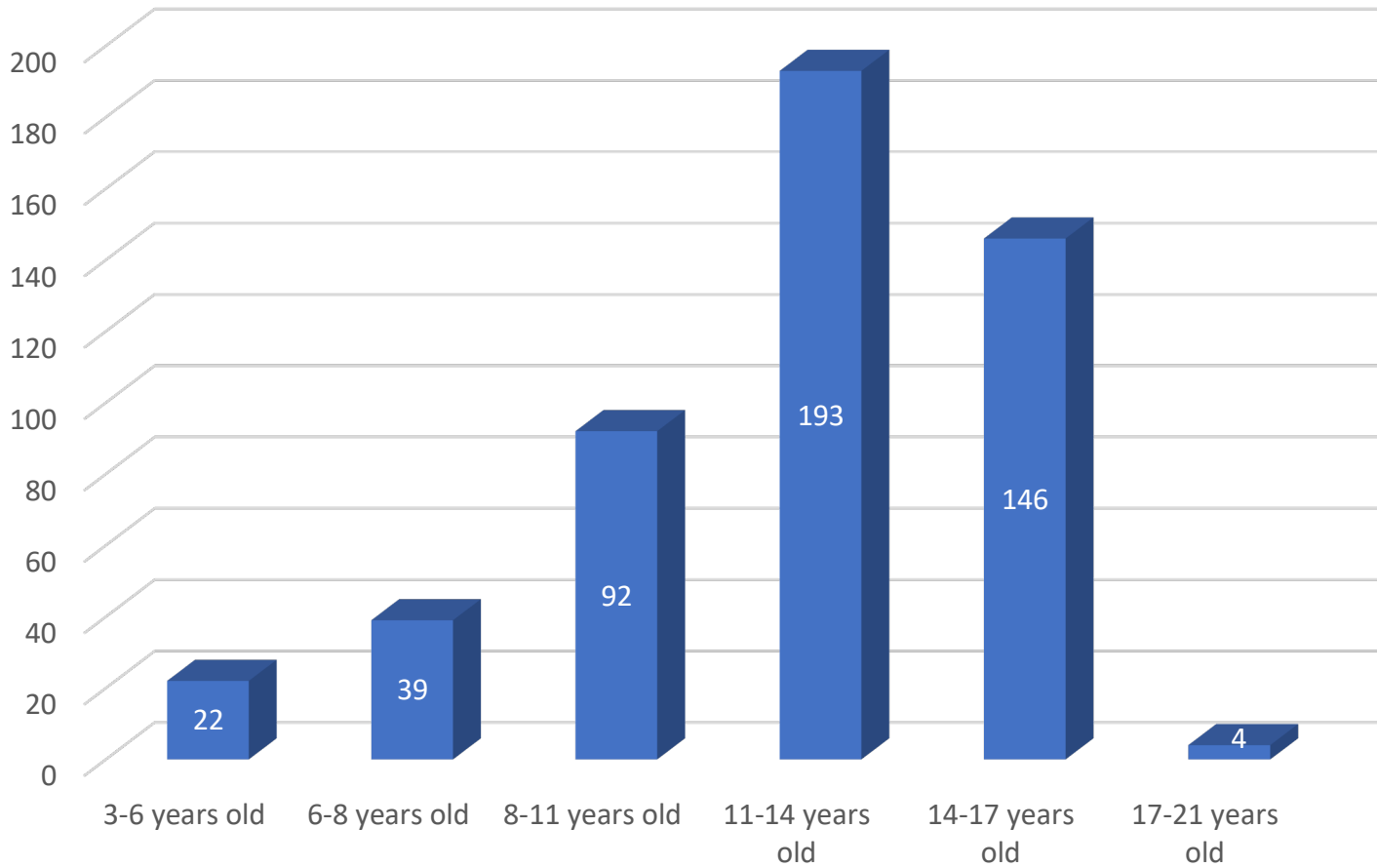
Demographics: Gender





TCHATT
Texas Child Health Access
Through Telemedicine

Demographics: Age Range





TCHATT

Texas Child Health Access
Through Telemedicine

Questions:

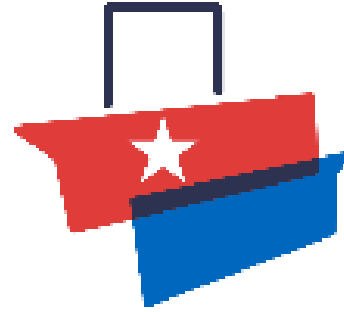
- At completion of care: if no provider available to take over prescribing medications, do we continue prescribing medications?
- Patient that has completed care but is back with a different issue:
 - Are we able to provide services again?
 - If so, what would the patient be considered? New, returning?
 - Will there be a time frame between cycles of treatment before seeing returning patient?
 - Can a returning patient be seen for the same issue?

CPWE and Welnity: In Progress

- Discussions on-going related to CPWE work flows for data collection
- COSH working directly with Welnity to develop plan to collect HRI level referral information.
 - Welnity team would complete the initial upload up to 2500 referral sources
 - Teams and referral sources themselves will/do have the ability to input information

QUESTIONS





CPAN
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CPAN AT A GLANCE

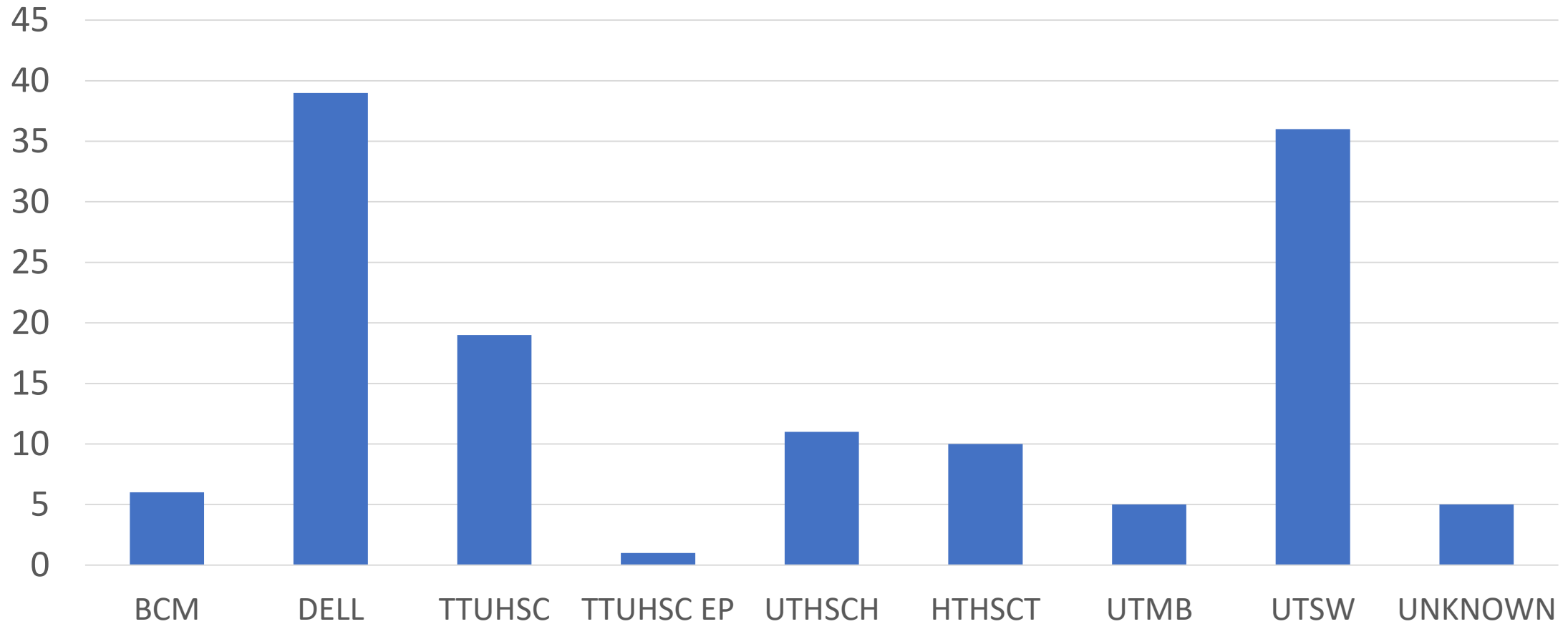
TEXAS CHILD MENTAL HEALTH CARE CONSORTIUM EXECUTIVE COMMITTEE

JANUARY 15, 2021

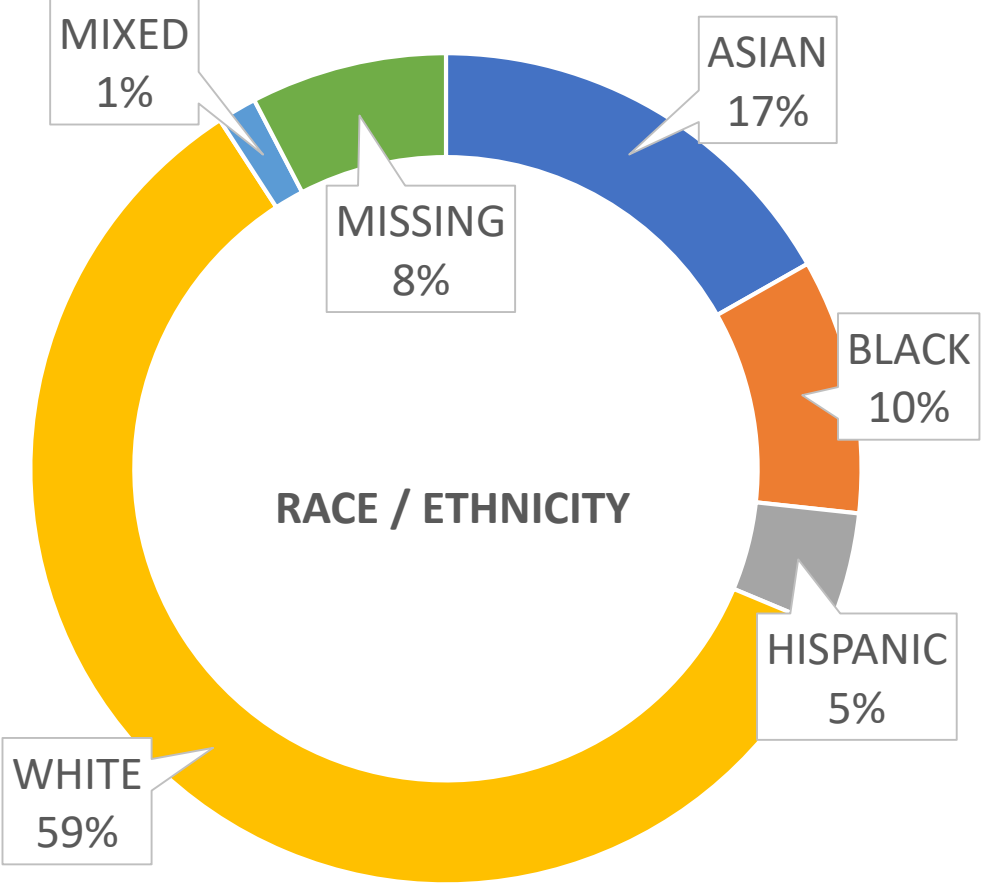
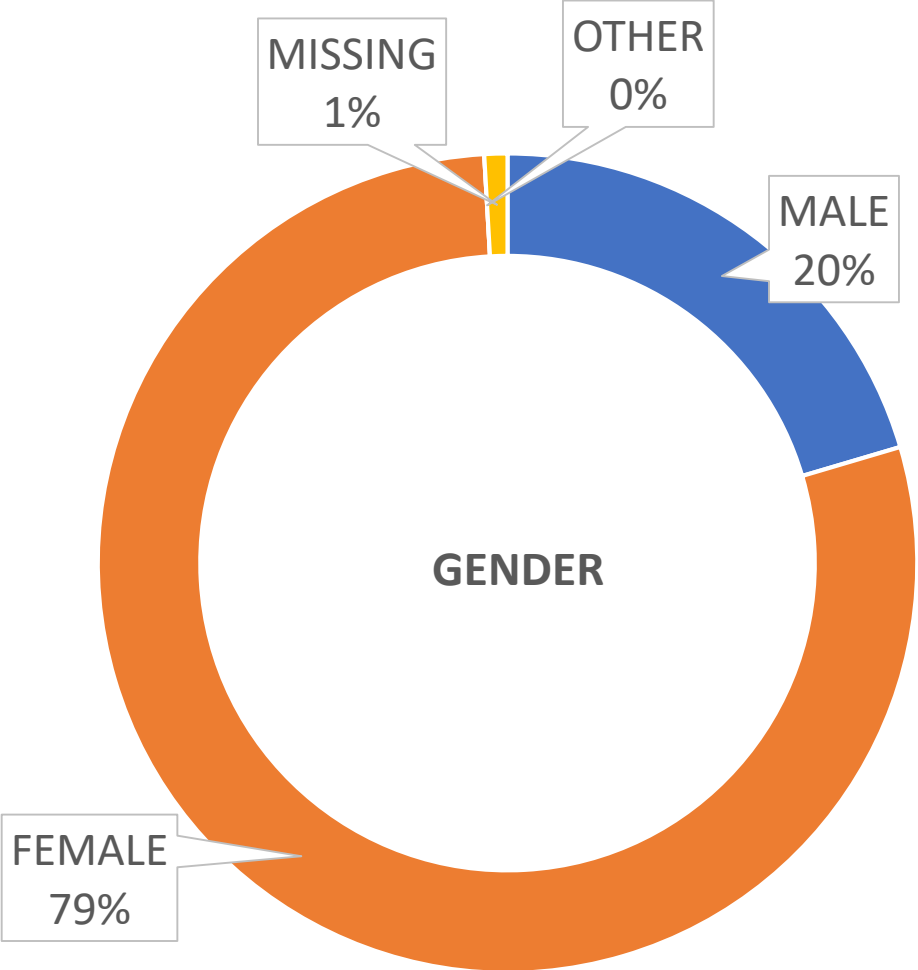
CPAN SURVEY PROTOCOL REMINDER

	EVENT	ACTION
1	New enrollment of PCP	Send out enrollment survey within 4 weeks
2	PCP calls for first CPAN consultation	Send out initial satisfaction survey
3	Enrolled PCP reaches annual anniversary (12-month anniversary since enrollment date)	Send out annual enrollment survey within 4 weeks
4	PCP call for follow-up CPAN consultation	TO BE DECIDED – the frequency for this action is still under discussion

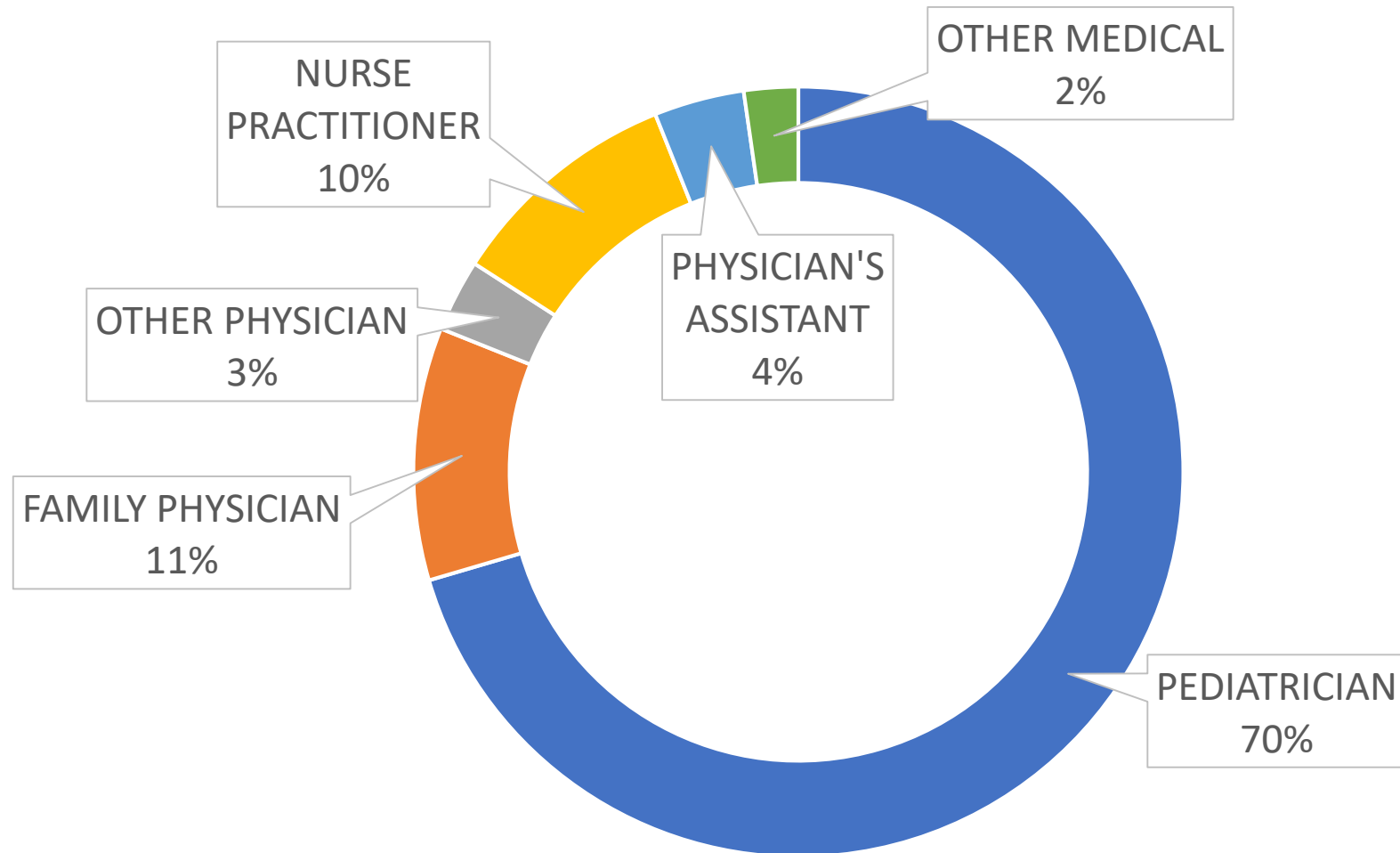
PROVIDER ENROLLMENT SURVEY - SAMPLE



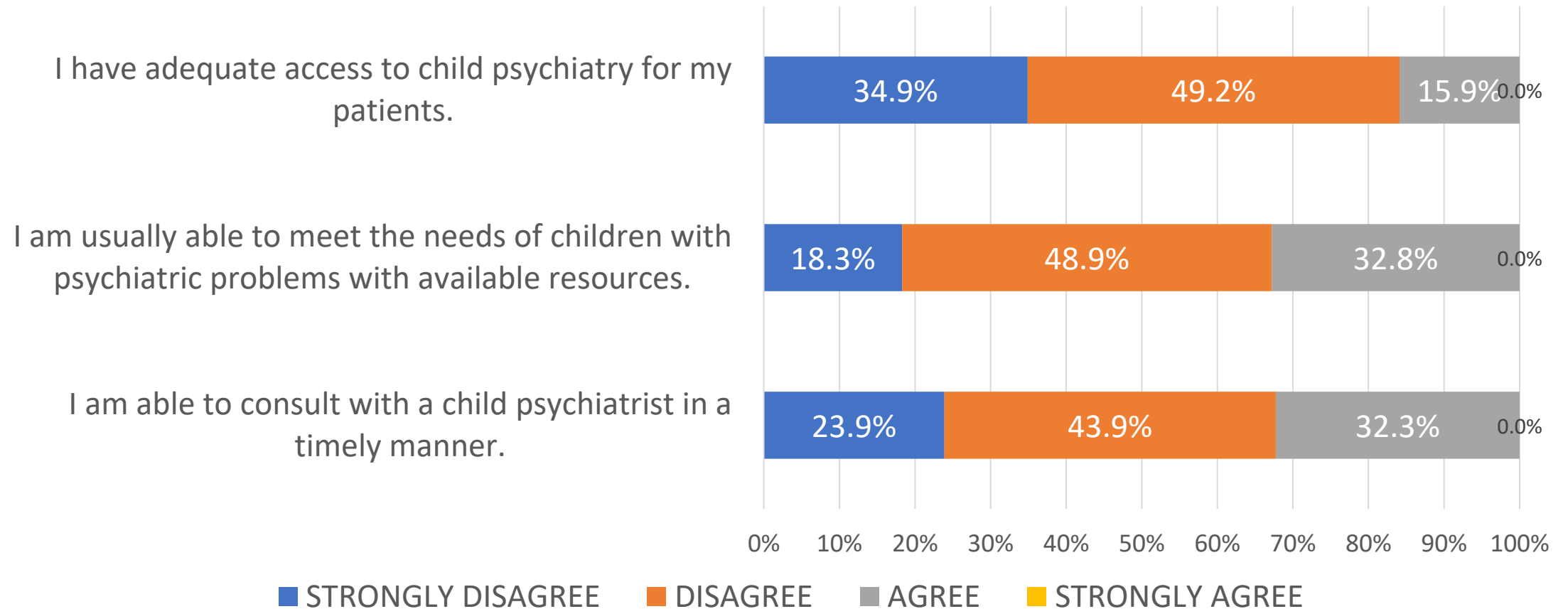
DEMOGRAPHICS OF SAMPLE



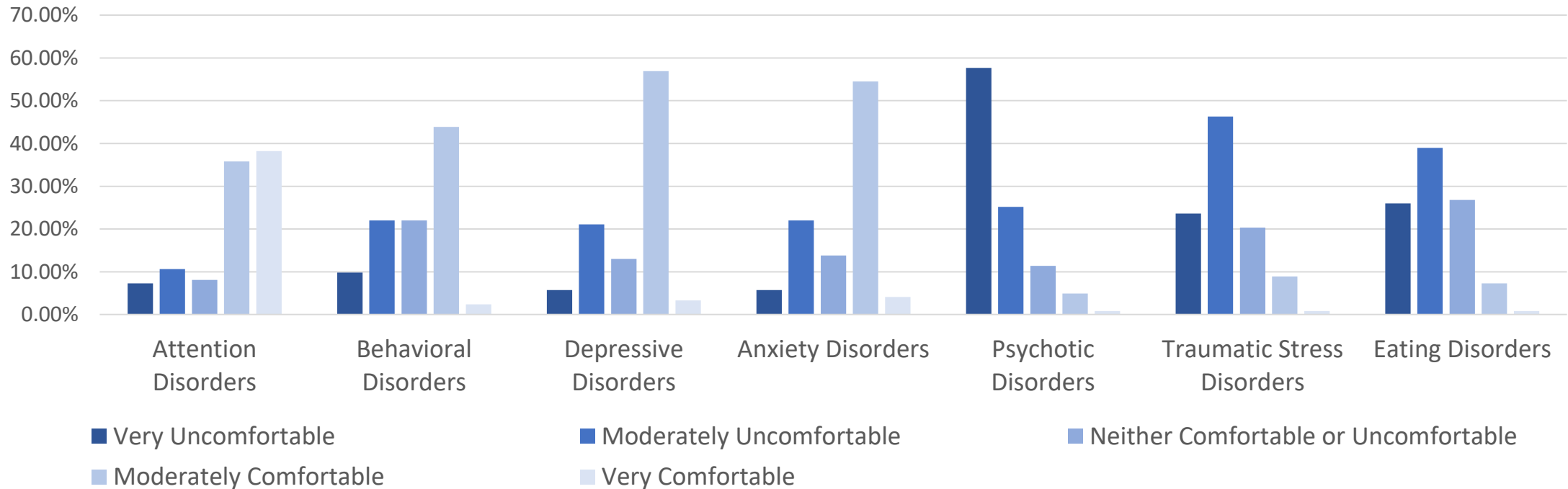
RESPONDENT'S ROLE



PERCEPTION OF ACCESS



COMFORT WITH CARE FOR DIFFERENT PSYCHIATRIC ISSUES



% with Some Comfort	74.0% Attention Disorders	46.3% Behavioral Disorders	60.2% Depressive Disorders	58.5% Anxiety Disorders	5.7% Psychotic Disorders	9.8% Traumatic Stress Disorders	8.1% Eating Disorders
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SELECT COMMENTS ON NEEDS

- Any assistance in helping primary care manage **depression, anxiety**, is greatly appreciated! (specifics: starting antidepressants, finding the right medication, interpreting PHQ9, GAD7, etc).
- **Insomnia** treatment information would be helpful.
- Would love if we could be provided a **simple guide** to most common pediatric psychiatric medications with dosing info, indications, monitoring considerations, etc.
- I would love to have access to consultation for **ongoing issues** as well as acute issues.
- I am unable to attend your training at the times they are offered. If they were **archived for later viewing** that would be helpful.

See handout for additional comments.

CPAN Provider Enrollment Survey Comments January 15, 2021

Is there any other information about your needs you would like to share?

Training and Tools

- Any assistance in helping primary care **manage depression, anxiety**, is greatly appreciated! (specifics: starting antidepressants, finding the right medication, interpreting PHQ9, GAD7, etc.)
- **Insomnia** treatment information would be helpful.
- Would love if we could be provided a simple **guide to most common pediatric psychiatric medications** with dosing info, indications, monitoring considerations, etc. Not sure of where I could find this type of resource directly from a psychiatrist with pediatric/adolescent experience.
- I am unable to attend your training at the times they are offered. If they were **archived for later viewing** that would be helpful.
- **Trainings and seminars** to increase knowledge base

Consultation

- I would love to have access to **consultation for ongoing issues** as well as acute issues. I would love to have access to a psychiatrist to run things by and make sure I am managing everything optimally.

Referrals

- Resources of **psychologists and/or psychiatrists** in the area that take Medicaid.
- CPAN's services would be complete if there could be a **referral to a psychiatrist, if indicated, at the end of the call**. I realize that there simply isn't enough access, but this would have taken the assistance for great to outstanding.
- Referrals for adolescents who have **suicidal ideation/screen positive on ASQ**
- A **list of counselors in the area** would be very helpful

General Mental Health Needs

- At this point it would be helpful if children released from **inpatient psychiatric hospitalizations could be automatically seen by psychiatry** in some way.
- Have had **so little luck reaching a child psychiatrist** that I no longer try. I ask other mental health professionals and hope we can find a reasonable approach.
- Very limited in-hospital assistance. Very, **very limited IOP options** for patients, which leads to over-use of inpatient psych facilities.
- It is very **difficult to find therapists** as well.
- Need for **telehealth counseling and social work services**.
- There is so often a total **void of information from psychiatry team**. I have been practicing for >5 years and I have only seen 1-2 psychiatry notes in all my years of practice. We are never informed of med changes or progress unless we have a personal relationship with the specific psychiatrist.
- I would love my patients to have an **access to a psychiatrist or psychologist within 2-3 weeks** depending on an issue.

Childhood Trauma Research Network

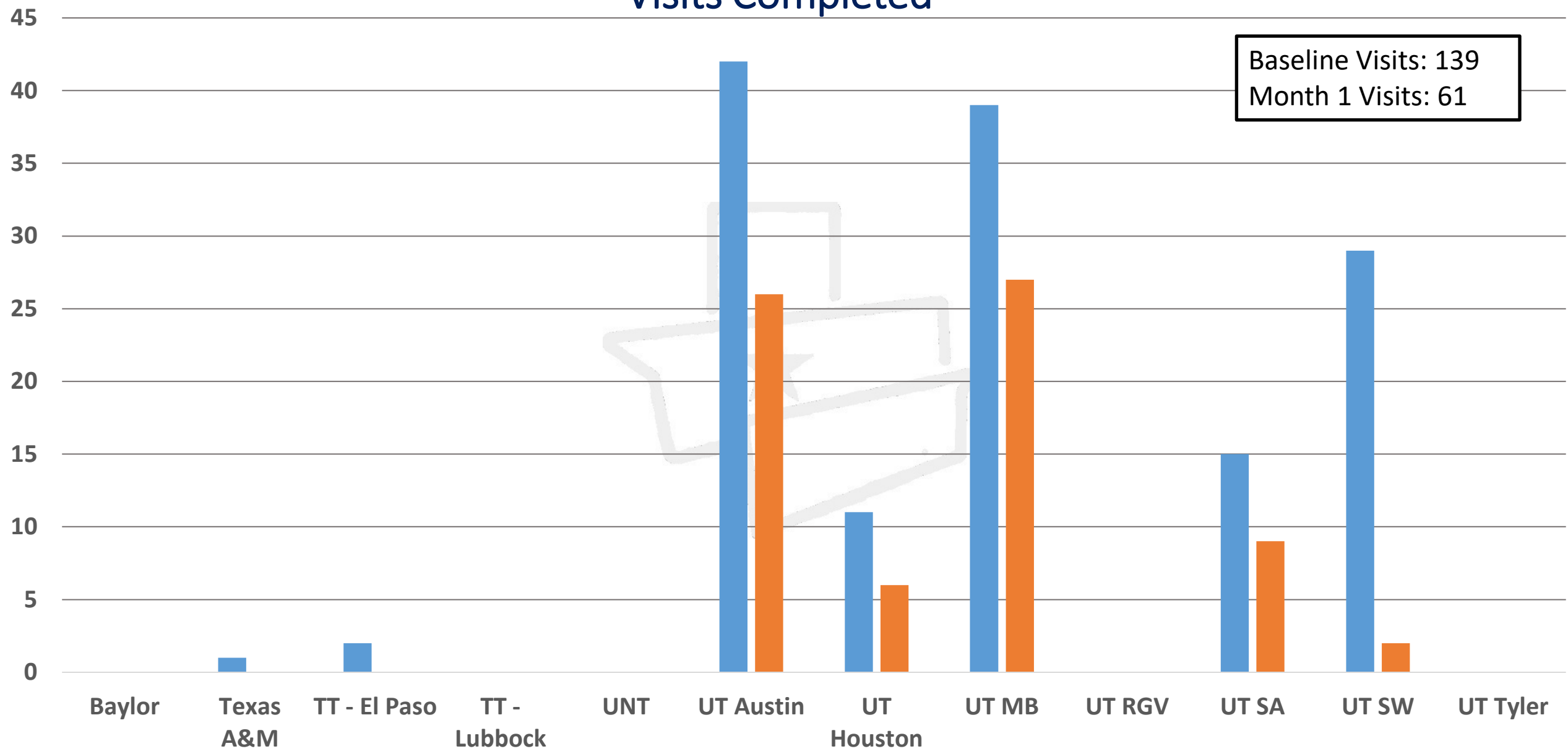
TCMHCC Meeting 01/15/2021



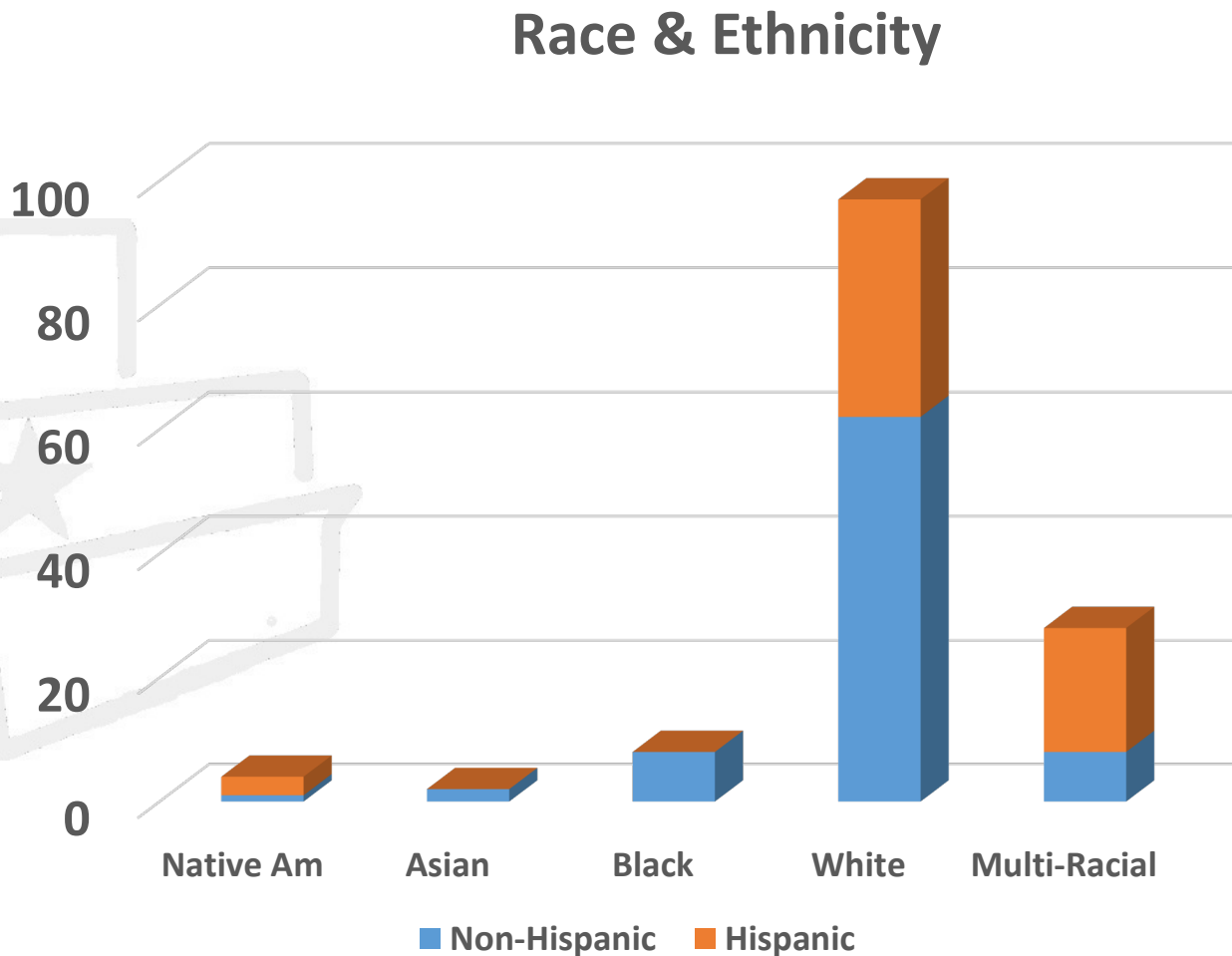
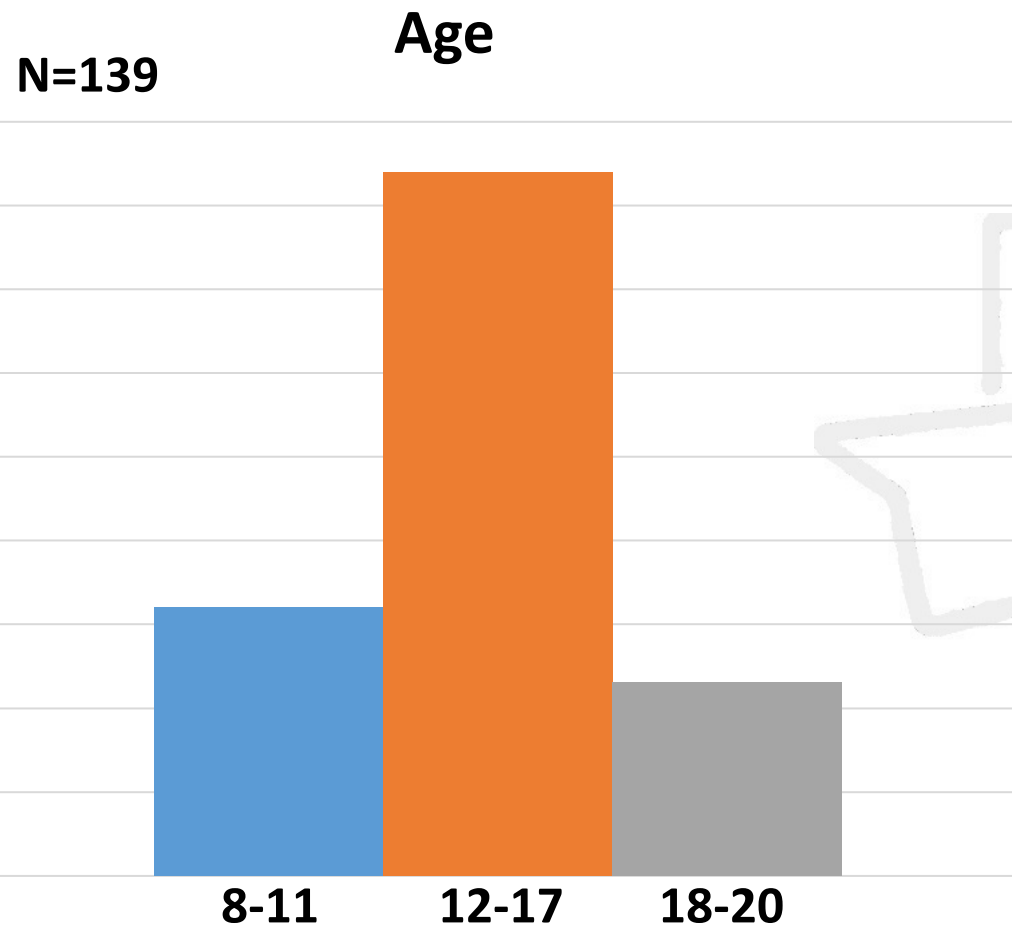
Interim Results

Visits Completed

Baseline Visits: 139
Month 1 Visits: 61

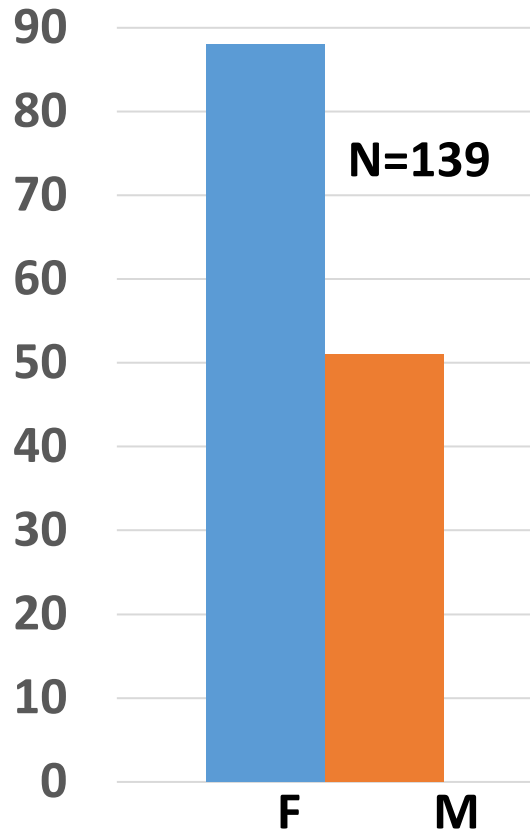


Interim Results Demographic Profile

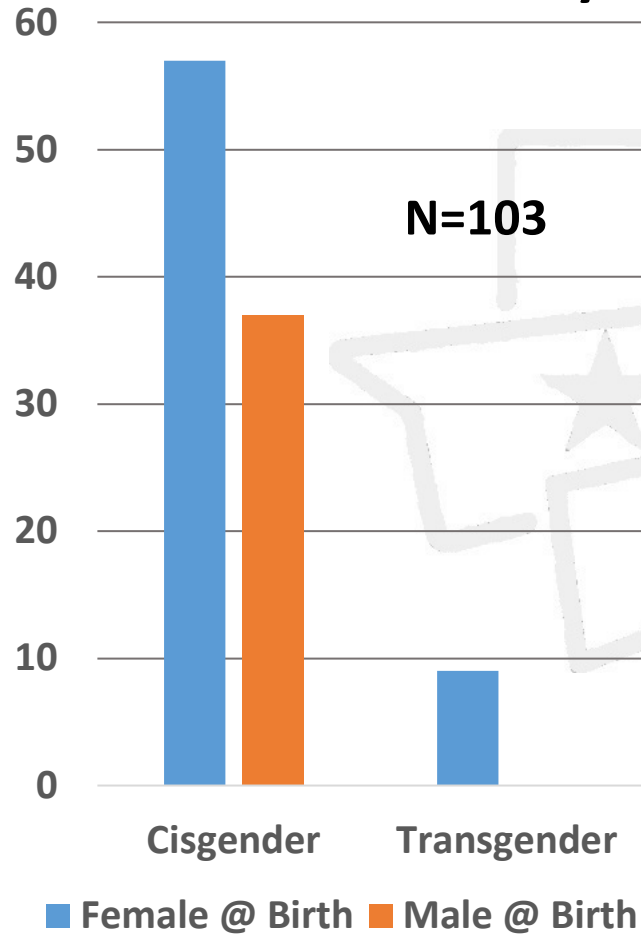


Interim Results Demographic Profile

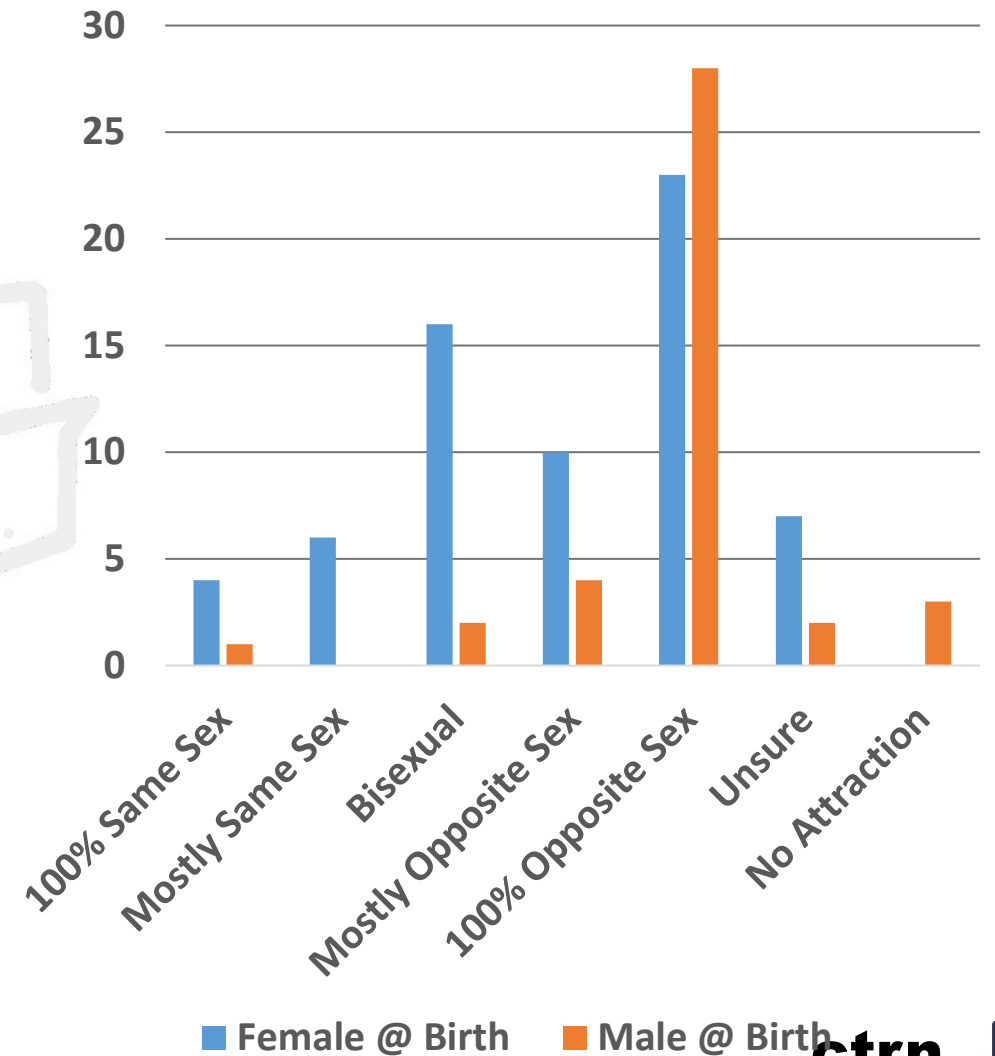
Sex @ Birth



Gender Identity

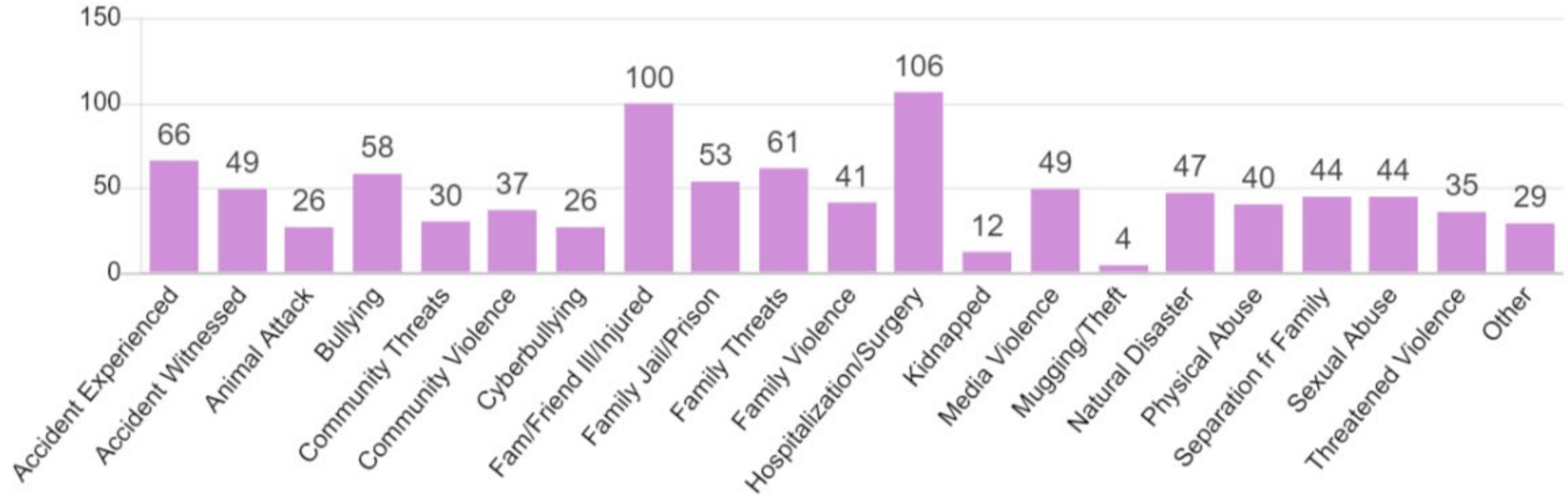


Sexual Orientation



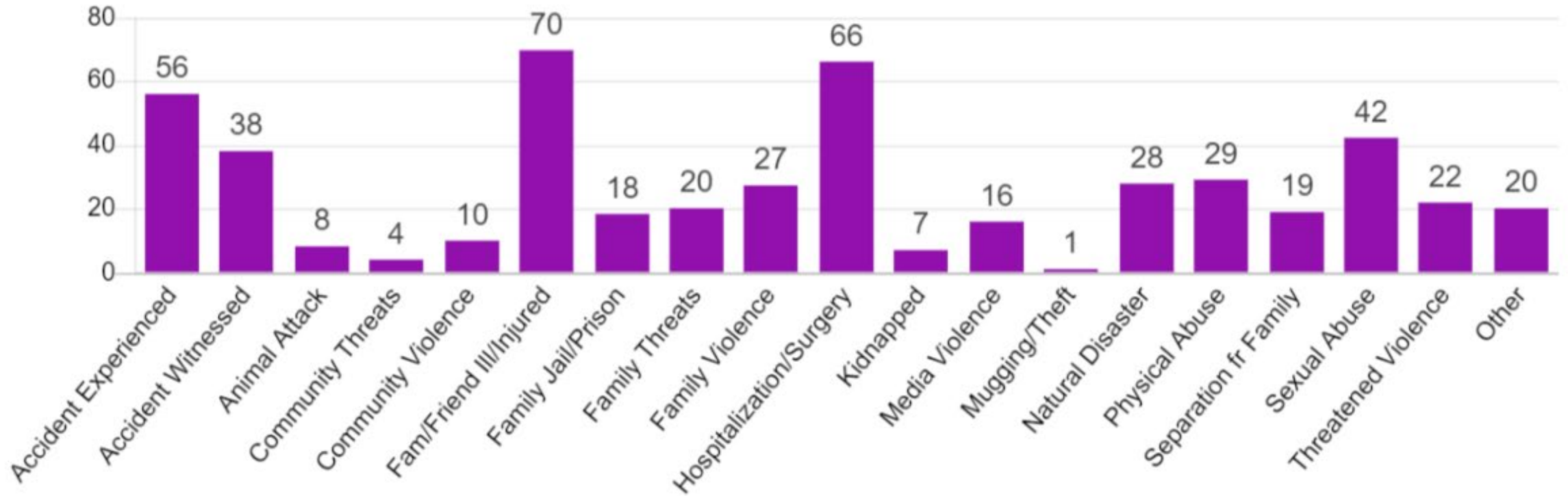
Interim Results Traumas – All

Number of Traumas



Traumas – Fulfilling Criterion A1

Number of Traumas Fulfilling A1 Criterion



CTRN Network Status

Nodes:

IRB: 9/12 activated; 3/12 in submission to IRB

Enrollment: 7/12 have completed a baseline visit

Languages:

Spanish – translations complete; IRB pending

Vietnamese – translations underway



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Texas Child Mental Health Care Consortium

ctrn

Childhood Trauma Research Network

