Texas Child Mental Health Care Consortium

BIENNIAL REPORT

September 1, 2019 – December 1, 2020

tcmhcc
Texas Child Mental Health Care Consortium

SUMMARY

The Texas Child Mental Health Care Consortium (the TCMHCC or the Consortium) was created by the 86th Texas Legislature in Senate Bill 11 (SB 11) to address gaps in mental health care for children and adolescents in Texas. Through the TCMHCC, the legislature provided Texas a unique opportunity to implement evidence-based programs statewide. Implementation is being achieved through the collaboration of the state's many health-related academic institutions (HRIs), state agencies and nonprofits. It is building on the ability and success of existing programs at the institutions, developing new programs in conjunction with local school districts and local community mental health providers, and addressing the shortage of psychiatrists. During the 1st year of the 2020-21 Biennium, the TCMHCC structure was successfully created, including the establishment of governance, administrative oversight, and centralized operations support functions.

The rolling out of TCMHCC initiatives occurred during the Covid-19 pandemic, thus impacting implementation efforts such as hiring clinical staff and enrolling primary care providers (PCPs). Despite these challenges, planning and implementation activities proceeded. HRIs established and began operating the Child Psychiatry Access Network (CPAN), Texas Child Health Access Through Telemedicine (TCHATT), Community Psychiatry Workforce Expansion (CPWE), Child and Adolescent Psychiatry (CAP) Fellowships and Research initiatives. In some instances, accommodations have been made in response to Covid-19 to provide TCMHCC behavioral health initiatives to home-bound children, youth, and families. In addition to presentations in major statewide health related meetings, marketing and outreach activities have leveraged social media, email, and telephone calls to spread the word regarding the TCMHCC. When the state lifts Covid-19 restrictions, the CPAN and TCHATT teams will enhance their marketing campaign to include robust face-to-face engagement and relationship-building activities.

With continued funding based upon FY 21 expenditure levels, the TCMHCC will continue roll-out and full implementation of all initiatives during the 2022-23 Biennium. This includes use of targeted outreach activities to expand enrollment of PCPs into CPAN; expansion of CPAN training and support efforts; increasing the capacity of TCHATT services as partnerships continue to grow between the HRIs and school districts; increasing the number of children, youth and families served by TCMHCC initiatives; engagement of families in the research initiative; and further enhancements to the Centralized Operations Support Hub (COSH) infrastructure, including expanded use of technology to support HRIs. Through this unique statewide collaborative effort, the mental health expertise from academic institutions, state agencies, and nonprofit organizations will continue to be leveraged to improve child and adolescent mental health services in Texas.

Contents

Background

Based on a 2016 study, 834,941 Texas adolescents (ages 13-17) experience at least one mental health condition and/or substance use disorder per year.[1] Recent data from the 2019 Risk Behavior Surveillance System (YRBSS) has shown a 38% increase in the last decade in youth reporting that they have felt sad or hopeless almost every day for 2 or more weeks during the previous 12 months, and Texas exceeded the national average of youth reporting a suicide attempt resulting in medical treatment (2.1% versus 1.9%).[2] The YRBSS data also found that 18.9% of high school students had seriously considered attempting suicide in the previous 12 months.

Additionally, across the United States the Covid-19 pandemic has affected the mental health of children and youth. According to a November 2020 report from the CDC, the proportion of children's mental health-related Emergency Department (ED) visits among all pediatric ED visits increased and remained elevated from April through October. Compared with 2019, the proportion of mental health-related visits for children ages 5–11 and 12–17 years increased approximately 24% and 31%, respectively.[3]

Limited access to mental health care is likely a contributing factor to the scale of unmet needs. For example, only 34% of Texas adolescents with Major Depressive Disorder reported accessing mental health treatment, in contrast to 40% across the U.S..[4] In a 2020 report on access to mental health care for both adolescents and adults across the country, Texas ranked 51st.[5] This access challenge is caused, in part, by significant mental health workforce shortages, evidenced by Texas' ranking as one of the top five states in the estimated shortage of pediatric psychiatrists.[6] Demand for psychiatrists in Texas exceeded supply by 1,067 FTEs in 2017, and the shortage is projected to grow to 1,208 FTEs by 2030.[7]

The TCMHCC was created by the 86th Texas Legislature in SB 11 to address these gaps in mental health care for children and adolescents in Texas. The goal of the TCMHCC is to:

- Expand the workforce of psychiatric providers through additional training opportunities and fellowship programs;
- Connect psychiatric specialists with those frontline workers, including PCPs and school counselors, who are most likely to encounter and identify children with mental health challenges; and
- Expand the evidence base of best practices in treatment for children and adolescents.

The TCMHCC was funded by the Legislature through the Texas Higher Education Coordinating Board (THECB), which was appropriated $99 million for the work of the Consortium in Rider 58 under House Bill 1. The TCMHCC is governed by an Executive Committee (EC), made up of representatives of Consortium members and other groups determined by the Committee. Under Rider 58, the Consortium was directed to designate an institution of higher education to serve as its administrative coordinator, which was to then contract with THECB. The University of Texas System Administration (UTS Administration) was selected to serve in this role. Details regarding the EC and the administrative coordinator are found in the "Activities" section below.

The TCMHCC is responsible for implementing the following initiatives:

1. **Child Psychiatry Access Network:** A network of child psychiatry access centers based at the HRIs to provide telemedicine-based consultation and training to PCPs to assist them with identifying and treating mental health issues in their patients.
2. **Texas Child Health Access Through Telemedicine:** Telemedicine or telehealth programs using HRIs to assist local school districts (ISDs) with direct tele-psychiatric care for students, including assessments, brief intervention, referrals and training.

3. **Community Psychiatry Workforce Expansion:** Full-time academic psychiatrists are funded to serve as academic medical directors at facilities operated by community mental health providers and new psychiatric resident rotation positions are established at these facilities.

4. **Child and Adolescent Psychiatry Fellowships:** This program expands both the number of child and adolescent psychiatry fellowship positions in Texas and the number of these training programs at Texas HRIs.

5. **Research:** Coordinate mental health research across state university systems in accordance with the statewide behavioral health strategic plan developed by the Texas Health and Human Services Commission (HHSC).

In each of the TCMHCC's initiatives, parental autonomy is prioritized. The legislation authorizing the TCMHCC explicitly prohibits mental health care services from being provided to a child younger than 18 unless the parent, legal guardian or caretaker of the child provides written consent.

1- Meadows Mental Health Policy Institute (March 2016). Estimates of Prevalence of Mental Health Conditions among Children and Adolescents in Texas. https://www.texasstateofmind.org/wp-content/uploads/2016/01/MMHPI-Child-Adolescent-Prevalence-Summary-2016.03.24.pdf

2- Center for Disease Control (2020). Youth Risk Behavior Surveillance System 2019 Results. https://www.cdc.gov/healthyyouth/data/yrbs/results.htm

3 Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM. Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020. MMWR Morb Mortal Wkly Rep 2020; 69:1675–1680. DOI: http://dx.doi.org/10.15585/mmwr.mm6945a3

4- Substance Abuse and Mental Health Services Administration (2019). Behavioral Health Barometer: Texas, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services. https://store.samhsa.gov/sites/default/files/d7/priv/texas-bh-barometervolume5-sma19-baro-17-us.pdf

5- Mental Health America (August, 2020). Ranking the States, 2020. https://www.mhanational.org/issues/ranking-states#prevalence_mi

6- U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2018. State-Level Projections of Supply and Demand for Behavioral Health Occupations: 2016-2030. https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/state-level-estimates-report-2018.pdf

7- Texas Health and Human Services, Texas Department of State Health Services. July 2018. Texas Projections of Supply and Demand for Primary Care Physicians and Psychiatrists, 2017-2030. https://dshs.texas.gov/legislative/2018-Reports/SB-18-Physicians-Workforce-Report-Final.pdf

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Objectives

The overarching objective of the Consortium is to foster collaboration among state agencies, mental health organizations and Texas academic institutions with departments of psychiatry toward the goal of improving mental health care for children and adolescents in Texas. This objective is accomplished through the implementation of the initiatives mentioned above. The goals of each of these efforts are outlined below:

The goals of the **Child Psychiatry Access Network** are to:

- Improve PCP access to child and adolescent psychiatric consultation, training, and support;
- Enable PCPs to manage the behavioral health needs of their child and adolescent patients within a primary health care setting; and
- Provide referral and access to behavioral health specialty care services for children and youth whose needs require on-going treatment from a community-based behavioral health provider beyond the scope of a telephonic consultation.

The goals of the **Texas Child Health Access Through Telemedicine** are to:

- Address urgent mental health challenges and improve the child and adolescent mental health care system in Texas, with a focus on the behavioral health needs of at-risk students;
- Enhance the state's ability to address the mental health care needs of children and adolescents through the collaboration between the HRIs and ISDs;
- Utilize technology to connect students to psychiatric assessments when appropriate;
- Decrease the amount of time families are away from work and students are away from school to attend psychiatric appointments;
- Improve early mental health intervention efforts for at-risk students;
- Develop recommendations for best practices and coordinate resources to implement new early intervention strategies; and
- Identify early intervention service gaps for diverse and special populations in Texas.

The goals of the **Community Psychiatry Workforce Expansion** are to:

- Collaborate and coordinate with community mental health providers to expand the amount and availability of mental health care resources by developing training opportunities for residents and supervising residents at facilities operated by LMHAs and community mental health providers; and
- Increase the number of Texas-trained psychiatry residents who work in the public mental health system upon completion of their residencies.

The goals of the **Child and Adolescent Psychiatric Fellowships** are to:

- Increase the number of medical professionals in Texas who specialize in the diagnosis and treatment of psychiatric and associated behavioral health issues affecting children and adolescents and thus, over time:
  - Increase the ratio of child and adolescent psychiatrists to the child population;
  - Reduce the number of designated mental health professional shortage areas; and
  - Reduce wait times to see a child and adolescent psychiatrist.

The goals of the **Research** Initiative are to:

- Establish a state-wide research network across departments of psychiatry at state-funded HRIs;
- Better position state-funded HRIs to apply for and secure federal and other grants;
- Create two centralized research hubs: one focused on youth depression and suicide, and one focused on childhood trauma;
- Conduct research to better understand and improve mental health services to address youth trauma, depression, and suicide; and
- Conduct research to identify regional and state-wide service delivery gaps to inform policy makers and to improve the health care of youth in Texas.

Covid-19 Impact and Adaptation

Shortly after the execution of Participating Institution Agreements (PIAs) between UTS Administration and the HRIs, the Covid-19 pandemic began to impact implementation efforts in the following ways:

- Delayed startup of all TCMHCC initiatives, which resulted in lapsed spending of FY 2020 funds.
- Some HRIs instituted hiring freezes, which impacted their ability to expeditiously fill positions funded by the TCMHCC.
- Schools moved from in-person to on-line learning, which slowed the HRIs' ability to meet with school districts, establish relationships with campus personnel in TCHATT schools, and provide school-based telehealth services as required through TCHATT.
- Communications and marketing strategies for CPAN and TCHATT, including out-reach to PCPs and school districts, moved from in person to on-line or phone-based contacts.
- Pediatric clinic volumes dramatically decreased, leading to decreased demand for CPAN consultations.

Despite these challenges, TCMHCC's initiatives have proceeded, with certain accom-modations to address the impact of Covid-19, including increased remote access to be-havioral health professionals through tele-psychiatric and tele-mental health services. TCMHCC has been working in partnership with the Texas Medical Association, Texas Pediatric Society, Medicaid Managed Care organizations and others to educate their organizations and members about the availability of TCMHCC services.

Governance Structure

A Governance Plan for the TCMHCC was approved on September 11, 2019, and includes the Consortium's rulemaking process. The EC makes every effort to achieve consensus before voting, while all final plans and elections are approved by a formal vote. A majority of the total number of EC members constitutes a quorum. Voting decisions made by the EC are made by a simple majority of the members present at any meeting, with the exception of votes to: (i) adopt or modify the Governance Plan or the Strategic Plan, or (ii) remove the Presiding Officer. The Governance Plan and the Strategic Plan may only be adopted or modified by a vote of two-thirds of all EC members. EC members may abstain from a vote. Each Consortium member is required annually to sign and submit a Conflict-of-Interest form that is kept on file at UTS Administration. The complete governance plan document is included in the Legislative Budget Board (LBB) Implementation Plan, which can be accessed at the following link: https://utsystem.edu/pophealth/tcmhcc/assets/files/resources/TCMHCC-Report%20to-the-LBB.pdf

Executive Committee

With the passage of SB11, the THECB requested that all the HRIs named in the bill identify two representatives to sit on the EC and that HHSC identify its two representatives. Additionally, the THECB identified and requested nominations for representatives from three non-profit

organizations and at least one hospital system to serve on the EC. The THECB convened a meeting on August 22, 2019, to bring the identified EC members together and have them select other members of the committee. During the meeting, the EC selected the Hogg Foundation for Mental Health, the Texas Council of Community Centers and the Meadows Mental Health Policy Institute as the three non-profit organizations and Children's Health as the hospital system representative. Furthermore, Dr. David Lakey from UT System Administration and Dr. James Bourgeois from Baylor Scott and White were added to the EC. (The TCMHCC Organizational Structure and a list of Executive Committee members can be found in Appendix I.). The Consortium holds EC meetings monthly. Proceedings follow Open Meetings requirements, and are recorded and archived on the TCMHCC web site: https://tcmhcc.utsystem.edu/

Rider 58 required the TCMHCC to develop a plan to implement the five mental health initiatives outlined in the rider. The Implementation Plan was approved by the EC on November 22, 2019, and submitted to the LBB on November 25, 2019. The Plan, approved by the LBB on January 16, 2020, can be found at: https://utsystem.edu/pophealth/tcmhcc/assets/files/resources/TCMHCC-Report%20to-the-LBB.pdf

Participating Institution Agreements (PIAs) were established between the HRIs and UTS Administration for implementation of TCMHCC initiatives. Once the PIAs were executed (February 2020), the THECB requested appropriation transfers directly to each participating HRI. The PIAs include statements of work and reporting requirements for each initiative. Metrics are currently being developed to report progress. Expected outcomes for each initiative can be found in the TCMHCC Implementation Plan (See Appendix II for a list of performance metrics for each initiative).

The approved TCMHCC Implementation Plan specified that the TCMHCC would evaluate further opportunities to use remaining unallocated appropriated funds in line with the legislative intent of SB 11. With the emergence of Covid-19 and its impact on implementation activities, the LBB was notified in May 2020 that the Consortium decided to not pursue the use of these funds, and instead returned approximately $10 million to the legislature. Furthermore, implementation of funded initiatives was delayed due to Covid-19, resulting in under expenditure of the allocated FY 20 budget. At the end of FY 20, all HRIs were surveyed to identify additional opportunities to reallocate unspent FY 20 funds into the FY 21 budget to expand efforts across Consortium initiatives. These opportunities were reviewed and approved by the EC and are reflected in the FY 21 budgets. The LBB was notified of these decisions and adjustments. The Table below represents the FY 20-21 Biennium budgets for TCMHCC initiatives:

Table1. FY 20-21 Biennium budgets for TCMHCC initiatives

	Biennium Budget
Central Administration	$1,500,000
External Evaluation	$750,000
COSH (BCM)	$3,229,171*
CPAN	$25,316,980
TCHATT	$35,663,532
CPWE	$8,704,624
CAP Fellowships	$4,468,755
Research	$10,000,000
TOTAL	**$89,633,062***

*estimated amount – final amount pending

Central Administration

Under Rider 58, the Consortium was directed to designate an institution of higher education to serve as its administrative coordinator, which was to then contract with the THECB. UTS Administration was selected by the EC in August 2019 to provide this overall administrative support for the Consortium. Additionally, Dr. David Lakey, Vice Chancellor for Health Affairs and Chief Medical Officer for UTS Administration, was selected as the Consortium's presiding officer. UTS Administration and the THECB entered into an interagency contract on September 11, 2019.

Rider 58 provides $1 million in FY 20 and $500,000 in FY 21 of the biennium to fund administrative support. The interagency contract between the THECB and UTS Administration provides funding for key administrative personnel positions such as the Consortium Executive Director, Luanne Southern (1 FTE), and Program Coordinator, Lashelle Inman (0.5 FTE). Significant additional in-kind support is provided by UTS Administration from multiple offices, including the Offices of Health Affairs and Governmental Relations. Functions provided by UTS Administration include overall coordination and management of the TCMHCC; managing the public TCMHCC website and communications strategy; overall budget and project management; legal support; analysis of the initiatives through internal evaluation contracts; and reporting to the LBB and other entities. As previously mentioned, PIAs were executed in February 2020 between UTS Administration and each of the HRIs implementing the CPAN, TCHATT, CPWE and CAP Fellowship initiatives.

In May 2020, the Texas Institute for Excellence in Mental Health at The University of Texas at Austin was selected to conduct an **internal evaluation**. The team is working alongside the UTS Administration team in the day-to-day evaluation of TCMHCC initiatives. The EC also believed that an **external evaluation** team with no potential conflicts of interest was needed to provide a frank and unbiased analysis of all its initiatives. In August 2020, UTS Administration released a Request for Proposals to select an entity to conduct this external evaluation, which will be provided to policymakers and Consortium members. This external evaluation will provide cost, process, and outcome assessments to guide quality improvement and decision making for future program implementation and dissemination planning. The University of Texas Health Science Center School of Public Health was selected to lead the external evaluation in partnership with Rice University and Decision Information Resources.

Centralized Operations Support Hub

To facilitate the consistency and quality of the CPAN, TCHATT and CPWE initiatives, the EC decided to centralize administrative and technical support by creating a Centralized Operations Support Hub (COSH). On February 21, 2020, the EC, through a competitive process, selected Baylor College of Medicine (BCM) to serve in this role. An Agreement between BCM and UTS Administration was executed on March 27, 2020. The COSH provides support that includes:

1. A centralized communications system that links all CPAN sites. BCM procured a communications system, called Lantana, that enables PCPs from across Texas to call one statewide number, 1-888-901-CPAN, to access consultations from child psychiatrists. The COSH answers calls for CPAN and routes them to the appropriate HRI in the region where the call originated.

2. A centralized data management system that links patient care information across the CPAN, TCHATT and CPWE service lines to help facilitate coordinated care, track engagement with PCPs, and automate reporting. BCM procured a data management system, called Trayt, that is being used to capture service interactions, key metrics, and outcomes. This secure system is being used to monitor usage of services and provide valuable insight into the effectiveness of the programs. Privacy and information security have been and will remain priority areas of focus during development, deployment, and on-going use of the system. A comprehensive information security risk assessment was completed on the vendor and the system with no

issues of concern found. Management and technical controls are being put into place to ensure data access is highly restricted to only those individuals that need access.

3. A medical director. This position, filled by Dr. Laurel Williams, provides high level coordination, and facilitates collaboration between physicians providing CPAN and TCHATT consultations. Dr. Williams reviews and shares best practices and guidelines and reviews the overall outcome data of the individual sites, using tools such as Project ECHO to facilitate peer-to-peer learning and continual quality improvement.

The COSH budget is reflected in Table 1 above.

Activities

The following timeline represents key TCMHCC activities that have occurred over the current biennium, and dates of accomplishment.

8/22/19	THECB convened the first Consortium meeting. Executive Committee was established and selected UTS Administration as administrator. Dr. Lakey was selected as presiding officer.	
9/1/19	Statute authorizing TCMHCC became effective	
10/4/19	Executive Committee approved governance plan	The PIAs enable the appropriation of funds between the THECB and the HRIs, and explain the statement of work, and reporting requirements expected by each HRI to implement and operate all or some of the 5 TCMHCC initiatives. A PIA is considered executed when the HRI and UTS Administration have signed the document.
11/25/19	Plan to LBB submitted for approval	
1/16/20	LBB Approval received for TCMHCC Plan	
2/20/20	PIAs developed & executed with HRIs for TCMHCC TCHATT, CPAN, CPWE & CAP fellowship work	
2/21/20	BCM selected as COSH	Baylor College of Medicine was selected by the TCMHCC Executive Committee to perform the duties of the COSH.
2/21/20	Approval of two research networks	Two networks were approved: one focused on youth depression and suicide, and one focused on childhood trauma.
3/2/20	THECB completes FY20 Funding transfer to HRIs	
3/13/20	Governor issues Covid-19 disaster declaration	
3/27/20	COSH PIA Executed	
5/20	First PCP enrolled in CPAN	
5/20	First child referred to TCHATT	
5/15/20	Final approval of research plans	
5/18/20	CPAN phone line goes live at BCM	
5/21/20	HRIs able to enroll PCPs using Data Management System	
7/20	First CAP Fellow assigned to an HRI	
7/20	First CPWE resident began working at an LMHA	
8/16/20	HRIs able to input CPAN Call details into Data Management System	
8/26/20	First child enrolled in Childhood Depression and Suicide Research Network	The Business Associate Agreements (BAAs) specify each party's responsibilities when it comes to personal health information (PHI) and is required before PHI can be shared between the HRIs and the COSH, who provides access to, and manages the central data management system where the PHI will be stored.
9/29/20	First child enrolled in the Childhood Trauma Research Network	
10/1/20	Final BAAs executed between COSH/BCM and HRIs	
9/15/20	THECB transfers funds for research work	
10/27/20	External evaluator RFP & contracting complete	
11/12/20	CPAN phone line with auto-attendant live	Auto-attendant allows PCPs to select their region from a menu of available choices and be automatically connected to their associated service hub

Information about the biennial activities associated with each of the five TCMHCC initiatives is as follows:

Child Psychiatry Access Network

CPAN is a network of psychiatrists, based at each of the HRIs, that provides consultation services and training opportunities for PCPs to improve the care of children and adolescents with behavioral health needs. If a patient needs to be seen by a mental health specialty care provider on an on-going or frequent basis, CPAN psychiatrists will assist in providing a referral to a local mental health provider for on-going care.

In May 2020, a centralized telephone number, 1-888-901-CPAN, went live state-wide as the means for PCPs to access CPAN consultations. Interested PCPs enroll in CPAN by completing a Practice Participation Agreement. An example of this agreement can be accessed at: https://utsystem.edu/pophealth/tcmhcc/assets/files/resources/Sample-Texas-CPAN-Practice-Participation-Agreement.pdf.

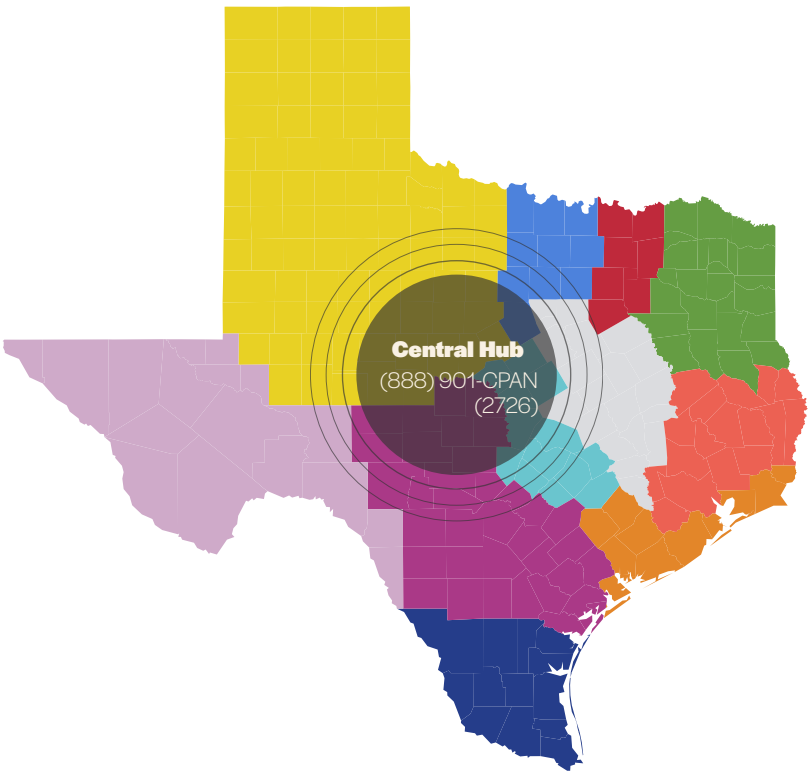
Between the months of May through October 2020, CPAN has seen an approximately 40-60% month-over-month increase in consultation calls (see graph below). It is expected that the number of calls will continue to increase as more PCPs are made aware of the initiative and as more families seek medical treatment once Covid-19 related restrictions are relaxed.

The HRIs have developed training for PCPs. Through the month of October 2020, 82 participants attended a training on Identification and Management of Pediatric Anxiety, 47 participants attended a training on Tips for Supporting Child and Parent Mental Health During Covid-19, and 70 participants attended a training on Integrating Pediatric Mental Health Care into Primary Care. Other trainings have been developed and various presentations have been completed to provide web-based information and outreach to various groups, including PCPs.

Currently, more than 3,000 PCPs are enrolled in CPAN and 9 HRI teams are fully operational. CPAN's success is dependent on the development of trusting relationships with PCPs. While it has been more difficult to reach out to PCPs due to Covid-19 restrictions, CPAN teams are finding creative ways to engage and enroll providers. As the state starts to open back up, CPAN teams will begin a campaign that includes face-to-face engagement and PCP relation-ship-building activities.

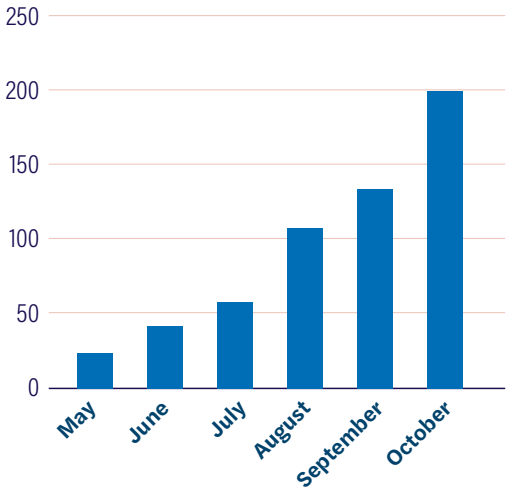
The map below identifies the HRI CPAN regions of Texas

- Texas A&M University Health Science Center
- Baylor College of Medicine | The University of Texas Health Science Center at Houston
- Dell Medical School at The University of Texas at Austin
- The University of Texas Southwestern Medical Center
- Texas Tech University Health Sciences Center at El Paso
- Texas Tech University Health Sciences Center
- The University of Texas Health Science Center at Tyler
- University of North Texas Health Science Center
- The University of Texas Medical Branch at Galveston
- The University of Texas Rio Grande Valley School of Medicine
- The University of Texas Health ScienceCenter at San Antonio



The graphs below depict the month to month progression of CPAN consults and enrollment of PCPs through October 2020:

Monthly CPAN Consults



Cumulative CPAN Provider Enrollment

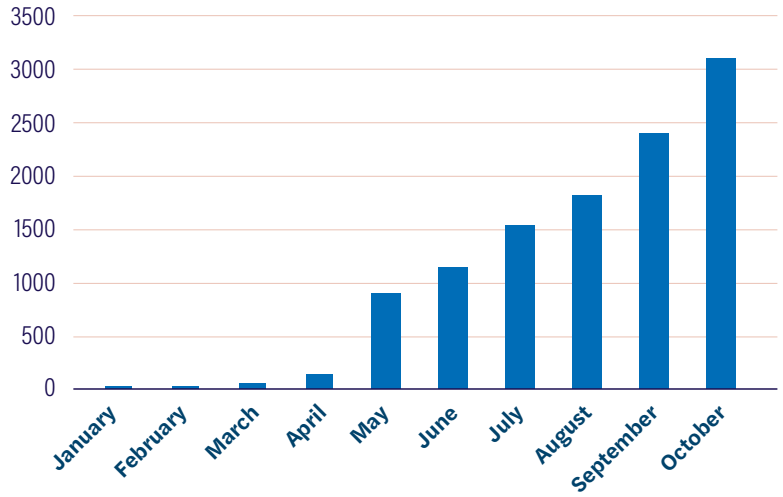


Table 2. CPAN Budgets by HRI

	FY20	FY21	Grand Total
BCM	$272,558	$1,736,055	$2,008,614
Dell	$688,460	$2,007,958	$2,696,418
TAMHSC	$197,261	$1,377,148	$1,574,409
TTUHSC	$116,307	$2,061,308	$2,177,615
UNTHSC	$190,346	$1,459,388	$1,649,734
UTHSCH	$583,892	$1,928,324	$2,512,216
UTHSCSA	$562,254	$1,115,330	$1,677,584
UTHSCT	$59,036	$1,202,770	$1,261,806
UTMB	$188,310	$1,527,650	$1,715,960
UTRGV	$327,401	$1,943,929	$2,271,330
UTSW	$389,146	$3,555,319	$3,944,465
TTUHSC EP	$349,387	$1,477,442	$1,826,829
Grand Total	**$3,924,359**	**$21,392,621**	**$25,316,980**

Texas Child Health Access Through Telemedicine

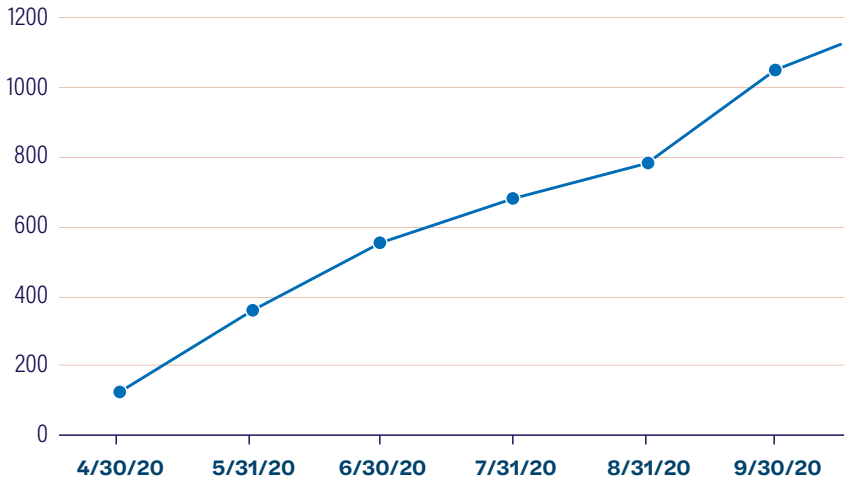
TCHATT creates or expands telemedicine and telehealth programs to identify, assess and provide short-term, school-based treatment for the mental health needs of at-risk children and youth. The initiative aims to maximize the number of school districts served in diverse regions of Texas. HRIs are actively engaging schools to develop agreements for the provision of TCHATT services. As of October 15, 2020, 96 school districts were actively involved with TCHATT, covering 1,124 schools and a total student population of 842,422. It is anticipated that the total number of covered students will expand to 1.33 million once the MOUs in progress are fully executed. To help put this number into perspective, according to the Texas Education Agency (TEA), Texas had 5,493,940 students in 2019-2020 enrolled in public schools.

The total number of TCHATT referrals as of November 2020, was 890. Of these, the average age of students referred was 11.6 years. Additional MOUs between school districts and HRIs are in process or being planned. The HRIs are partnering with LMHAs to enhance the continuum of service options for students engaged with TCHATT who may need longer term behavioral health treatment and/or post TCHATT continuity of care. Additionally, HRIs are partnering with their respective regional Education Service Centers as well as the TEA to share information, leverage resources and coordinate services across the education and child and adolescent mental health systems.

In FY 21, as a potential avenue to expand TCHATT service capacity, an analysis will be conducted to determine the feasibility for HRIs to seek third party reimbursement for services provided to youth who are enrolled in a healthcare plan. Depending on the outcome of the analysis, HRIs may begin to bill for TCHATT services within the next biennium. If this occurs, revenue generated through this means will be reinvested toward activities that enable an increase in TCHATT capacity.

As schools moved from campus-based to virtual learning, TCHATT teams switched to serving students in their homes via tele-medicine. Referrals from school counselors were down during summer months, but since the beginning of the school year in the Fall of 2020, teams have adjusted to providing virtual services to students both in school and at home. As children start to transition back into schools, TCHATT teams will see children in schools via telemedicine.

The graph below demonstrates the growth in schools enrolled in TCHATT between April and September 2020:



The map below demonstrates the geographical location of schools with existing TCHATT MOUs in place and those in progress.

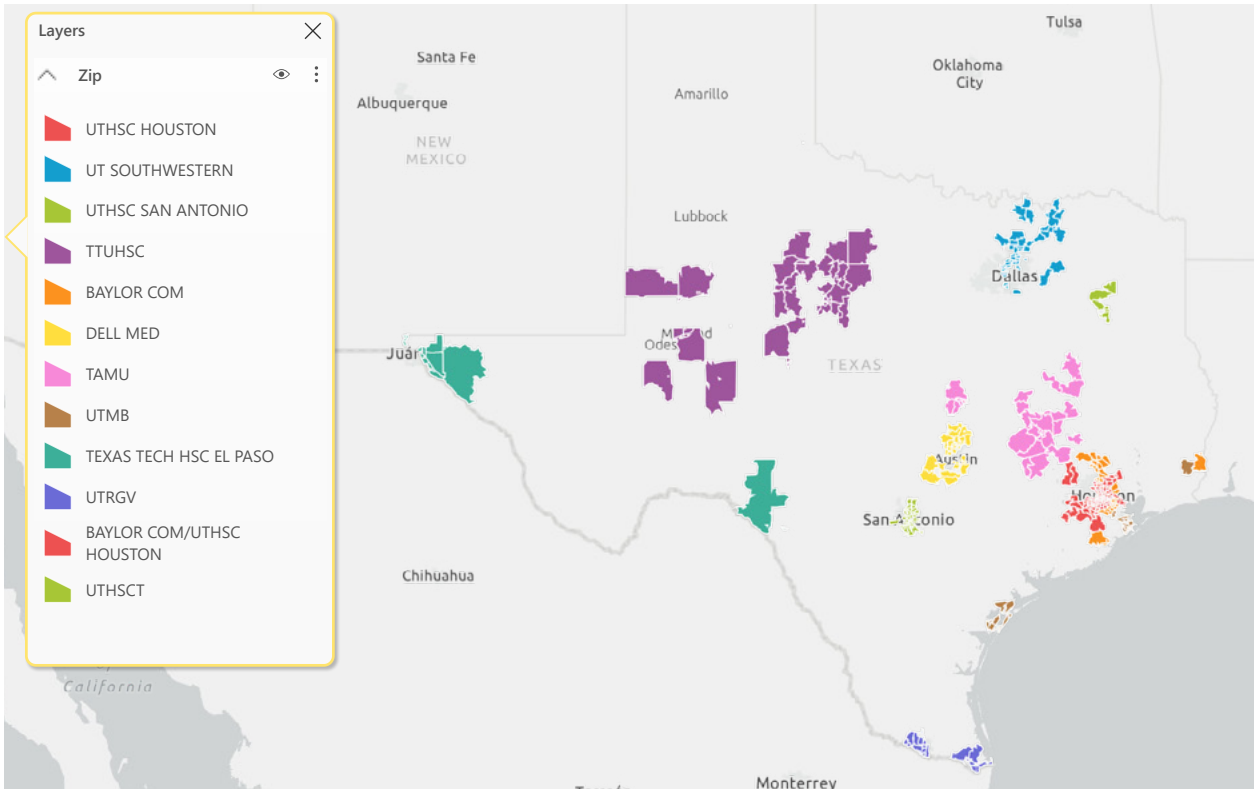


Table 3. TCHATT Budgets by HRI

	FY20	FY21	Grand Total
	FY20	FY21	Grand Total
BCM	$433,046	$3,110,239	$3,543,285
Dell	$446,226	$2,682,227	$3,128,453
TAMHSC	$225,183	$1,764,000	$1,989,183
TTUHSC	$169,867	$2,752,060	$2,921,927
UNTHSC	$221,302	$2,424,905	$2,646,207

UTHSCH	$595,752	$4,790,070	$5,385,822
UTHSCSA	$172,656	$1,994,370	$2,167,026
UTHSCT	$109,503	$1,541,548	$1,651,051
UTMB	$156,505	$3,000,020	$3,156,525
UTRGV	$203,894	$2,093,248	$2,297,142
UTSW	$745,182	$3,936,587	$4,681,769
TTUHSC EP	$421,760	$1,673,382	$2,095,142
Grand Total	**$3,900,876**	**$31,762,656**	**$35,663,532**

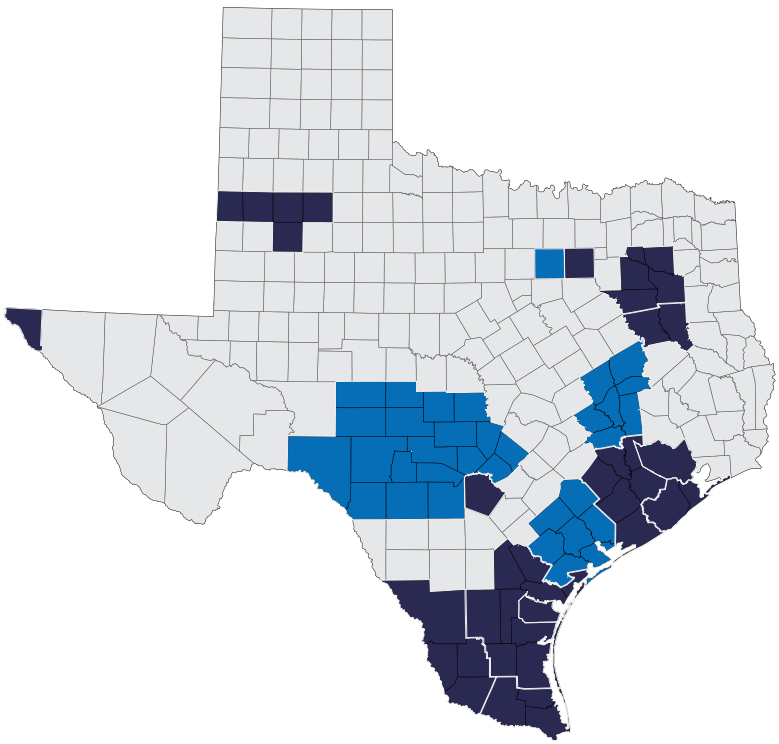
The Community Psychiatry Workforce Expansion

CPWE funds community psychiatric workforce expansion projects through partnerships between HRIs and community mental health providers. The partnerships provide training opportunities for residents under an academic medical director provided by the HRIs. To date, HRIs are involved with the following community mental health providers: 16 of the 39 LMHAs state-wide, Aliviane and the El Paso Child Guidance Center in El Paso, and JPS community health settings in the UNTHSC service area (see Appendix III).

Of LMHAs that do not currently participate in the CPWE, 21 have indicated an interest in future participation. Three of those 21 sites currently participate in residency programs that are not part of CPWE. Of the 16 LMHAs that currently participate in the CPWE, 13 indicate an interest in expanding their participation.

Due to Covid-19, CPWE partnerships with community mental health providers have expanded to include greater use of telepsychiatry, which has enabled additional partnerships with LMHAs in rural areas of the state.

Collaborations with community mental health centers



Executed MOUs

The Harris Center for Mental Health and IDD

Emergence Health Network, Aliviane and El Paso Child Guidance Center

StarCare Speciality Health System

Andrews Center

Texana Center

Gulf Coast Center

Coastal Plains Community Center

Tropical Texas Behavioral Health

Nueces Center for Mental Health and Intellectual Disabilities

Border Region Behavioral Health Center

The Center for Health Care Services

Metrocare

MOU in Process

MHMR Authority of Brazos Valley

MHMR Tarrant

Gulf Bend Center

Hill Country Mental Health & Developmental Disabilities Centers

Table 4. CPWE Fellowship Budgets by HRI

	FY20	FY21	Grand Total
BCM	$24,562	$148,875	$173,437
TAMHSC	$72,600	$396,900	$469,500
TTUHSC	$63,153	$286,782	$349,935
UNTHSC	$49,838	$505,530	$555,368
UTHSCH	$276,905	$1,228,783	$1,505,688
UTHSCSA	$94,270	$1,509,950	$1,604,220
UTHSCT	$65,747	$420,975	$486,722
UTMB	$0	$238,681	$238,681
UTRGV	$181,607	$1,423,769	$1,605,376
UTSW	$0	$1,013,966	$1,013,966
TTUHSC EP	$84,089	$617,642	$701,731
Grand Total	**$912,771**	**$7,791,853**	**$8,704,624**

Child and Adolescent Psychiatry Fellowships

The CAP Fellowship initiative has allowed HRIs to add fellowship capacity within their departments of psychiatry. Fellows who start their two-year child and adolescent psychiatry training program during this biennium will complete their training during the next biennium. In order to attract fellows and institutions to participate in the program, the funding for trainees must be secured through the completion of the training experience and cannot be dependent upon the funding of the Consortium in the next legislative session. Doing otherwise would place the fellows' training experience in jeopardy, resulting in potential fellows not selecting Texas training positions and the institutions being prevented from establishing these fellowships.

Therefore, full funding for the two-year fellowships is obligated to the sponsoring institution at the beginning of the fellow's training experience. If the trainee does not complete the program, the unused funds will be returned to the TCMHCC.

To date, seven additional first year and one second-year CAP Fellowship positions have been filled. The HRIs are anticipating that 12 additional CAP positions will be filled in the existing programs in 2021. In addition, new fellowship programs will be established in 2021 and 2022 at TTUHSC, UTRGV, UTHSCT, and UNTHSC. This will make available a total of 19 additional fellowship positions over the biennium. To help put this number into perspective, in 2019 the Texas HRIs had a total of 18 funded fellowship positions. The level of expansion of child and adolescent fellowship positions in Texas is aggressive, and some of these positions may not fill.

Table 5. CAP Fellowship Budgets by HRI

	FY20	FY21	Grand Total
BCM	$370,632	$396,754	$767,386
Dell		$187,250	$187,250
TAMHSC		$150,188	$150,188
TTUHSC	$92,393	$684,389	$776,782
UTHSCH		$393,843	$393,843
UTHSCSA	$207,612	$214,238	$421,850
UTHSCT	$5,655	$95,501	$101,156
UTMB		$0	$0

UTRGV	$39,532	$850,578	$890,110
UTSW		$212,500	$212,500
TTUHSC EP	$74,229	$493,461	$567,690
Grand Total	**$790,053**	**$3,678,702**	**$4,468,755**

Research

The TCMHCC research initiative has created two state-wide networks across the departments of psychiatry at state-funded HRIs to improve the delivery of child and adolescent mental health services in Texas in alignment with the state-wide Behavioral Health Strategic Plan. Each of the two statewide research networks is focused on a specific topic area pertinent to advancing the delivery of child and adolescent mental health services, including: 1) the Youth Depression and Suicide Research Network (YDSRN), and 2) the Childhood Trauma Research Network (CTRN). The goals of the research networks are: 1) to better understand and improve mental health services to address youth trauma, depression and suicide, and 2) to identify regional and statewide service delivery gaps to inform policy makers and to improve the mental health of children and youth in Texas. Each of the networks is comprised of research teams from participating HRIs (called "research nodes"). Centralized management and oversight functions for each of the networks is being done by a "research hub" located at an HRI selected by the Executive Committee.

The YDSRN hub is led by Dr. Madhukar Trivedi at UTSW and co-led by Dr. Sarah Wakefield at TTUHSC. The purpose of this research network is to improve the evaluation of and response to the increasing problem of youth depression and suicide in Texas. This will be accomplished by evaluating the healthcare system in Texas as it relates to screening, responding, and monitoring youth symptoms indicative of depression and/or suicidal behaviors; and examining if the different ways in which youth depression presents in a primary care setting (i.e., sad v. irritable) might correlate with a best response with certain treatment (i.e., cognitive behavioral therapy v. supportive therapy). A more comprehensive description of the Youth Depression and Suicide Research Network, including key accomplishments and implementation activities, can be found online at: https://tcmhcc.utsystem.edu/wp-content/uploads/2020/12/biennialreport2020_app5.pdf.

The CTRN hub is led by Dr. Charles Nemeroff at UT Austin Dell and co-led by Dr. Karen Wagner at UTMB. The purpose of this research network is to identify the mental health outcomes of acute and chronic trauma for children and adolescents, identify risk and protective factors, and identify best practices to improve the mental health of children and adolescents in Texas who have experienced trauma. A more comprehensive description of the Childhood Trauma Research Network, including key accomplishments and implementation activities, can be found online at: https://tcmhcc.utsystem.edu/wp-content/uploads/2020/12/biennialreport2020_app4.pdf.

Each of the research networks is collaborating with the HRIs involved in the research study to develop protocols and research methods. Agreements between UTS Administration and each of the HRIs involved are complete. An acculturation, ethnicity and patient advocacy committee has been created to assure the incorporation of a health equity lens and to assure that individuals with lived experience are part of the development and implementation of the research initiative.

Table 6. Research Budgets by HRI

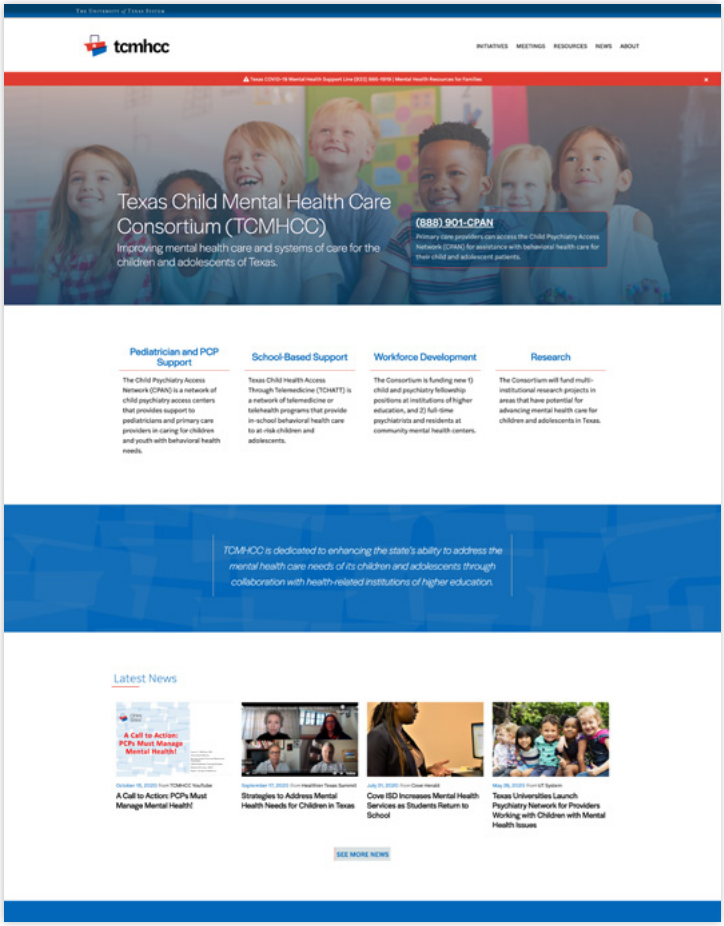
	Research Hub Costs	Research Node Costs	Grand Total
BCM		$499,278	$499,278
Dell	$1,788,862	$499,595	$2,288,457
TAMHSC	$61,113	$500,003	$561,116
TTUHSC	$198,438	$500,000	$698,438

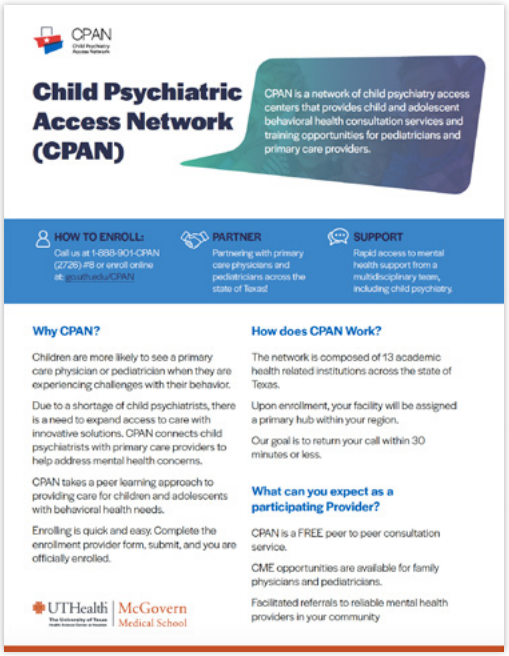
UNTHSC		$393,807	$393,807
UTHSCH		$490,499	$490,499
UTHSCSA		$499,915	$499,915
UTHSCT		$500,000	$500,000
UTMB	$202,813	$499,413	$702,226
UTRGV	$33,469	$500,000	$533,469
UTSW	$1,833,369	$499,427	$2,332,796
TTUHSC EP		$499,999	$499,999
Grand Total	**$4,118,064**	**$5,881,936**	**$10,000,000**

Communications and Educational Outreach

In December 2019, UTS Administration developed and launched the TCMHCC web site. The site can be accessed at the following link: https://tcmhcc.utsystem.edu. Additional communications and marketing materials were created. This included a TCMHCC logo and branding schema, a platform for co-branding TCMHCC initiatives with participating HRIs, informational flyers, and other educational and marketing collateral. Since its launch in December 2019, the site has received 14,710 unique visits. Additionally, social media sites have been launched to provide expanded visibility to individuals interested in CPAN. This includes Facebook and LinkedIn groups which can be accessed at: https://www.facebook.com/TexasCPAN; https://www.linkedin.com/groups/12460439/. Outreach has been occurring through multiple mechanisms including presentations to various audiences such as educators, physicians, behavioral health professionals, judges, statewide advisory groups, parents and advocates.

Examples of TCMHCC website, branding and marketing.





Legislative Recommendations

The following are potential areas for legislative consideration to enhance the operations and impact of the TCMHCC. They include recommendations for the Article III Budget rider for the Consortium and other statutory and funding related items for the legislature to consider.

Article III Proposed Rider

THECB rider 58 appropriated $49.5 million in General Revenue in fiscal year 2020 and $49.5 million in General Revenue in fiscal year 2021 to the Consortium for the implementation of five initiatives. In order to continue the TCMHCC initiatives at the LBB approved FY 21 funding levels and establish the five new CAP fellowship positions at the three programs that received planning grants this biennium, the TCMHCC will need to be funded during the 2022-23 biennium at a rate of $59,254,136 for each fiscal year, or $118,508,272 total funding. This reflects the addition of an additional $19,508,2,272 for the biennium into Strategy F.1.10. Child Mental Health Care Consortium.

Table 6: Proposed budgets for FY 2022-23

Program	Annual Costs
CPAN	$15,797,037
TCHATT	$25,273,565
CPWW	$6,962,325
CAP Fellowships	$4,110,234
COSH (BCM)	$1,135,975
External Evaluation	$375,000
Research	$5,000,000
UT System Admin	$600,000
Total	**$59,254,136**

Assumptions on Additional CAP	Funding Needed
UTT- 2 CAPS	$400,000
Dell - 1 CAP	$187,250
UNT - 2 CAPS	$400,000

Total Request for Biennium
$118,508,272

In addition to the changes in funding levels noted above, the following language is proposed for the new Appropriations Rider:

(a) Appropriation.
Included in the amounts appropriated above in Strategy F.1.10, Child Mental Health Care Consortium, is $59,254,136 in General Revenue in fiscal year 2022 and $59,254,136 in General Revenue in fiscal year 2023.

(c) Enrollment of PCPs.
Out of funds referenced above in Subsection (b) of this rider, the TCMHCC may spend up to $30,000 over the biennium to purchase promotional items to increase enrollment of PCPs into CPAN.

(d) Administration and Oversight.
Not later than September 1, 2021, out of funds referenced in Subsection (b) of this rider, THECB shall execute interagency and other contracts to transfer $600,000 in fiscal year 2022 and $600,000 in fiscal year 2023 to an institution of higher education designated by the TCMHCC for oversight and evaluation of the outlined initiatives. THECB may employ, using existing resources, one additional FTE in each fiscal year of the 2022-23 biennium to oversee the transfer.

(e) LBB Notification.
In case of the need to reallocate funds between programs by more than 10 percent, the TCMHCC shall seek approval from the Legislative Budget Board.

(f) Unexpended Balances.
Any unexpended balances remaining as of August 31, 2022, are appropriated for the same purpose in the fiscal year beginning September 1, 2022.

Additional considerations:

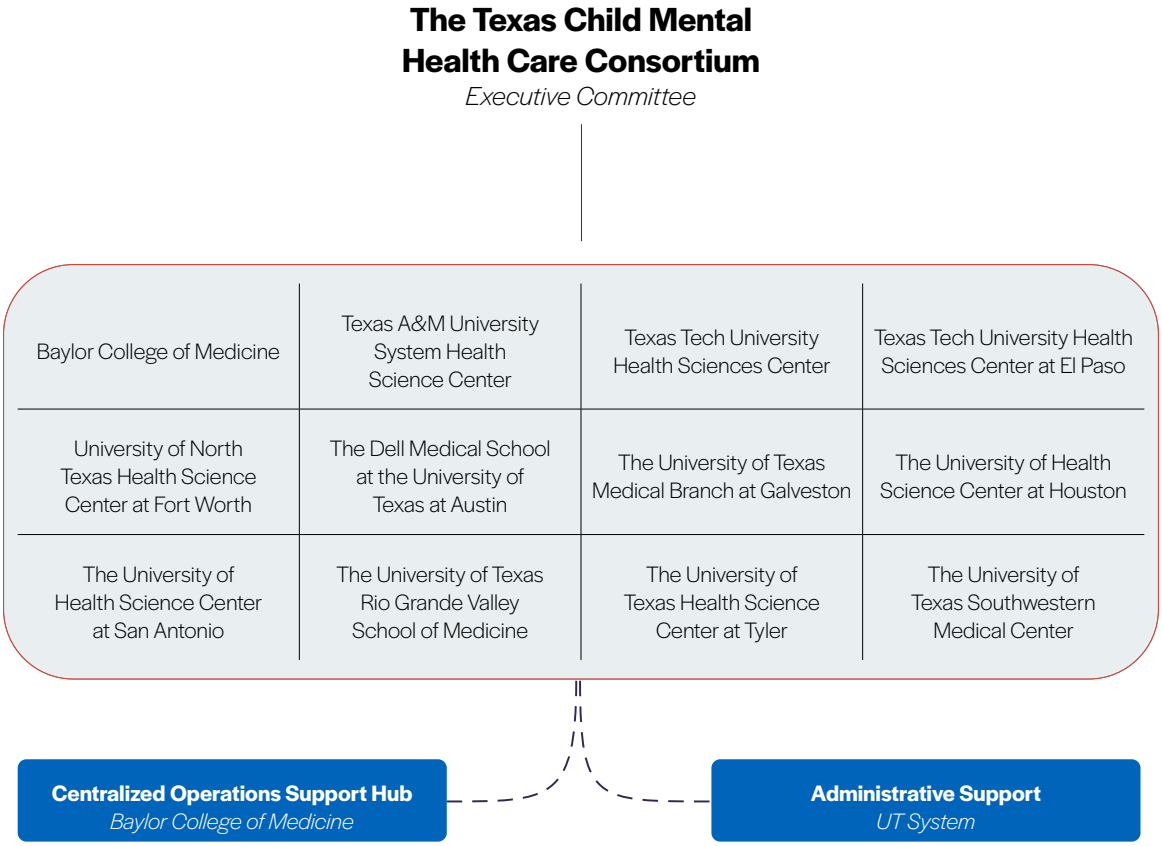
In addition to the above Budget Rider recommendations, the following considerations would improve the effectiveness and operations of the Consortium.

- **Legislative authority to meet virtually.** The TCMHCC does not currently have legislative authority to meet virtually. During the Covid-19 response, the TCMHCC EC has been able to do so, which has significantly increased the ease of attendance of its members. Furthermore, it has increased transparency, as all the meetings are broadcast statewide. The TCMHCC EC is concerned that following the resolution of the pandemic that it will have to resume an all in-person format for its monthly meetings.
- **Composition of the TCMHCC Executive Committee.** The composition of the Executive Committee may need to be adjusted in the future. For example, as new state funded Texas medical schools establish their departments of psychiatry, consideration will need to be given to adding them to the TCMHCC. Also, as the TCMHCC is focused on the needs of children in the outpatient setting, MD Anderson Cancer Center has noted difficulty in finding their role in the implementation of the Consortiums initiatives and has expressed a desire to be officially removed from the Consortium at some point in the future.
- **Expanding the role of the TCMHCC to improve perinatal mental health services in Texas.** The Texas Legislature has made improving perinatal mental health services a priority as part of its effort to improve maternal morbidity and mortality in Texas. Other states have leveraged their CPAN programs to provide a "CPAN for moms" service where academic psychiatrists experience in the treatment of perinatal mental health issues support Obstetricians/ Gynecologists, other primary care providers, and general psychiatrists in the care of women suffering from perinatal mental health issues. The Texas HHSC in their Postpartum Depression Strategic Plan (https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/hb253-postpartum-depression-strategic-plan-sept-2020.pdf) released in September 2020 noted that the TCMHCC should be leveraged in Texas to help address this issue. Providing this service through TCMHCC is likewise in accordance with the HHSC Statewide Behavioral Health Strategic Plan. To add this service to CPAN, TCMHCC would need to be given statutory authority to serve this population and additional funding to do so.

Additional buildout of TCMHCC Services: With additional funding besides that noted above, the impact of TCMHCC could be enhanced by doing the following:

- Expand CPWE to include additional LMHAs, including rural ones through telemedicine.
- Expand TCHATT into additional ISDs.

Appendix I: Executive Committee and Organizational Chart



Executive Committee Members

Name	Title	Institution
Joseph Blader, PhD	Meadows Foundation and Semp Russ Professor of Child Psychiatry	UT Health San Antonio
James Alan Bourgeois, MD	Chair of the Department of Psychiatry, Baylor Scott & White, Central Texas Division; Clinical Professor of Psychiatry, Texas A&M University Health Science Center	Texas A&M University Health Science and Baylor, Scott & White
Danette Castle, MPA, MA	CEO	Texas Council of Community Centers
Mark Chassay, MD, MBA	Senior Vice Provost of Clinical Affairs and Healthcare Partnerships	The University of North Texas Health Science Center
Brittney Nichols, MBA, LPC-S	Administrative Director, Department of Psychiatry & Behavioral Medicine	The University of Texas Health Science Center at Tyler
Michael Escamilla, MD	Professor and Chair of Psychiatry	The University of Texas Rio Grande Valley School of Medicine

Sonja Gaines, MBA	Deputy Executive Commissioner for Intellectual and Developmental Disability and Behavioral Health Services	Health and Human Services Commission
Wayne Goodman, MD	D.C. and Irene Ellwood Professor and Chair Menninger Department of Psychiatry and Behavioral Sciences	Baylor College of Medicine
R. Andrew Harper, MD	Clinical Professor and Associate Department Head for Clinical Care, Department of Psychiatry	Texas A&M University System Health Science Center
Hicham Ibrahim, MD	Associate Vice President and Chief Medical Officer of Ambulatory Services	The University of Texas Southwestern Medical Center
Andy Keller, PhD	President and Chief Executive Officer	Meadows Mental Health Policy Institute
David Lakey, MD	Vice Chancellor for Health Affairs and Chief Medical Officer	The University of Texas System
Israel Liberzon, MD	Professor of Psychiatry and Psychology	Texas A&M University System Health Science Center
Mike Maples	Deputy Executive Commissioner	Health and Human Services Commission
Sarah Martin, MD	Director, Psychiatry Residency Training Program, Assistant Professor, and Child and Adolescent Division Chief	Texas Tech University Health Sciences Center at El Paso
Octavio Martinez, Jr., MD, MPH	Senior Associate VP & Executive Director	Hogg Foundation for Mental Health and Division of Diversity and Community Engagement, UT Austin
Jeffery Matthews, MD	Chair of Psychiatry & Behavioral Medicine & Associate Professor of Medicine	The University of Texas Health Science Center at Tyler
Nancy Trevino, PhD	Director, Texas Tech Mental Health Initiative	Texas Tech University Health Sciences Center
Charles B Nemeroff, MD, PhD	Professor and Chair of the Department of Psychiatry	The University of Texas at Austin Dell Medical School
Elizabeth Newlin, MD	Associate Professor and Vice Chair of Child and Adolescent Psychiatry and Chief of Child Psychiatry	The University of Texas Health Science Center at Houston and UTHealth Harris County Psychiatric Center (HCPC)
Michael Patriarca, MBA	Executive Vice Dean	The University of Texas Rio Grande Valley School of Medicine
Steven Pliszka, MD	Chair, Psychiatry & Professor, Child & Adolescent Psychiatry	UT Health San Antonio
Alan Podawiltz, DO, MS	Chair of Psychiatry	The University of North Texas Health Science Center

Rhonda Robert, PhD	Professor of Pediatrics	The University of Texas M.D. Anderson Cancer Center
Stacey Silverman, PhD	Assistant Commissioner in the Division of Academic Quality and Workforce	Texas Higher Education Coordinating Board
Jair Soares, MD, PhD	Professor & Chair, Psychiatry & Behavioral Sciences & Executive Director, UT Harris County Psychiatric Center	The University of Texas Health Science Center at Houston
Stephen Strakowski, MD	Acting Senior Associate Dean of Research, Associate Vice President for Regional Mental Health and Professor of Psychiatry	The University of Texas at Austin Dell Medical School
Carol Tamminga, MD	Professor and Chair of Psychiatry	The University of Texas Southwestern Medical Center
Daniel Tan, MD	Clinical Specialist, Department of Psychiatry	The University of Texas M.D. Anderson Cancer Center
Peter Thompson, MD	Department Chair	Texas Tech University Health Sciences Center at El Paso
Alexander Vo, PhD	Vice President, Telemedicine and Health Innovations	The University of Texas Medical Branch at Galveston
Karen Wagner, MD, PhD	Chair, Psychiatry/Behavioral Science & Professor, Child & Adolescent Psychiatry	The University of Texas Medical Branch at Galveston
Sarah Wakefield, MD	Associate Professor and Chair of Psychiatry	Texas Tech University Health Sciences Center
Danielle Wesley	Vice President, Network Service Delivery	Children's Health
Laurel Williams, DO	Medical Director for COSH, Director of Residency Training Child and Adolescent Psychiatry. Associate Professor	Baylor College of Medicine

Appendix II: Texas Child Mental Health Care Consortium Performance Metrics

Performance metrics for CPAN centers:

1. **Percentage of PCPs within each region that are enrolled**

   Definition of Numerator: Number of licensed pediatricians, family physicians, nurse practitioners and physician assistants enrolled in the CPAN.

   Definition of Denominator: Number of licensed pediatricians, family physicians, and nurse practitioners and physician assistants operating under the supervision of a pediatrician or family physician

2. **Percentage of phone calls answered, by team and statewide, within 5 minutes**

   Definition of Numerator: Number of phone calls answered by a CPAN mental health specialist within 5 minutes of receipt of the call

   Definition of Denominator: Total number of unique phone calls received by the CPAN during the reporting period

3. **Percentage of consultative requests responded to within 30 minutes, by team and statewide**

   Definition of Numerator: Number of phone calls requesting psychiatric consultation with start time 30 minutes or less from initial call log time.

   Definition of Denominator: Total number of unique phone calls requesting psychiatric consultation received by the CPAN during the reporting period.

4. **Percentage of enrolled PCPs using consultation services at least once, by team and statewide**

   Definition of Numerator: Number of enrolled PCPs who contacted the CPAN for consultation or referral support since initiation of the service.

   Definition of Denominator: Total number of PCPs enrolled in CPAN for at least 3 months by the end of the reporting period.

5. **PCPs' satisfaction score**

   Definition of Numerator: Number of PCPs who complete a survey who report overall satisfaction as "satisfied" or "very satisfied".

   Definition of Denominator: Total number of PCPs who complete a satisfaction survey during the reporting period.

6. **PCP's comfort score**

   Definition of Numerator: Number of PCPs who complete a survey who report comfort managing client after consultation as "comfortable" or "very comfortable".

   Definition of Denominator: Total number of PCPs who complete a satisfaction survey during the time period.

Performance Metrics for TCHATT:

1. **Number and names of schools served**

   Definition: Number and name of school campuses with a formal agreement to participate in TCHATT services (current). School campus is defined as having a unique TEA identifier.

2. **Number of students able to access care (covered lives)**

   Definition: Number of students enrolled in participating school campuses based on current agreements.

3. **Number of students referred to the TCHATT program**

   Definition: Total number of students for whom the HRI receives a referral from a participating school campus to receive TCHATT services during the reporting period.

4. **Number of students served**

   Definition: Total unique number of students served by at least one TCHATT assessment or intervention encounter during the reporting period.

5. **Number of encounters by provider type**

   Definition: Total number of TCHATT encounters provided by (a) child psychiatrist; (b) child psychologist; (c) licensed social worker; licensed professional counselor; (d) other.

6. **Number of students referred for ongoing services following TCHATT**

   Definition: Total number of unique students who complete TCHATT and receive a referral for specialty mental health services within the reporting period by: (a) LMHA; (b) medical mental health provider (prescriber); (c) non-medical mental health provider; (d) other.

7. **Number and percentage of students for whom an immediate referral source was not available**

   Definition of Numerator: Total number of students exceeding the four TCHATT sessions due to a lack of adequate referral within the reporting period.

   Definition of Denominator: Total unique number of students served by at least one TCHATT intervention encounter during the reporting period.

Performance metrics for CPWE:

1. Number of faculty and residents assigned to the LMHA

Definition: Number of full time equivalents (FTE) faculty members assigned as academic medical directors and psychiatric residents within community agencies or LMHAs during the reporting period.

2. Number of unique patient visits

Definition: Total number of service encounters provided by faculty members (academic medical directors) or psychiatric residents during CPWE-funded rotation in community agencies/LMHAs.

3. Number of unique patients seen

Definition: Number of unique child or adolescent patients seen by a CPWE faculty or resident in a documented encounter in the community agency or LMHA during the reporting period.

4. Ratio of children to total patients seen

Definition of Numerator: Number of unique patients seen by a CPWE faculty or resident who are between the ages of birth to 20 years old.

Definition of Denominator: Number of unique child or adolescent patients seen by a CPWE faculty or resident in a documented encounter in the community agency or LMHA during the reporting period.

5. Time from intake to first prescriber encounter

Definition: The number of days for new child or adolescent patients (child with no previous encounters for last 6 months) from intake appointment (initial authorization for care) to first psychiatric evaluation or medication management encounter. The population will we limited to those accessing psychiatric care in first 6 months of care.

6. Number of patients seen that were initially contacted through CPAN or TCHATT

Definition: Number of unique child or adolescent patients referred by a CPAN or TCHATT team member to an LMHA participating in the CPWE program.

7. Number of residents who rotate through a LMHA who work in the public mental health system after completing their residencies

Definition of Numerator: Total number of CPWE graduates who are employed in Texas public mental health locations three months following graduation from the residency training program.

Definition of Denominator: Total number of psychiatry residents in CPWE rotations who completed residency during the reporting period.

8. Percent of children demonstrating improvement on symptom measures

Definition of Numerator: Total unique children with reduction in total scale score from initial to most recent exceeding the clinical cut-off for improvement on the primary outcome measure (Vanderbilt for externalizing; PHQ-9 for internalizing)

Definition of Denominator: Total number of children seen by CPWE physician or resident with two valid assessments at least 14 days apart.

Performance Metrics from CAP Fellowship:

1. **Total number of child and adolescent psychiatry fellowship positions open per institution**

   Definition: Total number of unfilled but funded child and adolescent psychiatry fellowship positions at each HRI for the reporting period.

2. **Total number of child and adolescent psychiatry fellowship positions filled per institution**

   Definition: Total number of active child and adolescent psychiatry fellows funded by the TCMHCC at each HRI for the reporting period.

3. **Total number of child and adolescent fellowship positions open and filled in Texas**

   Definition: Total number of unfilled child and adolescent psychiatry fellowship positions regardless of funding at each HRI for the reporting period.

4. **Successful GME approval of new fellowship programs**

   Definition: Total number of HRI child and adolescent psychiatry fellowship programs obtaining approval from GME during the reporting period.

5. **Percent of fellowship graduates that remain in Texas upon completion of their fellowship training**

   Definition of Numerator: Total number of fellowship graduates funded by TCMHCC who are employed in Texas three months following graduation from the fellowship training program.

   Definition of Denominator: Total number of child and adolescent psychiatry fellowship positions funded by the TCMHCC who completed training during the reporting period.

Appendix III: CPWE Metrics Start of Program Through Oct 31

	Name of LMHA or agency	MOU status	Monthly Resident/ Trainee FTE	Number of Residents & Trainees on Monthly Rotation	Unique Clients served, start of program through Oct 31, 2020	Total Encounters, Start of Program through Oct 31, 2020	Percent Child and Adolescent
UTHSCSA	CHCS	YES	2	3	299	452	100%
	Gulf Bend	IN PROCESS					
	Hill Country MHDD	IN PROCESS					
BCM*	Harris Center	YES	1	4			90%
UTMB	Gulf Coast Center LMHA	YES	1	2	100	146	100%
TTUHSC EP	El Paso Child Guidance Center	YES	1.1	8	184	302	95%
	Aliviane	YES	0.7	6	45	122	84%
	Emergence Health Network (LMHA)	YES	0	0	0	0	0
UTHSCH	Harris Center	Yes	1	4	90	90	100%
	Texana Center	Yes	1	3	42	47	100%
UTSW	Metrocare	YES	0.1	1	0, MOU begins 11-1-20	0	N/A
TTUHSC	StarCare Specialty Healthcare System	IN PROCESS	2	6	0	0	75%
UTRGV	Tropical Texas Behavioral Health	YES	4.7	13	2083	2780	10%
	Nueces Center MHID	YES	0.3	2	4	4	0
	Border Behavioral Health	YES	0.05	1	4	5	100%
	Coastal Plains Community Center	YES	0	0	0	0	0
TAMUHSC	Brazos County MHMR	YES	0.5 Faculty to start				
UTHSCT	Andrews Center	YES	2	7	71	96	30.21%
UNTHSC	John Peter Smith	YES	0.6	6	98	404	100%
	Tarrent County MHMR	IN PROCESS					

* At BCM our fellows are working within various locations of the Harris Center in order to provide an improved educational experience. Much of the work they do is shadowing verses seeing patients outside of the normal patient volume. The fellows rotate with the Mobile Crisis Team and/or the Neuropsychiatric Center to learn how this part of the system operates. Next they work with the Juvenile Justice Team seeing how the Harris Center assist youth in their system. This is followed by work with a psychologist who does assessments for youth with IDD, another hallmark program for the Harris Center. Finally, they work with a child psychiatrist who is a senior administrator for the Harris Center seeing patients but also learning this specific role that a child psychiatrist may function in within an LMHA setting. BCM will be able to provide some of these client metrics in the near future. However, our goals for this rotation were about enhancement and the fellows already have clinical experiences with direct patient care in the Harris Center. Furthermore the HC does not have a patient waiting list for child psychiatry so our team would not be able to show necessarily improved wait metrics as a result.