

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

April 23, 2021

10:00 AM – 1:00 PM

Agenda

Live Stream link: <https://www.youtube.com/channel/UCSQgIc7NFQEGISPQs6Ar7IA>

By telephone: 1-346-248-7799

Webinar ID: 964 3677 7954

Passcode: 702701

-
- I. Call to order and roll call.**
 - II. Review and approve the following item:**
 - a. Minutes from March 8, 2021 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. Update on 87th Texas Legislative session items pertinent to children's mental health, the TCMHCC and other mental health related topics.
 - b. TCMHCC communications and marketing update.
 - c. Program Evaluation update by The University of Texas at Austin.
 - d. Research Initiative updates by University of Texas Southwestern/Texas Tech University and the University of Texas Dell/University of Texas Medical Branch highlighting the work of the depression and suicide and trauma research teams.
 - e. External Evaluation update by The University of Texas Health Science Center School of Public Health.
 - f. Telehealth presentation from UTMB pertaining to potential post-pandemic changes in telehealth policy.
 - g. Presentation and update from Texas Tech University El Paso on implementation of TCMHCC initiatives.
 - h. Presentation from HHSC on the Zero Suicide Initiative suicide prevention activities.
 - Discuss potential opportunities to incorporate the Zero Suicide Framework within 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, CPWE and TCHAT. 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. TCHATT update.
- d. CPWE update.
- e. Data Governance Committee update.

VI. Adjournment

Next meeting May 17, 2021 10:00 – 3:00.



tcmhcc

Texas Child Mental Health Care Consortium

COSH MARCH 2021 Report



Laurel L. Williams, DO

Jennifer Evans

Edith Ortiz, MBA

COSH OUTLINE

- COSH updates
- CPAN
- TCHATT
- Stepped Care
- Welnity



COSH Updates: Marketing

- CPAN one year anniversary
- Social Media
 - Facebook insights
 - People reached
 - Events / Event response



Texas Child Psychiatry Access Network - CPAN

Last 365 Days ▼



31

Events

+20 last 90 days



4.4K

People Reached

+1.4K last 90 days



198

Event Responses

+75 last 90 days



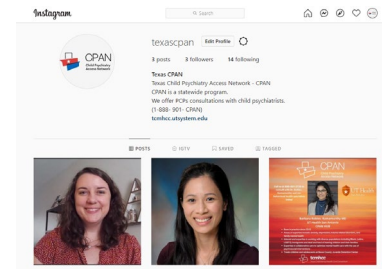
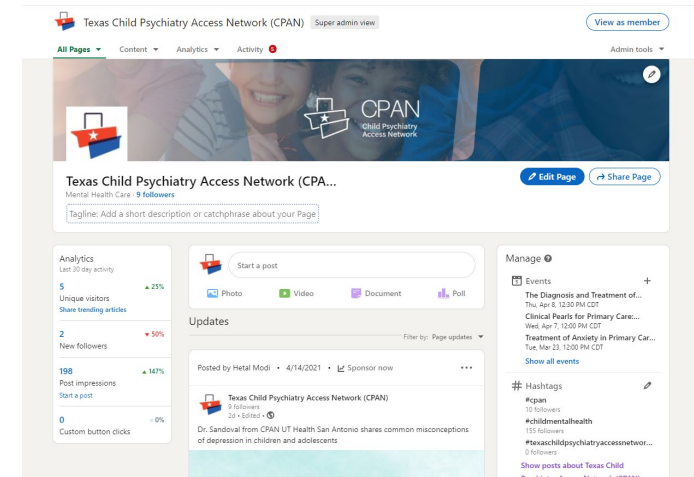
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Ticket Clicks

+0 last 90 days

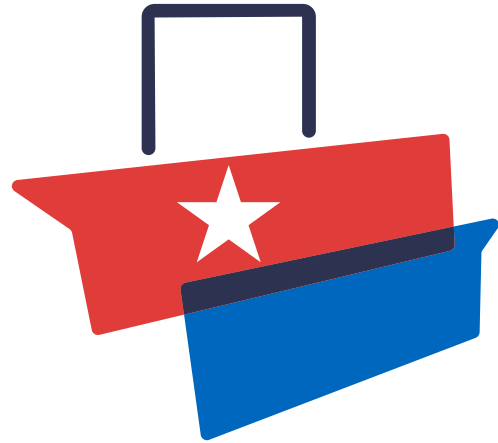
Social Media

- **Facebook:**
<https://www.facebook.com/TexasCPAN>
- **LinkedIn:**
<https://www.linkedin.com/company/texas-child-psychiatry-access-network-cpan>
- **Instagram:**
<https://www.instagram.com/texascpan>



COSH Operational Updates

- **Data Governance Council Updates**
 - Drs. Pliszka and Vo
 - Met March 23, 2021
 - Now a monthly meeting
 - Review information from below meetings to help overall with
 - Data Library
 - Data Integrity
 - Data Analysis(es)
 - Decided to have 2 weekly meeting that include Internal, External Evaluation Team, key Trayt Personnel and TCMHCC Data Team Experts given the importance to coordinate efforts



CPAN

Child Psychiatry
Access Network



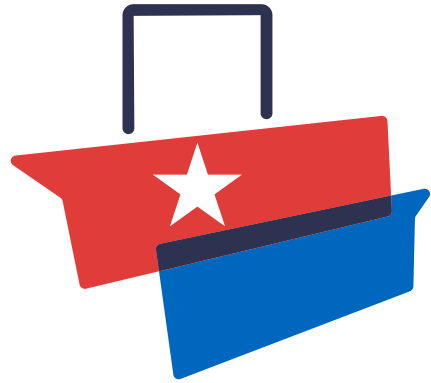
CPAN
Child Psychiatry
Access Network

CPAN updates

- **Will be organizing a state-wide review of best practices for teams (annual meetings)**
 - Case management and Coordination of Care group
 - Physician group
 - Social determinants such as poverty, racism
 - Best practices for Crisis (Suicide in particular)
- **Working on development of a state-wide Project Echo utilizing materials from other state CPAN programs**
 - Provide CME to all participants
 - COSH overall organizer for the Project
 - First meeting to plan **April 29th**

Trayt Dashboard: Live presentation of dashboard





TCHAT

Texas Child Health Access
Through Telemedicine



TCHATT
Texas Child Health Access
Through Telemedicine

TCHATT updates

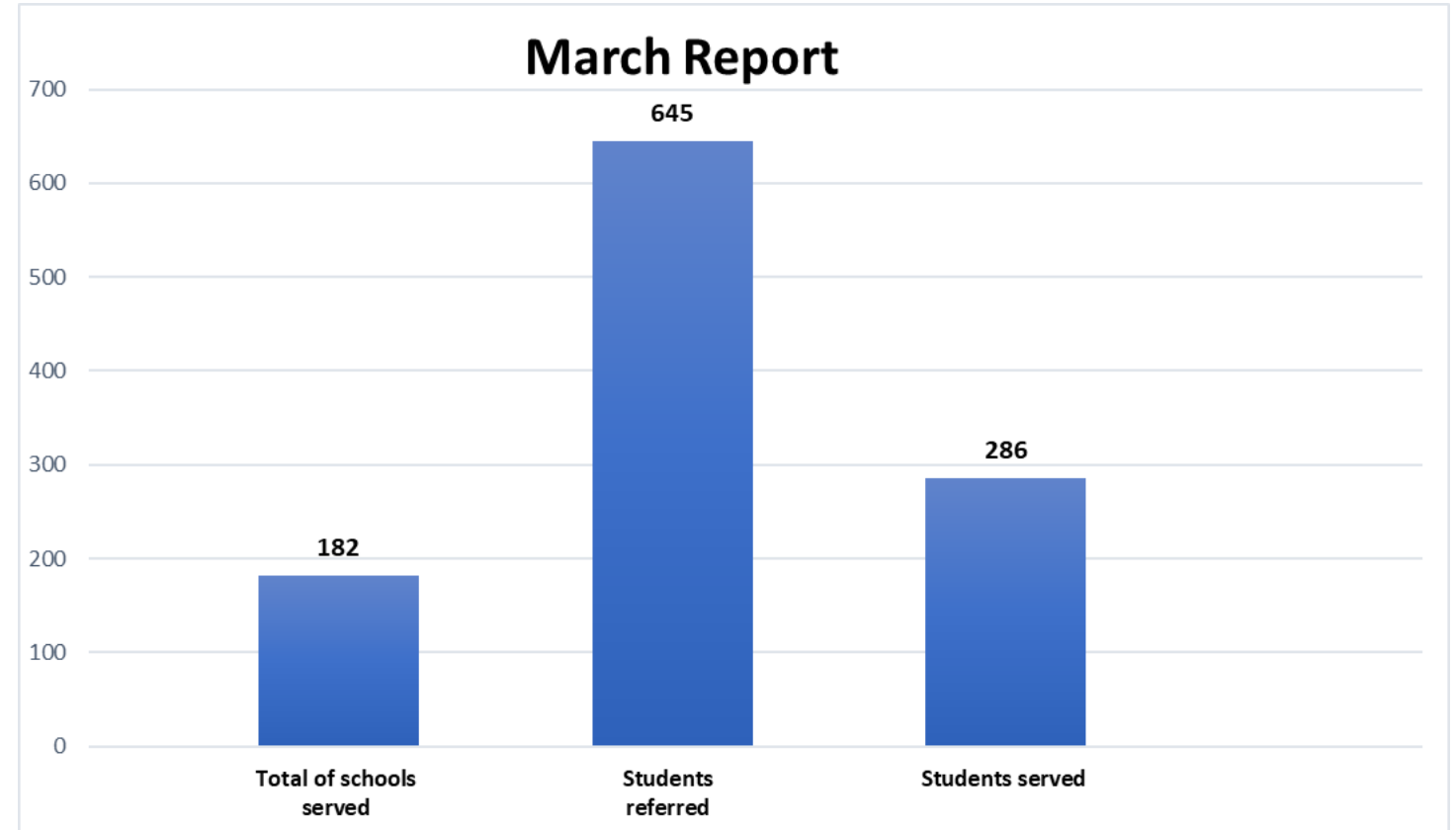
- All 12 HRI teams are accepting referrals
- COSH working with HRIs, Internal Evaluation team, Data Governance team and Trayt for Trayt Build out
 - Training underway to
 - Document referrals
 - Document TCHATT care including STEPPED-CARE
 - Utilize Trayt as a seamless product (ie patient facing aspects as well as state required metrics)
- Consideration of programming needs during the summer.
- STEPPED-Care Model implementation meetings have started under the direction of Drs. Storch and Blader



TCHATT
Texas Child Health Access
Through Telemedicine

In the month of March:

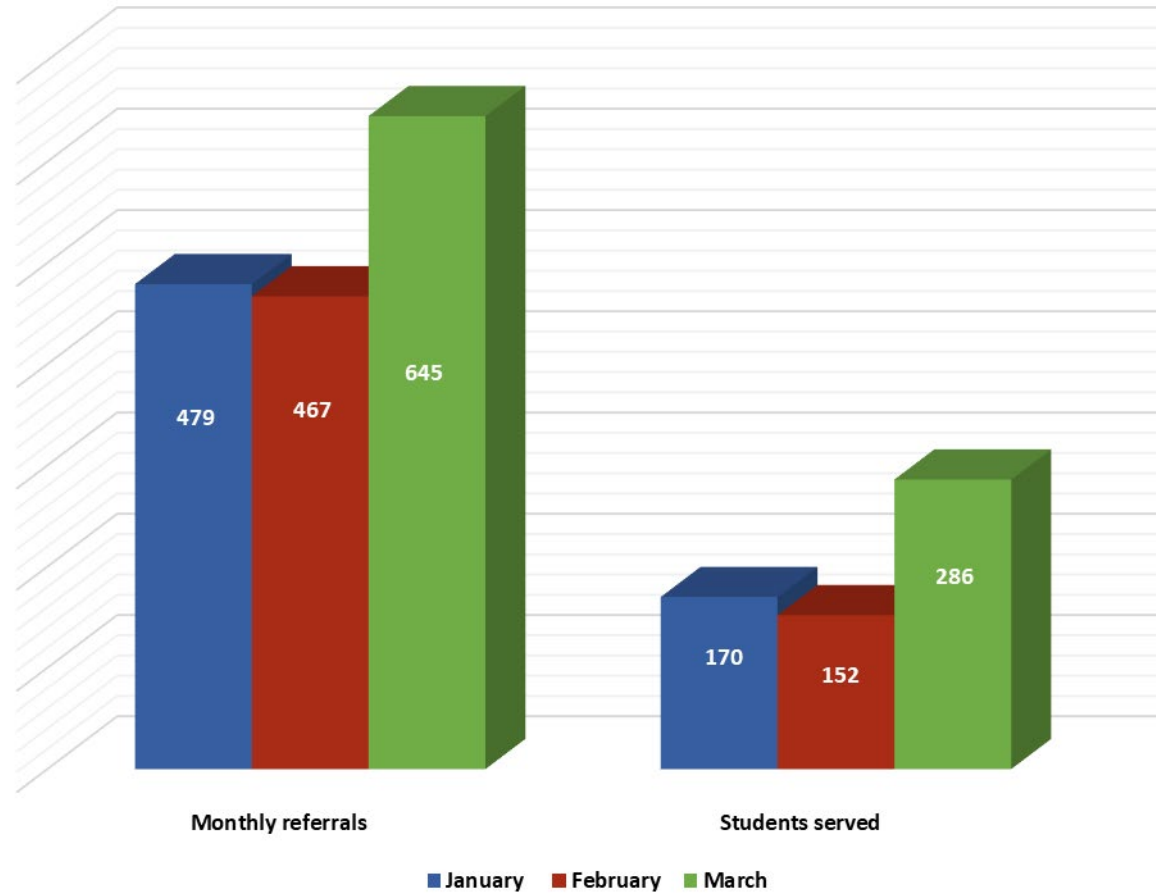
- **182** schools were served in March
- **645** Referrals for the month of March
- **286** of the 645 referrals were served in March





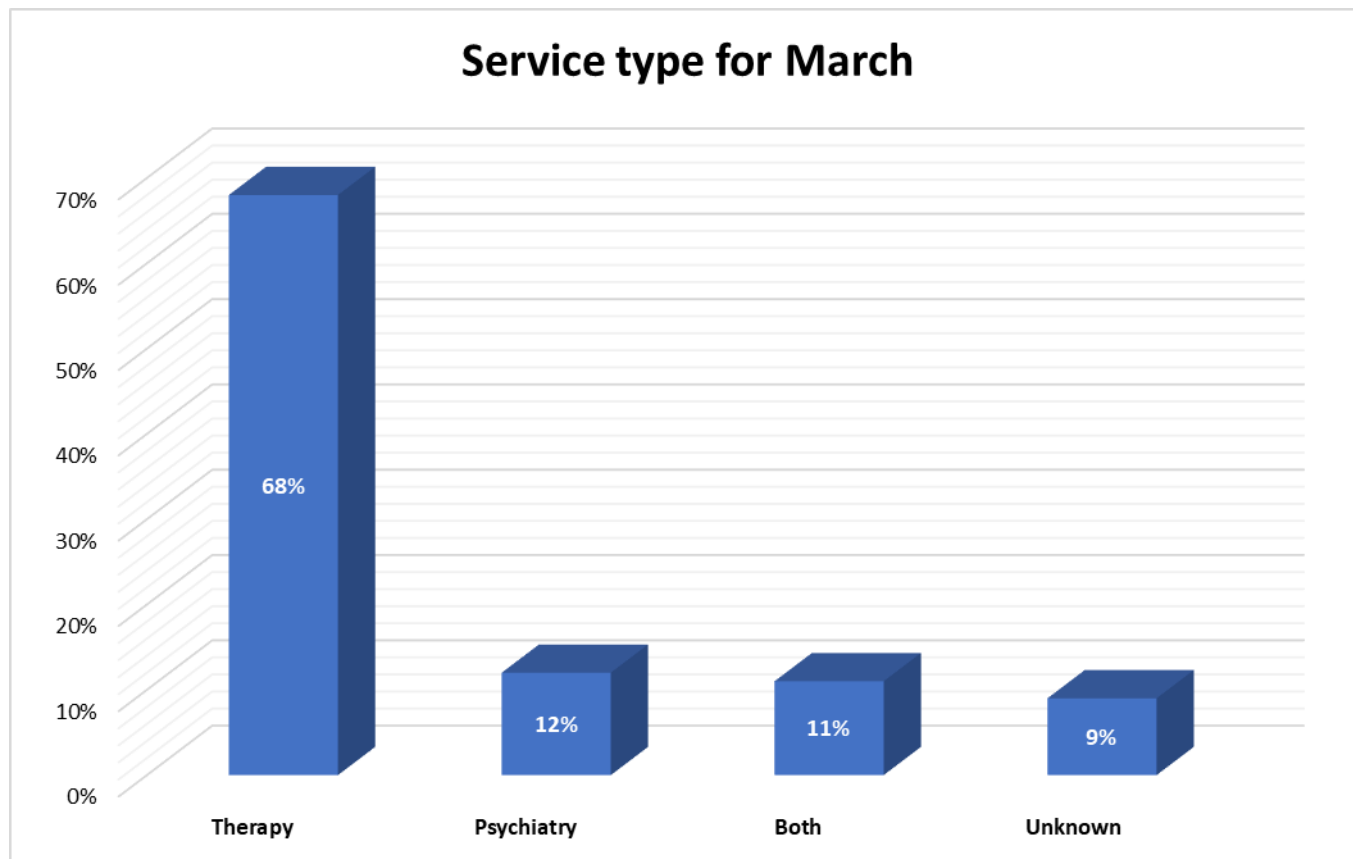
TCHAT
Texas Child Health Access
Through Telemedicine

Metrics Monthly Overview



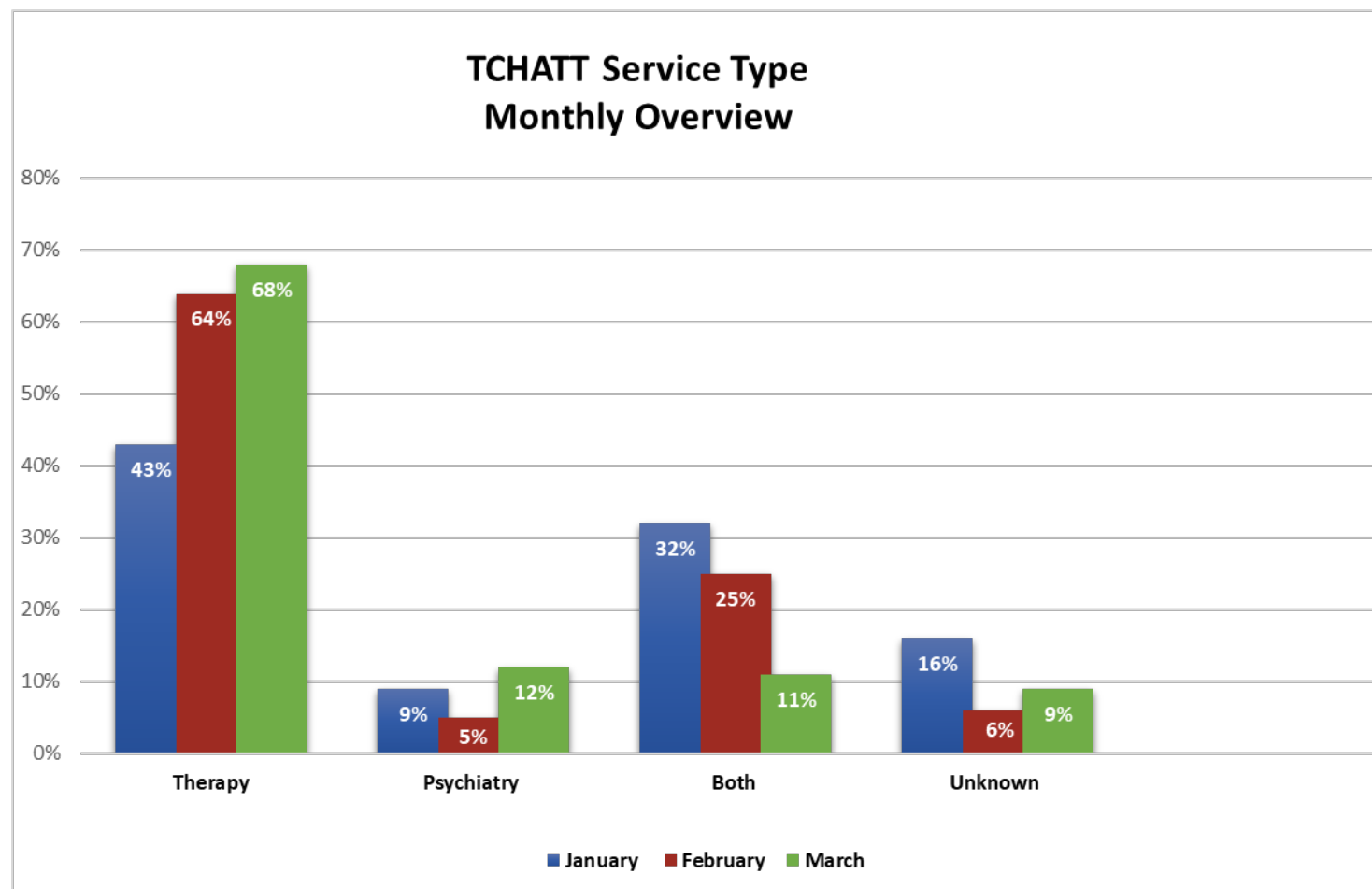


TCHATT
Texas Child Health Access
Through Telemedicine





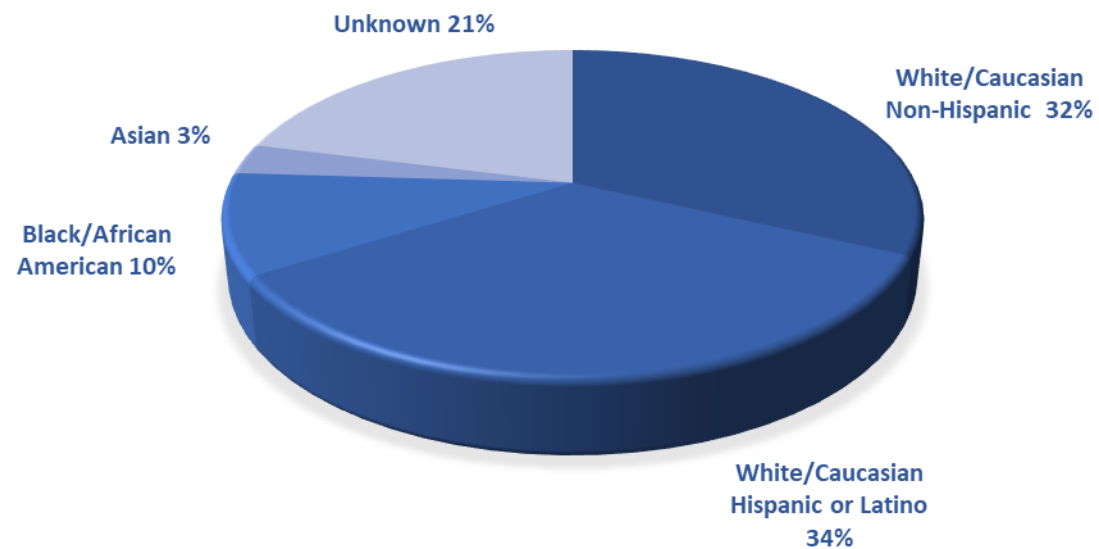
TCHAT
Texas Child Health Access
Through Telemedicine





TCHAT
Texas Child Health Access
Through Telemedicine

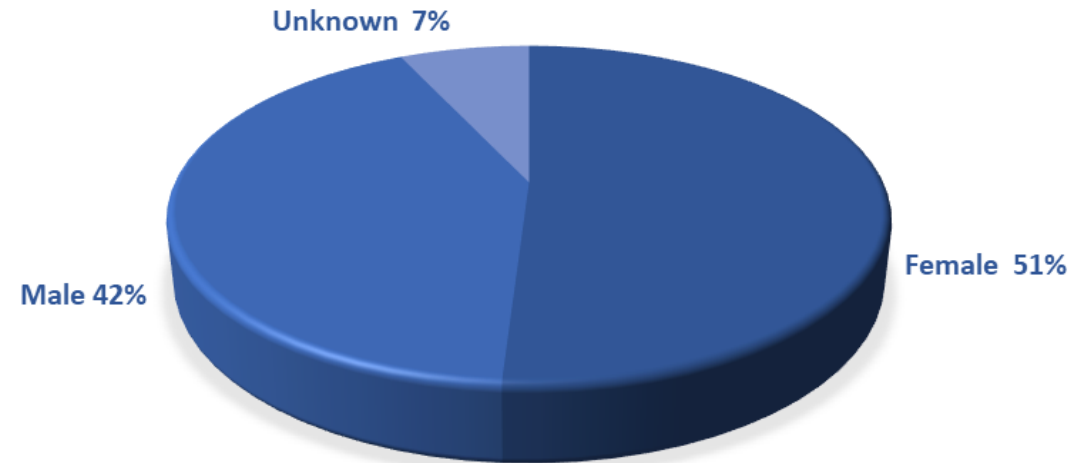
MARCH DEMOGRAPHICS: RACE AND ETHNICITY





TCHAT
Texas Child Health Access
Through Telemedicine

MARCH DEMOGRAPHICS: GENDER

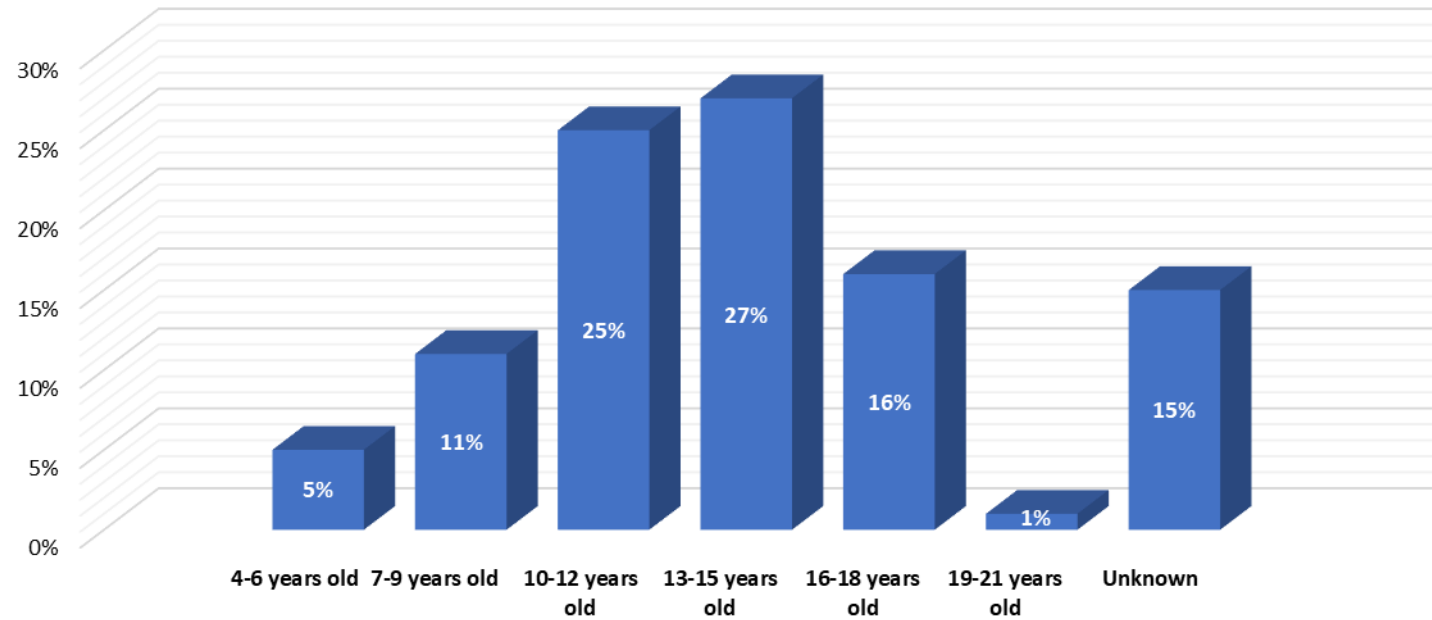


* Monthly data



TCHATT
Texas Child Health Access
Through Telemedicine

March Demographics: Age Range



*Monthly data

TCHAT-Stepped Care Program update

4.23.21

Eric A Storch, PhD

Andrew G Guzik, PhD

Baylor College of Medicine



TCHAT
Texas Child Health Access
Through Telemedicine

Outline

Overview of TCHATT Stepped Care

Update on progress (as of
4/1/2021)

TCHATT-SC Overview



TCHATT
Texas Child Health Access
Through Telemedicine

Goals

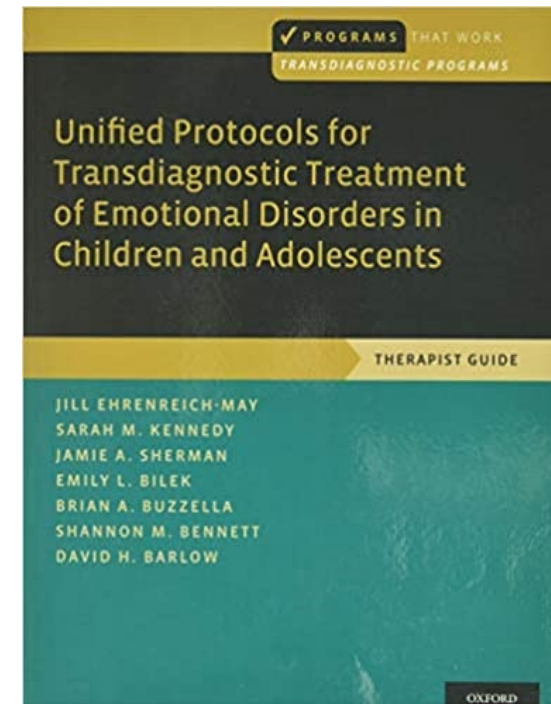
Pilot a stepped-care model of cognitive-behavioral therapy within TCHATT

Coordinate delivery of evidence-based psychotherapy across multiple TCHATT sites



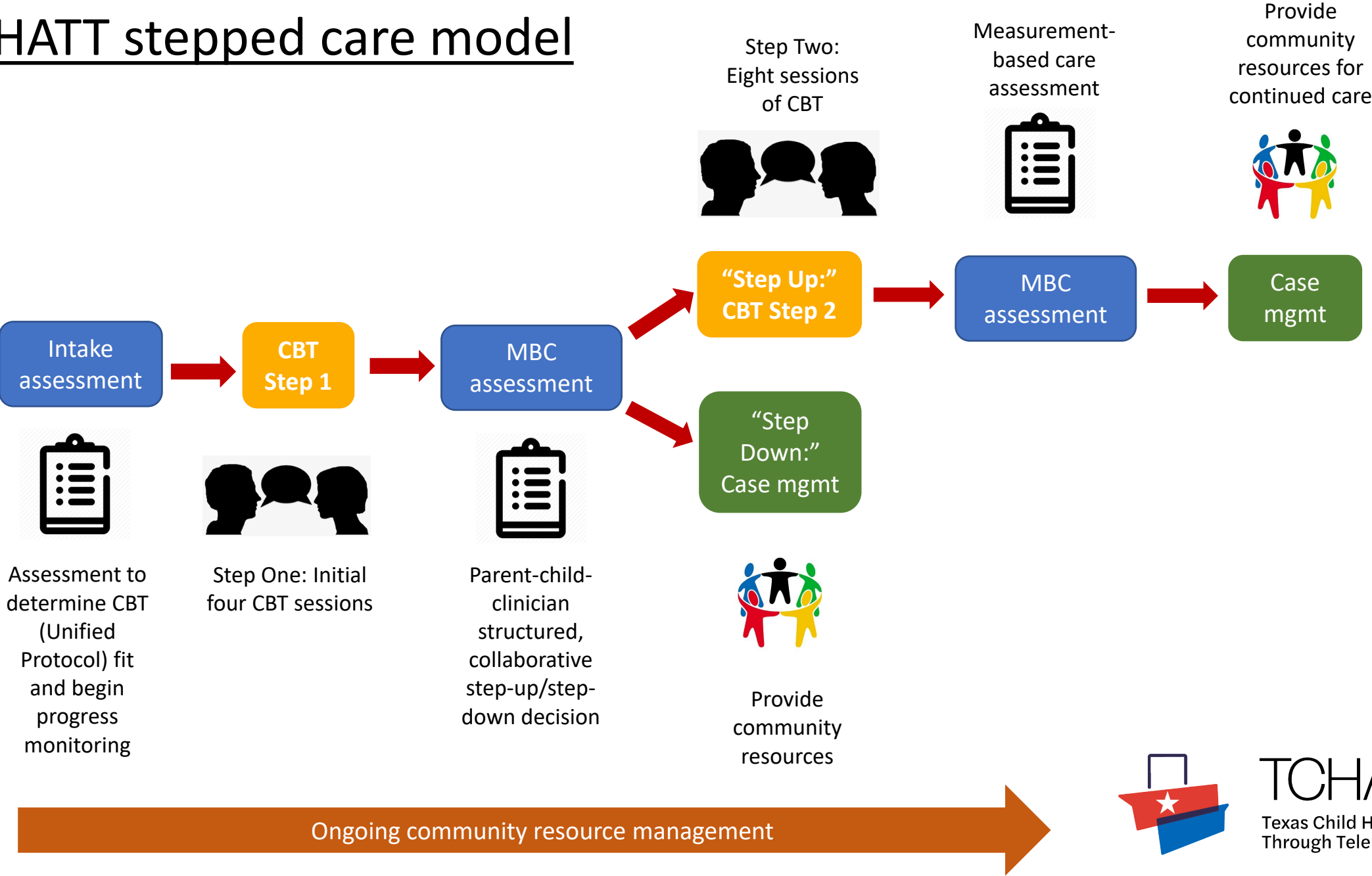
TCHATT
Texas Child Health Access
Through Telemedicine

- Evidence-based, transdiagnostic CBT for internalizing disorders
- Stepped care model:
 - Step 1: 4 sessions of UP (standard TCHATT)
 - Step 2: MBC-based decision for up to 8 further sessions of UP
- Measurements at session 4
 - Youth Top Problems
 - PHQ-A
 - SCARED (Child and Parent-report)



TCHATT
Texas Child Health Access
Through Telemedicine

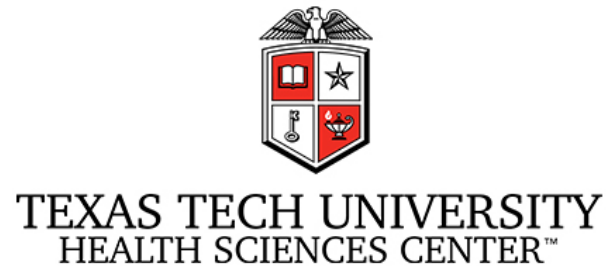
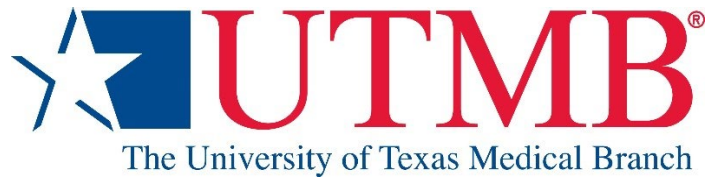
TCHATT stepped care model



TCHATT-Stepped Care Progress



TCHATT
Texas Child Health Access
Through Telemedicine

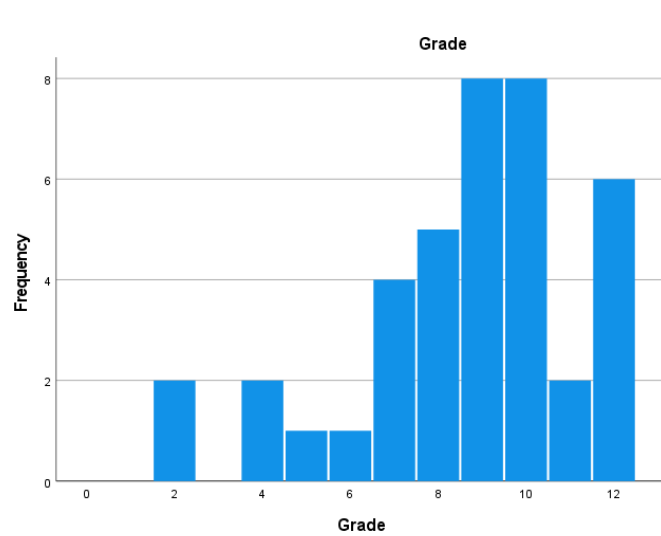


Therapist participation

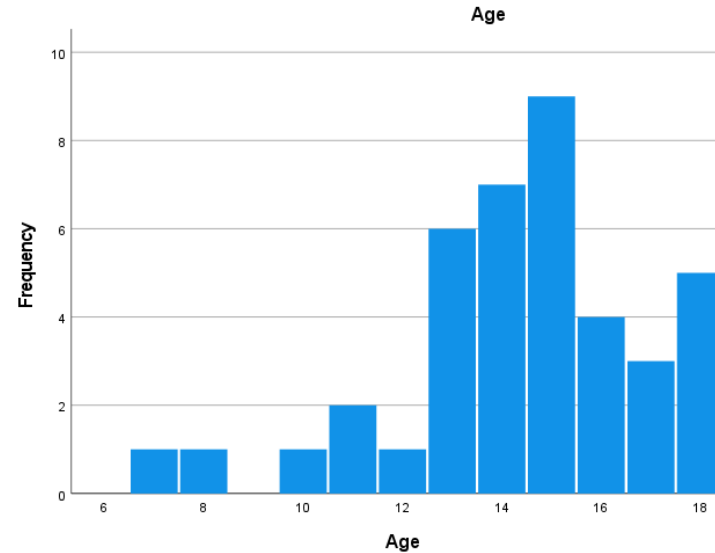
- 2/9: Launched project
- 2/23: 14 therapists at 6 HRIs completed training in Unified Protocol
 - 12 hours of didactic, videoconferencing training
 - Read treatment manuals
- 3/1: Began steering meetings focused on logistics and MBC
- 3/8: Began attending weekly UP consult calls
- 4/1: First progress update on students enrolled



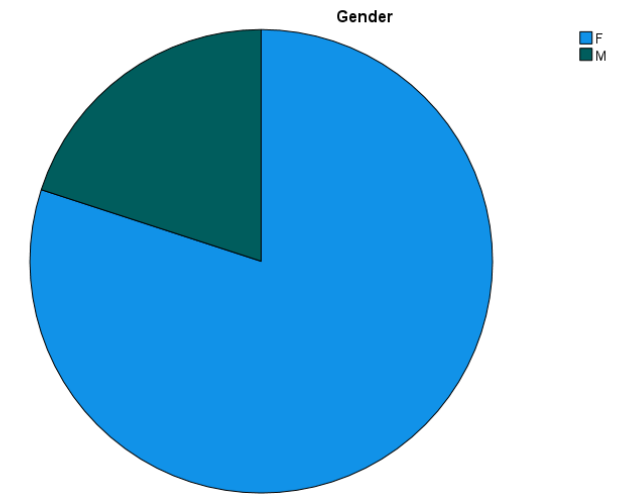
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Texas Child Health Access
Through Telemedicine



Median=9th grade



Median=15 y.o.



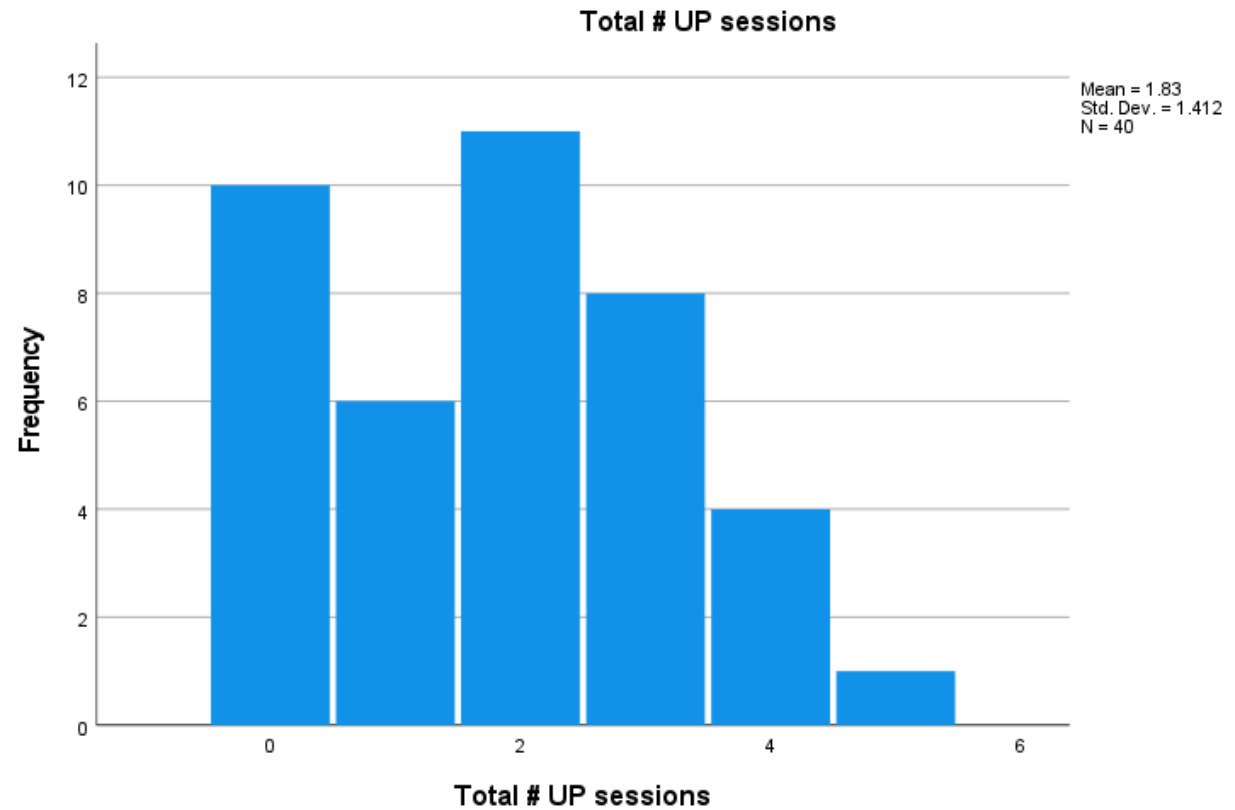
N=32 female (80%)

Demographics (40 youth participating since 3/1)



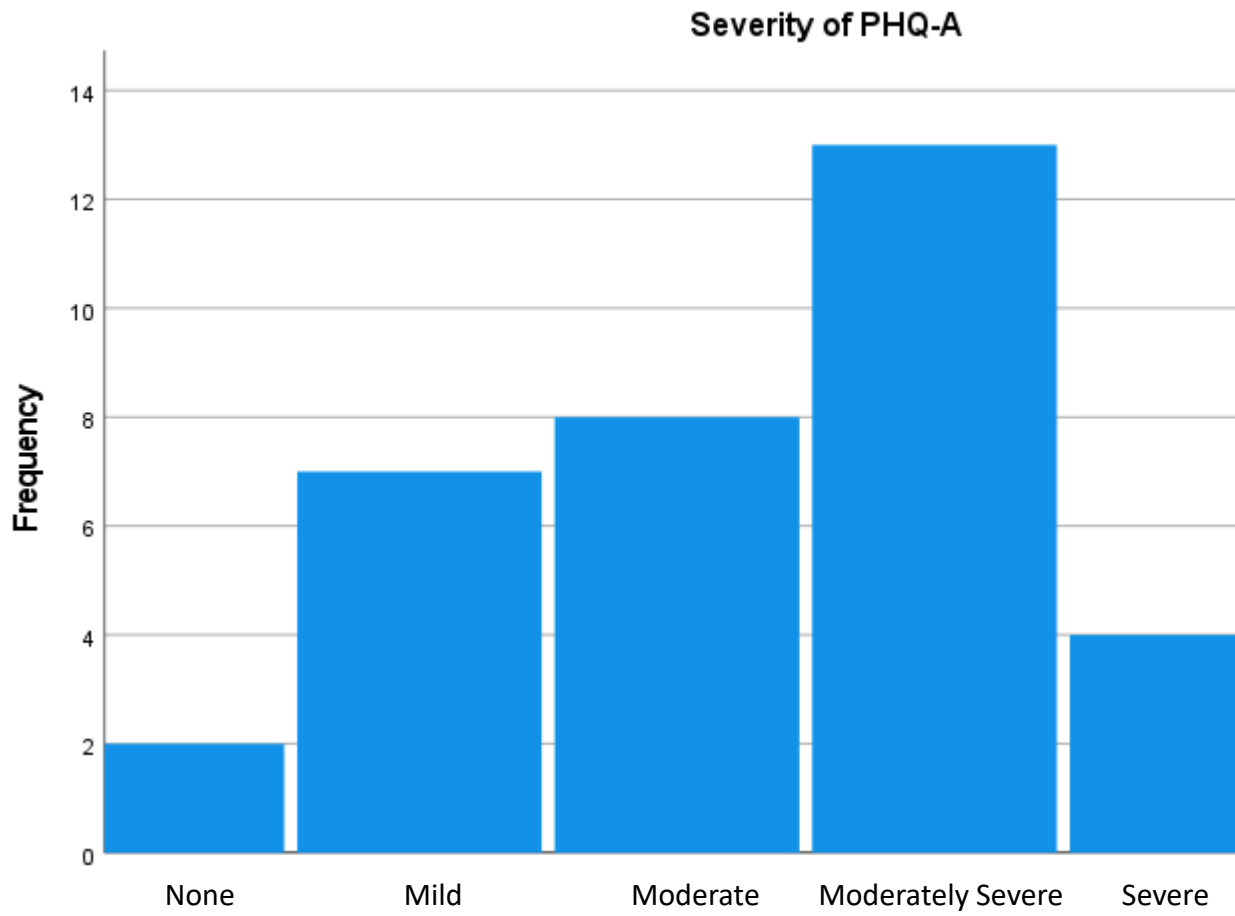
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- N=3 for 3 have “stepped up” to additional therapy



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Texas Child Health Access
Through Telemedicine

Depression



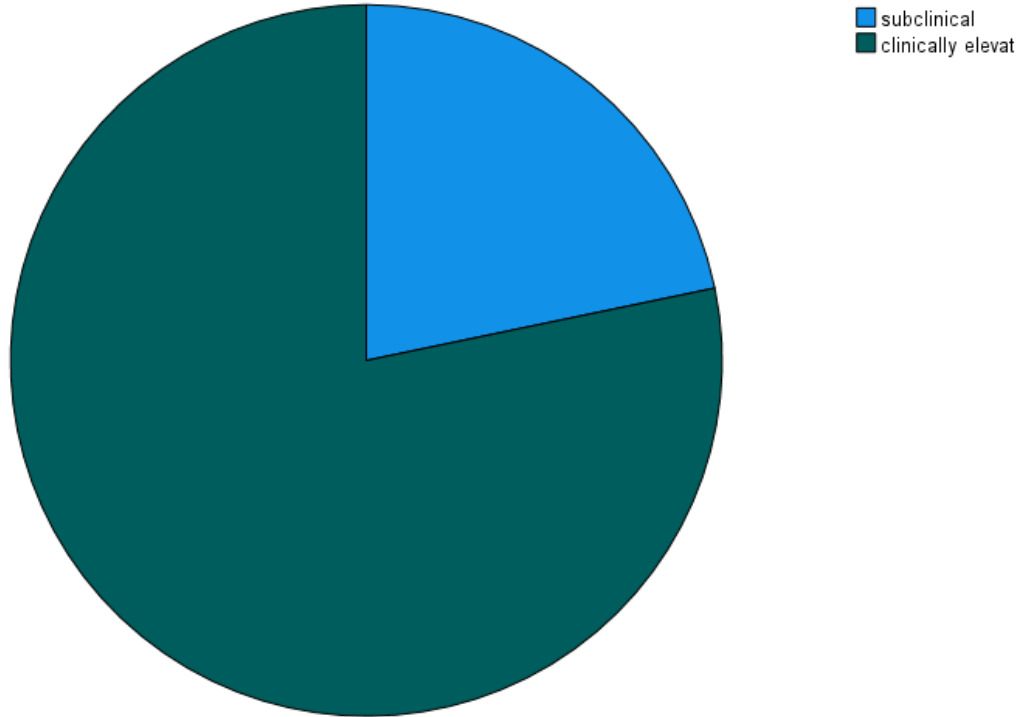
50%: moderately severe-severe
74%: moderate or more severe



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Texas Child Health Access
Through Telemedicine

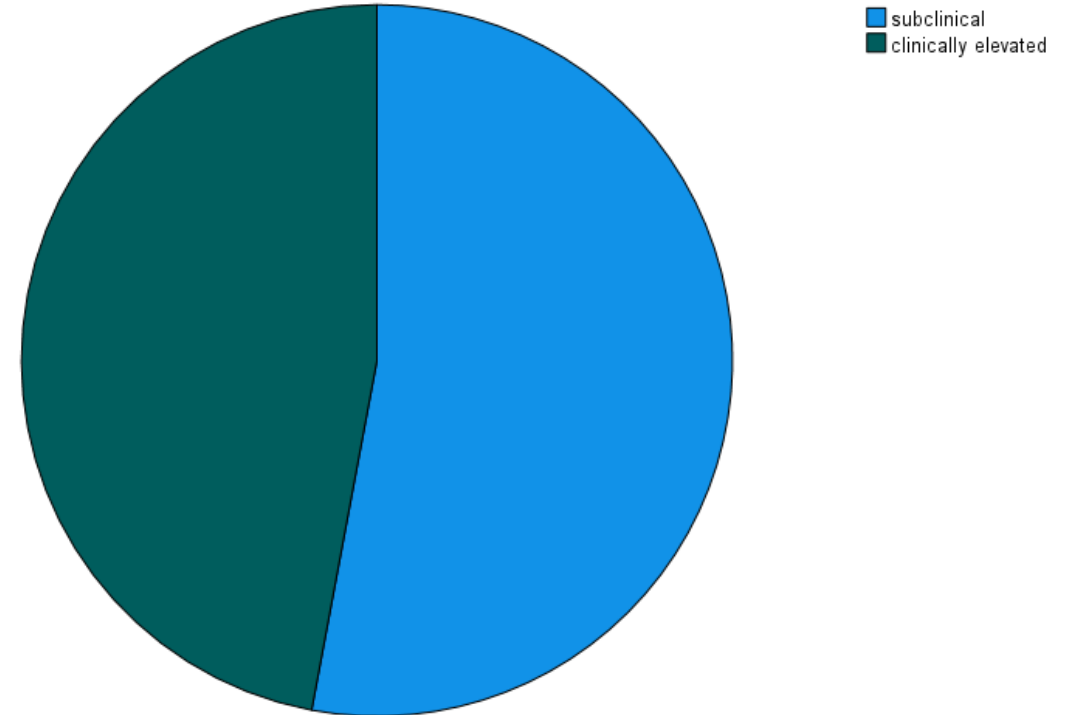
Anxiety

SCARED-Child Report clinical elevations



Child self-report clinically elevated anxiety: 78%

SCARED-Parent Report clinical elevations



Parent-report clinically elevated anxiety: 47%



TCHATT
Texas Child Health Access
Through Telemedicine

Next steps

1. Continue involving youth in the program and track:
 1. Number of youth “stepping up”
 2. Connection with resources
 3. Improvement in PHQ-A and SCARED
 4. Students’ and parents’ satisfaction with the program
2. Streamline measurement-based care approach
3. Future directions: trauma-focused CBT, parent management training?



TCHAT
Texas Child Health Access
Through Telemedicine

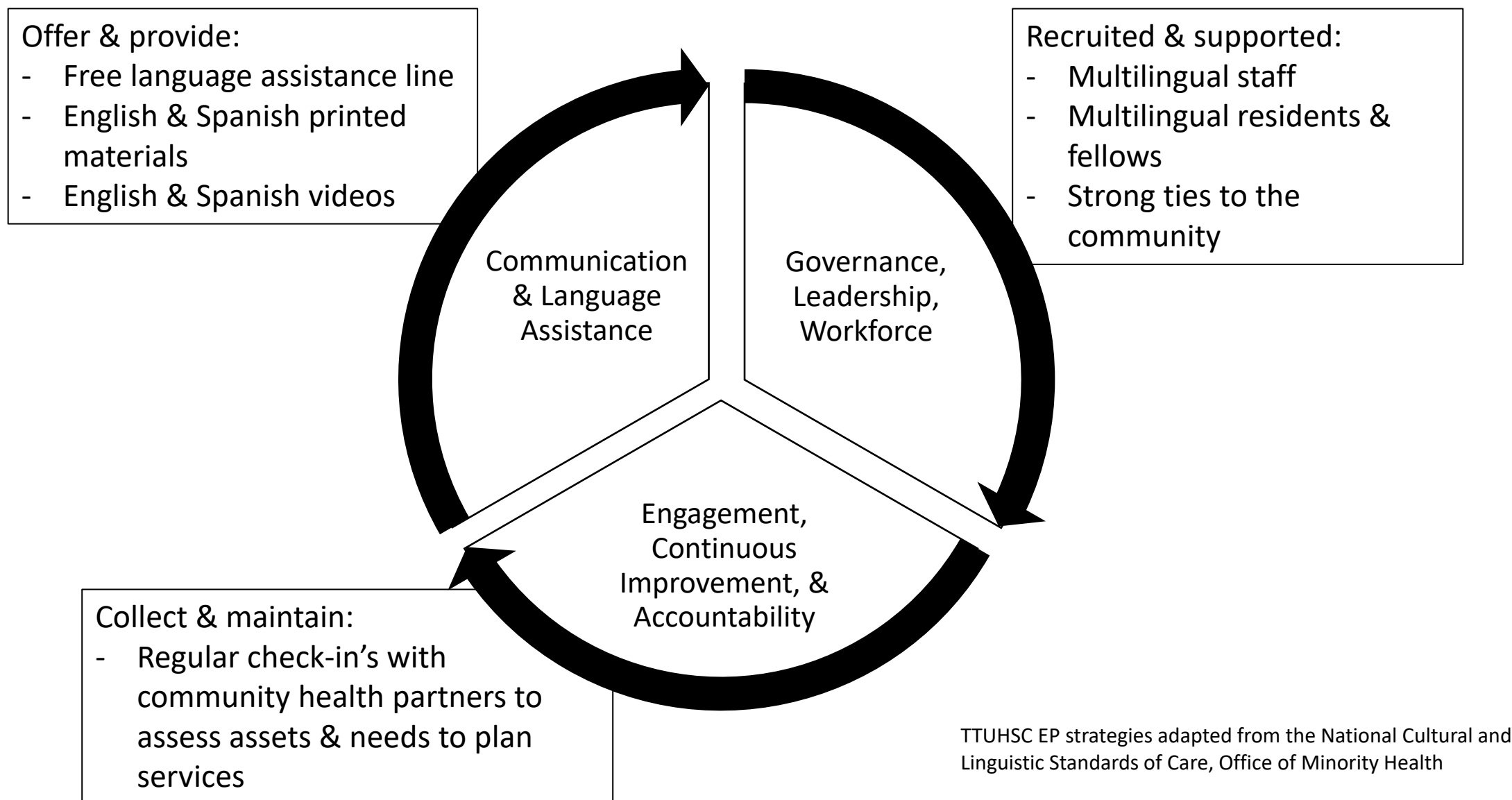
Welnity

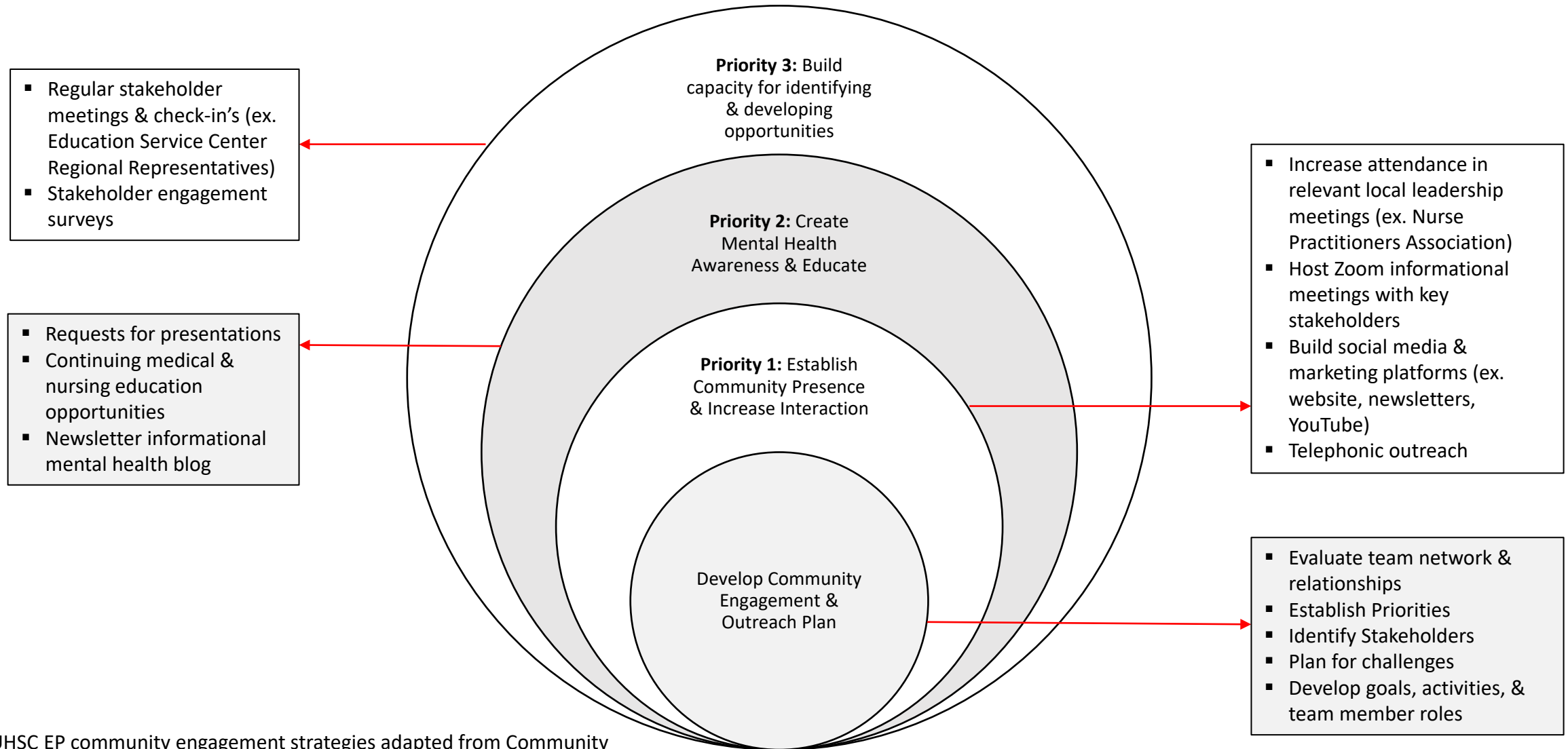
- Welnity
 - Next step: May 5th final review of platform
 - Welnity go live will be May 17th





TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO





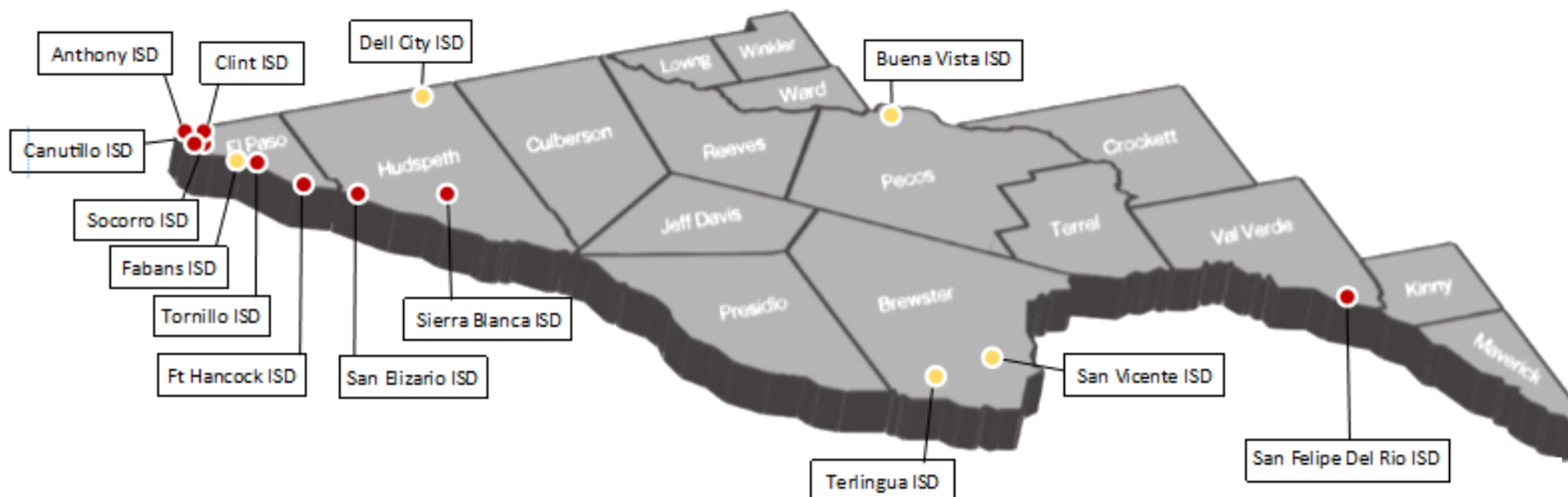


TTUHSC EP TCHATT



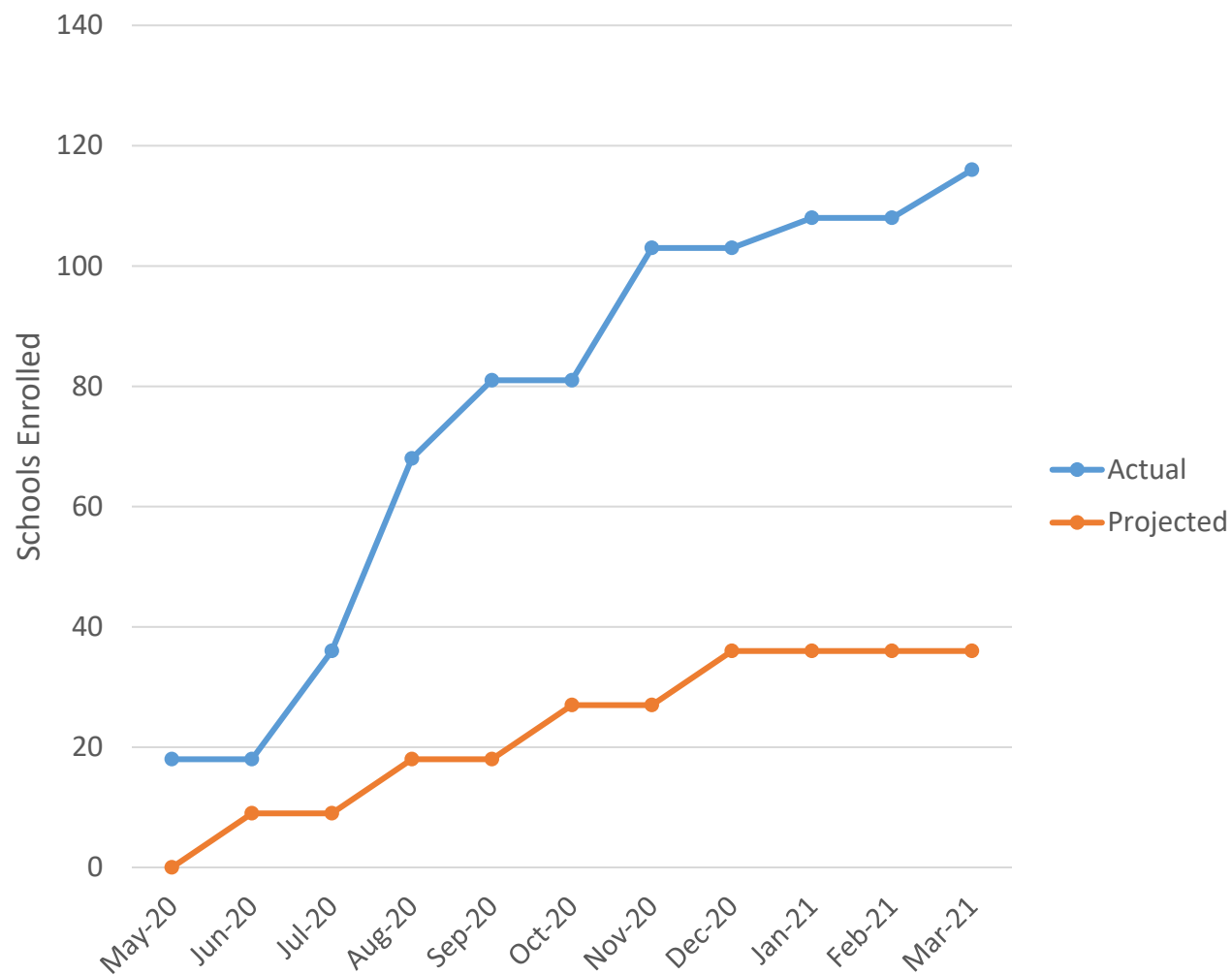


From	To	County	Miles	Time/hours
El Paso	Eagle Pass	Maverick	480.6	7 hours 15 min
	Del Rio	Val Verde	425.8	6 hours 15 min
	Ozona	Crockett	346	4 hours 45 min
	Sanderson	Terrell	306	4 hours 15 min
	Fort Stockton	Pecos	240	3 hours 15 min
	Imperial	Pecos	274	4 hours





Cumulative School Enrollment

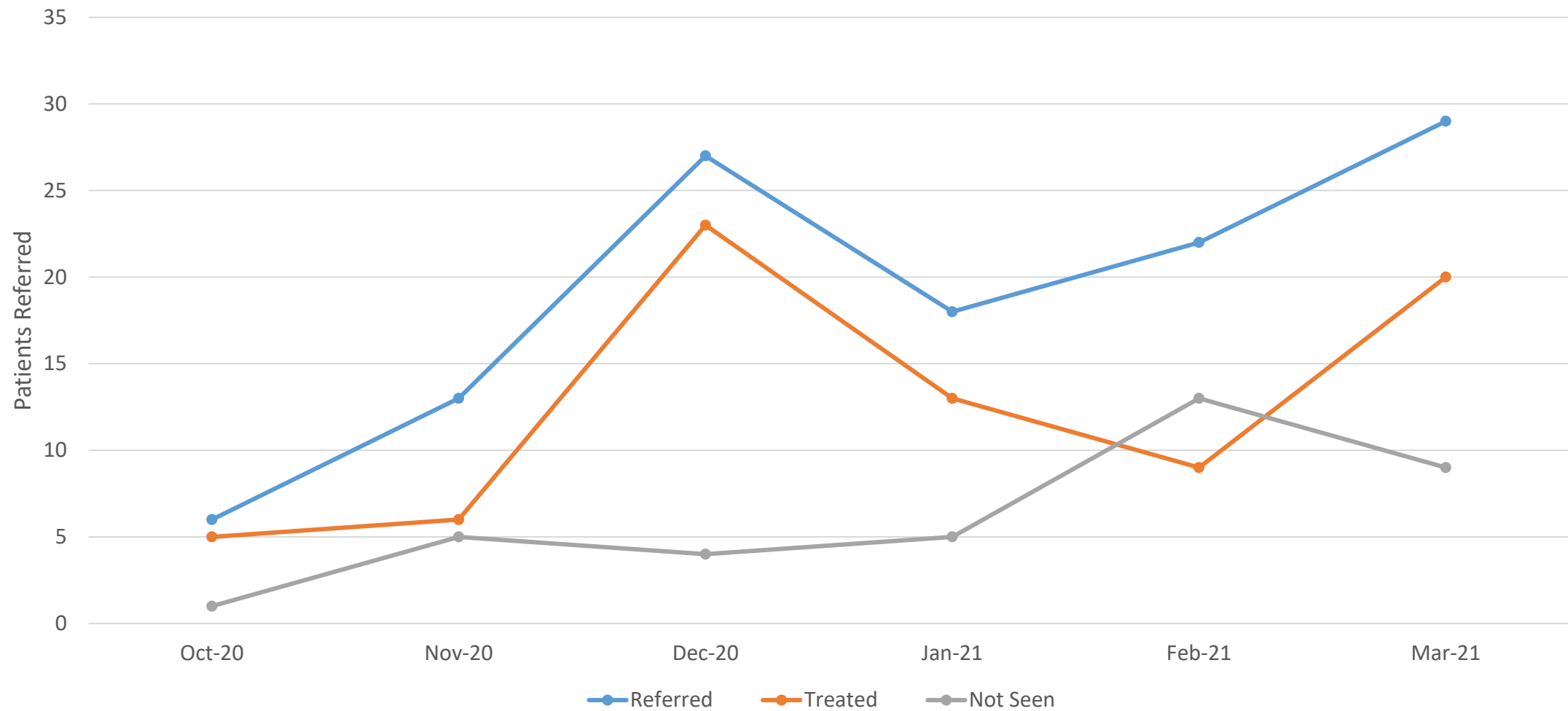


Quick Facts

- **116 Schools Enrolled**
 - 54 Elementary
 - 22 Middle School
 - 25 High School
 - 4 K – 12
 - 6 K – 8
 - 2 Alternative School
 - 3 Intermediate School



Patient Referral Status





Quick Facts: Education & Training

27

Initial Trainings

20

Mental Health & Wellness
Education Sessions

18

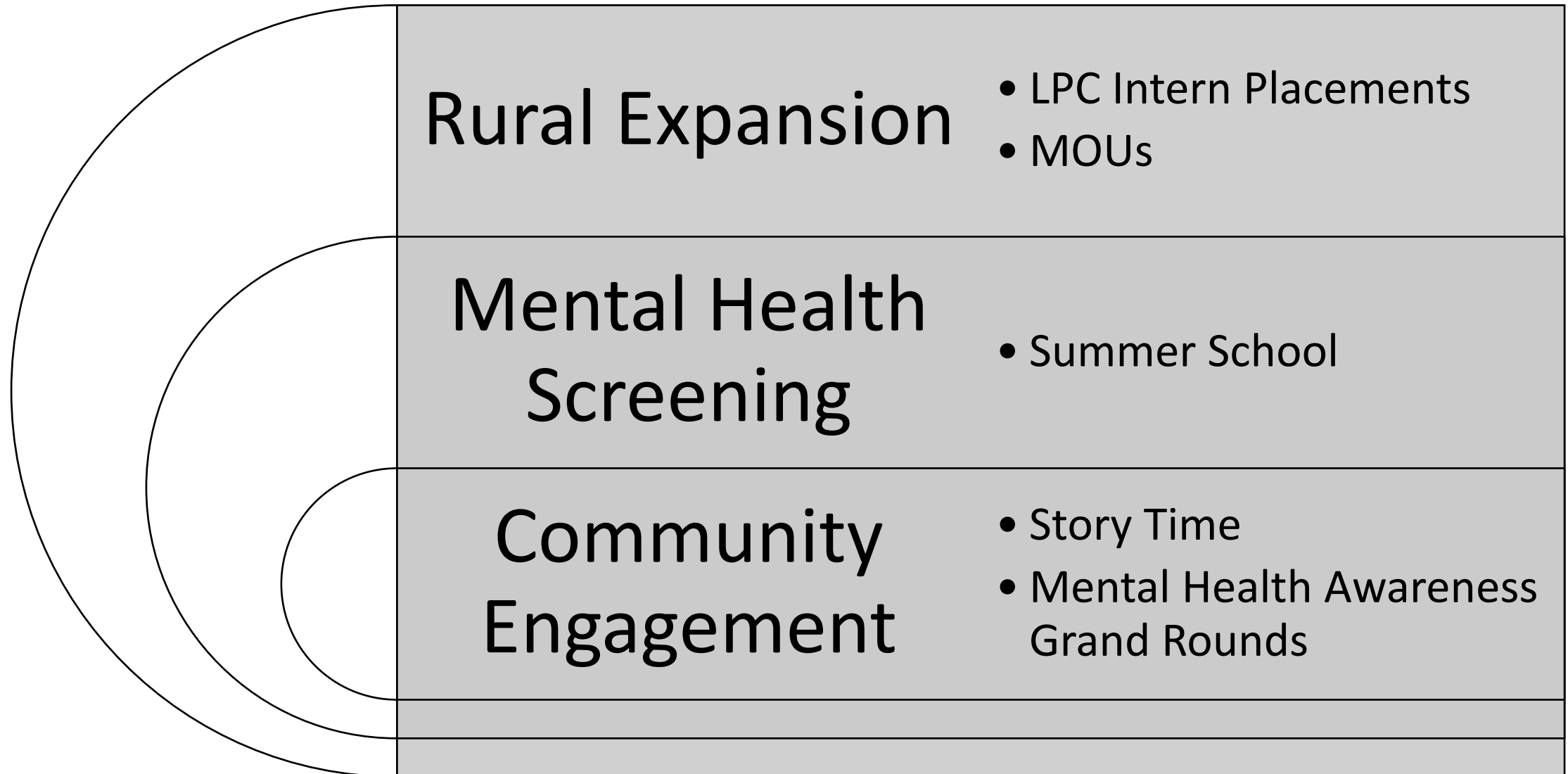
ISD TCHATT Informational Sessions

2

ISD-wide Parent Information
Sessions

2

Education Service Center Training
Partnership





Project Team

- ✓ 1 Medical Director (Psychiatrist)
- ✓ 1 Psychologist
- ✓ 1 Director (Ph.D. Social Worker)
- ✓ 2 Project Coordinators
- ✓ 3 LPC
- ✓ 1 Certified Medical Assistant
- ✓ 6 Psychiatry Residents
- ✓ 2 Psychiatry Fellows

Departmental Team

- ✓ 1 Project Manager
- ✓ 1 Department Administrator

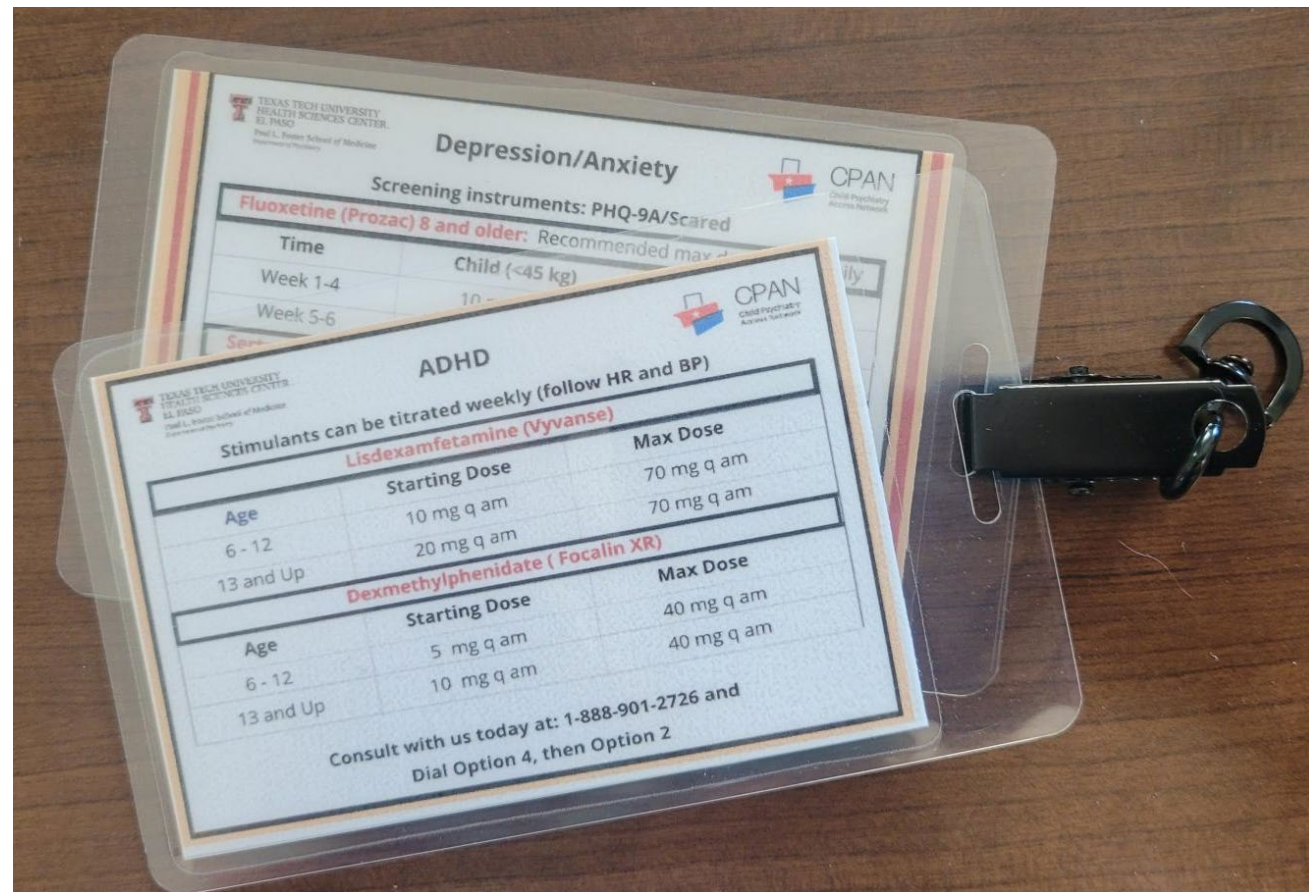
Future Hires

- ✓ 1 Clinical Director
- ✓ 1 Project Coordinator
- ✓ 5 LPC Interns
- ✓ 5 MSW Interns
- ✓ 2 LSSP Interns





TTUHSC EP CPAN





Quick Facts: Continuing Medical Education

1,361 Virtual CME
Program Attendees

- Conduct Disorder
- Bipolar Disorder
- Human Trafficking & Slavery
- Autism Spectrum Disorder
- Treating ADHD
- Treating Youth with Depression & Anxiety
- Evaluation for Suicide
- Feeding and Eating Disorders

258 Mental Health &
Substance Use
Symposium
Attendees

- Human Trafficking
- Mental Health during COVID
- Regional Resource Updates
- Wellness & Mindfulness

9 Guest Lectures for
Professional
Organizations

- El Paso Medical Society
- El Paso Pediatric Society
- NAPNAP
- El Paso Chapter of NAPNAP
- Big Ben Regional Medical Center
- Pediatrics & Family Medicine
- Local News
- YWCA Panels
- AHEC



Lessons Learned

- ✓ Created for PCPs & offered CMEs;
- ✓ Need to offer other continuing education credits;
- ✓ Actual attendees include:
 - PCPs
 - CPS workers
 - Foster parents
 - LPCs
 - LCSWs
 - Group home staff
 - Inpatient staff
 - Nurses
 - Texas Tech
 - Judges
 - Texas House & Senate staff
 - HHS employees
 - Private practice
 - Non-profits
 - FQHC staff

Effective

- ✓ Word of mouth
- ✓ Guest speaking
- ✓ Live events
- ✓ Med card

Not Effective

- ✓ Cold-calling
- ✓ Faxing
- ✓ Letter writing



Project Team

- ✓ 1 Medical Director
- ✓ 2 LPCs
- ✓ 1 Program Coordinator
- ✓ 1 Certified Medical Assistant
- ✓ 1 Office Assistant
- ✓ 1 Psychologist
- ✓ 1 Psychology Postdoctoral Fellow
- ✓ 2 Psychology Interns

Departmental Team

- ✓ 1 Project Manager
- ✓ 1 Department Administrator

Future Hires

- ✓ Child and Adolescent Psychiatrists





TTUHSC EP: Workforce Expansion



Child & Adolescent Psychiatry Fellowship

- ✓ 2 Child & Adolescent Psychiatry Fellows
- ✓ 1 Grand Rounds Series: Child & Adolescent Psychiatry Series for Primary Care Provider
- ✓ Psychotherapy Training
- ✓ Technology Upgrade

Child Psychiatry Workforce Expansion

- ✓ 3 Community Partnerships
 - ✓ Emergence Health Network (LMHA)
 - ✓ Aliviane
 - ✓ Child Guidance Center
- ✓ 2 Psychiatric Locations at Local Non-profit Community Health Centers
- ✓ Integration of Program Services
- ✓ Future Hire of Director of Education



TTUHSC EP: Research



Lessons Learned

- ✓ Research Provides Growth Opportunities for Fellows & Faculty
- ✓ Patient Stories Provide Insight
- ✓ Projects Require Hands-on Approach to Implement
- ✓ Engage Community Partners to Increase Referral

Project Team

- ✓ Masters-level Researcher as Main Coordinator
- ✓ Research Analyst
- ✓ LPC
- ✓ Faculty
- ✓ Fellows





TCMHCC

Update from External Evaluation Team
April 2021



Evaluation Infrastructure

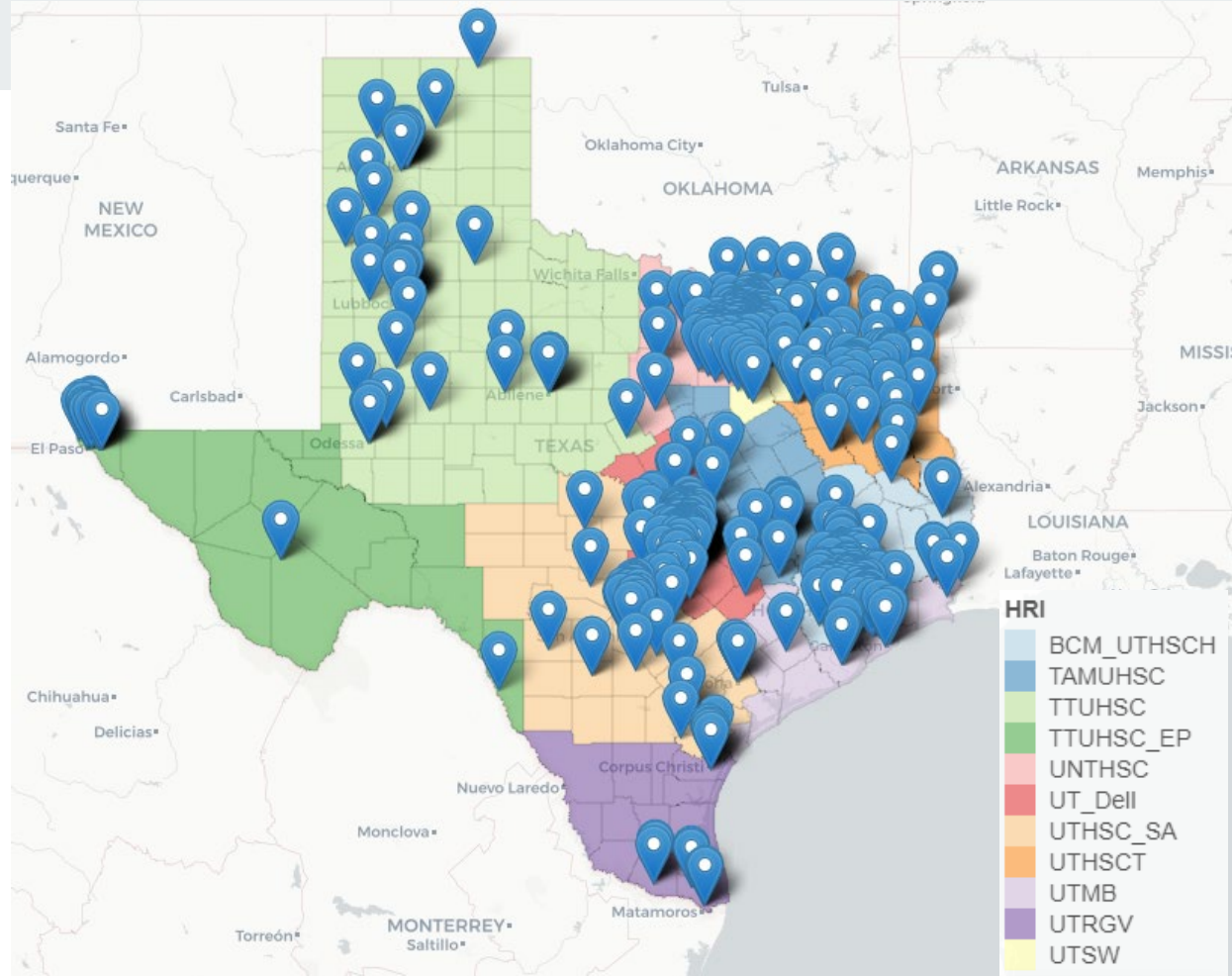
- Develop infrastructure for current and future evaluation efforts:
 - 1) Identify key stakeholders (HRIs, clinics, districts and schools)
 - 2) Create survey protocols
 - 3) Establish processes for data extraction and verification
 - Trayt facilitates weekly Data Workgroup with all data entities



Reach of CPAN/TCHATT as of March 2021

Active clinics over HRI regions in TX ¹

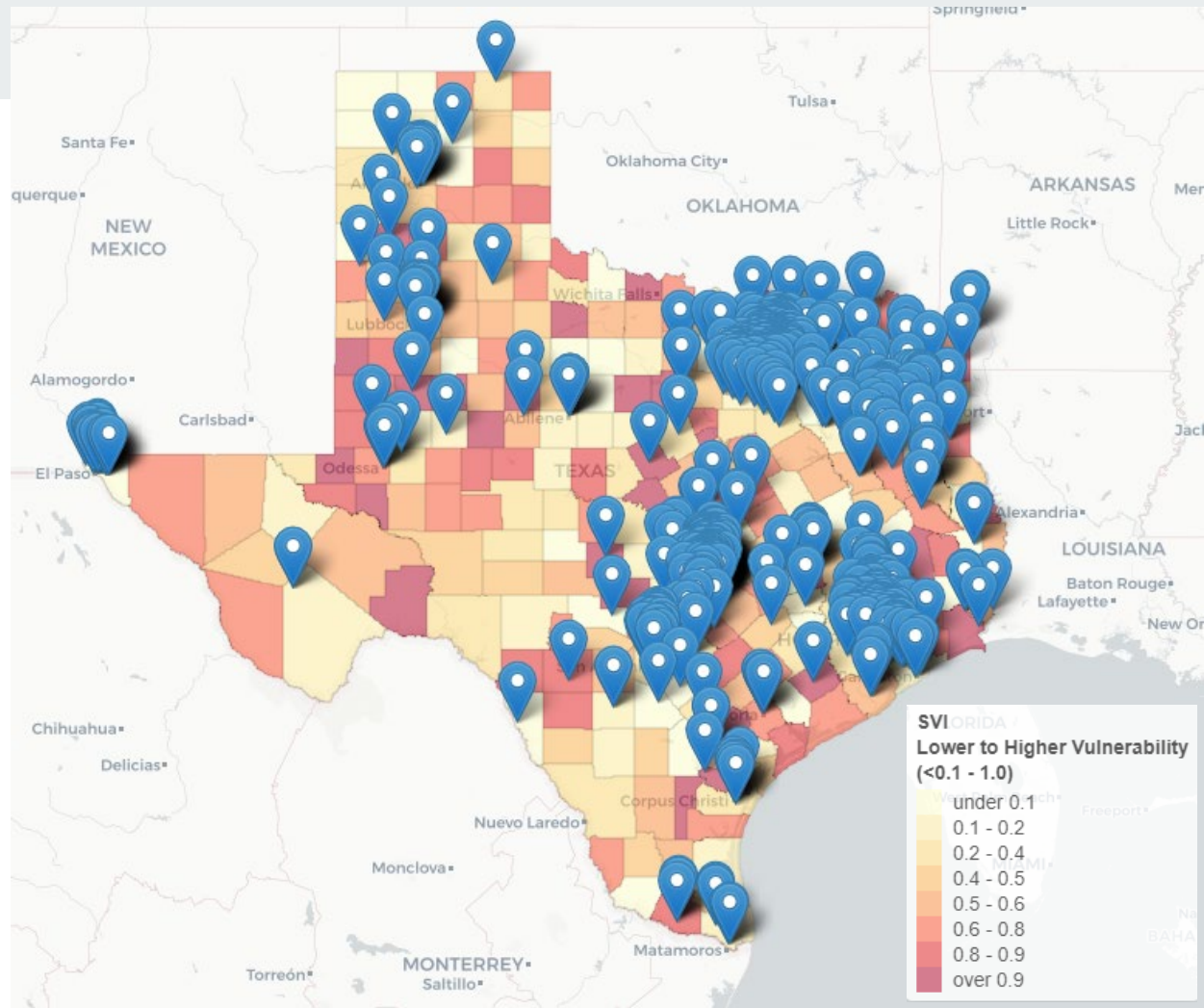
- Active clinics (N = 656)
- Total clinics (N = 891)



¹ Active clinics defined as clinics with signed agreement

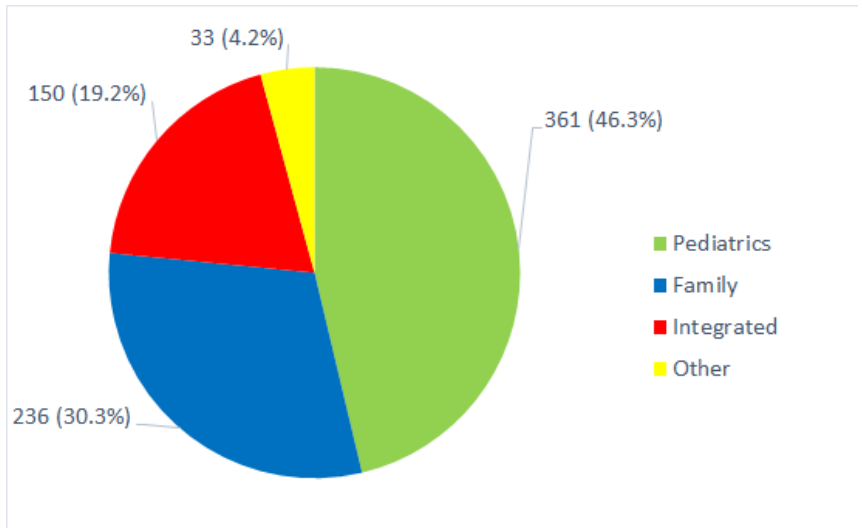
Active clinics over counties by SVI score in TX

- Active clinics (N = 656)
- Total clinics (N = 891)

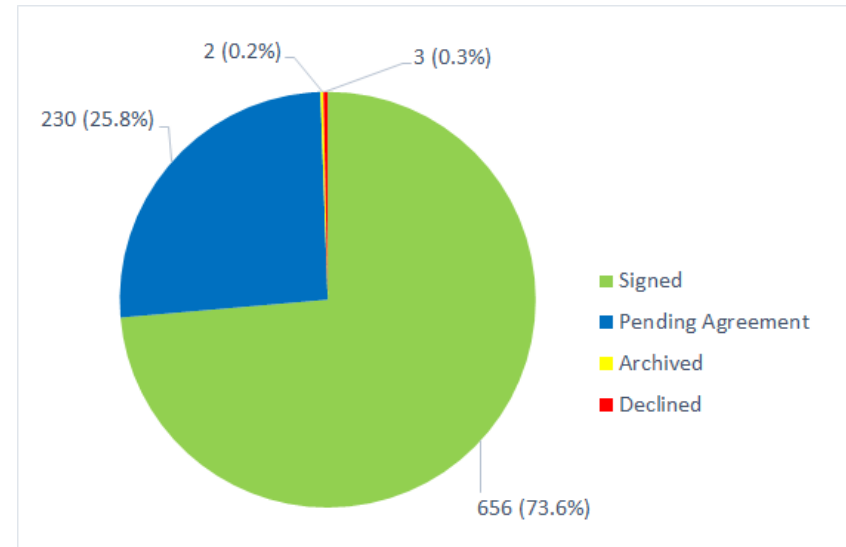


CPAN Clinics as of March 2021

Clinic type²



Agreement status



2 Missing values represent 111 (12.5%) clinics

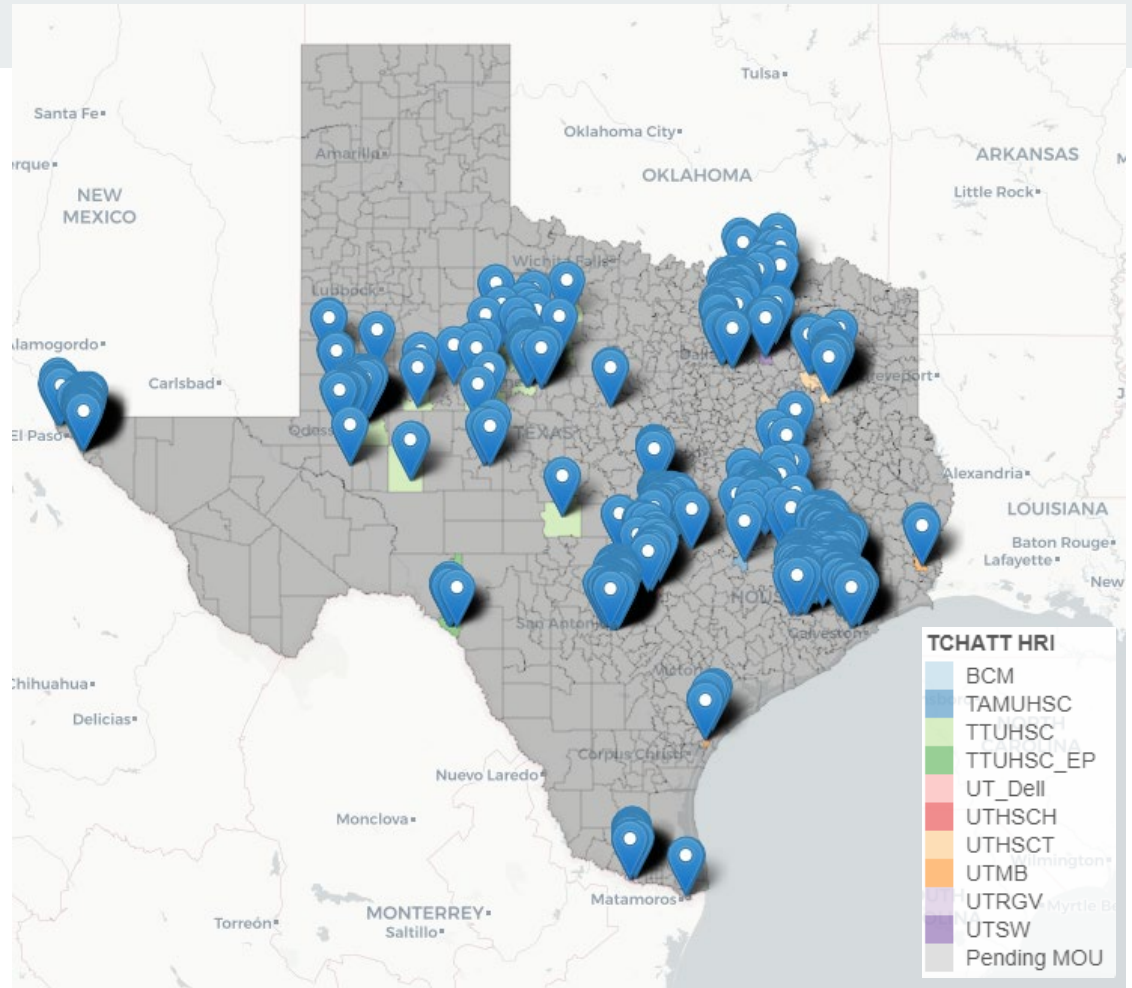


CDC Social Vulnerability Index

- SVI uses 15 data points from the American Community Survey (ACS) collected at the Census tract level
- These 15 points fall under four main themes
 - Socio-economic status
 - Household Composition & Disability
 - Minority Status & Language
 - Housing type & Transportation
- Overall SVI raw score is the sum of these four theme scores
- Overall SVI ranking represents the relative percentile of the raw score

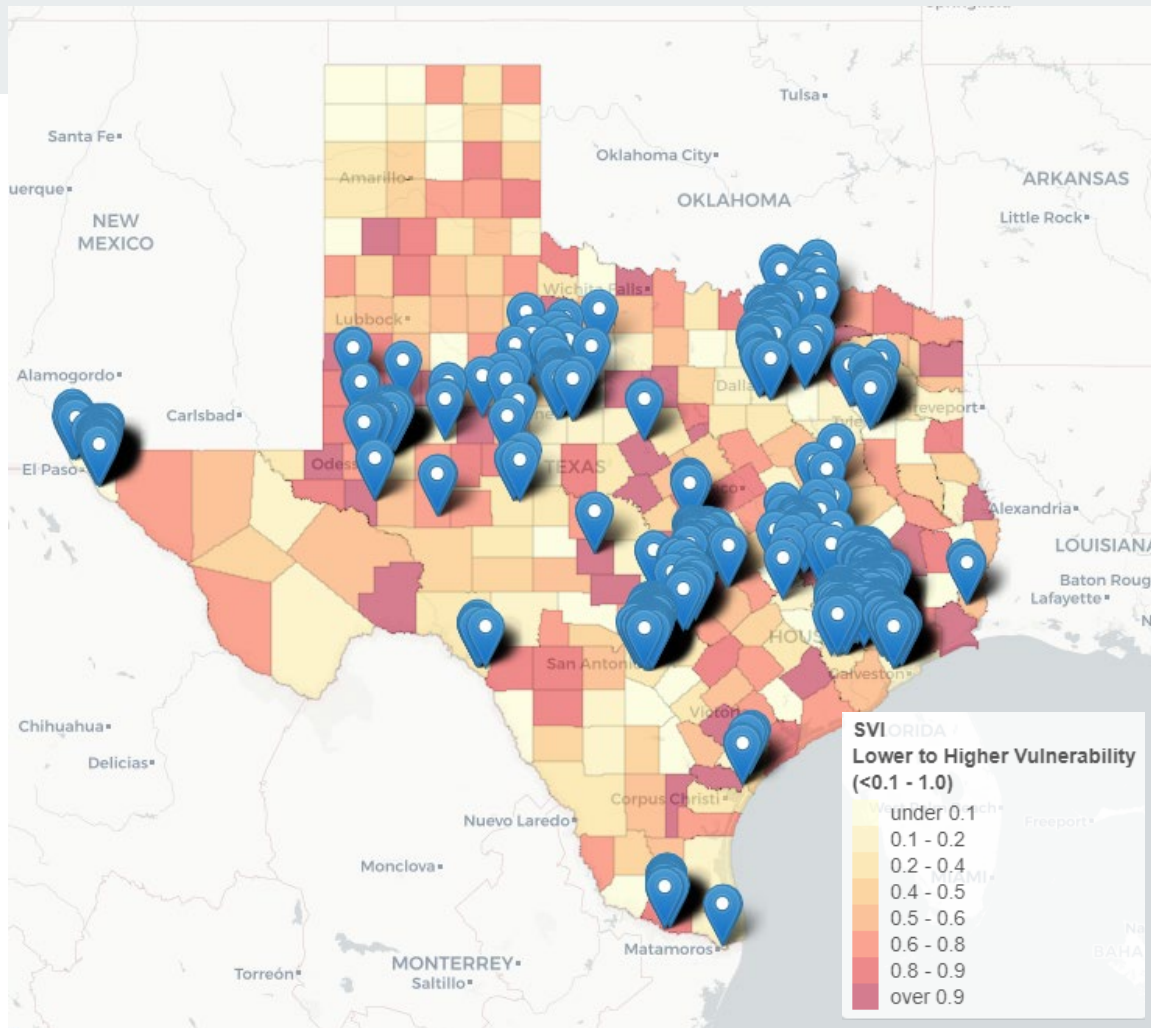
Active campuses over TEA districts in TX

- Active districts (N = 113)
- Total districts (N = 147)



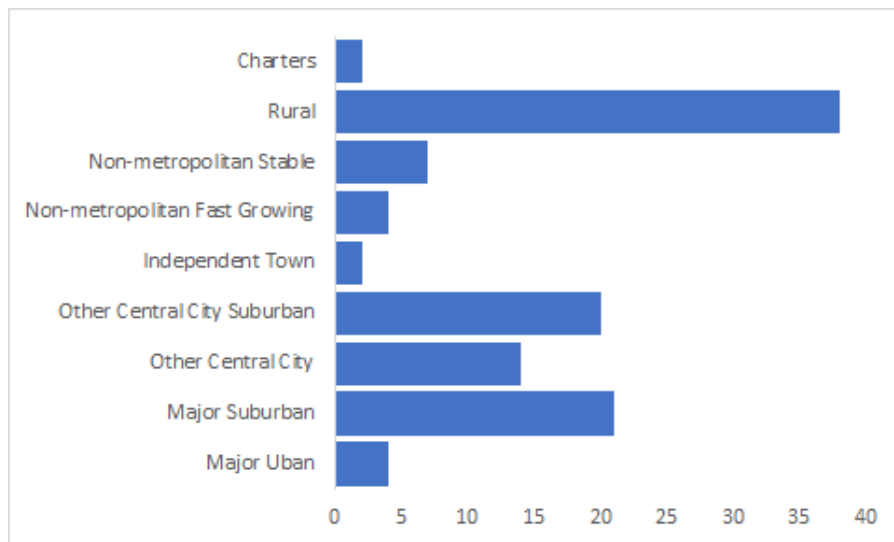
Active campuses over counties by SVI score in TX

- Active districts (N = 113)
- Total districts (N = 147)

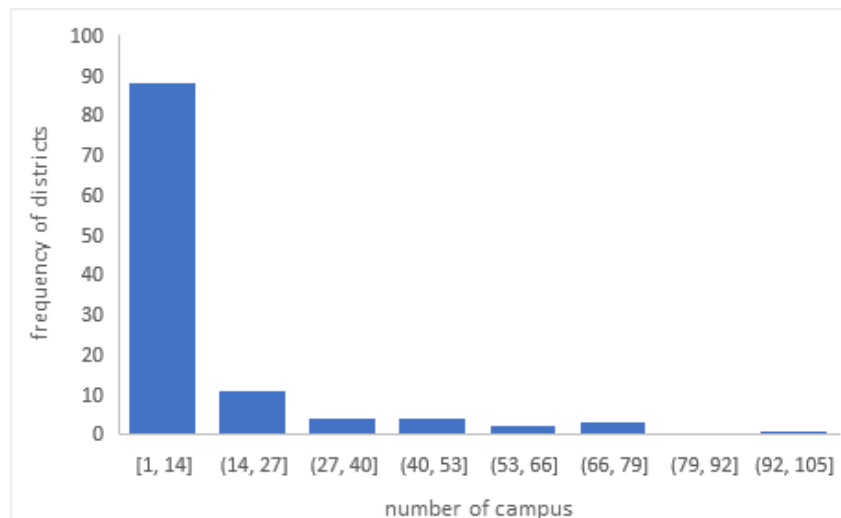


TCHATT districts as of March 2021

TEA district type



Campuses covered by district MOUs





National School Lunch Program (NSLP)

- Federally assisted meal program operating in schools to provide nutritionally balanced, low cost or no-cost lunches to children each school day.
- Students that qualify for NSLP:
 - Free meals to children from families at or below 130% of the Federal poverty
 - Reduced price to children from families between 130% and 185% Federal poverty
 - Children from families qualifying for SNAP or TANF
 - Children with status of a homeless, migrant, runaway, or foster child



Representing diverse perspectives

We selected CPAN clinics according to the following criteria:

- Clinics designated as FQHCs
- Clinics from counties classified as metro or nonmetro
- Clinics from counties with low, medium or high SVI score

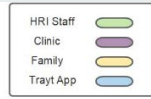
We selected TCHAT districts according to the following criteria:

- Districts classified as urban or rural district type⁴
- Districts with high or low NSLP eligibility



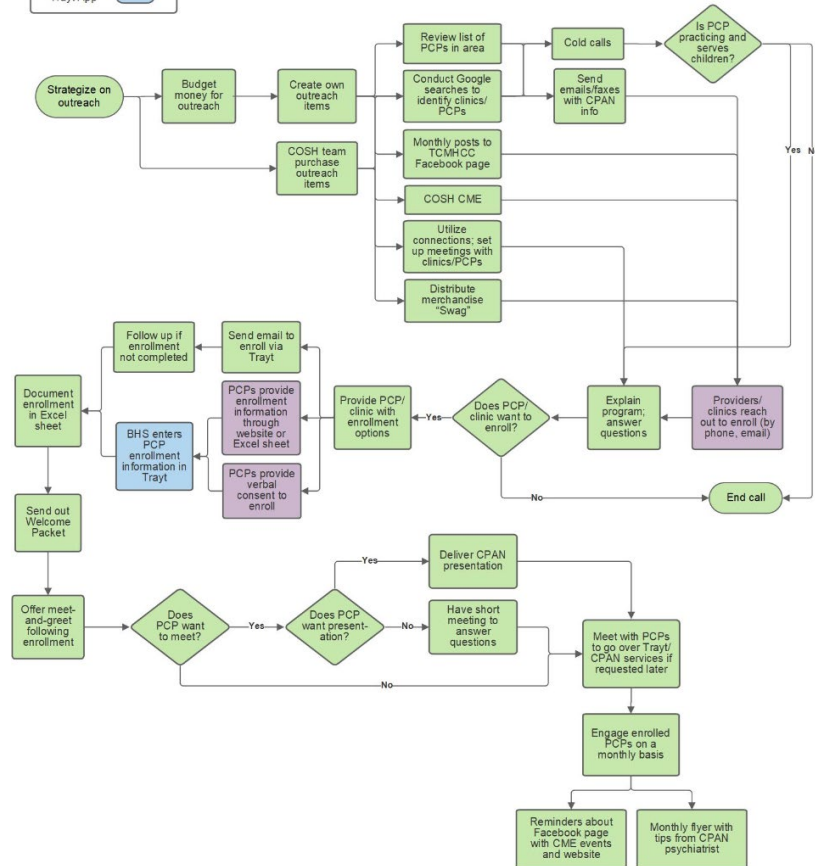
Process Mapping Interviews

- Conducting interviews with key stakeholders from each HRI and a diverse sample of 10 CPAN clinics and 10 TCHATT school districts
- Products will be process maps that describe a baseline of current practices for participating HRIs, clinics, and school districts
- Timeline:
 - Completed 24 interviews with HRIs (Mar-Apr 2021)
 - Upcoming interviews with school districts (Apr-May 2021)
 - Upcoming interviews with clinics (Apr-May 2021)



CPAN Process Flow UTHSCSA

TOMHCC EE Team





Upcoming Survey Distribution

- Sample of 500 clinic staff (e.g., practice managers, medical directors, PCPs and advanced practice providers) and 250 school staff (e.g., principals, nurses, counselors, and/or teachers)
- Timeline: Late May through June 2021
- Survey outcomes:
 - Implementation fidelity and level of implementation
 - Determinants of implementation (knowledge, attitudes, and skills)
 - Organizational-related factors that may influence program implementation
 - Implementation practices that increase equitable access



Time-driven activity -based costing (TDABC) model

Economic evaluation to assess the cost of mental health improvement programs and return on investment for implementing the TCHAT and CPAN mental health programs.

HRI level evaluation of initial stages of implementation, includes:

- Outreach planning;
- Outreach;
- Enrollment; and
- Training.

TDABC model is designed based on the process maps, and used to calculate the costs of resources consumed in the program and identify potential process improvements in the practice.



Acknowledgement of the Team

Lara Savas, PhD, UTHealth School of Public Health, *Program Evaluation Lead* ~~CD~~

Melissa Peskin, PhD, UTHealth School of Public Health, *Program Evaluation Lead* ~~CD~~

Quianta Moore, MD, JD, Rice University Baker Institute for Public Policy, *Program Evaluation Glead*

David Lairson, PhD, UTHealth School of Public Health, *Cost Analysis Lead*

Belinda Hernandez, PhD, UTHealth School of Public Health, *Implementation Science*

Robert Addy, PhD, UTHealth School of Public Health, *Statistical Analysis*

Erica Frost, MPH, UTHealth School of Public Health, *Program Manager*

Jacquie Klotz, MA, Rice University Baker Institute for Public Policy Research, *Database Manager*

DECISION INFORMATION RESOURCES (DIR) CONSULTING TEAM AND OUR GRADUATE RESEARCH ASSISTANTS!

Texas Childhood Trauma Research Network

TCMHCC Executive Committee Meeting April 23, 2021



tcmhcc

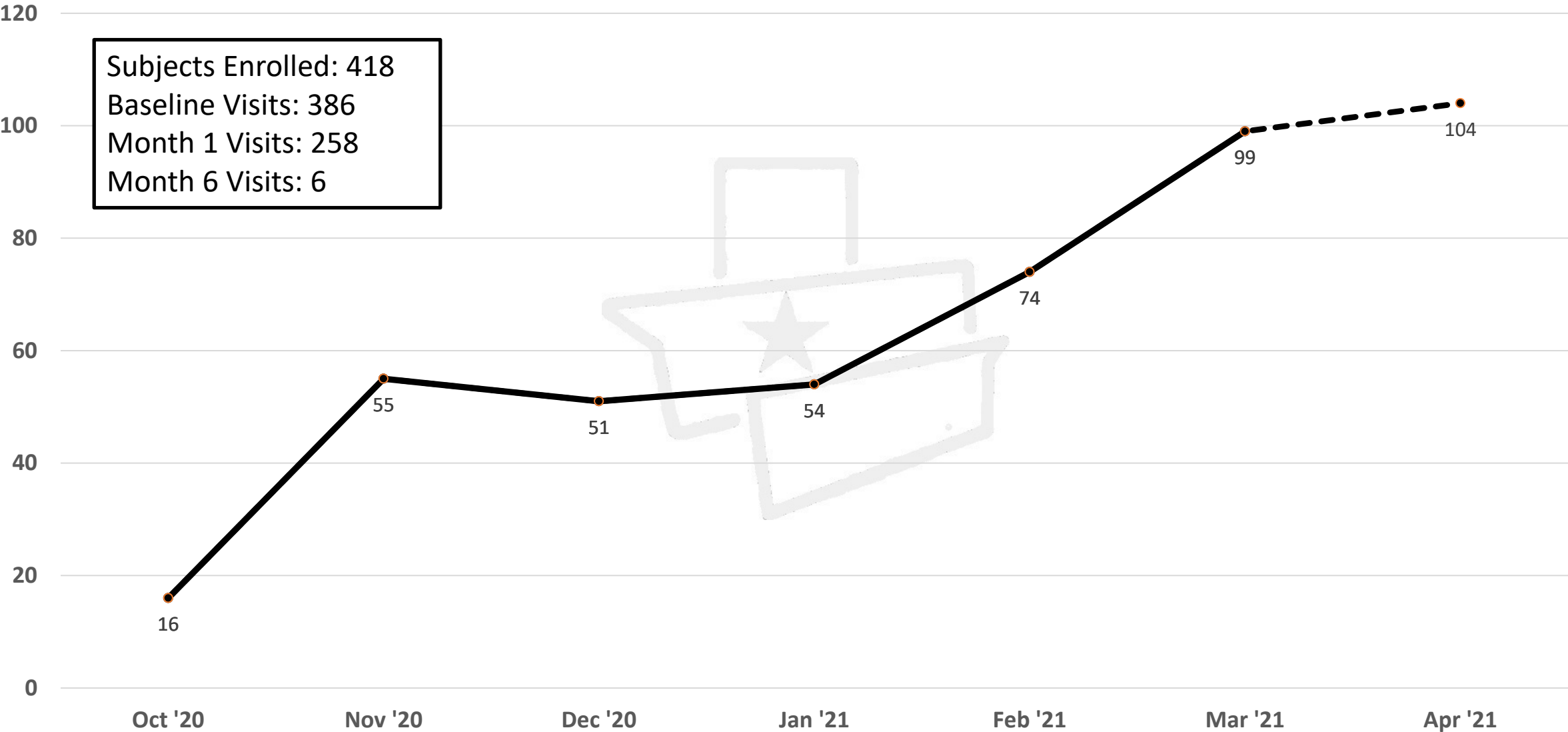
Texas Child Mental Health Care Consortium

tx-ctrn

Texas Childhood Trauma Research Network

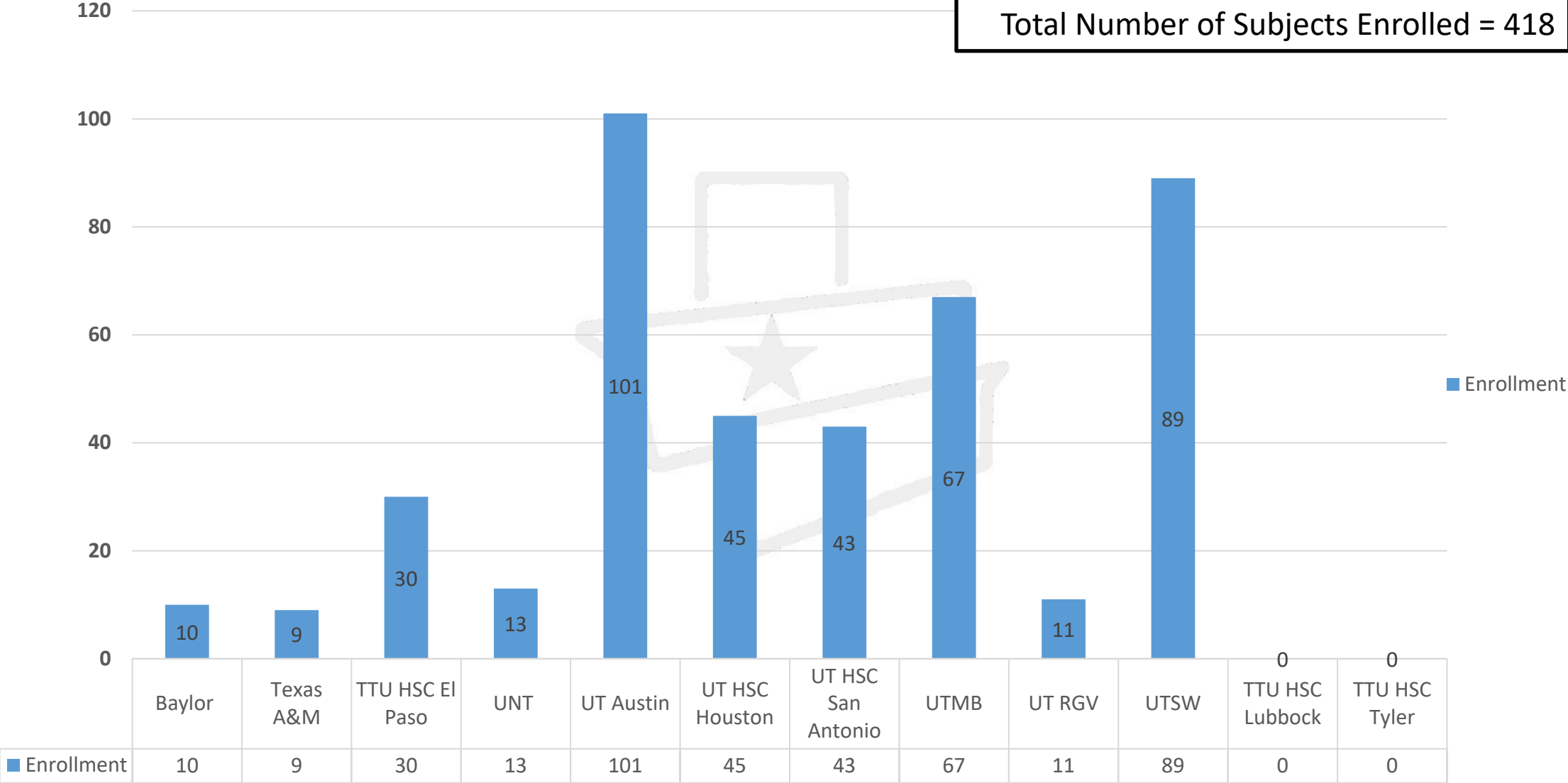


Monthly Enrollment

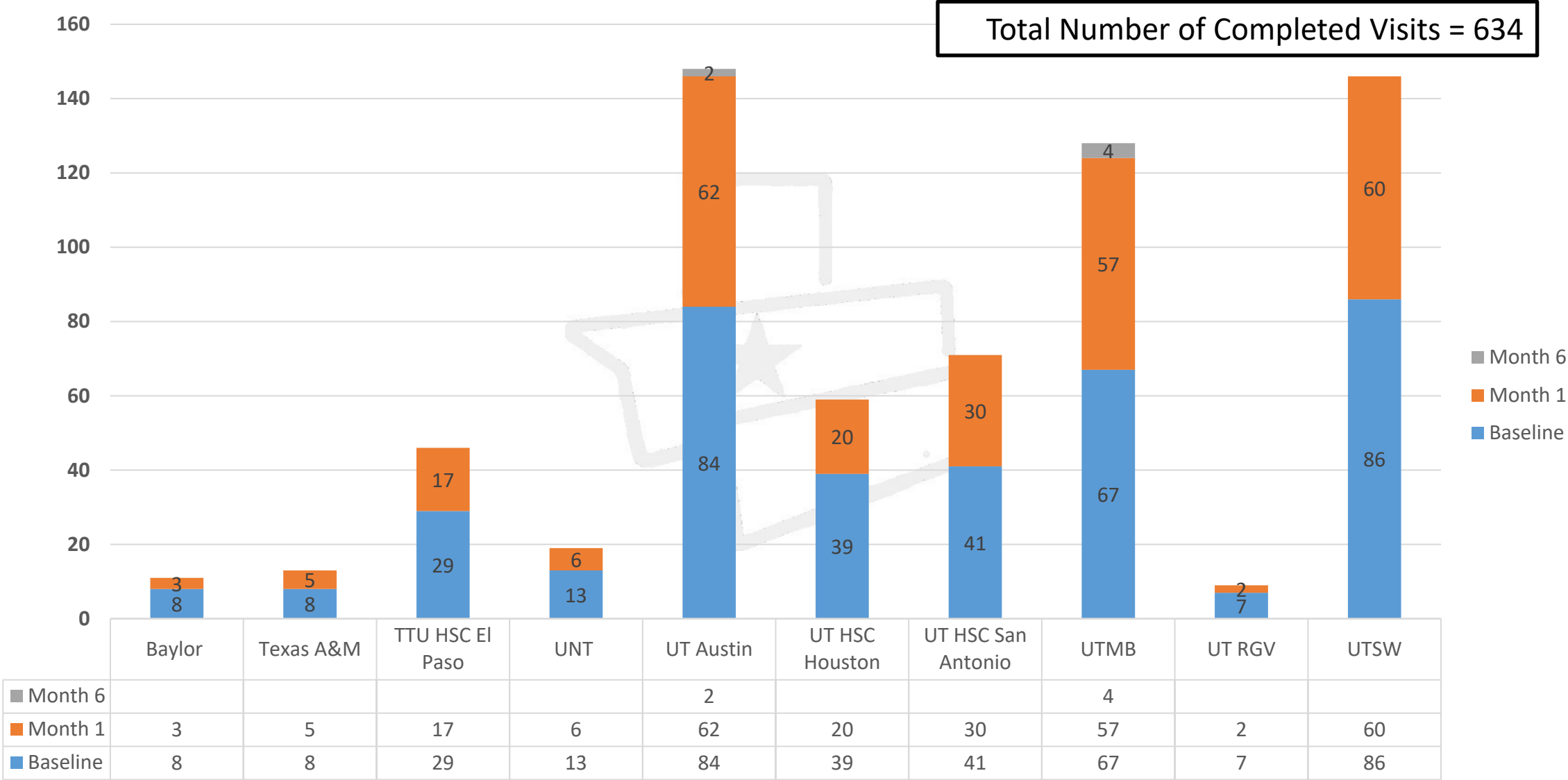


Enrollment by Node

Total Number of Subjects Enrolled = 418



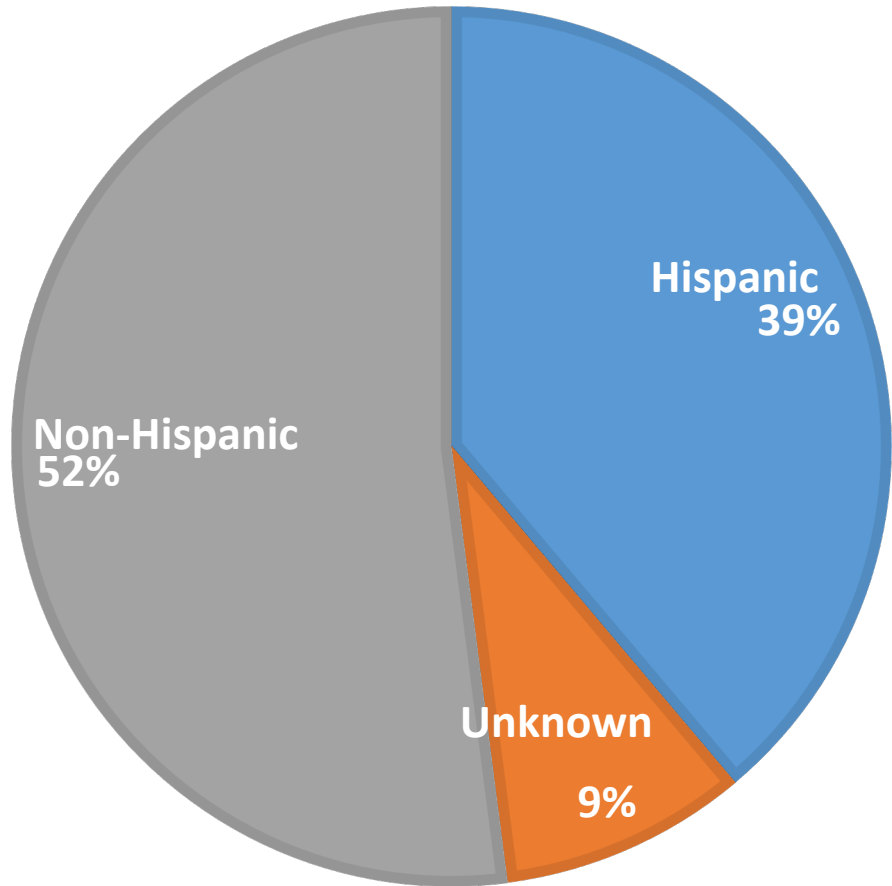
Completed Visits



Demographic Distribution

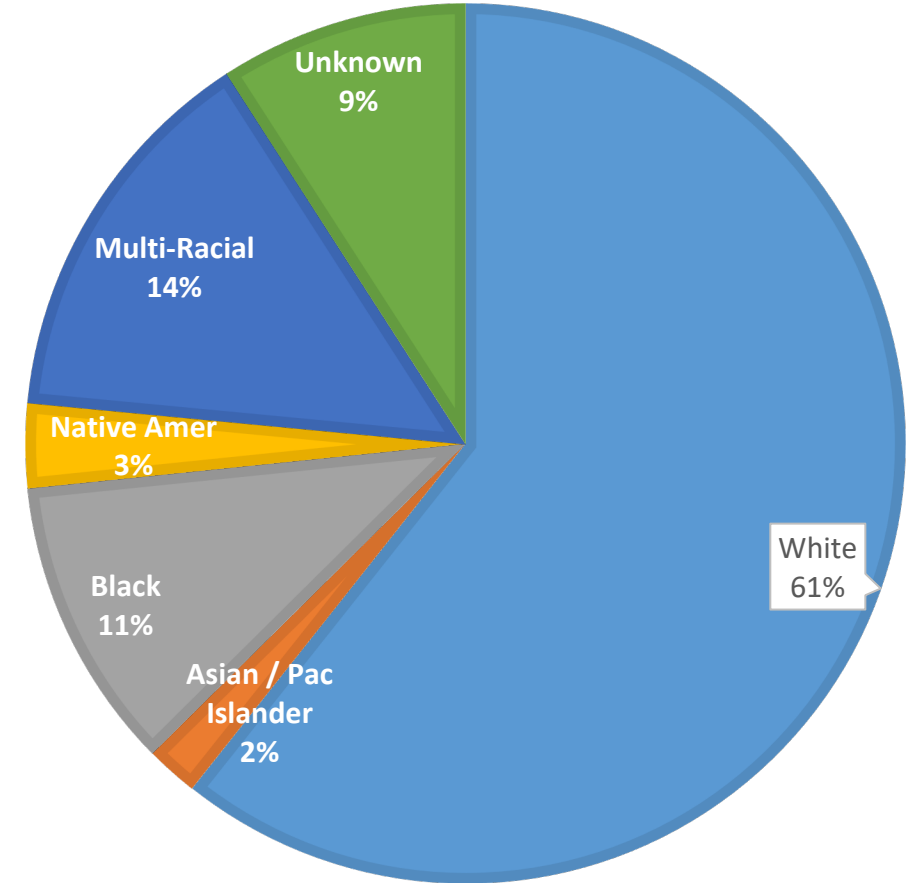
N=418

Ethnicity



US Census Bureau Estimate 2019
Hispanic 32.1%

Race



US Census Bureau Estimate 2019
Asian 5.0%
Black 12.3%
Multi 2.4%
Native Amer 0.5%



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Texas Child Mental Health Care Consortium



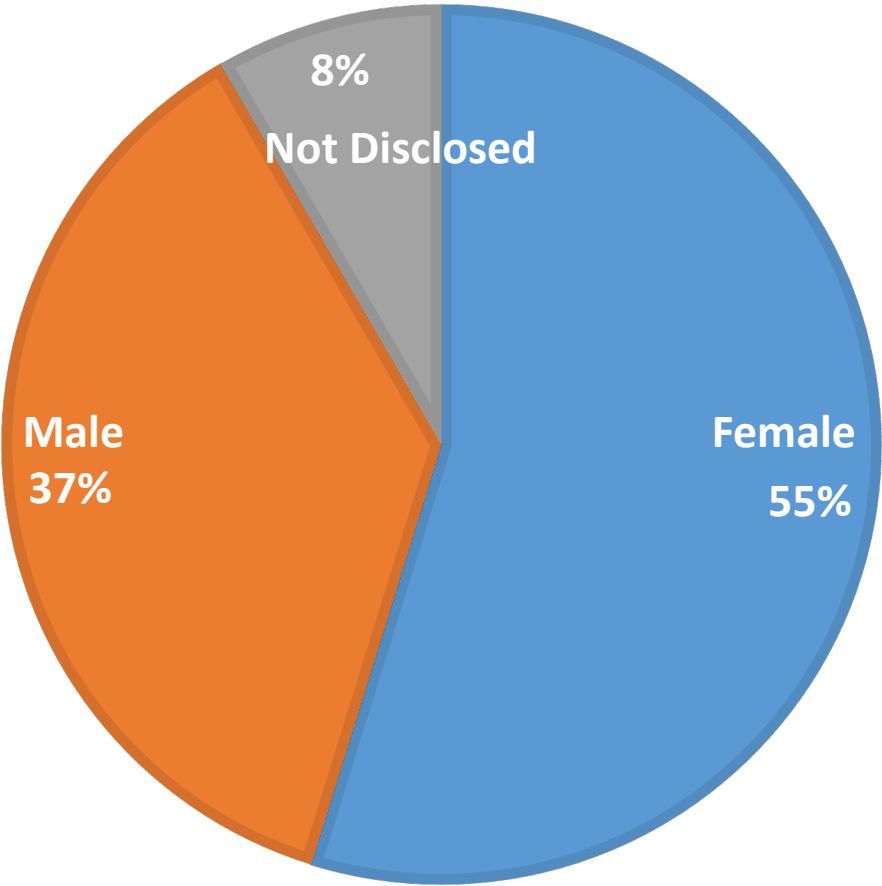
tx-ctrn

Texas Childhood Trauma Research Network

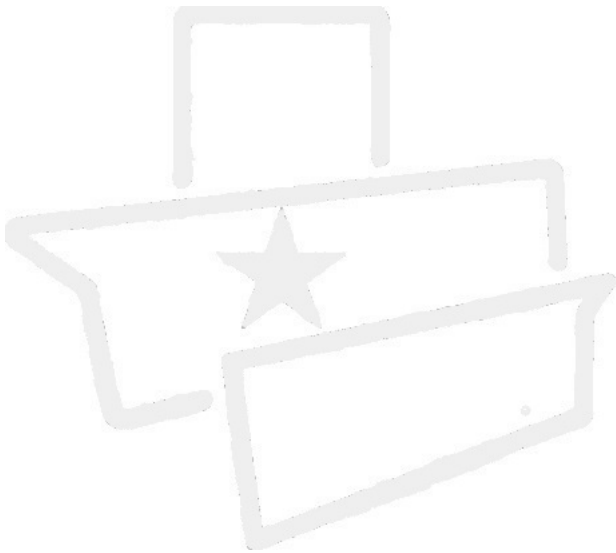
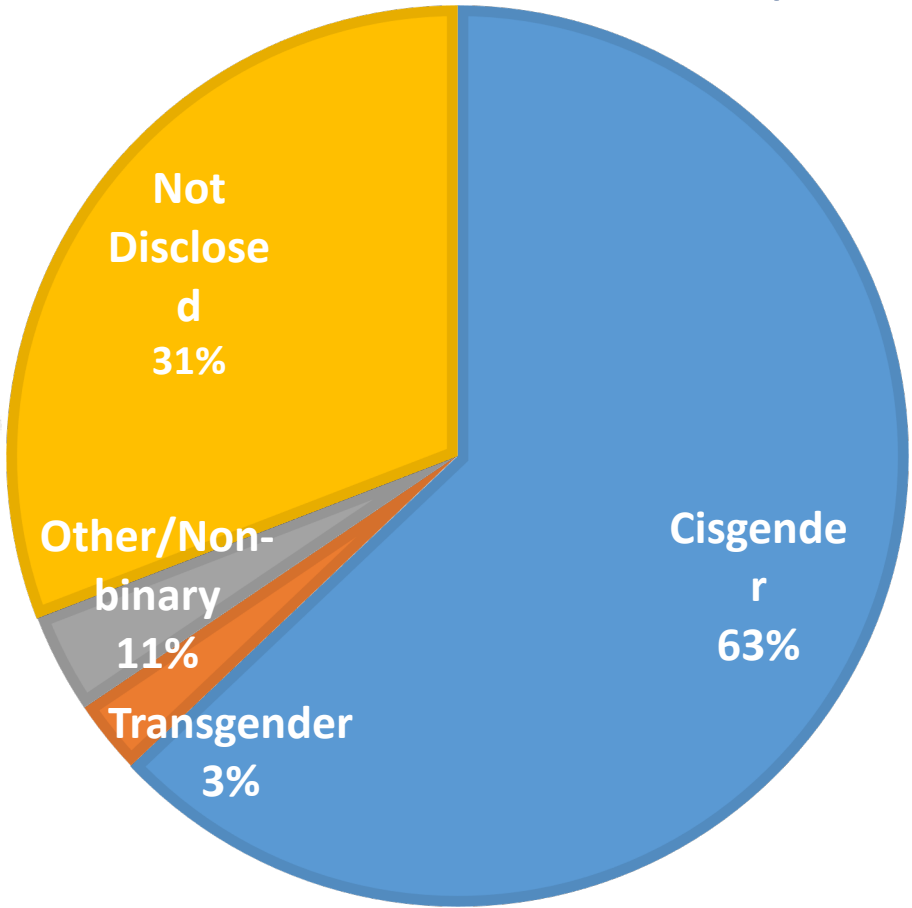
Gender Distribution

N=418

Sex Assigned at Birth



Gender Identity



tcmhcc

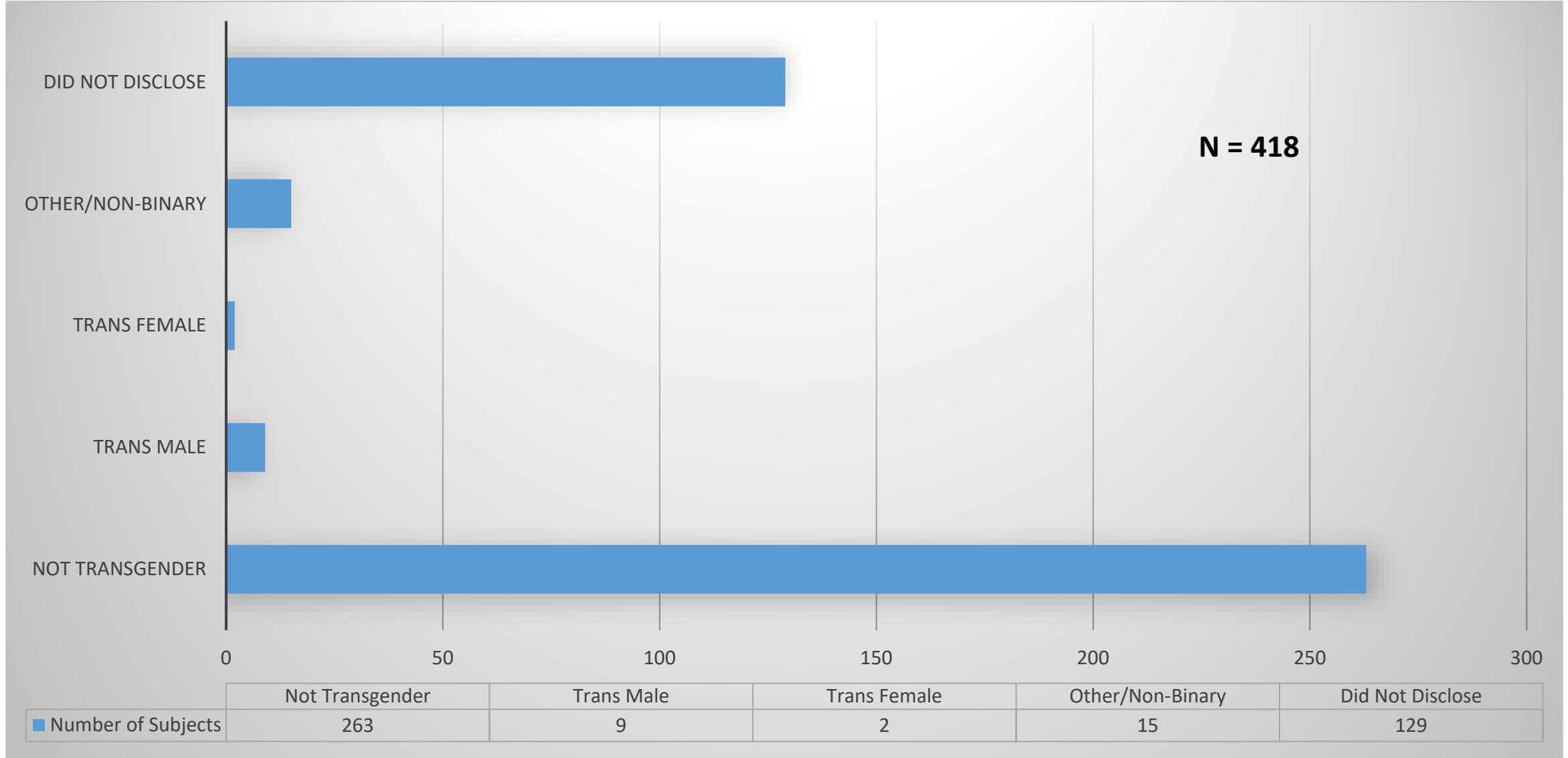
Texas Child Mental Health Care Consortium

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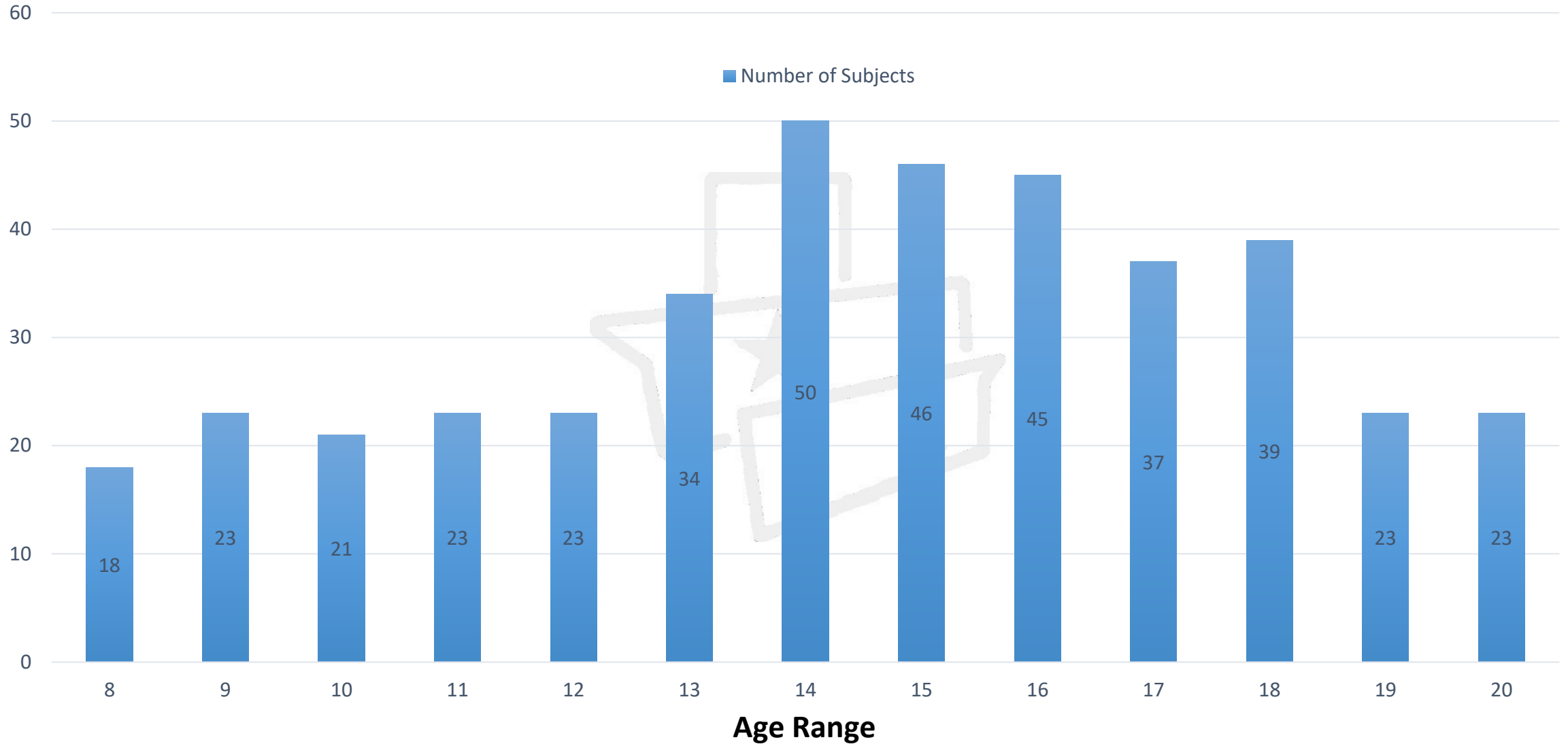
Texas Childhood Trauma Research Network



Gender Identity



Age Distribution



tcmhcc

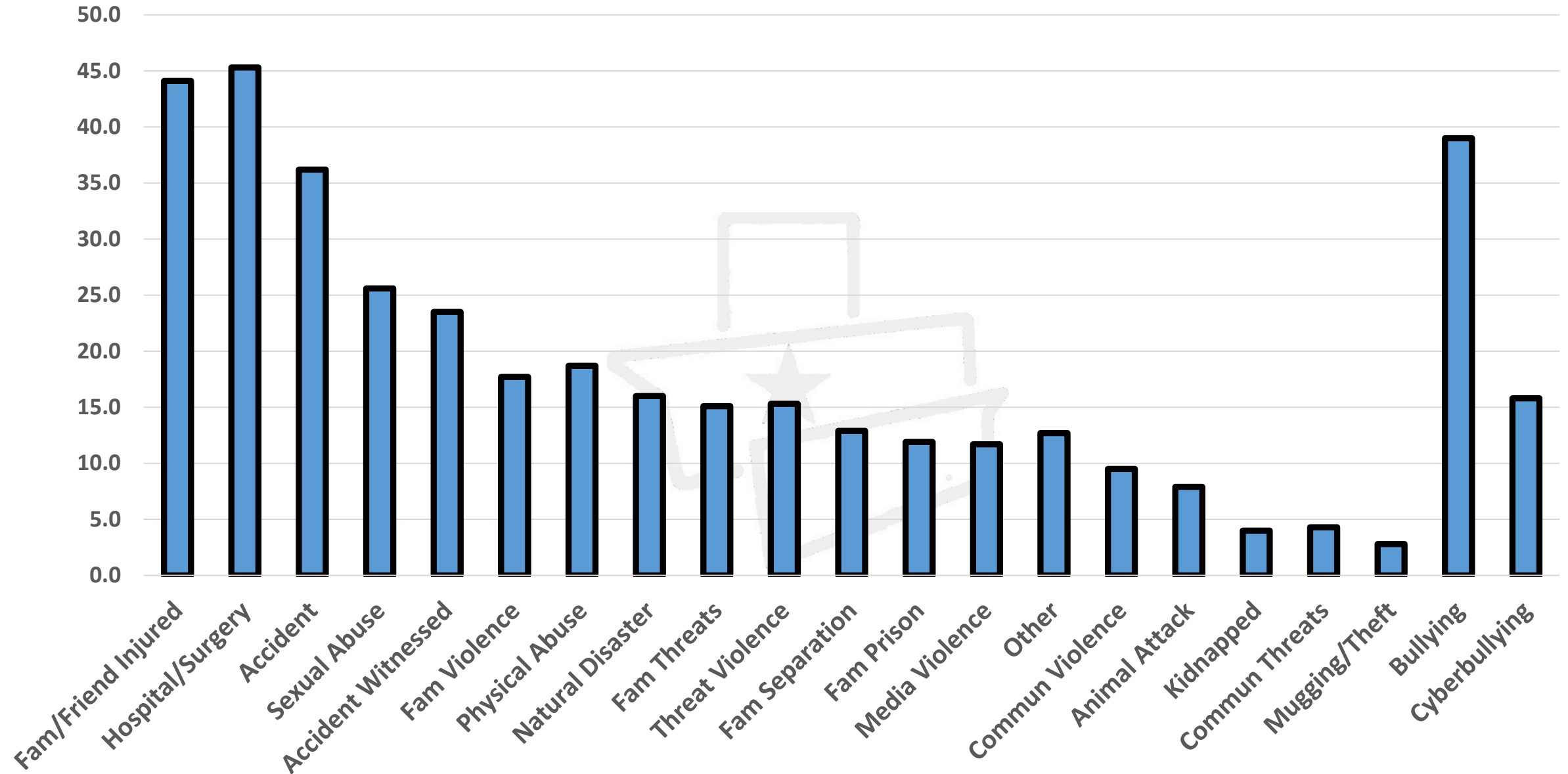
Texas Child Mental Health Care Consortium

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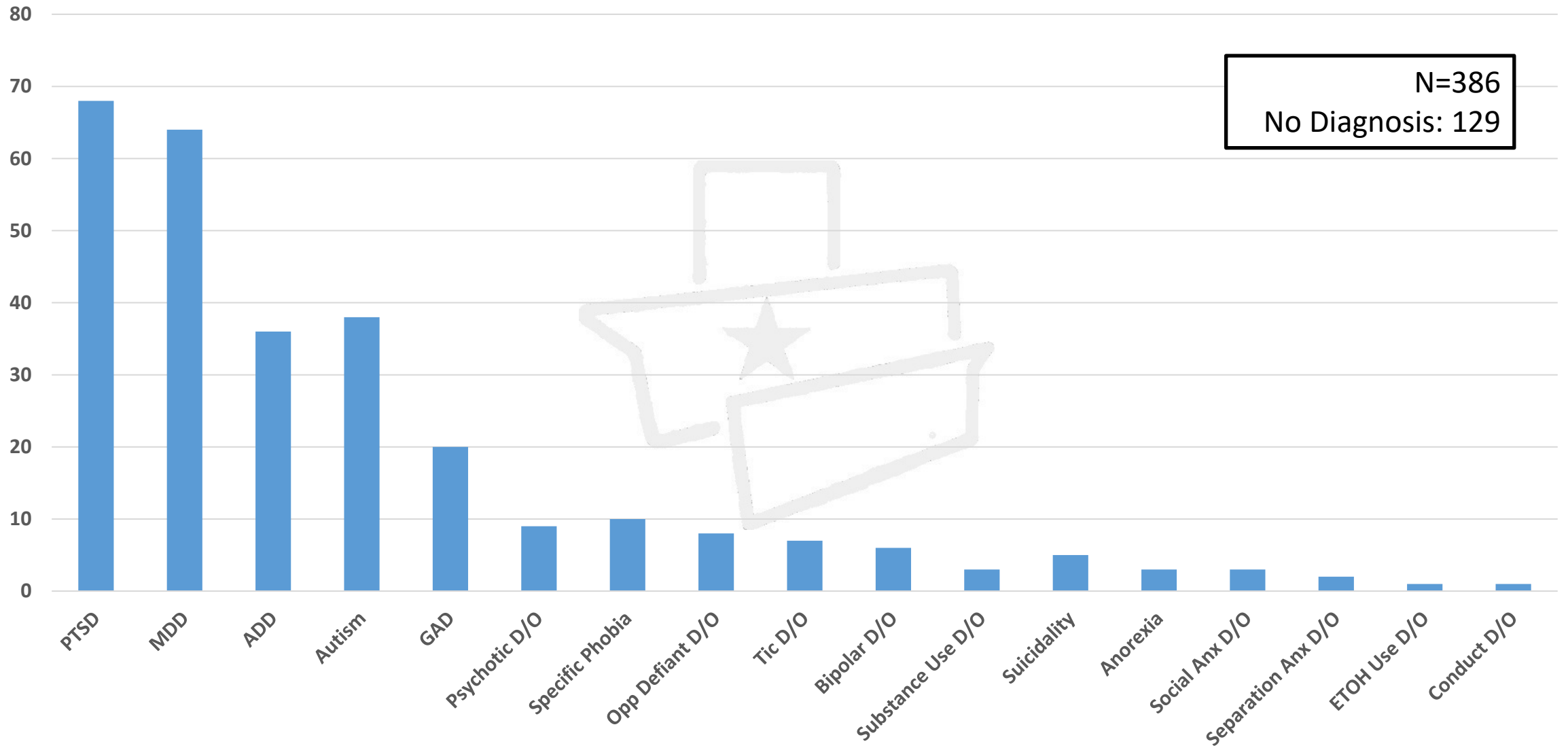
Texas Childhood Trauma Research Network



Traumatic Experiences – Criterion A1



Baseline Primary Diagnoses



Baseline PTSD Diagnosis: Trauma Exposure

Trauma	Overall	PTSD	X ²	p
Accident Experienced	111 (46.2%)	16 (41.0%)	0.291	0.589
Accident Witnessed	78 (32.6%)	9 (23.1%)	1.452	0.228
Natural Disaster	80 (33.9%)	18 (47.4%)	2.986	0.084
Fam/Friend Ill/Injured	171 (71.8%)	32 (82.1%)	1.835	0.176
Hospitalized	174 (73.1%)	31 (79.5%)	0.616	0.432
Separation Fr Family	83 (34.9%)	17 (43.6%)	1.135	0.287
Physical Abuse	67 (28.4%)	21 (53.8%)	13.43	<0.001
Threatened Violence	65 (27.4%)	16 (41%)	3.558	0.059
Mugging/Theft	16 (6.8%)	3 (7.7%)	0	1
Kidnapped	17 (7.2%)	3 (7.9%)	0	1
Animal Attack	48 (20.3%)	5 (12.8%)	1.122	0.29
Family Violence	68 (28.7%)	12 (30.8%)	0.014	0.904
Family threats	101 (42.6%)	22 (56.4%)	2.988	0.084
Family Jail/Prison	91 (38.2%)	22 (56.4%)	5.636	0.018
Community violence	55 (23.2%)	10 (26.3%)	0.082	0.775
Community threats	52 (22.4%)	11 (28.2%)	0.548	0.459
Media violence	86 (36.4%)	17 (43.6%)	0.694	0.405
Sex Abuse	78 (33.1%)	25 (64.1%)	18.712	<0.001
Bullying	98 (41.2%)	24 (61.5%)	7.01	0.008
Cyber-bullying	40 (16.8%)	15 (38.5%)	13.846	<0.001
Other	52 (22%)	17 (43.6%)	11.178	0.001

Baseline PTSD Diagnosis: Relationship to Perpetrator of Violence

Exposure and Perpetrator	Overall	PTSD	X2	p
Physical abuse perpetrator				
Relative	29 (11.0%)	16 (27.1%)	18.157	<0.001
Immediate family	29 (11.0%)	16 (27.1%)	18.157	<0.001
Stranger	8 (3.0%)	3 (5.1%)	0.377	0.539
A Kid	30 (11.4%)	10 (16.9%)	1.693	0.193
Threatened violence perpetrator				
Relative	20 (7.6%)	9 (15.3%)	5.064	0.024
Immediate family	19 (7.2%)	9 (15.3%)	5.913	0.015
Stranger	14 (5.3%)	6 (10.2%)	2.444	0.118
A Kid	36 (13.6%)	11 (18.6%)	1.117	0.291
Kidnapping perpetrator				
Relative	11 (4.2%)	5 (8.5%)	2.279	0.131
Immediate family	11 (4.2%)	5 (8.5%)	2.279	0.131
Stranger	4 (1.5%)	1 (1.7%)	0	1
Sexual abuse perpetrator				
Relative	28 (10.6%)	11 (18.6%)	4.143	0.042
Immediate family	12 (4.5%)	5 (8.5%)	1.663	0.197
Stranger	5 (1.9%)	1 (1.7%)	0	1
A Kid	36 (13.6%)	11 (18.6%)	1.117	0.291



TEXAS
Health and Human
Services

Suicide Care Initiative: An Overview

**Office of Mental Health
Coordination**

What is Suicide Care?

- A systems approach to comprehensive suicide prevention that includes prevention, intervention, treatment and postvention.
- A continuous and trauma-sensitive approach to care for the needs of individuals who are at risk for suicide.



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Services

Suicide Care Initiative (SCI)

- A Mental Health Block Grant-funded project operating out of HHSC's Office of Mental Health Coordination.
- The focus is to enhance suicide care in the public mental health system through the Local Mental Health/Behavioral Health Authorities (LMHAs/LBHAs).



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Zero Suicide

- The foundational belief that suicide deaths for individuals in health/behavioral health care systems are preventable.
- A practical framework of research-based best practices for system-wide transformation toward safer suicide care.



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The Seven Tenets of Zero Suicide

- Each tenet of the framework must be implemented fully for the agency to be considered a suicide safer care agency. The tenets are:
 1. Lead
 2. Train
 3. Identify
 4. Engage
 5. Treat
 6. Transition
 7. Improve



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Services

How does Zero Suicide fit into Suicide Care and SCI?

- Zero Suicide is a framework of best practices for system-wide organizational commitment to work toward suicide safer care.
- Zero Suicide is the mechanism by which a behavioral health organization can provide suicide safer care.



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Thank you

Tammy Weppelman
Suicide Care Coordinator
Tammy.Weppelman@hhs.texas.gov
512-944-8569

SELECTED CPWE PERFORMANCE METRICS

1. NUMBER OF FACULTY ASSIGNED TO THE LMHA (#)

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

2. NUMBER OF RESIDENTS ASSIGNED TO THE LMHA (#)

Number of full time equivalent (FTE) psychiatric residents participating in rotations at the community agency or LMHA during the reporting period.

3. NUMBER OF UNIQUE PATIENT VISITS (#)

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

4. NUMBER OF UNIQUE PATIENTS SEEN (#)

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

5. RATIO OF CHILDREN TO TOTAL PATIENTS SEEN (%)

Numerator: Number of unique patients - between the ages of birth to 20 years old - seen by a CPWE faculty or resident in a documented encounter in the community agency or LMHA during the reporting period.

Denominator: Number of unique patients (all ages) seen by a CPWE faculty or resident in a documented encounter in the community agency or LMHA during the reporting period. The denominator must match Metric #4 above.

6. TIME FROM INTAKE TO FIRST PRESCRIBER ENCOUNTER (#)

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

7. NUMBER OF PATIENTS SEEN THAT WERE INITIALLY CONTACTED THROUGH CPAN OR TCHAT (#)

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

8. NUMBER OF RESIDENTS WHO ROTATE THROUGH A LMHA WHO WORK IN THE PUBLIC MENTAL HEALTH SYSTEM AFTER COMPLETING THEIR RESIDENCIES (#)

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

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

9. PERCENT OF CHILDREN DEMONSTRATING IMPROVEMENT ON SYMPTOM MEASURES (%)

Numerator: ~~Total unique children (between the ages of birth to 20 years old) 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).~~

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

REPLACE 9 WITH:

9. SATISFACTION OF RESIDENTS WITH ROTATION EXPERIENCE/INCREASE IN KNOWLEDGE AND POSITIVE VIEWS OF COMMUNITY MENTAL HEALTH

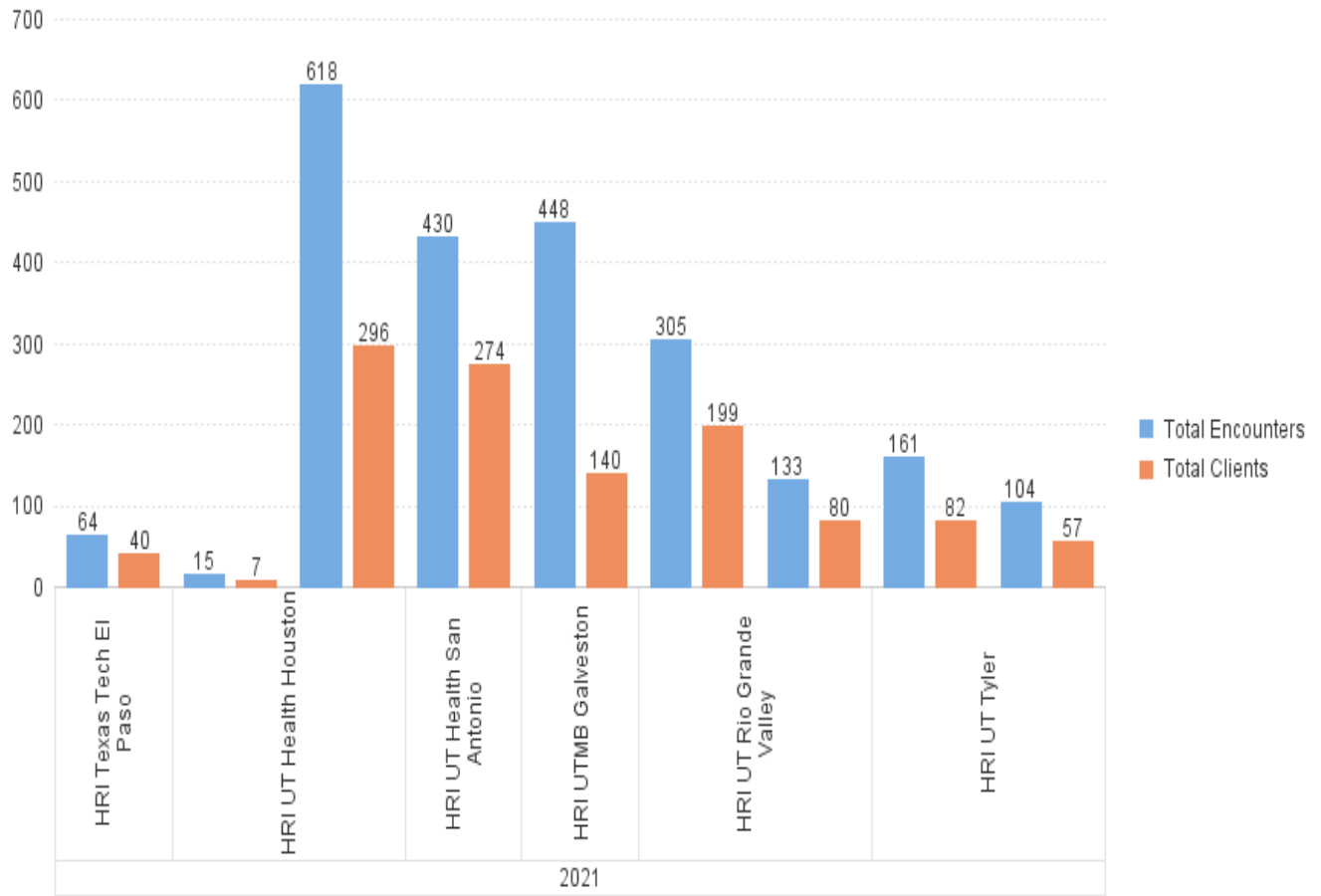
- a. Ratings of residents on ACGME surveys
- b. Internal Evaluation Team Survey on specific community mental health agencies

Fiscal Year Summary By HRI

Fiscal Year	HRI	Division	Total Encounters	Total Clients
2021	HRI Texas Tech El Paso	AMH	64	40
	HRI Texas Tech El Paso		64	40
Fiscal Year	HRI	Division	Total Encounters	Total Clients
2021	HRI UT Health Houston	AMH	15	7
2021		CMH	618	296
	HRI UT Health Houston		633	302
Fiscal Year	HRI	Division	Total Encounters	Total Clients
2021	HRI UT Health San Antonio	CMH	430	274
	HRI UT Health San Antonio		430	274
Fiscal Year	HRI	Division	Total Encounters	Total Clients
2021	HRI UTMB Galveston	CMH	448	140
	HRI UTMB Galveston		448	140
Fiscal Year	HRI	Division	Total Encounters	Total Clients
2021	HRI UT Rio Grande Valley	AMH	305	199
2021		CMH	133	80
	HRI UT Rio Grande Valley		438	279
Fiscal Year	HRI	Division	Total Encounters	Total Clients
2021	HRI UT Tyler	AMH	161	82
2021		CMH	104	57
	HRI UT Tyler		265	139
	FY Total		2,278	1174

Ratio
40:40
40:40
Ratio
7:302
296:302
302:302
Ratio
274:274
274:274
Ratio
140:140
140:140
Ratio
199:279
80:279
279:279
Ratio
82:139
57:139
139:139
1,174:1,174

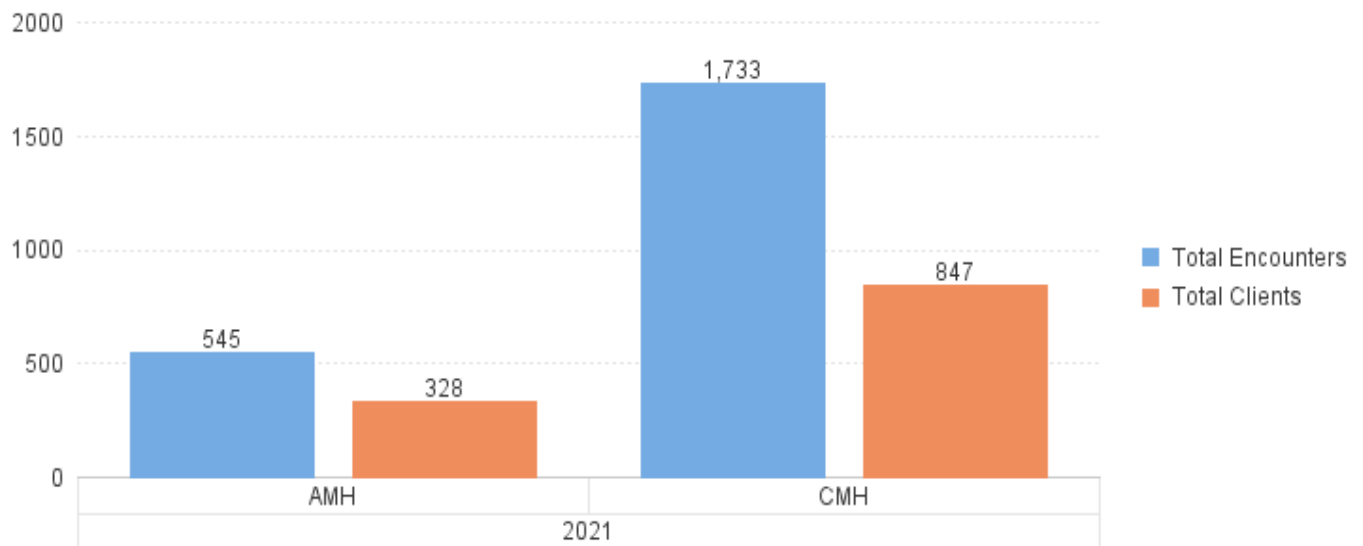
Fiscal Year Summary By HRI



Fiscal Year Summary by CMH A

Fiscal Year	Division	Total Encounters	Total Clients	Ratio
2021	AMH	545	328	328:1,174
2021	CMH	1,733	847	847:1,174
FY Total		2,278	1174	1,174:1,174

Fiscal Year Summary by CMH & AMH



HRI Month Summary

202009

Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UTMB Galveston	CMH	69	66	66:66
	HRI UTMB Galveston		69	66	66:66
	FY Total		69	66	66:66

202010

Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Health Houston	AMH	1	1	1:64
2021		CMH	63	63	63:64
	HRI UT Health Houston		64	64	64:64
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UTMB Galveston	CMH	70	63	63:63
	HRI UTMB Galveston		70	63	63:63
	FY Total		134	127	127:127

202011

Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
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2021	HRI UT Health Houston	AMH	3	2	2:71
2021		CMH	71	69	69:71
	HRI UT Health Houston		74	71	71:71
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Health San Antonio	CMH	2	2	2:2
	HRI UT Health San Antonio		2	2	2:2
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UTMB Galveston	CMH	44	43	43:43
	HRI UTMB Galveston		44	43	43:43
	FY Total		120	116	116:116

202012

Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Health Houston	AMH	1	1	1:66
2021		CMH	67	65	65:66
	HRI UT Health Houston		68	66	66:66
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Health San Antonio	CMH	93	91	91:91
	HRI UT Health San Antonio		93	91	91:91
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UTMB Galveston	CMH	59	54	54:54
	HRI UTMB Galveston		59	54	54:54
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Rio Grande Valley	AMH	42	40	40:58
2021		CMH	22	18	18:58
	HRI UT Rio Grande Valley		64	58	58:58
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio

2021	HRI UT Tyler	AMH	35	34	34:49
2021		CMH	16	15	15:49
	HRI UT Tyler		51	49	49:49
	FY Total		335	318	318:318

202101

Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI Texas Tech El Paso	AMH	13	13	13:13
	HRI Texas Tech El Paso		13	13	13:13
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Health Houston	AMH	2	2	2:74
2021		CMH	76	72	72:74
	HRI UT Health Houston		78	74	74:74
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Health San Antonio	CMH	110	106	106:106
	HRI UT Health San Antonio		110	106	106:106
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UTMB Galveston	CMH	65	62	62:62
	HRI UTMB Galveston		65	62	62:62
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Rio Grande Valley	AMH	85	74	74:93
2021		CMH	23	19	19:93
	HRI UT Rio Grande Valley		108	93	93:93
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Tyler	AMH	36	30	30:45
2021		CMH	16	15	15:45
	HRI UT Tyler		52	45	45:45

	FY Total		426	393	393:393
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202102

Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI Texas Tech El Paso	AMH	22	22	22:22
	HRI Texas Tech El Paso		22	22	22:22
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Health Houston	AMH	7	6	6:151
2021		CMH	150	145	145:151
	HRI UT Health Houston		157	151	151:151
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Health San Antonio	CMH	70	68	68:68
	HRI UT Health San Antonio		70	68	68:68
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UTMB Galveston	CMH	48	44	44:44
	HRI UTMB Galveston		48	44	44:44
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Rio Grande Valley	AMH	66	60	60:87
2021		CMH	30	27	27:87
	HRI UT Rio Grande Valley		96	87	87:87
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Tyler	AMH	28	27	27:49
2021		CMH	23	22	22:49
	HRI UT Tyler		51	49	49:49
	FY Total		444	421	421:421

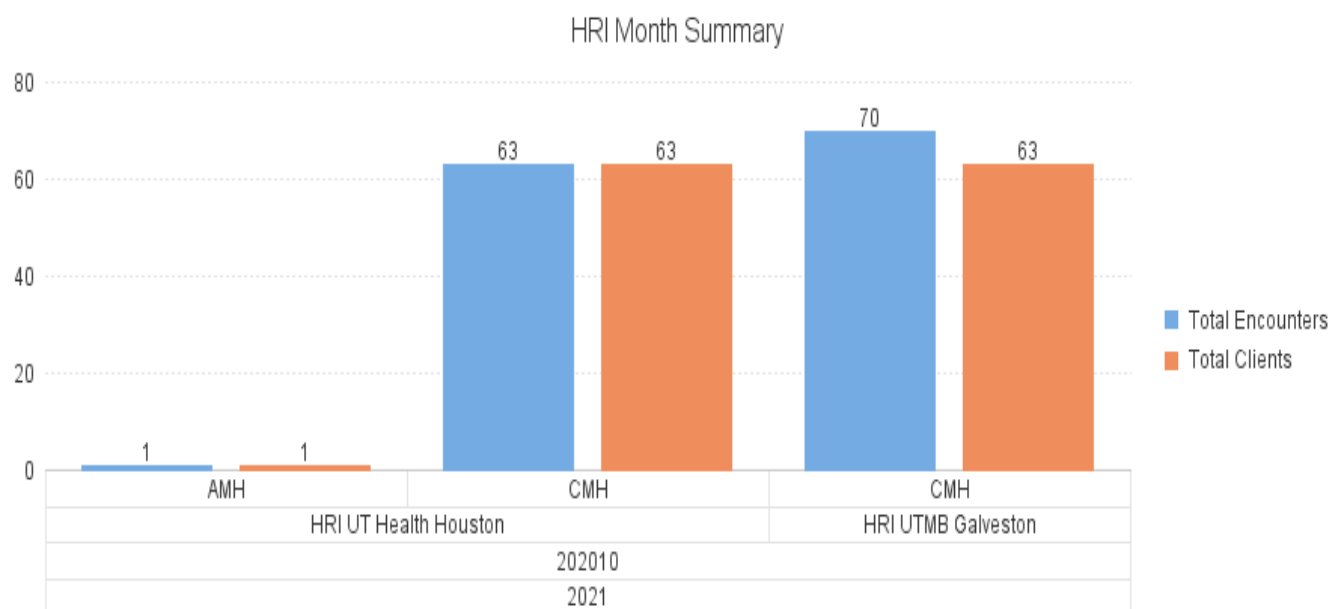
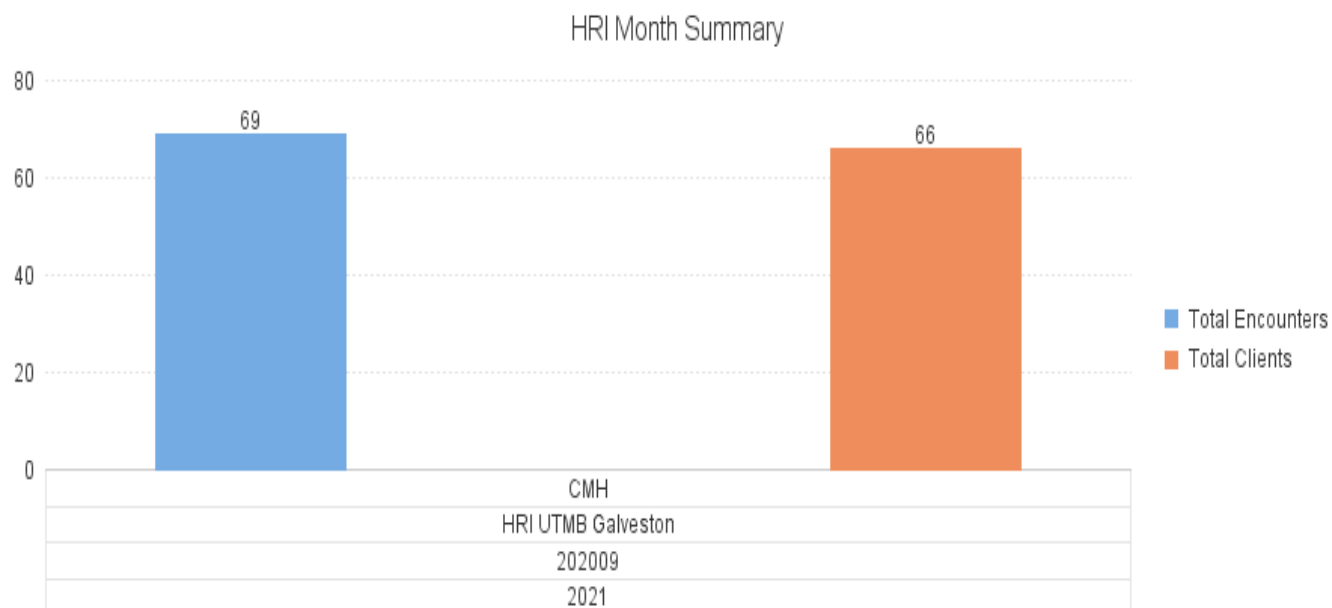
202103

Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI Texas Tech El Paso	AMH	25	25	25:25
	HRI Texas Tech El Paso		25	25	25:25
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Health Houston	AMH	1	1	1:161
2021		CMH	172	160	160:161
	HRI UT Health Houston		173	161	161:161
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Health San Antonio	CMH	119	112	112:112
	HRI UT Health San Antonio		119	112	112:112
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UTMB Galveston	CMH	55	54	54:54
	HRI UTMB Galveston		55	54	54:54
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Rio Grande Valley	AMH	80	70	70:99
2021		CMH	39	29	29:99
	HRI UT Rio Grande Valley		119	99	99:99
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Tyler	AMH	53	46	46:83
2021		CMH	43	37	37:83
	HRI UT Tyler		96	83	83:83
	FY Total		587	534	534:534

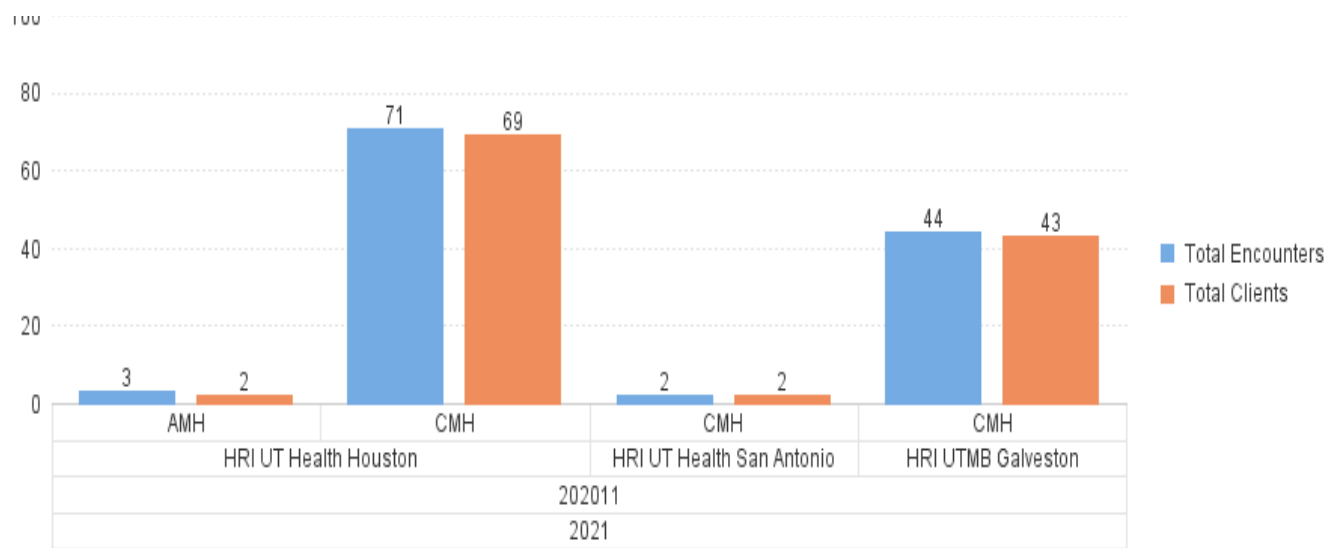
202104

Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI Texas Tech El Paso	AMH	4	4	4:4
	HRI Texas Tech El Paso		4	4	4:4

Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Health Houston	CMH	19	19	19:19
	HRI UT Health Houston		19	19	19:19
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Health San Antonio	CMH	36	36	36:36
	HRI UT Health San Antonio		36	36	36:36
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UTMB Galveston	CMH	38	36	36:36
	HRI UTMB Galveston		38	36	36:36
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Rio Grande Valley	AMH	32	32	32:46
2021		CMH	19	14	14:46
	HRI UT Rio Grande Valley		51	46	46:46
Fiscal Year	HRI	Division	Total Encounters	Total Clients	Ratio
2021	HRI UT Tyler	AMH	9	9	9:15
2021		CMH	6	6	6:15
	HRI UT Tyler		15	15	15:15
	FY Total		163	156	156:156

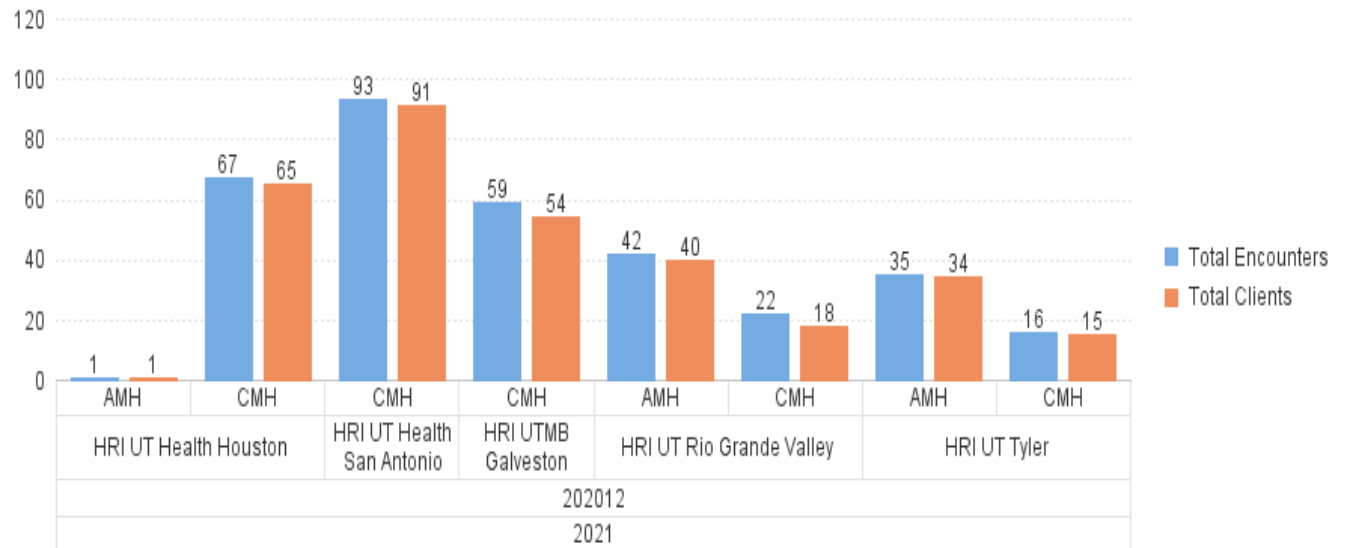


HRI Month Summary

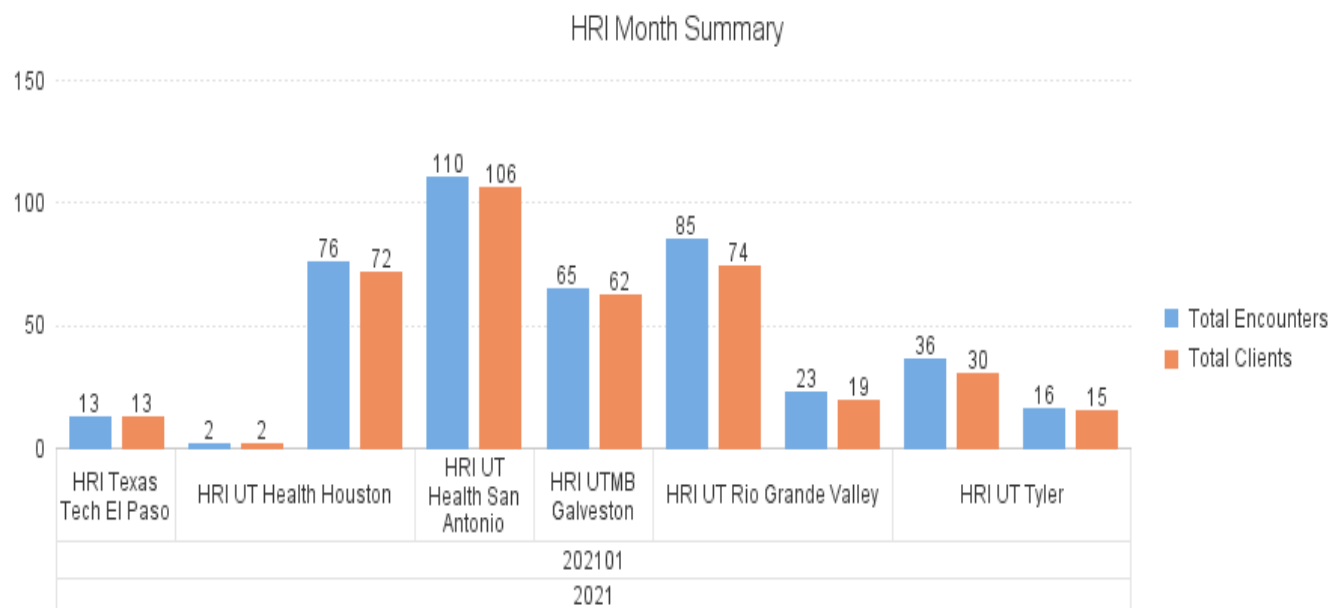


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HRI Month Summary

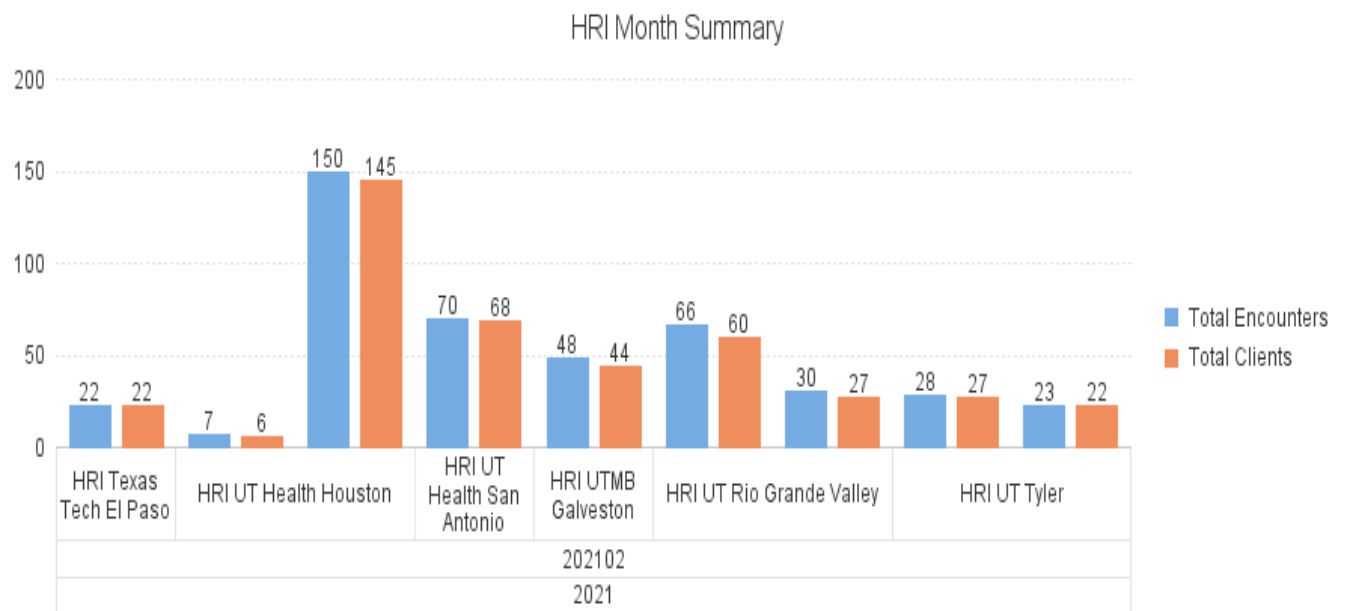


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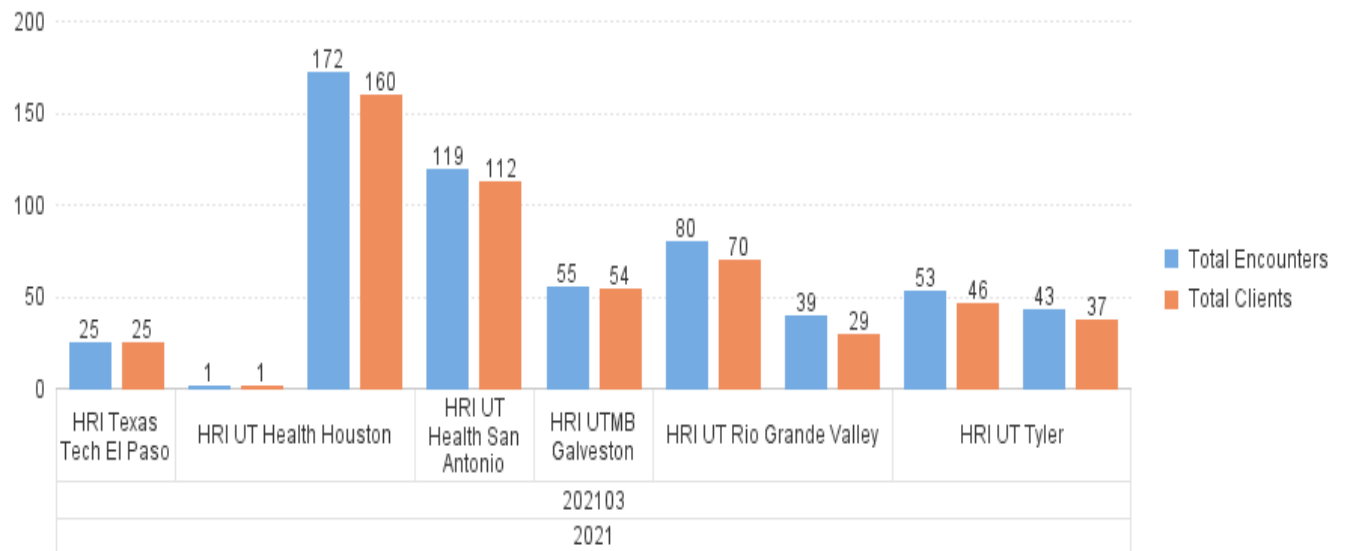


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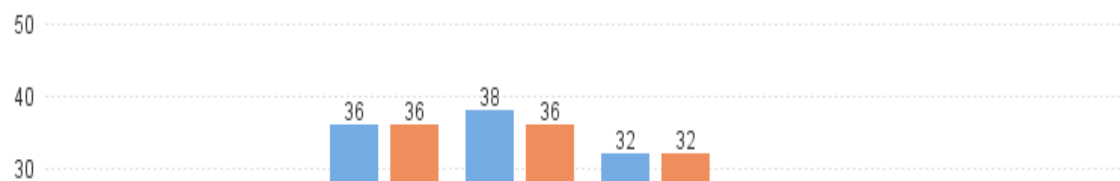
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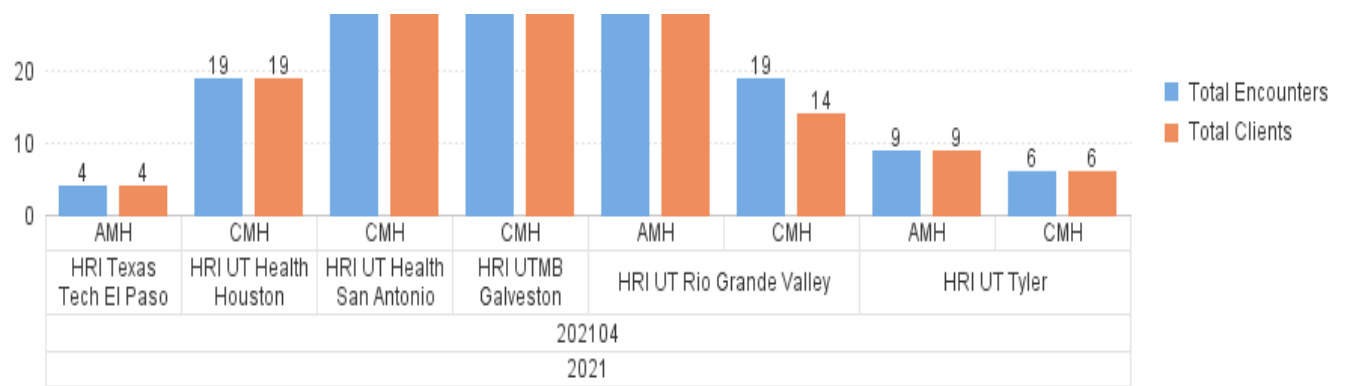


HRI Month Summary



HRI Month Summary





Time from Intake to First Prescriber Service by FY

Fiscal Year	HRI	Division	Assess Purpose	Average Days from Assess to Med Service
2021	HRI Texas Tech El Paso	AMH	Admit / Intake	50.5
	HRI Texas Tech El Paso			50.5

Fiscal Year	HRI	Division	Assess Purpose	Average Days from Assess to Med Service
2021	HRI UT Health Houston	CMH	Admit / Intake	7
	HRI UT Health Houston			7

Fiscal Year	HRI	Division	Assess Purpose	Average Days from Assess to Med Service
2021	HRI UT Health San Antonio	CMH	Admit / Intake	16.79411765
	HRI UT Health San Antonio			16.79411765

Fiscal Year	HRI	Division	Assess Purpose	Average Days from Assess to Med Service
2021	HRI UTMB Galveston	CMH	Admit / Intake	-8.25
	HRI UTMB Galveston			-8.25

Fiscal Year	HRI	Division	Assess Purpose	Average Days from Assess to Med Service
2021	HRI UT Rio Grande Valley	AMH	Admit / Intake	22.58333333
2021		CMH	Admit / Intake	34.96153846
	HRI UT Rio Grande Valley			31.05263158

Fiscal Year	HRI	Division	Assess Purpose	Average Days from Assess to Med Service
2021	HRI UT Tyler	AMH	Admit / Intake	39.60869565
2021		CMH	Admit / Intake	23.23076923

	HRI UT Tyler			33.69444444
	FY Total			24.85384615

Total Encounters	Total Clients	Ratio
4	4	4:4
4	4	4:4

Total Encounters	Total Clients	Ratio
19	19	19:19
19	19	19:19

Total Encounters	Total Clients	Ratio
60	60	60:60
60	60	60:60

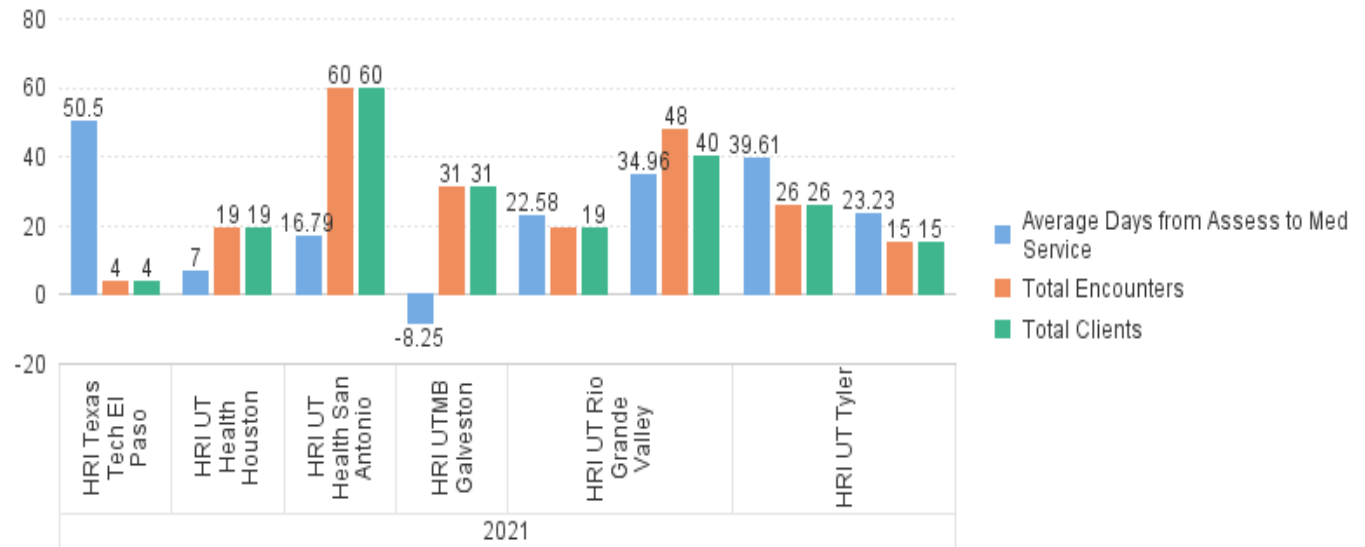
Total Encounters	Total Clients	Ratio
31	31	31:31
31	31	31:31

Total Encounters	Total Clients	Ratio
19	19	19:59
48	40	40:59
67	59	59:59

Total Encounters	Total Clients	Ratio
26	26	26:41
15	15	15:41

41	41	41:41
222	214	214:214

Time From Intake to First Prescriber Service by FY



Time from Intake to First Prescriber Service by Month

202009

Fiscal Year	HRI	Division	Assess Purpose	Average Days from Assess to Med Service	Total Encounters	Total Clients
2021	HRI UTMB Galveston	CMH	Admit / Intake	-6	2	2
	FY Total			-6	2	2

202010

Fiscal Year	HRI	Division	Assess Purpose	Average Days from Assess to Med Service	Total Encounters	Total Clients
2021	HRI UT Health Houston	CMH	Admit / Intake	-4	1	1
2021	HRI UTMB Galveston	CMH	Admit / Intake	-4.333333333	6	6
	FY Total			-4.25	7	7

202011

Fiscal Year	HRI	Division	Assess Purpose	Average Days from Assess to Med Service	Total Encounters	Total Clients
2021	HRI UT Health Houston	CMH	Admit / Intake	-8	2	
2021	HRI UT Health San Antonio	CMH	Admit / Intake	3.5	2	
2021	HRI UTMB Galveston	CMH	Admit / Intake	-0.5	5	
	FY Total			-1.666666667	9	

202012

Fiscal Year	HRI	Division	Assess Purpose	Average Days from Assess to Med Service	Total Encounters	Total Clients
2021	HRI UT Health Houston	CMH	Admit / Intake	-3	2	
2021	HRI UT Health San Antonio	CMH	Admit / Intake	12.30769231	14	
2021	HRI UTMB Galveston	CMH	Admit / Intake	0	6	
2021	HRI UT Rio Grande Valley	AMH	Admit / Intake	23.8	5	
2021	HRI UT Rio Grande Valley	CMH	Admit / Intake	27.2	11	
2021	HRI UT Tyler	AMH	Admit / Intake	51	1	
2021	HRI UT Tyler	CMH	Admit / Intake	21.25	4	
	FY Total			18.91666667	43	

202101

Fiscal Year	HRI	Division	Assess Purpose	Average Days from Assess to Med Service	Total Encounters	Total Clients
2021	HRI UT Health Houston	CMH	Admit / Intake	6.8	6	
2021	HRI UT Health San Antonio	CMH	Admit / Intake	17.5	8	
2021	HRI UTMB Galveston	CMH	Admit / Intake	0	7	
2021	HRI UT Rio Grande Valley	AMH	Admit / Intake	30	1	

2021	HRI UT Rio Grande Valley	CMH	Admit / Intake	28.5	8	
2021	HRI UT Tyler	AMH	Admit / Intake	38.5	8	
2021	HRI UT Tyler	CMH	Admit / Intake	28.28571429	7	
	FY Total			24.88235294	45	

202102

Fiscal Year	HRI	Division	Assess Purpose	Average Days from Assess to Med Service	Total Encounters	Total Clients
2021	HRI UT Health Houston	CMH	Admit / Intake	12.5	4	
2021	HRI UT Health San Antonio	CMH	Admit / Intake	18.44444444	10	
2021	HRI UTMB Galveston	CMH	Admit / Intake	-10	2	
2021	HRI UT Rio Grande Valley	AMH	Admit / Intake	24	3	
2021	HRI UT Rio Grande Valley	CMH	Admit / Intake	38.5	11	
2021	HRI UT Tyler	AMH	Admit / Intake	28.85714286	7	
2021	HRI UT Tyler	CMH	Admit / Intake	19.5	2	
	FY Total			23.32352941	39	

202103

Fiscal Year	HRI	Division	Assess Purpose	Average Days from Assess to Med Service	Total Encounters	Total Clients
2021	HRI Texas Tech El Paso	AMH	Admit / Intake	50.5	4	
2021	HRI UT Health Houston	CMH	Admit / Intake	13	4	
2021	HRI UT Health San Antonio	CMH	Admit / Intake	14.375	19	
2021	HRI UTMB Galveston	CMH	Admit / Intake	0	1	
2021	HRI UT Rio Grande Valley	AMH	Admit / Intake	20.8	7	
2021	HRI UT Rio Grande Valley	CMH	Admit / Intake	29.5	14	
2021	HRI UT Tyler	AMH	Admit / Intake	40.28571429	7	
2021	HRI UT Tyler	CMH	Admit / Intake	1	1	
	FY Total			24.06521739	57	

202104

Fiscal Year	HRI	Division	Assess Purpose	Average Days from Assess to Med Service	Total Encounters	Total Clients
2021	HRI UT Health San Antonio	CMH	Admit / Intake	11	7	
2021	HRI UTMB Galveston	CMH	Admit / Intake	0	2	
2021	HRI UT Rio Grande Valley	AMH	Admit / Intake	19.5	3	
2021	HRI UT Rio Grande Valley	CMH	Admit / Intake	24.5	4	
2021	HRI UT Tyler	AMH	Admit / Intake	45	3	
2021	HRI UT Tyler	CMH	Admit / Intake	19	1	
	FY Total			20.44444444	20	2

Ratio
2:2
2:2

Ratio
1:1
6:6
7:7

al nts	Rati
2	2:2
2	2:2
5	5:5
9	9:9

al nts	Rati
2	2:2
14	14:14
6	6:6
5	5:16
11	11:16
1	1:5
4	4:5
43	13:43

al nts	Rati
6	6:6
8	8:8
7	7:7
1	1:7

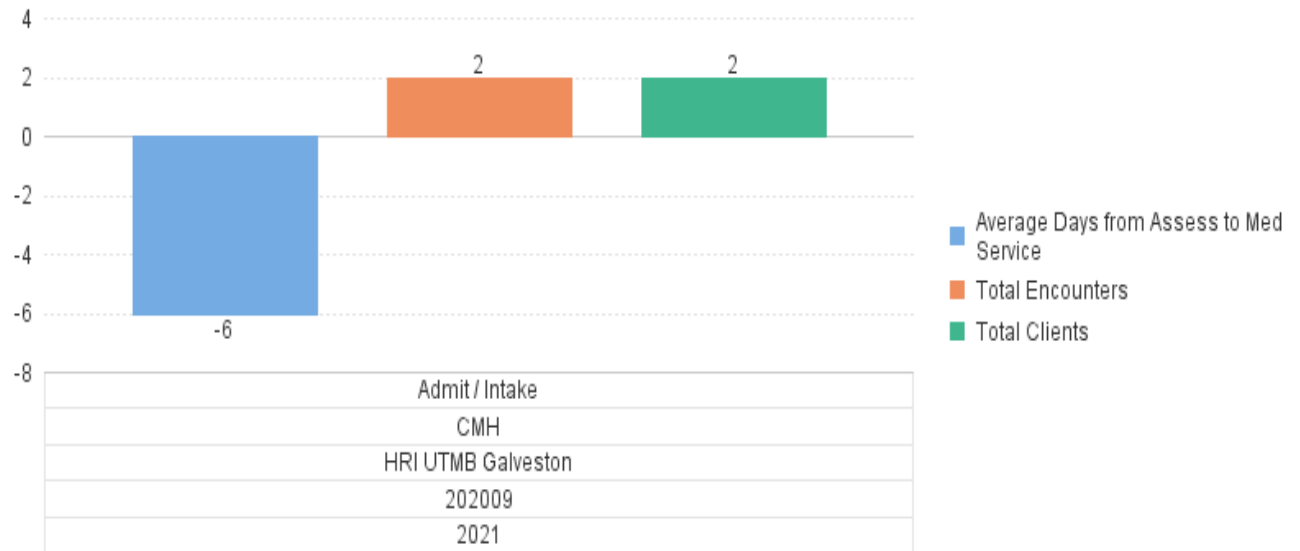
6	6:7
8	8:15
7	7:15
43	43:43

al nts	Rati
4	4:4
10	10:10
2	2:2
3	3:13
10	10:13
7	7:9
2	2:9
38	38:38

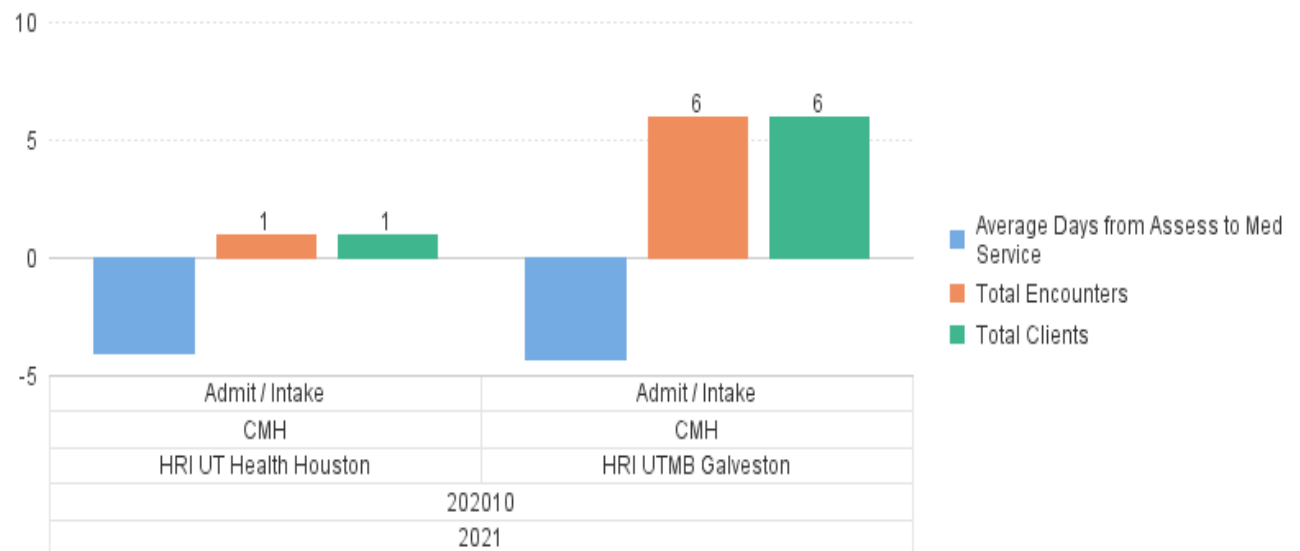
al nts	Rati
4	4:4
4	4:4
19	19:19
1	1:1
7	7:16
9	9:16
7	7:8
1	1:8
52	52:52

al nts	Rati
7	7:7
2	2:2
3	3:7
4	4:7
3	3:4
1	1:4
20	20:20

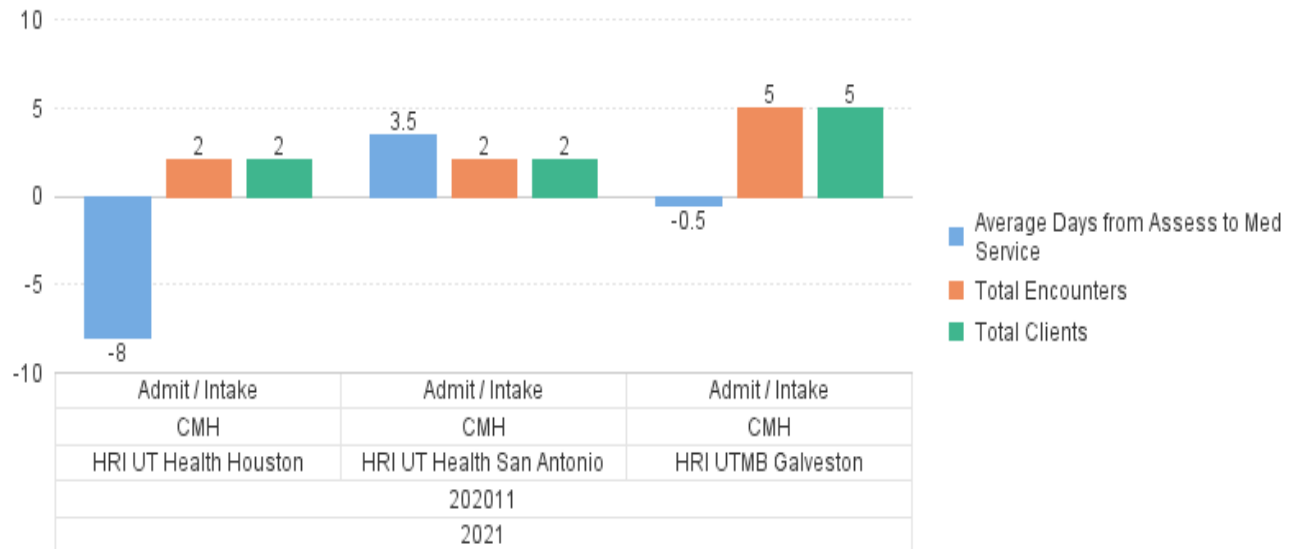
Time From Intake to First Prescriber Service by Month



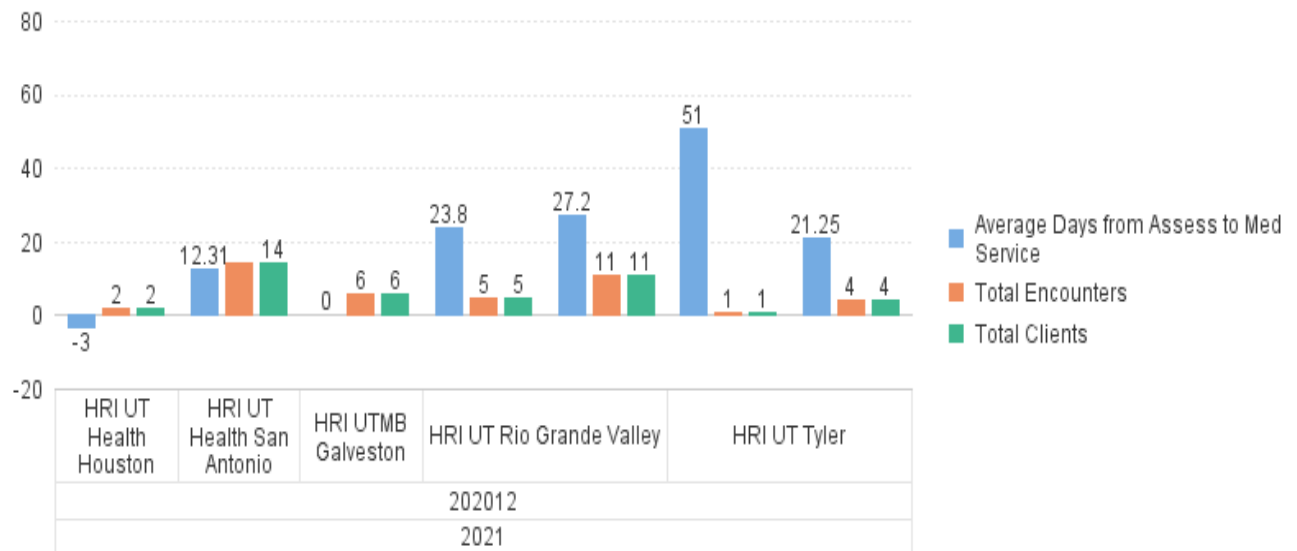
Time From Intake to First Prescriber Service by Month



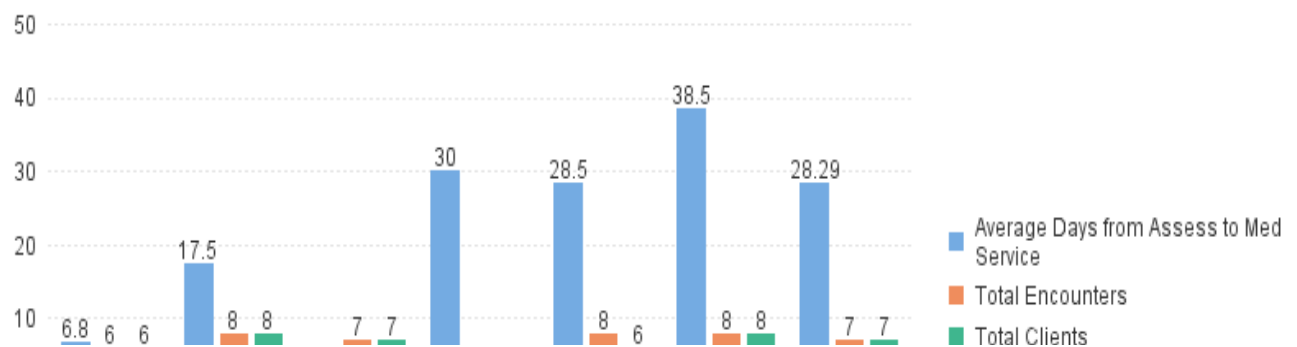
Time From Intake to First Prescriber Service by Month

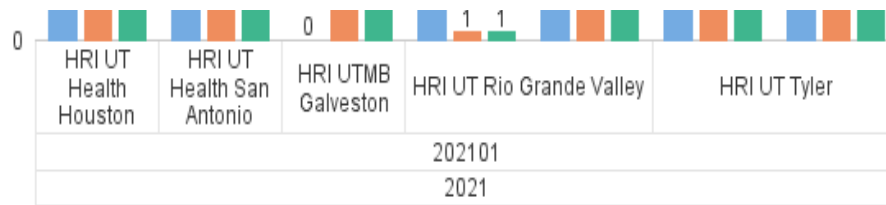


Time From Intake to First Prescriber Service by Month

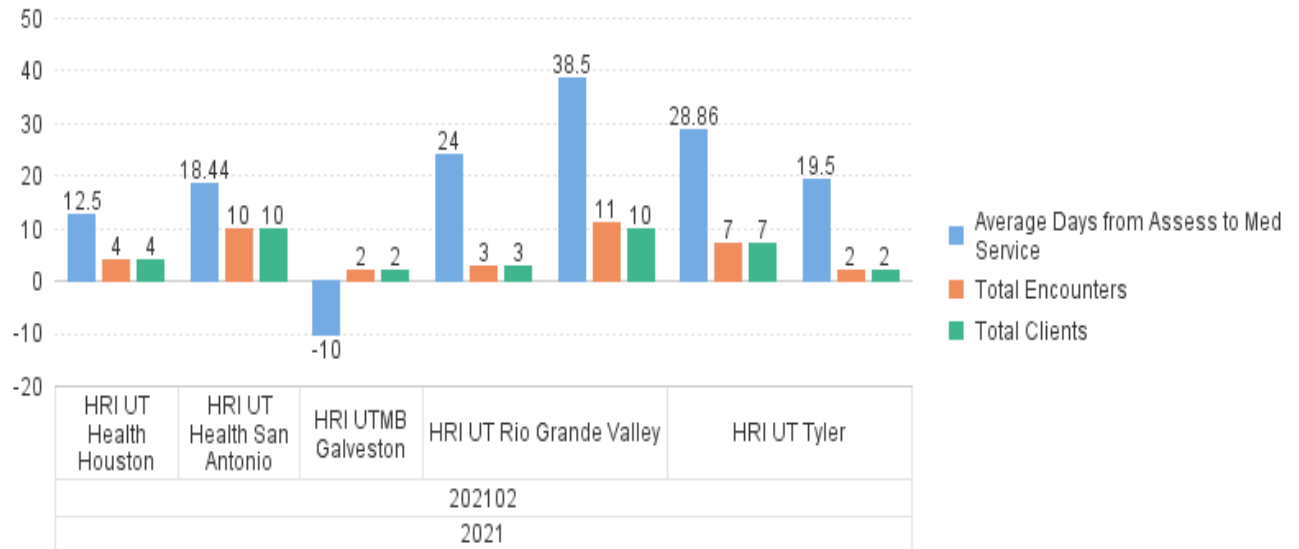


Time From Intake to First Prescriber Service by Month

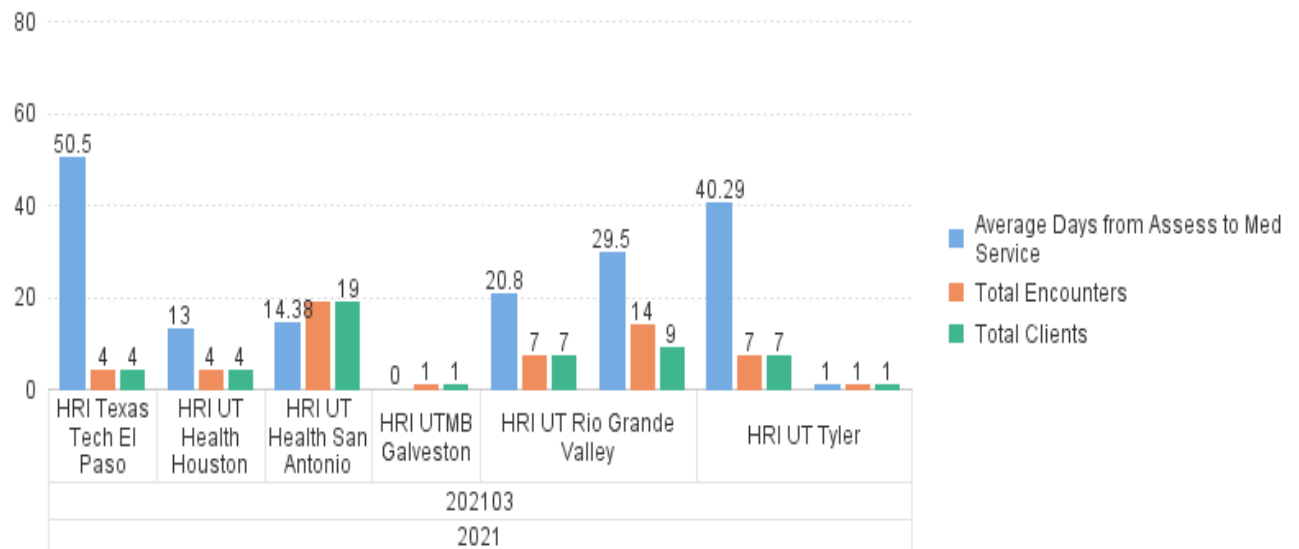




Time From Intake to First Prescriber Service by Month



Time From Intake to First Prescriber Service by Month



3

3

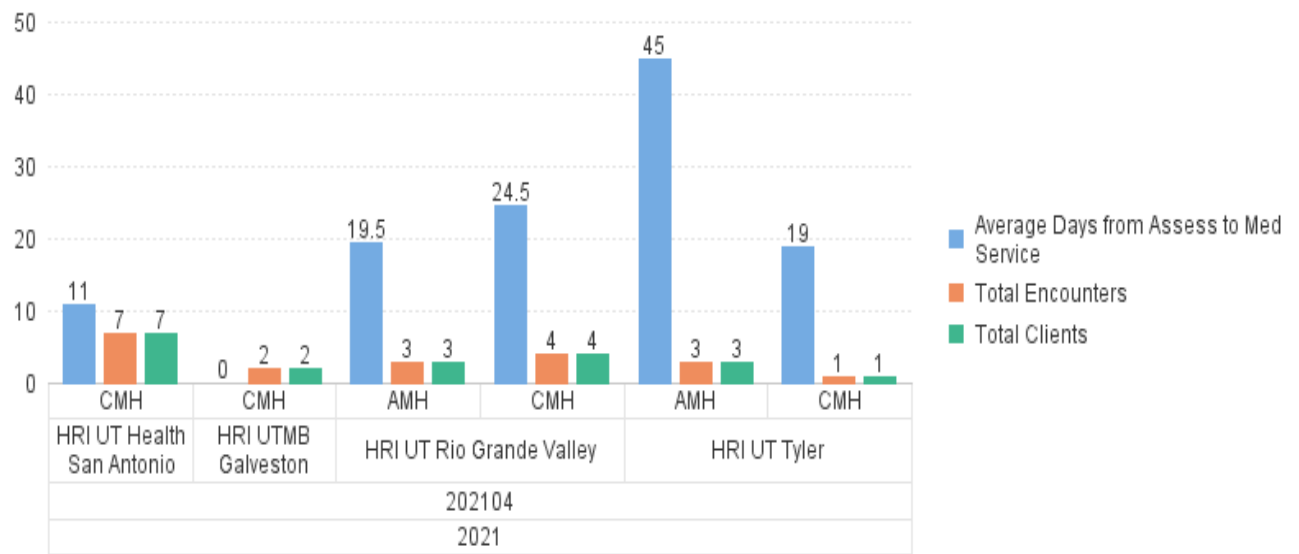
3

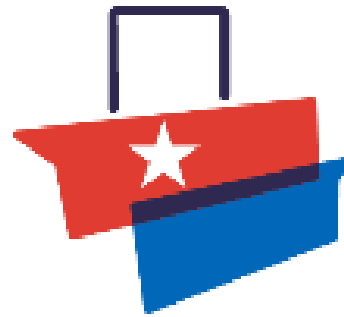
3

3

2

Time From Intake to First Prescriber Service by Month





tcmhcc

Highlights from TCHATT School Enrollment

TEXAS CHILD MENTAL HEALTH CARE CONSORTIUM EXECUTIVE COMMITTEE

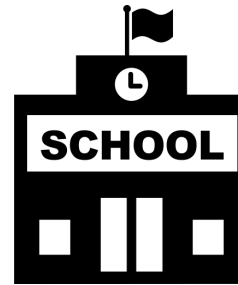
April 23, 2021

ENROLLMENT METRICS



158

DISTRICTS ENROLLED
COMPLETED MOU



1,747

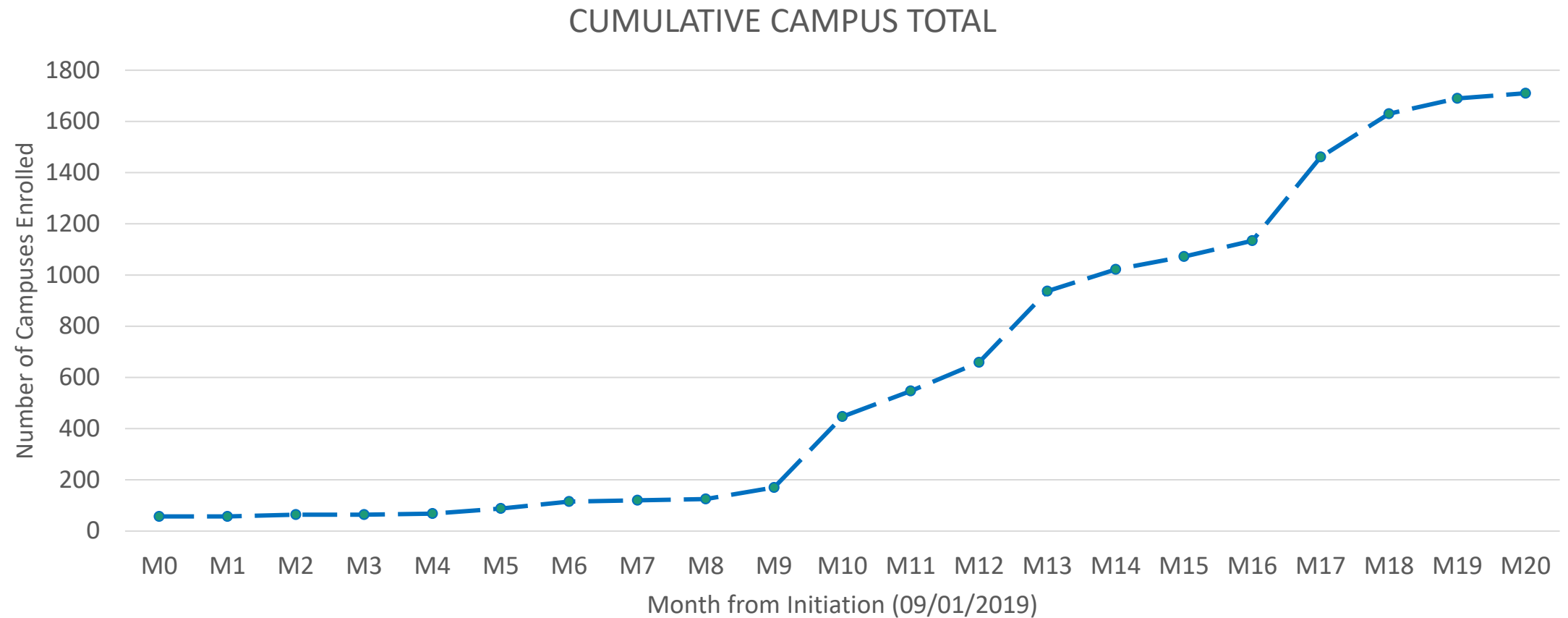
CAMPUSES ENROLLED
COMPLETED MOU



1,271,368

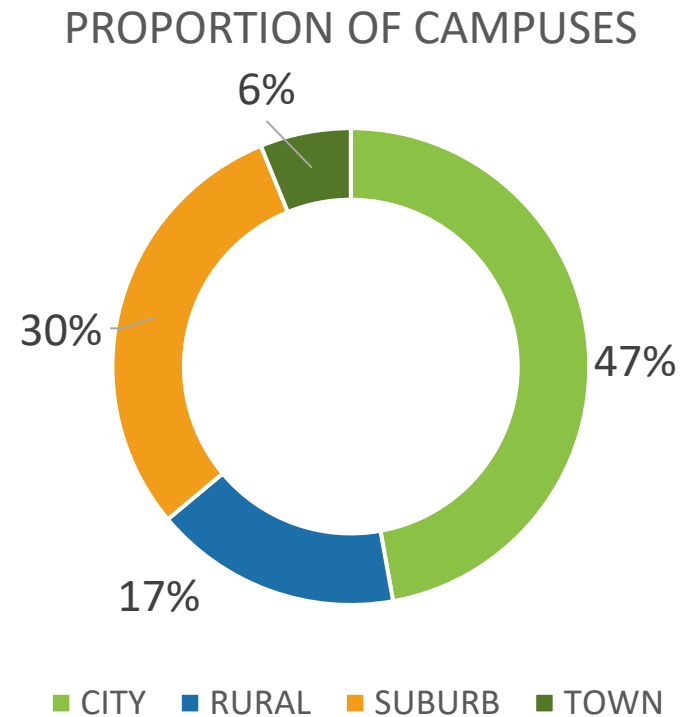
COVERED LIVES
(STUDENT CENSUS)

Growth in TCHATT Campuses

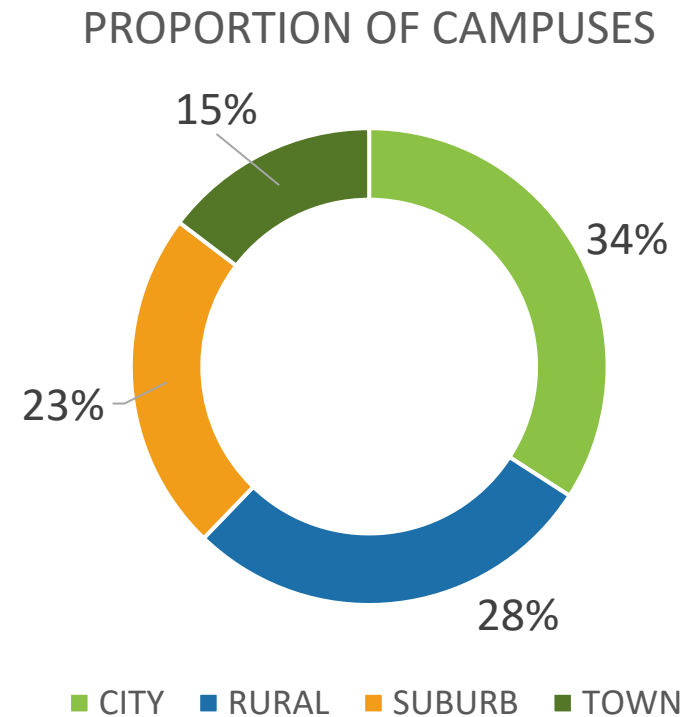


CAMPUS CLASSIFICATIONS: COMMUNITY SIZE

TCHATT & CATR CAMPUSES



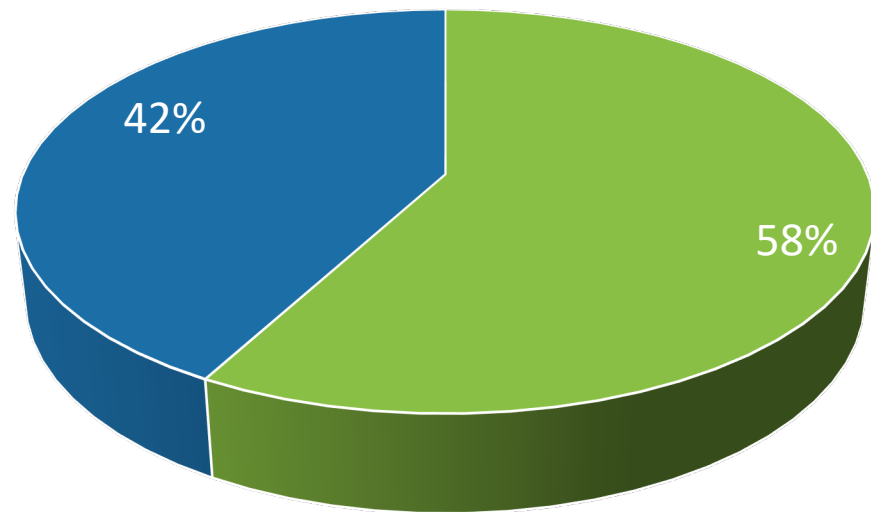
NON-TCHATT/CATR CAMPUSES



PROPORTION ECONOMICALLY DISADVANTAGED

TCHATT & CATR CAMPUSES

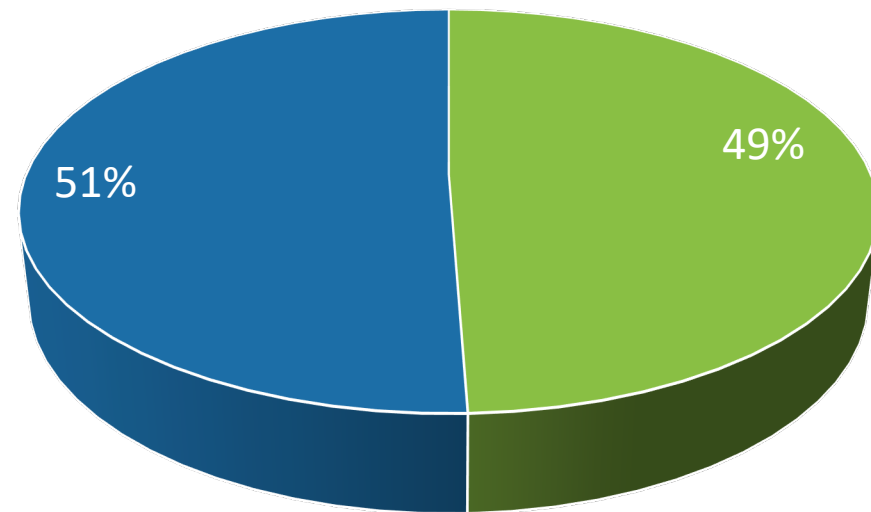
PROPORTION OF STUDENTS



■ ECONOMIC DISADVANTAGE ■ NOT DISADVANTAGED

NON-TCHATT/CATR CAMPUSES

PROPORTION OF STUDENTS

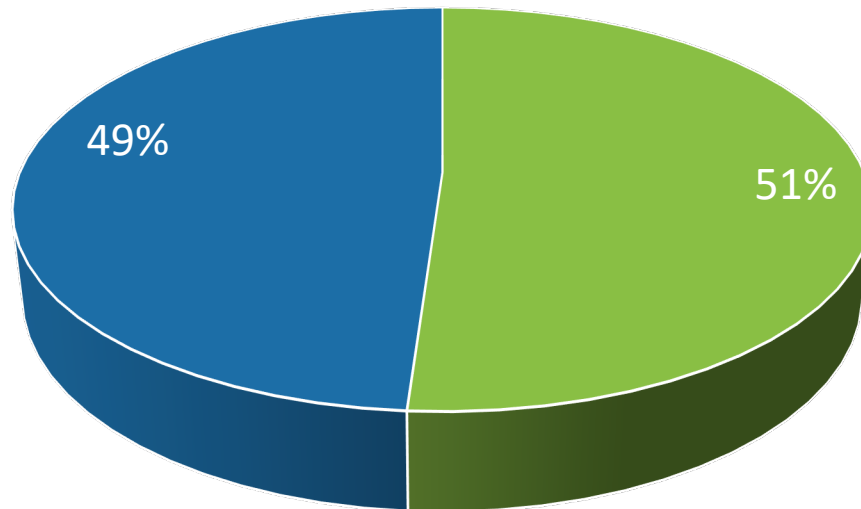


■ ECONOMIC DISADVANTAGE ■ NOT DISADVANTAGED

PROPORTION STUDENTS AT RISK

TCHATT & CATR CAMPUSES

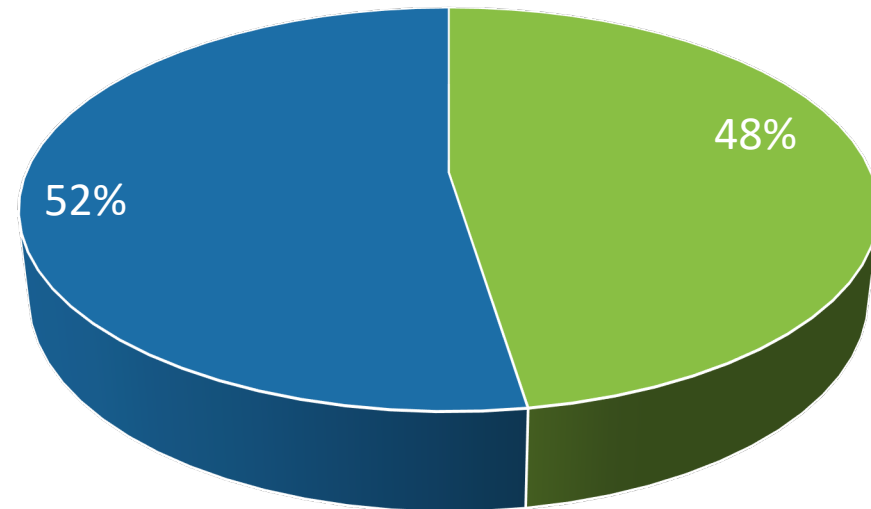
PROPORTION OF STUDENTS



■ AT RISK ■ NOT AT RISK

NON-TCHATT/CATR CAMPUSES

PROPORTION OF STUDENTS

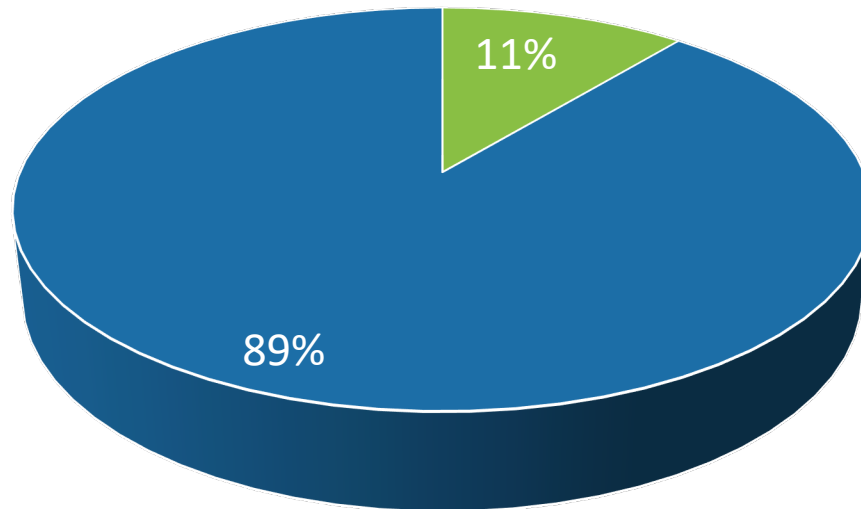


■ AT RISK ■ NOT AT RISK

PROPORTION STUDENTS IN SPECIAL EDUCATION

TCHATT & CATR CAMPUSES

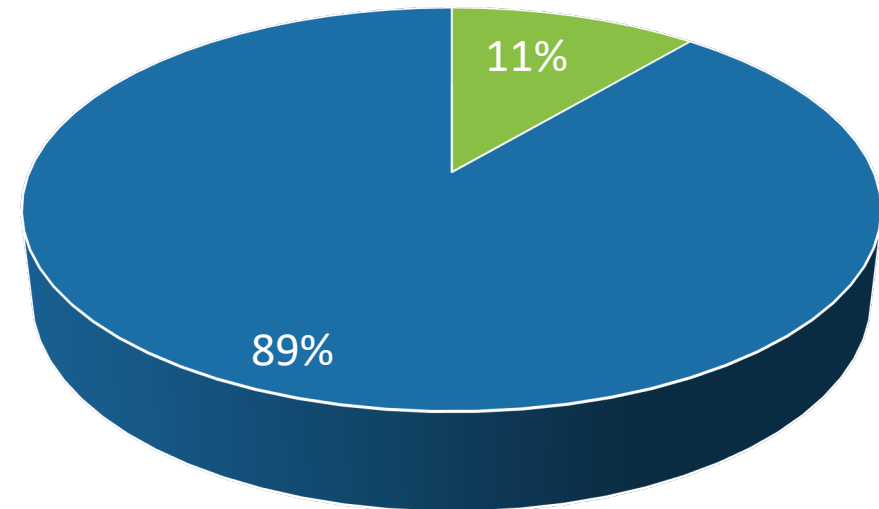
PROPORTION OF STUDENTS



■ SPECIAL ED ■ NOT SPECIAL ED

NON-TCHATT/CATR CAMPUSES

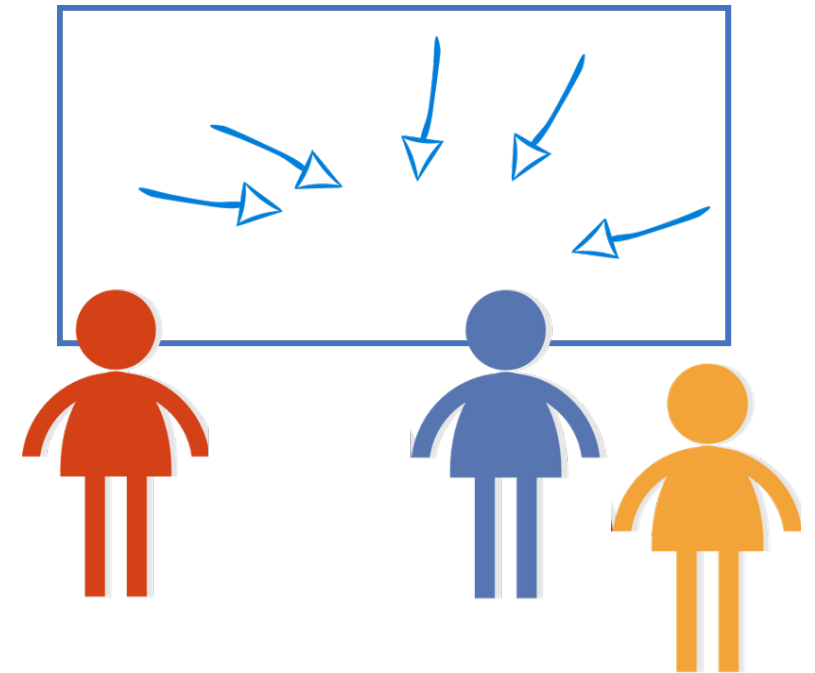
PROPORTION OF STUDENTS



■ SPECIAL ED ■ NOT SPECIAL ED

OPPORTUNITIES FOR PARTNERSHIP

- THANK YOU for helping to keep our lists updated
- We can provide regional information for your TCHATT team
- Opportunity for targeted outreach to districts based on valued characteristics

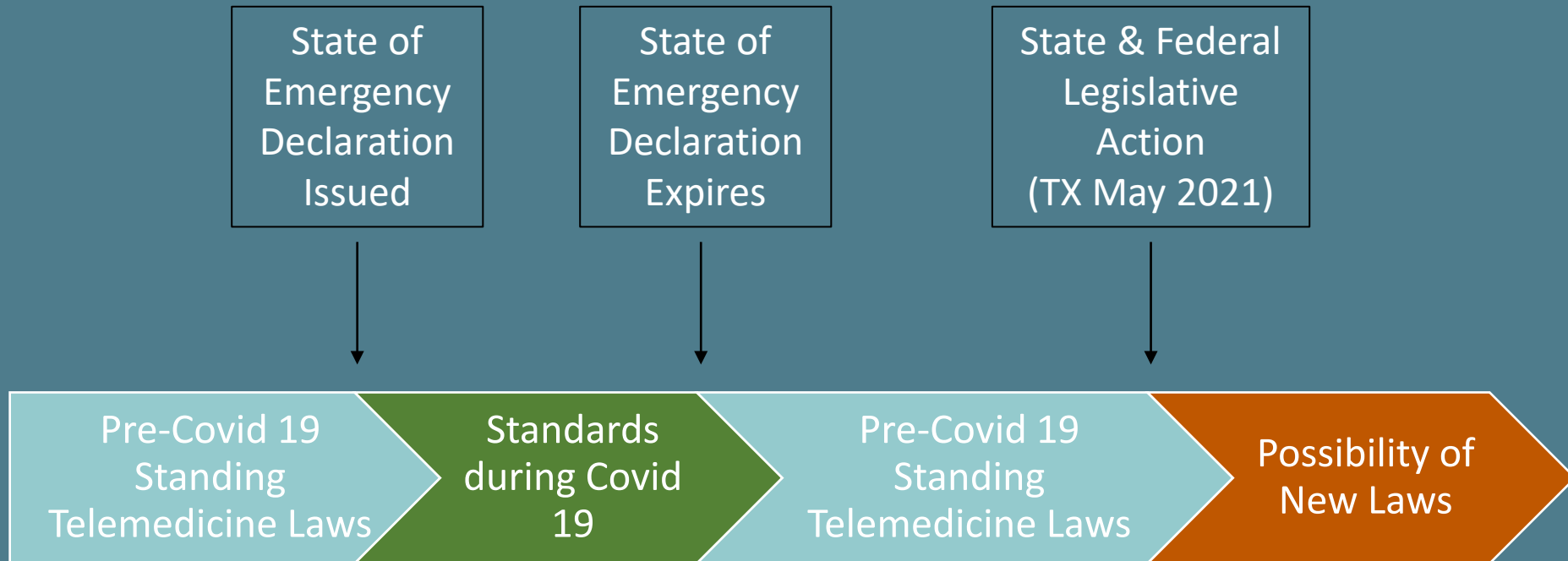


Telemedicine Law & Policy

Mari Robinson, JD
Director of Telehealth, University of Texas Medical Branch
Director, UT Virtual Health Network
Director, Medical Technology Resource & Education Center



Understanding the Covid 19 Legal Impact



Telemedicine Considerations



STANDARD OF CARE



LICENSING &
CREDENTIALING



PROCESS & LAWS



PAYMENT

One thing generally remains the same:



Tele-technologies are tools only, and do not serve to modify the standard of care.

PRESCRIBING



Controlled Substances

- Scheduled Drugs II-V, drugs with high potential for abuse
- Examples are opioids, stimulants, some steroids, etc.



Dangerous Drugs

- Require a prescription but are not scheduled
- Examples include antibiotics, birth control, vaccines, etc.



Over the Counter

- No prescription required
- Examples include aspirin, some antacids, some antihistamines, etc.

FEDERAL PRESCRIBING LAWS



DEA & The Ryan Haight Act (standard)

Federal law PROHIBITS the initial prescribing of a scheduled drug to a patient via telemedicine in most all scenarios.

However:

- Renewals are allowed (no period specified by law, but 12 months is a possible limit)
- A physician can coordinate with another DEA certificate holder to write the necessary prescription



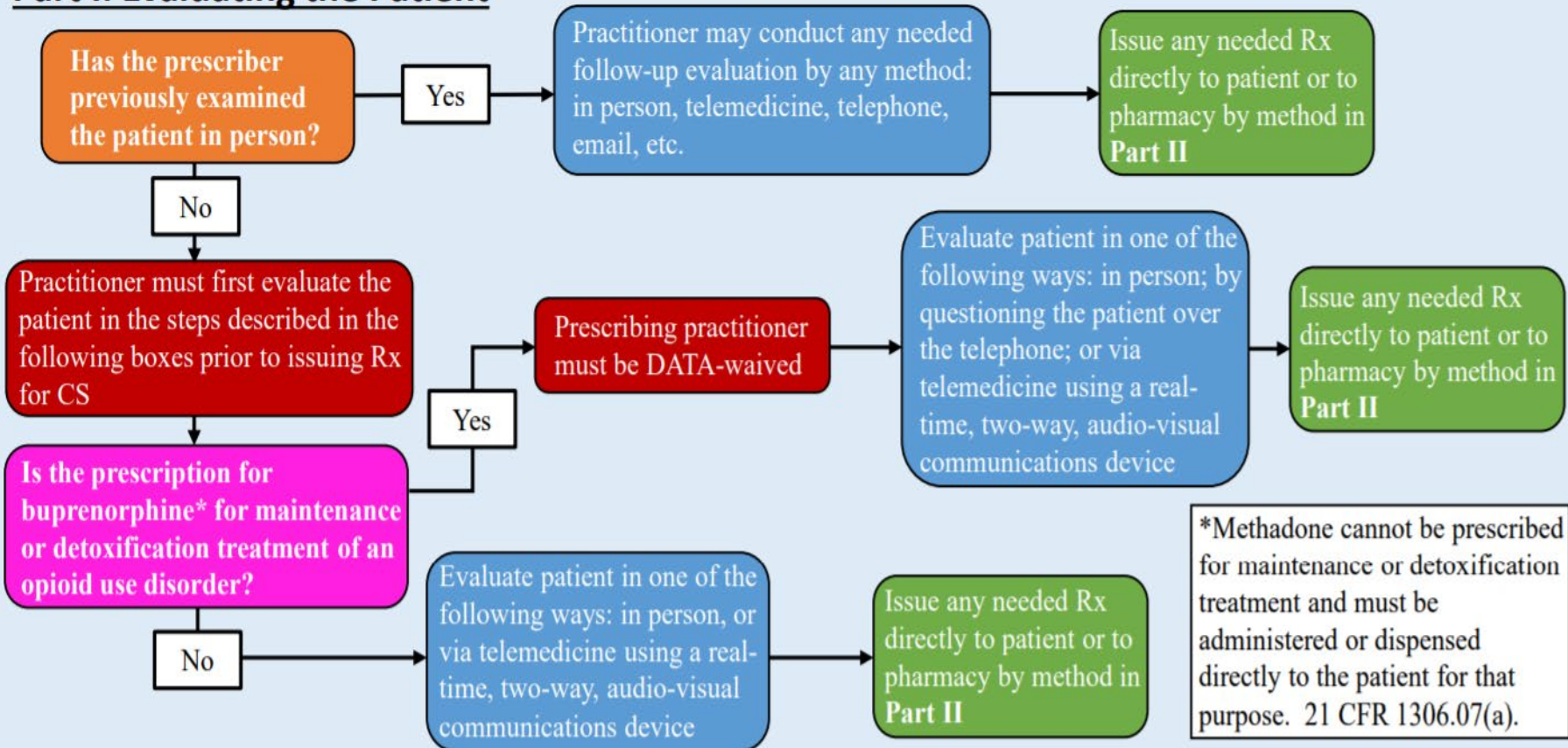
DEA & The Ryan Haight Act (Covid)

Based on the federal emergency declaration, as of March 30:

- Initial prescriptions based on real time, two-way video with audio communication are allowed
- Follow up care for renewals can be done by any method
- See next two slides for flow chart



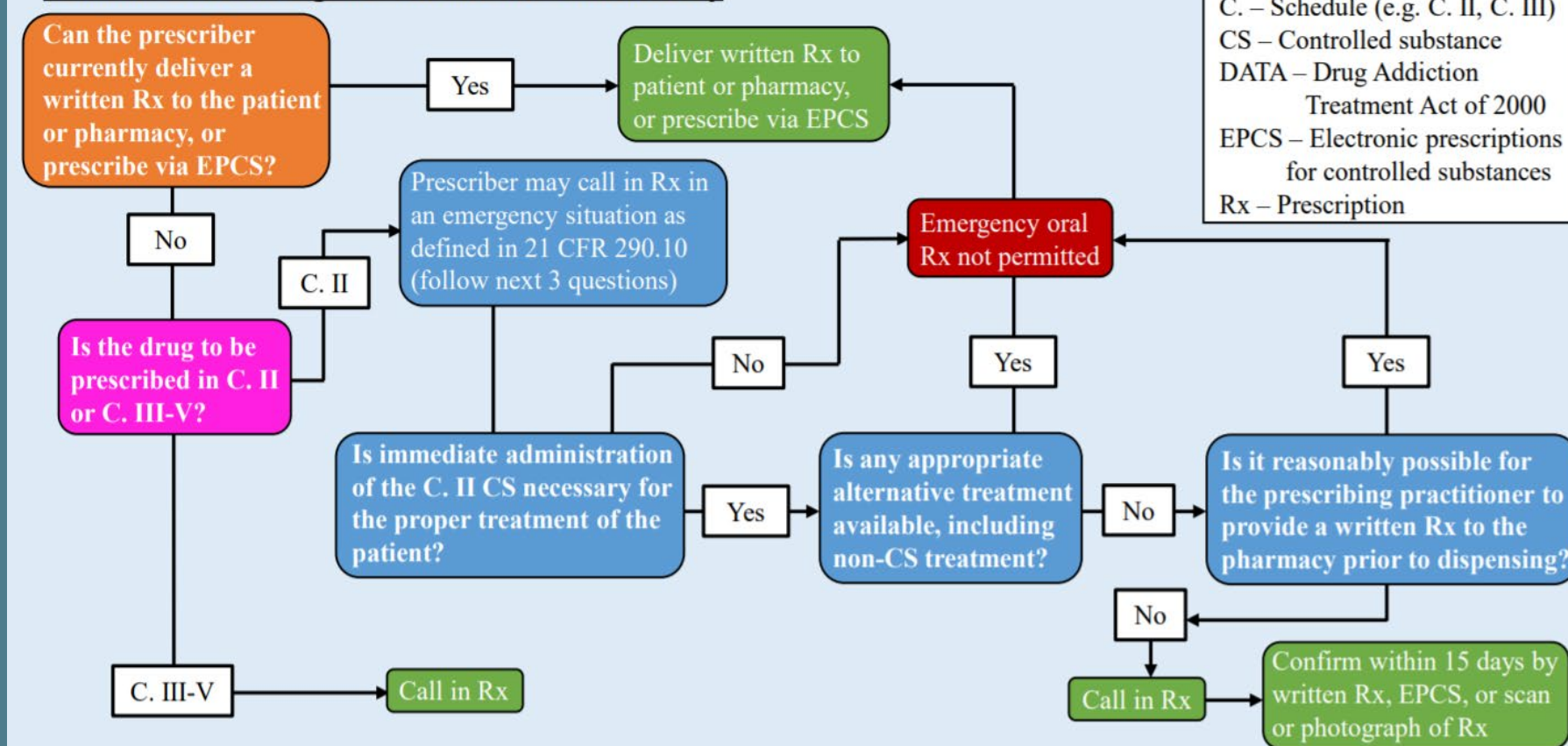
Part I: Evaluating the Patient



[https://www.dea diversion.usdoj.gov/GDP/\(DEA-DC-023\)\(DEA075\)Decision_Tree_\(Final\)_33120_2007.pdf](https://www.dea diversion.usdoj.gov/GDP/(DEA-DC-023)(DEA075)Decision_Tree_(Final)_33120_2007.pdf)



Part II: Delivering the Rx to the Pharmacy



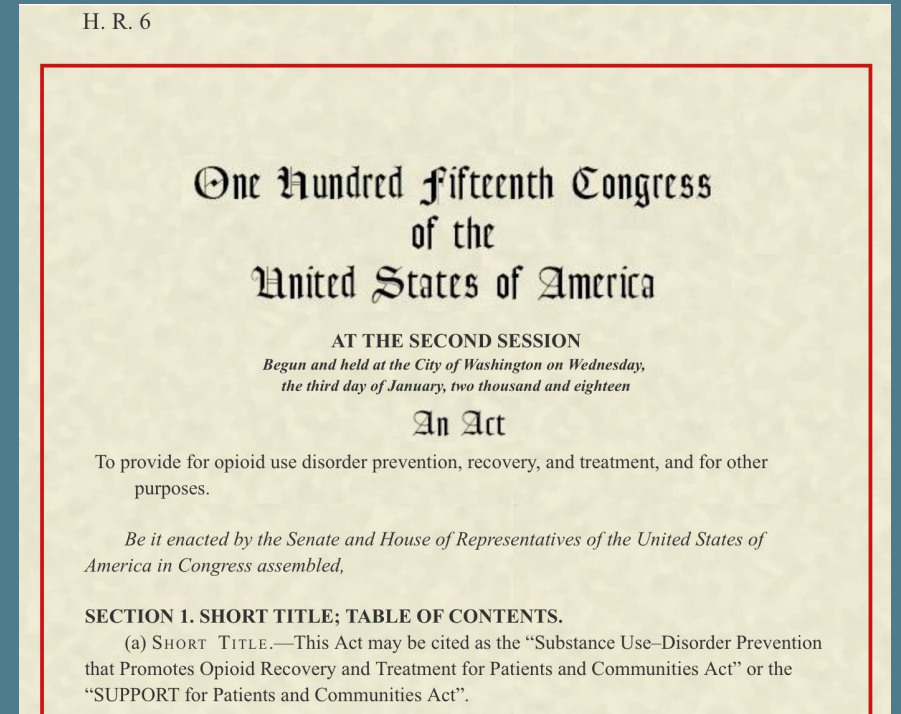
[https://www.dea diversion.usdoj.gov/GDP/\(DEA-DC-023\)\(DEA075\)Decision_Tree_\(Final\)_33120_2007.pdf](https://www.dea diversion.usdoj.gov/GDP/(DEA-DC-023)(DEA075)Decision_Tree_(Final)_33120_2007.pdf)



FEDERAL LEGISLATION

H.R. 6 (115th) Congress: *the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment [SUPPORT] for Patients and Communities Act*

Signed into Law in Oct. 2018



What does it do? (or actually...What was it supposed to do?)

- Title II
 - For substance use treatment, originating-site requirements under Medicare would be eliminated.
 - Controlled substances must be transmitted through electronic prescription programs.
- Title V all states must require a provider to check the PDMP before prescribing controlled substances to a Medicaid enrollee.
- Title VII
 - Sub. B: guidelines for pharmacists for refusal
 - Sub. R: Sets a deadline for the Drug Enforcement Administration to finally draft and adopt a rule for the special registration of telemedicine providers to prescribe controlled substances. (Due Oct. 2019)

Con't

- Title IX- Creates a 6th controlled substance schedule, “A”, for drugs with “a chemical structure that is similar” to those in I-V.
- LOTS of studies, a few of which are:
 - Centers for Medicare and Medicaid Services (CMS) required to:
 - create guidance on options for providing services via telehealth that address substance use disorders under Medicaid.
 - issue a report that focuses on telehealth services to children, including school based settings.

STATE PRESCRIBING LAWS



Texas Medical Board & Telemedicine/Rule 174

Allows prescribing via telemedicine as long as the standard of care is met and all other state and federal laws are followed except it prohibits the treatment of chronic pain via telemedicine.

- Chronic pain is defined as “pain that is not relieved with acute, post-surgical, post-procedure, or persistent non-chronic pain treatment parameters and persists beyond the usual course of an acute condition typically caused by, or resembling that caused by, actual or potential tissue injury or trauma, disease process, or operative procedure or the healing or recovery of such condition with or without treatment. This type of pain is associated with a chronic pathological process that causes continuous or intermittent pain for no less than 91 days from the date of the initial prescription for opioids.” Board Rule 170.2(4)



Texas Medical Board & Telemedicine/Rule 174 (Covid)

Based on the state emergency declaration, prescribing controlled substances via telemedicine for chronic pain patients is allowed if:

- The patient is an established chronic pain patient;
- The patient is seeking a refill of an existing prescription;
- The physician determines that the telemedicine treatment is needed due to the COVID-19 pandemic; *or* The prescription is otherwise allowed under state or federal law.

It is also required that the physician must evaluate whether an in person visit is necessary, rather than a telemedicine visit, based on factors such as Covid-19, co-morbidities, and the date of the patient's last in-person visit.

(<http://www.tmb.state.tx.us/idl/53F6A668-7BCF-B0D2-78E3-CCE4C3397F78>)



Texas Medical Board & Telemedicine/Rule 174 (Covid)

Based on the state emergency declaration, prescribing controlled substances via telemedicine for chronic pain patients is allowed if:

- The patient is an established chronic pain patient (90 days);
- The patient is seeking a refill of an existing prescription;
- The physician determines that the telemedicine treatment is needed due to the COVID-19 pandemic; *or* The prescription is otherwise allowed under state or federal law.

It is also required that the physician must evaluate whether an in person visit is necessary, rather than a telemedicine visit, based on factors such as Covid-19, co-morbidities, and the date of the patient's last in-person visit.

(<http://www.tmb.state.tx.us/idl/53F6A668-7BCF-B0D2-78E3-CCE4C3397F78>)

OTHER TELEMEDICINE LAWS

Consent & Privacy: TX laws (Occ. Code 111 & BR 174)

- Consent: Prior to care, informed consent for telemedicine is required.
- Privacy: Under Texas law, prior notification of privacy standards is required and a good faith effort must be made to get it in writing, with electronic options included. *** Federal HIPAA law requires that the practitioner ask for acknowledgment in writing, though. (<https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>)
- Notice of Complaint Process: This must be provided to the patient with the other informed consent materials or on the physician's website, and it must meet the requirements of BR 178.
- Records – If the patient has primary care physician and grants consent to share the records from the telemedicine visit, a copy or report must be sent within 72 hours. (follow up direction is also required)

Federal Laws - HIPAA

Consent: Federal HIPAA law requires that the practitioner ask for acknowledgment of privacy notices in writing.

(<https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>)

Security: A risk assessment must be done and a plan to address privacy of health information must be in place. One of the safest routes is to have all patient communications meet encryption standards, and this includes any video connections.

(<https://www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html>)

Requirement	Covid19	Normal
HIPAA	“Enforcement discretion” but encourages warning & doesn’t approve all services	Written acknowledgment prior to initiating treatment & private connection (BAA)
Consent	Waived via TMB, but best practice would be documentation of oral consent	Consent prior to initiating treatment
Prescribing	Waived via DEA & TMB	Must have prior in person visit to prescribe scheduled drugs (DEA) & for chronic pain (TMB)

LICENSING & CREDENTIALING

Basics



The care occurs where the patient is located & the rules of that state apply to any care received.



A license is almost always required.

Physician Compact (<https://www.imlcc.org/>)

Nursing Compact
(<https://www.nursecompact.com/index.htm>)

Consulting Exceptions



Credentialing is also a consideration.

Expedited processes for Joint Commission (Medical Staff Rule 13) and CMS (<http://ctel.org/wp-content/uploads/2011/07/CMS-Credentialing-Privileging-Memo.pdf>)

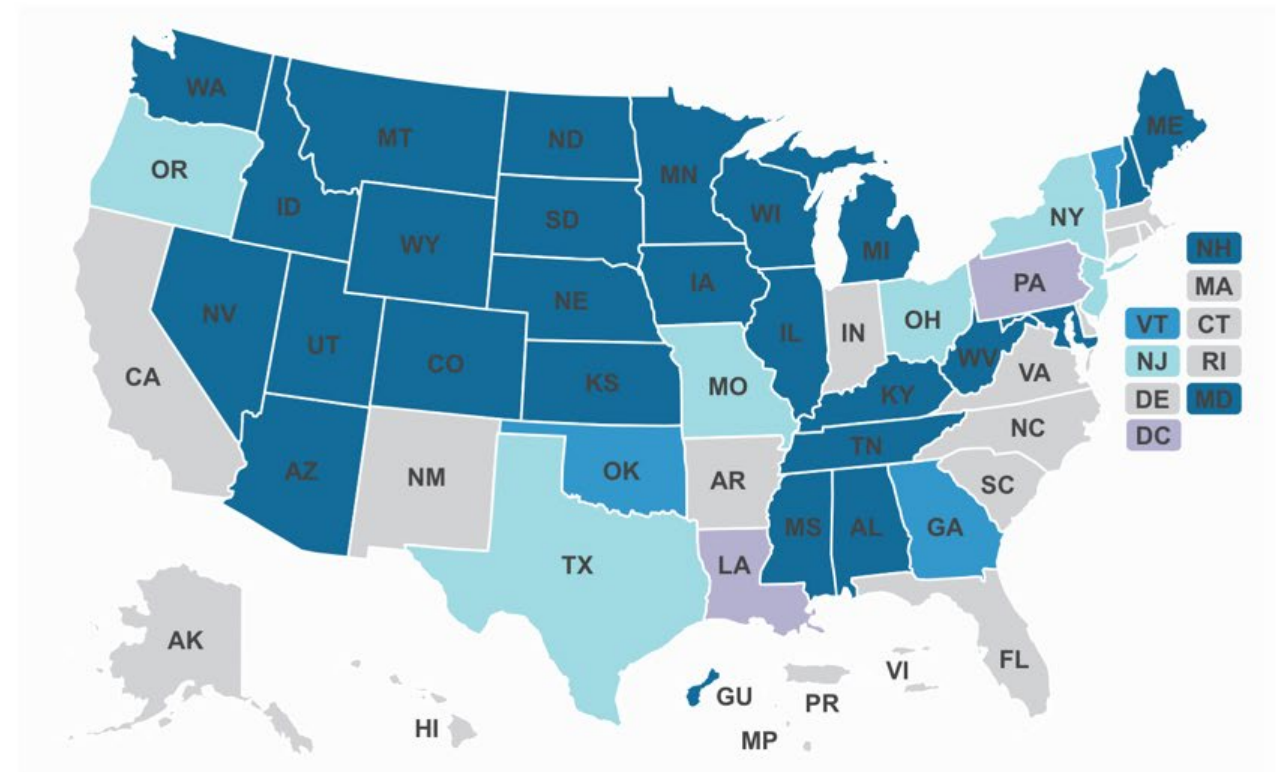
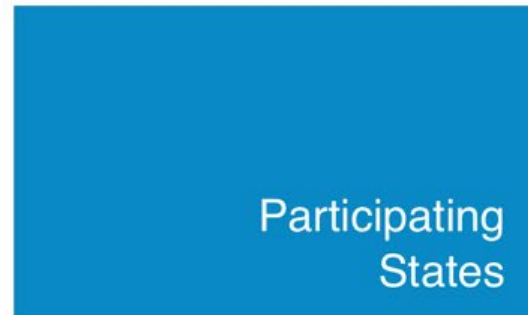
Covid Exceptions

<https://imlcc.org/>

<http://www.fsmb.org/advocacy/covid-19/>

<https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/entry/54093>

Proposed
Changes:
SB517/HB1616
*Current status
is passed
House &
received in
Senate*

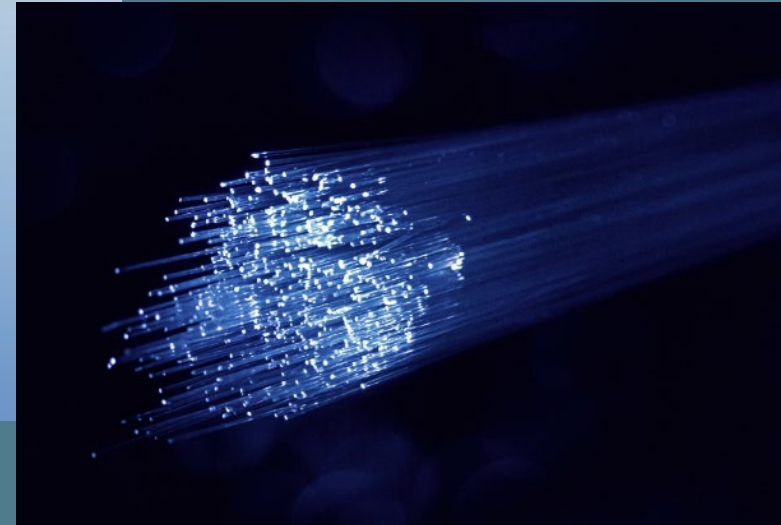


- = Compact Legislation Introduced
- = IMLC Member State serving as SPL processing applications and issuing licenses*
- = IMLC Member State non-SPL issuing licenses*
- = IMLC Passed; Implementation In Process or Delayed*

* Questions regarding the current status and extent of these states' and boards' participation in the IMLC should be directed to the [respective state boards](#).

<https://www.imlcc.org/participating-states/>

One last thing...



The End for Now

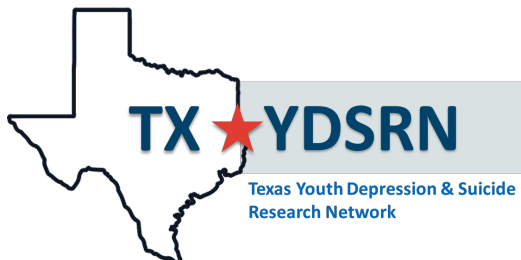


TX-YDSRN

Texas Youth Depression & Suicide
Research Network

Updates

For Executive Committee Meeting: April 22, 2021



Data as of April 12, 2021



tcmhcc

Texas Child Mental Health Care Consortium

TX-YDSRN Objectives

- To create the Texas Youth Depression and Suicide Research Network (TX-YDSRN):
 - Stand Up a Research Network across all 12 major HRIs throughout the state (12 Nodes)
 - Build the infrastructure to support high-quality research studies, regulatory, operations, and research functions (HUB: UT Southwestern)
- To stand-up research trained staff across the state
- Develop the TX-YDSRN Participant Registry to describe population health outcomes for youth with depression and/or suicidal ideation or behavior
- To collect information to characterize the current systems of care and intervention approaches for depressed and suicidal youth, to examine statewide population health

TX-YDSRN Updates



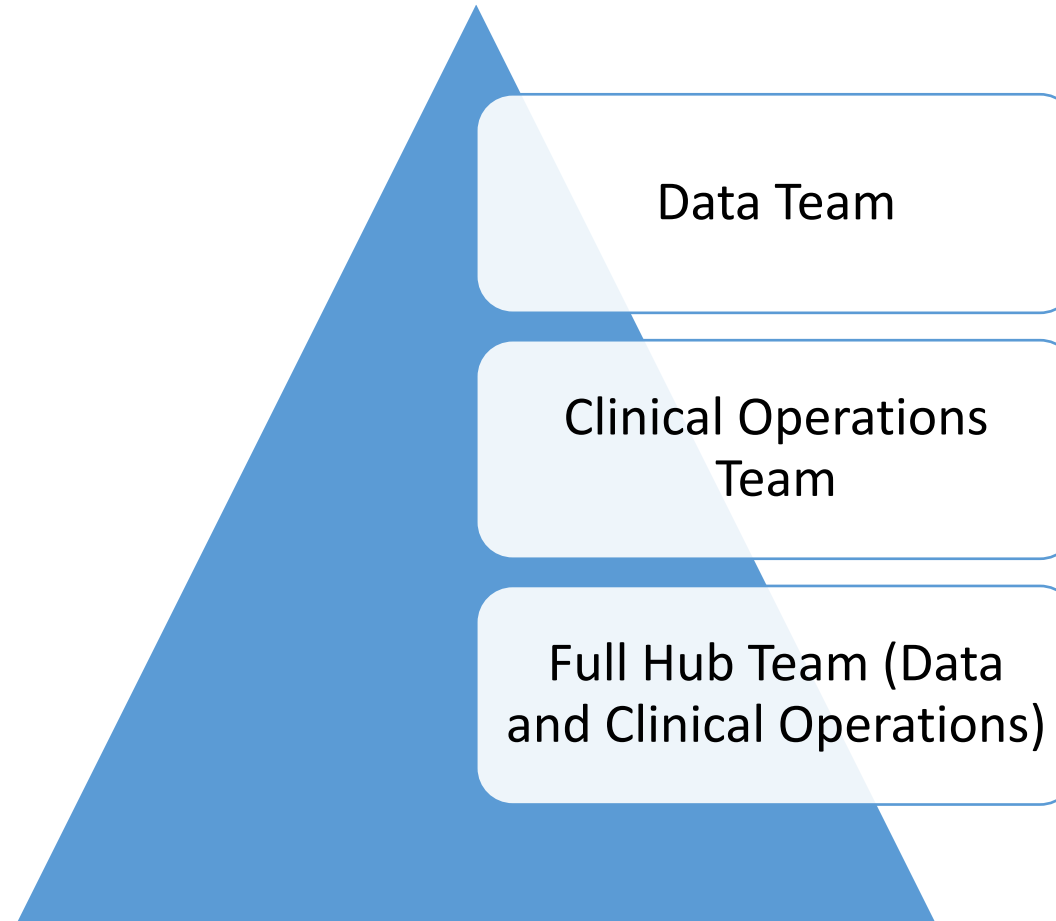
tcmhcc
Texas Child Mental Health Care Consortium

Project Timeline

#	High Level Task / Activity	Anticipated Start Date	Anticipated End Date	Status
1	Finalize protocol	05/01/2020	05/31/2020	Completed
2	Node Leadership to Identify Personnel	05/01/2020	05/31/2020	Completed
3	IRB Protocol Submission & Approval	06/01/2020	08/15/2020	Completed
4	Develop/Test Database	06/01/2020	07/31/2020	Completed
5	Develop Training Plans/Schedule Trainings	06/01/2020	07/31/2020	Completed
6	Distribute Forms and Study Materials to Nodes	08/01/2020	08/01/2020	Completed
7	Training Nodes and Sites	08/01/2020	08/31/2020	Completed*
8	Participant Enrollment	08/16/2020	N/A	Ongoing
9	Participant Participation	08/16/2020	N/A	Ongoing

Internal Hub Meetings

Occur weekly as of June 2020



Research Infrastructure

Number of Nodes Trained & Certified	12
Number of Assessors Certified	50
Number Trained in Research Operations	60
Number Trained in MBC/CC	65

Ongoing Consultation

- Bi-Monthly Consultation Calls
- Bi-monthly Inter-Rater Reliability Calls
- Slack
- Ad hoc emails and small group meetings

Meeting	Number Held to Date	Average Attendance	Topics Discussed
Monthly Network (Hub and Nodes)	12	50	Individual Node Updates, Enrollment Updates
Weekly Coordinator/Assessor	2	30	certification status, IRB/Regulatory Materials, and Recruitment Planning
Bi-Monthly Assessor Consultation	6	20	Certification status, Tips on completing assessment rater tools, Group discussions
Assessor Inter-Rater Reliability Meetings	2	27	Review of assessment scores

Trainings To Date

Kick-Off	2-Part Assessor	Research Operations	MBC/CC
<ul style="list-style-type: none">• July 29, 2020	<ul style="list-style-type: none">• July 31, 2020• August 7, 2020	<ul style="list-style-type: none">• August 12, 2020	<ul style="list-style-type: none">• October 12, 2020

Ongoing Training

Nodes utilize the *REDCap Training Tracker* developed by the Hub for Onboarding and training for all study personnel

Data Collection Instrument	Onboarding	IRB/Regulatory	Kick-Off	Research Operations	EDC Training	Assessor Training	MBC/CC
Onboarding Checklist	●						
IRB/Regulatory Checklist		●					
TX-YDSRN Study Protocol		●					
Monitoring Plan		●					
Study Kick-Off			●				
Research Operations				●			
GUID				●			
EDC Training Checklist					●		
TX-YDSRN EDC Quiz (summary)					●		
EDC Training Certificate					●		
Assessor Training Plan: Day One						●	
Assessment Training: Day One						●	
Assessor Training Plan: Day Two						●	
Assessment Training: Day Two						●	
Assessment MOP Attestation						●	
Assessor Certification Checklist						●	
Assessor Training Certificate						●	
MBC/CC							
MBC/CC form							

Figure 2: TX-YDSRN Training Tracker (REDCap)

Coordinator, Coordinator/Assessor

1.) Create 3 mock participants following the steps below.

Participant 1
Fourth participant (between ages 8 and 16), with consenting parent/LAII
Note: The IQ-SR will not be completed by this age group

☒ **Screening Visit**

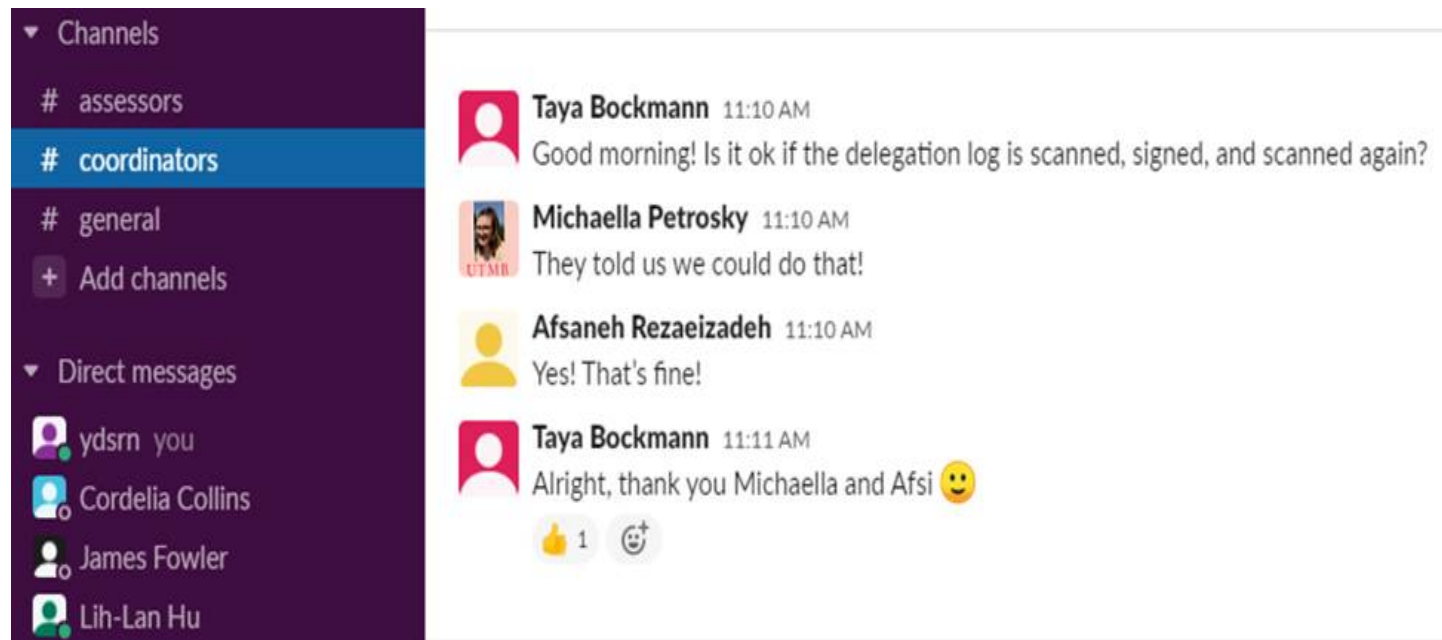
1. Consent the Participant in the system using the **paper** consent method
2. Follow all of the steps of uploading a signed consent to REDCap.
3. Fill out the registration page in full, leave the GUID blank.
4. Send out survey invitations for this visit by going to Welcome Parent or Welcome Child page
 - Follow the steps in [this link sheet](#)
5. Insert the standardized invitation text, provided and email the invitation to yourself
6. Complete the full set of self-reports
 - Stop midway through the PQ-A.
 - Click "Save and Return Later"
 - Enter your email address and send the link to yourself.
 - You can also continue if you do not exit out of the page.
 - Note:** For the Locator Form, a code will be generated when you click "Save and Return." You will need to save this code and use it when returning to the form using the link in the email.
7. Complete the eligibility form; mark subjects as **680000**

☒ **Baseline Visit**

1. Complete the full set of self-reports for both child and parent
2. Complete the following Assessor forms
 - MINI-KID (Summary, Supplement, and Module A)
 - CDRT-Behavioral
 - CAPS-CA-5 (Summary)
 - CDRKS
 - TSS-C

Collaboration and Communication

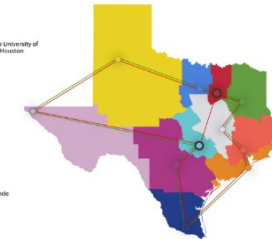
Hub and Nodes are encouraged to collaborate with each other on communication platforms such as **Slack**. A web-based communication application which allows coordinators and assessors to problem-solve with their peers at other nodes quickly and efficiently.



TX-YDSRN Dashboard

The TX-YDSRN Dashboard serves as the main landing page for nodes to access study-related information such as important updates, enrollment progress, key study documents, and all external website links.

TX-YDSRN Texas Youth Depression & Suicide Research Network



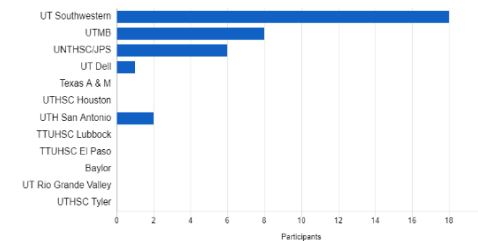
Legend for Map:

- Texas A&M University System Health Science Center
- Baylor College of Medicine | The University of Texas Health Science Center at Houston
- Civil 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 Science Center at San Antonio

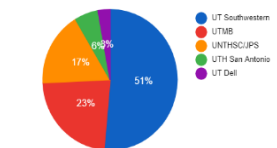
Enrollment Progress

As of 11/17/2020

Active Participants



Percent of Total Enrollment



35

Total Number of Enrolled Participants

10

Nodes Open for Enrollment

2

Nodes Pending Activation

UT Southwestern

Activation Date: 8/17/2020

UTMB

Activation Date: 10/6/2020

UNTHSC/JPS

Activation Date: 10/9/2020

UT Dell

Activation Date: 10/9/2020

Texas A&M

Activation Date: 10/20/2020

UTHSC Houston

Activation Date: 10/23/2020

UTH San Antonio

Activation Date: 10/26/2020

TTUHSC Lubbock

Activation Date: 11/2/2020

TTUHSC El Paso

Activation Date: 11/4/2020

Baylor

Activation Date: 11/12/2020

UT Rio Grande Valley

Activation Date: 11/12/2020

UTHSC Tyler

Activation Date: 11/12/2020

Node Updates

Node Activations

- Baylor received IRB approval and is now open for enrollment!

First Enrollments

- UTH San Antonio enrolled their first participant on 11/6
- UT Dell enrolled their first participant on 11/10

New Personnel

- UTHSC Tyler hired one Coordinator and one Assessor. Welcome to the team, **James** and **Donna**!

TX-YDSRN Participant Registry Study Overview



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Registry Study Goals

- Develop the TX-YDSRN Participant Registry to:
 - Describe population health outcomes for youth with depression and/or suicidal ideation or behavior
 - Collect information to characterize the current systems of care and intervention approaches for depressed and suicidal youth, to examine statewide population health
- The **Hub team provides leadership and rounds on all 12 Nodes weekly** to ensure continued commitment with recruitment goals and to help problem solve recruitment strategies.
- Hub team provides in-depth training on:
 - Research methodologies
 - Safety
 - Electronic Data Capture training
 - Assessment training

Includes Measures Of:

Symptoms		
Measure	Domain	Completed By
MINI-KID	Diagnostic Interview	Assessor (interview with youth, parent)
PHQ-A	Depressive symptoms	Youth
PHQ-A-Parent Completed	Child's depressive symptoms	Parent
IDS-SR	Depressive symptoms	Youth (aged 11+)
CHRT-C	Suicidal ideation and behavior	Assessor (interview with youth, parent)
CHRT-SR	Suicidal ideation, behavior, risk	Youth
GAD-7	Anxiety screener	Youth
SCARED-Child	Anxiety symptoms	Youth
SCARED-Parent	Child's anxiety symptoms	Parent
TESI-C, TESI-PRR	Traumatic Event(s)	Assessor (interview with youth); Parent self-report
CAPS-CA-5	PTSD	Assessor (interview with youth, parent)
CRAFFT	Substance Use and Impairment	Youth

Functioning, Resilience, Culture, and Social Factors		
Measure	Domain	Completed By
PROMIS-29-Pediatric	Functioning	Youth
PROMIS-29-Parent Proxy	Functioning	Parent
SAS - School scale	School Functioning	Youth
Youth Thrive™ Survey	Protective and promotive factors	Youth
CD-RISC (10 item)	Resilience	Youth
EIS	Cultural identity	Youth
BASH – Child, Parent	Acculturation	Youth, Parent
Accountable Health Communities Screening Tool	Social determinants of health	Parent
Demographics Form	Demographics related to youth, parents, and family	Youth and Parent

Services and Treatment-Related Factors		
Measure	Domain	Completed By
CIRCAS	Mental health services utilization	Assessor (interview with youth, parent)
CIRCAS Supplement	Mental health utilization	Assessor (interview with youth, parent)
Treatment Preferences	Mental health utilization	Assessor (interview with youth, parent)
BTPS	Barriers to Treatment	Parent
FIBSER-Child	Medication side effects	Youth
CAST	Antidepressant treatment-emergent symptoms	Youth
PAQ-R	Medication adherence	Youth
Treatment Preference Questionnaire	Treatment preference	Youth and Parent
FHS	Family History	Parent
SCQ	Comorbidities	Parent

Recruitment Materials

Hub developed several informational flyers and pamphlets for education and recruitment



Helping our Youth | Helping our Future

The Texas Youth Depression & Suicide Research Network (TX-YDSRN) is seeking research participants for a 1-year study to help us transform the future of depression and suicide treatment across our state.

TX-YDSRN is funded by the state of Texas to improve the evaluation of and response to youth depression and suicide in Texas. Our goal? To build a registry of research participants across the state – people whose mental health treatment outcomes can be used to help future kids in need. Our need? Youth and parents like you.

You may be able to participate if you:

- Are between the ages of 8-20
- Screen positive for depression and/or suicidality and/or are in treatment for depression
- Are able to dedicate time to digital and in-person study assessments

How to get involved:

Eligible participants may be compensated. To learn more, talk to your mental health provider or call 555-555-5555.

TX-YDSRN
Texas Youth Depression & Suicide Research Network

TX-YDSRN

Texas Youth Depression & Suicide Research Network

BACKGROUND

Depression and suicidality in youth are devastating and critical public health problems, and both are on the rise in the United States. Youth depression is a leading illness, one that is burdensome, often chronic, and disabling. Its inadequate understanding and management of the disorder over a lifetime, in addition to the accompanying stigma associated with the disease, significantly impede prevention. It is essential to identify risk markers, indicators of onset, long-term (prognostic) course of disease.

OBJECTIVE

The objective of this study is to build the Texas Youth Depression and Suicide Research Network to support the development of a Network Participant Registry and characterization of systems and interventions to examine statewide population health outcomes.

STUDY DETAILS

Youth patients of participating clinics (ages 8-20) who screen positive for depression or suicidality (defined as suicidal ideation or behavior), and their parents will be recruited for participation in the Network Participant Registry study. Upon informed consent/assent, baseline data will be collected regarding mood symptoms, suicidal ideation and behavior, associated comorbidities, treatment history, service use, and social determinants of health. Youth participants and parents will be sent monthly measures through the Electronic Data Capture (EDC) system developed and maintained for the Texas Youth Depression and Suicide Research Network by UCF Institutional. Additionally, measures can be given at provider visits to support delivery of measurement-based care within the clinics.

PARTICIPANT TIMELINE

Assessment	Baseline	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
EDC	15 min	3 hours	1.5 hours	2 hours	2 hours	2 hours	2 hours	2 hours	2 hours	2 hours	2 hours	2 hours	2 hours
Interview	5 min	2.5 hours	40 min	20 min	20 min	20 min	20 min	20 min	20 min	20 min	20 min	20 min	20 min

COMPENSATION

Participants will be paid \$75 for the baseline and Month 12 (final) visits, \$20 for Month 3 and Month 6 visits, and \$20 for Month 9, Month 10, Month 11, and Month 12. For a total of \$250 if all study activities are completed. Payments will be given upon completion of online surveys and interviews (if applicable) for each visit. The parent/SMR will not be reimbursed.

INCLUSION CRITERIA

This study will enroll youth with depression and/or suicidal ideation and meet all of the following criteria:

- Be 8 to 20 years of age
- Have a positive screen for depression (e.g., based on PHQ-2 score 1/2 or higher, PHQ-9 of 10 or greater, OR positive for suicidal ideation or behavior (e.g., based on C-SSRS or PHQ-9 item 10) OR be in treatment for depression
- Be able to speak English or Spanish sufficiently to understand the study procedures and provide written informed consent to participate in the study
- Be willing to provide consent/assent (parent/SMR or young adult participant, aged 18-20, must be willing to provide consent; youth, aged 8-17, must be willing to provide assent)
- Be willing to dedicate appropriate time to complete scheduled study assessments and measures (both parent/SMR and youth)
- Be able to provide a reliable means of contact

Contact Us: [insert name and number]

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Stand Up for Texas Youth Mental Health

The Texas Youth Depression & Suicide Research Network (TX-YDSRN) is seeking research participants for a 1-year study to help us transform the future of depression and suicide treatment across our state.

YDSRN is funded by the state of Texas to improve the evaluation of and response to youth depression and suicide in Texas. Our goal? To build a registry of research participants across the state – people whose mental health treatment outcomes we can use to help future kids in need. Our need? Youth and parents like you!

You may be able to participate if you:

- Are between the ages of 8-20
- Screen positive for depression and/or suicidality and/or are in treatment for depression
- Are able to dedicate time to digital and in-person study assessments

How to get involved:

Eligible participants may be compensated up to \$300. To learn more, talk to your mental health provider, or call 555-555-5555.

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YDSRN
Texas Youth Depression & Suicide Research Network

Measurement-Based Care and Collaborative Care Update

Example Data Outcome as of April 12, 2021

- Additional TX-YDSRN Goal:

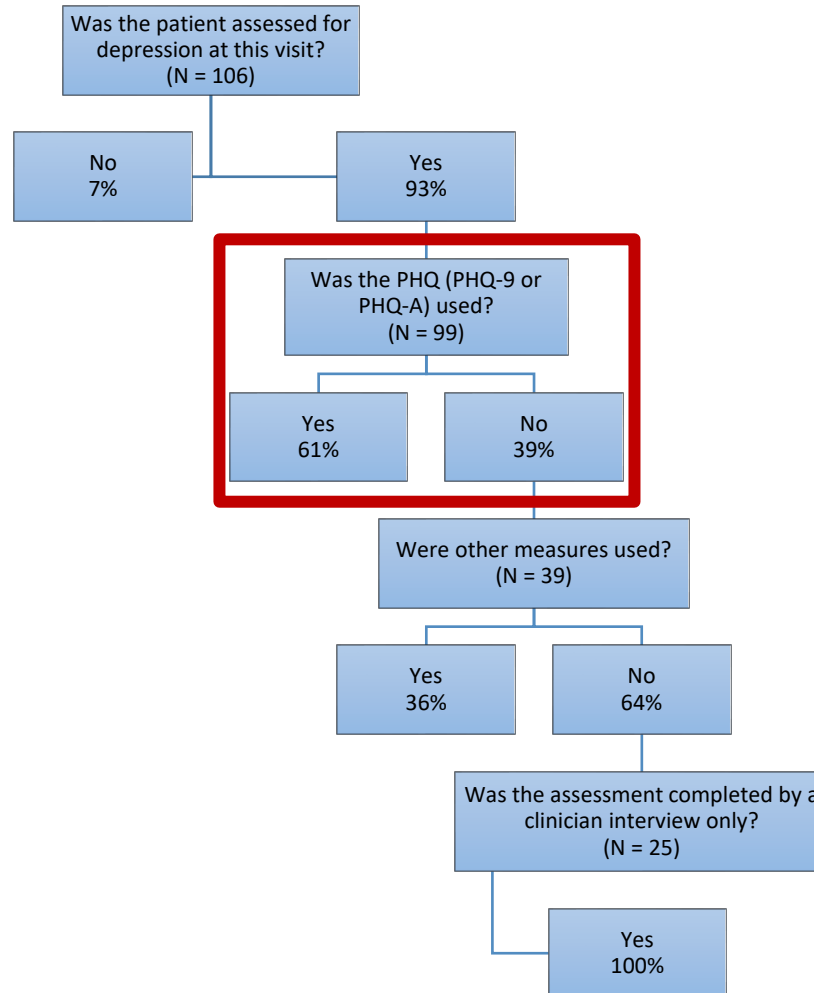
Support education about and uptake of Measurement-Based Care (MBC) and Collaborative Care (CC) strategies in partnering Clinics who refer to the Participant Registry

- Monthly MBC/CC Update Meetings:

- 3 meetings to date

- Average Attendance: 50 members

- Topics Discussed: The purpose of MBC & CC in TX-YDSRN, description of recommended MBC measures, MBC Data Outcomes Data since the start of the study, and MBC treatment considerations for psychotherapy and pharmacotherapy



TX-YDSRN Committees

Committee	Committee Team Members
Extramural Funding	Drs. Trivedi & Liberzon
MBC Committee Update: MBC Reports	Drs. Storch & Wakefield
Recruitment Committee	Drs. Garza & Kennard
Publications Committee	Drs. Trivedi & Minhajuddin
Diversity Committee	Drs. Escamilla and Hughes

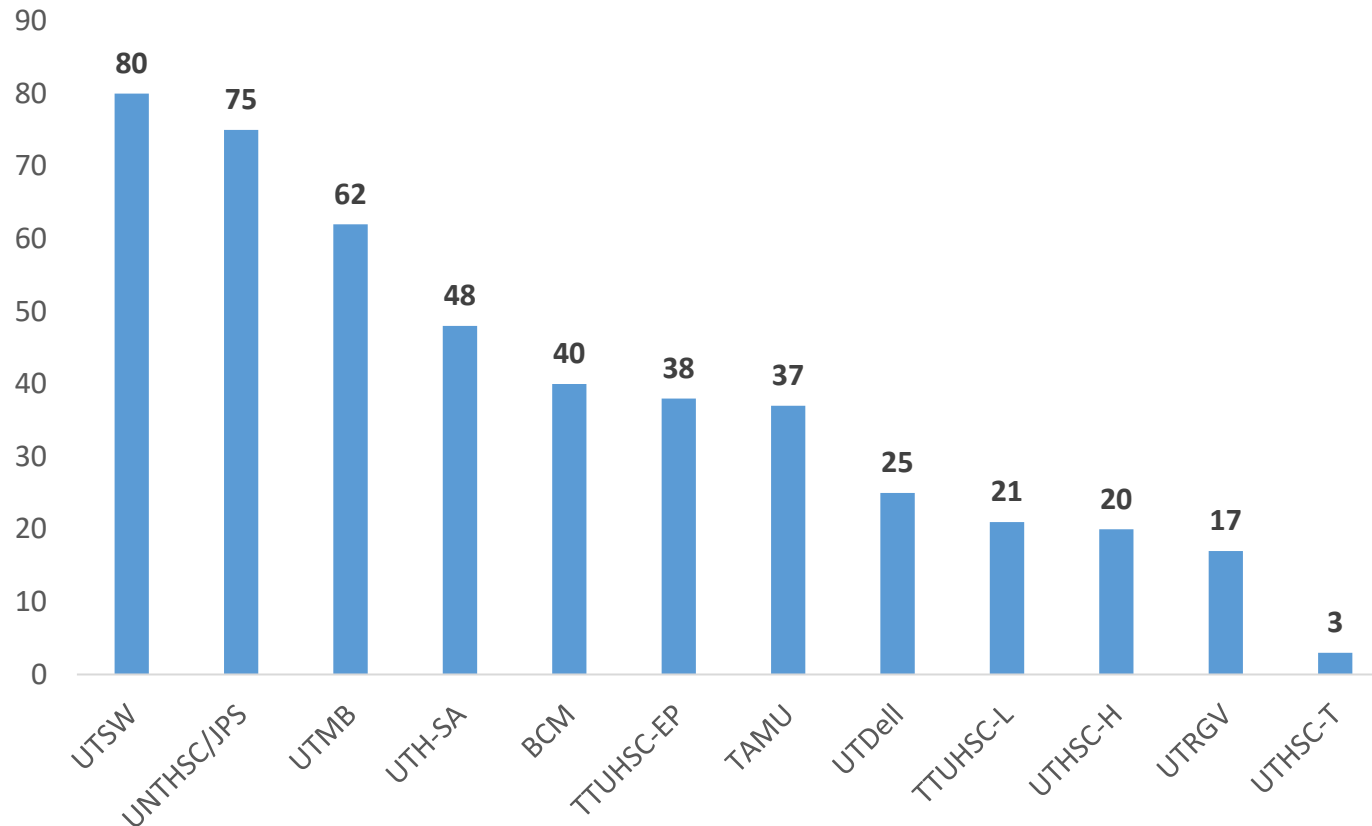
Enrollment Updates



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Recruitment & Completed Visits as of 4/22

Number of Consented Participants



466

Total Number of
Consented Participants

1,500

Total Number of
Completed Study Visits

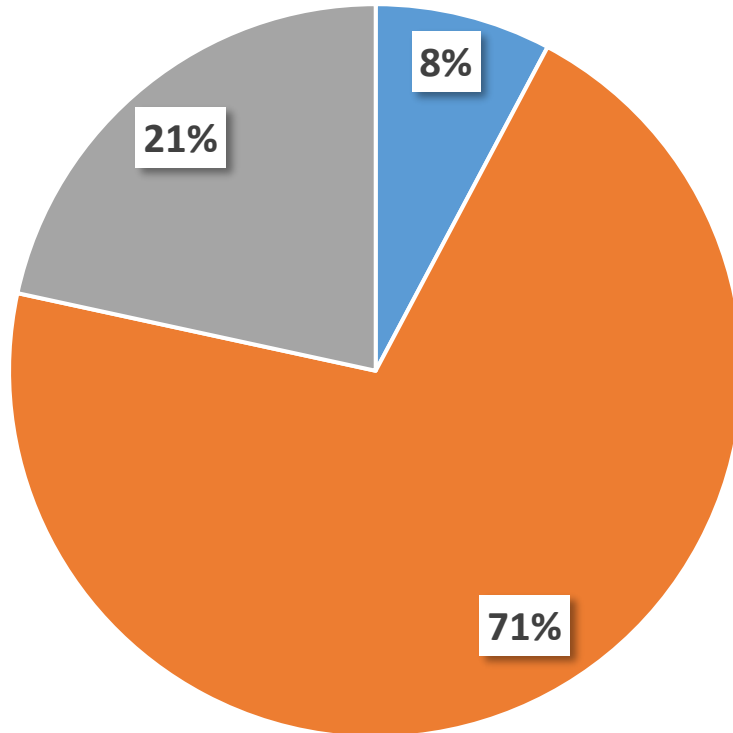
Demographics

As of 4/12

Age Distribution

n = 412

Enrollment in Age Groups



■ 8-11 Yrs ■ 12-17 Yrs ■ 18-20 Yrs

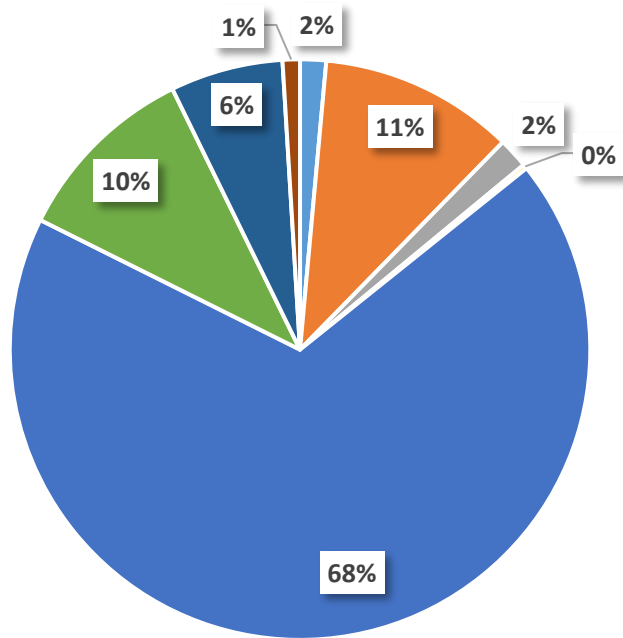
Descriptive Statistics

Mean	15.4
sd	2.6
Median	16
IQR	14.0, 17.0

Race & Ethnicity

n = 414

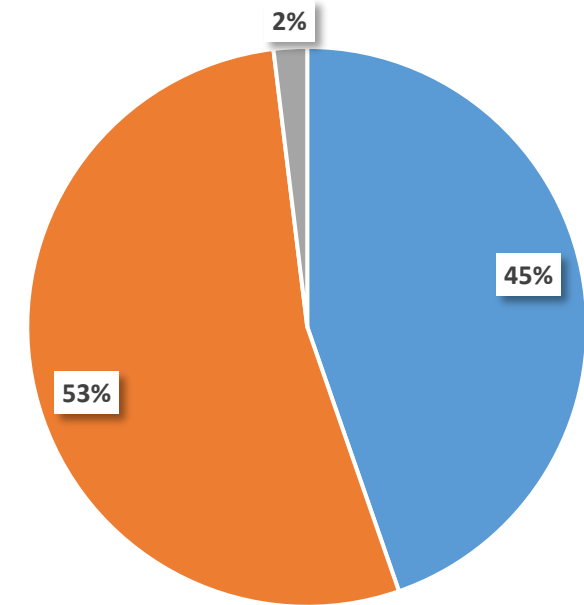
Race



- American Indian or Alaska Native
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- White
- More than one race
- Other
- Unknown

Race	Texas*
African American	12.3%
White	73.5%
Asian	5.0%
Native American	0.5%
Pacific Islander	0.1%
More than one race	2.7%
Other	6.0%
* US Census Bureau Estimate 2018	

Ethnicity

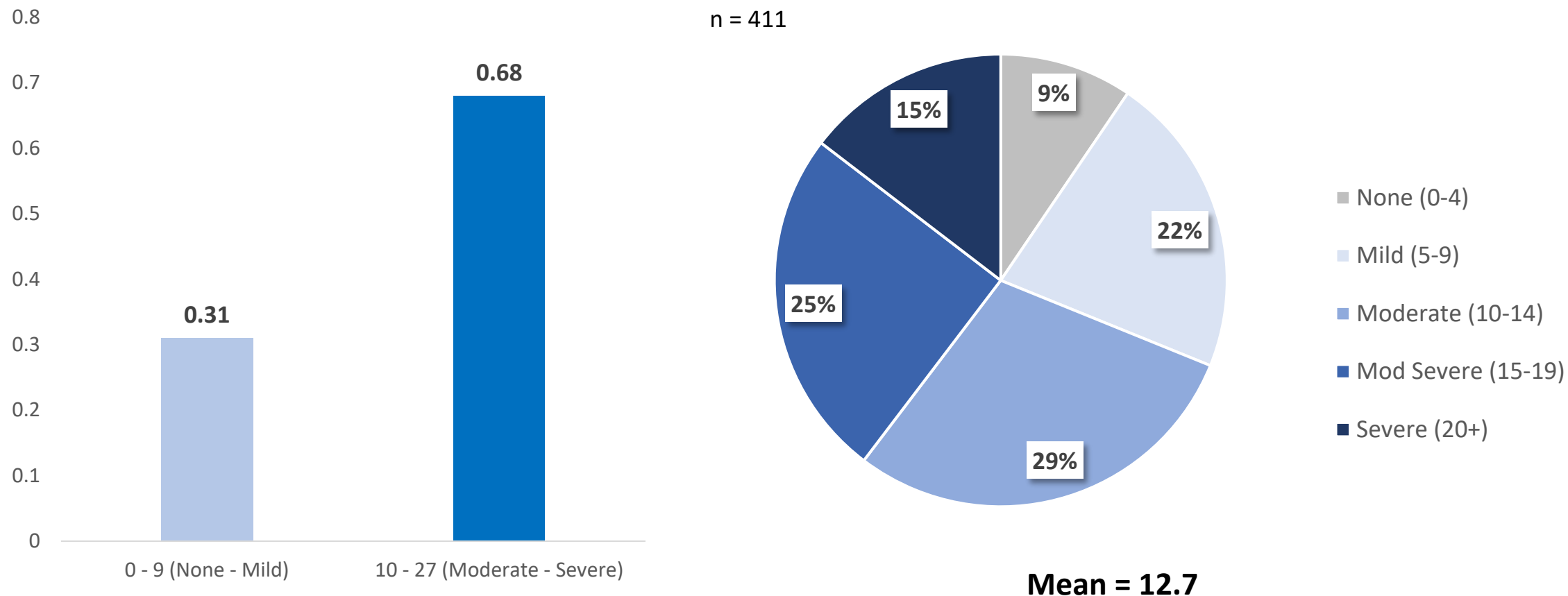


- Hispanic
- Non-Hispanic
- Unknown

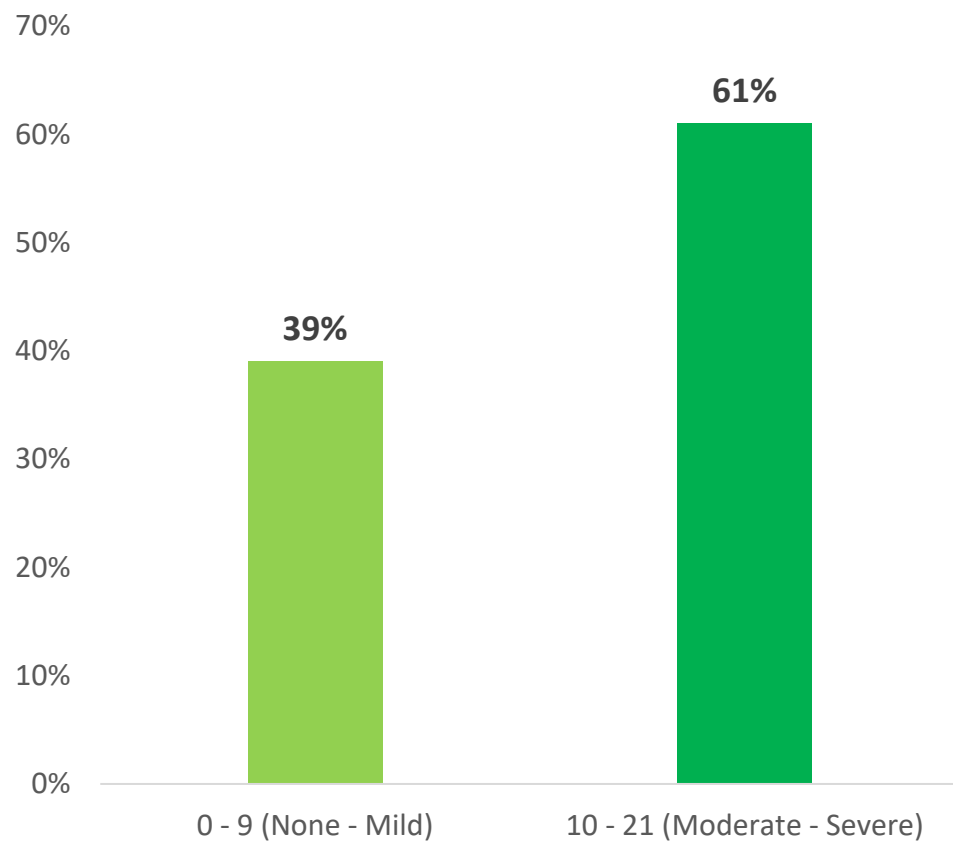
Clinical Characteristics at Study Entry

As of 4/12

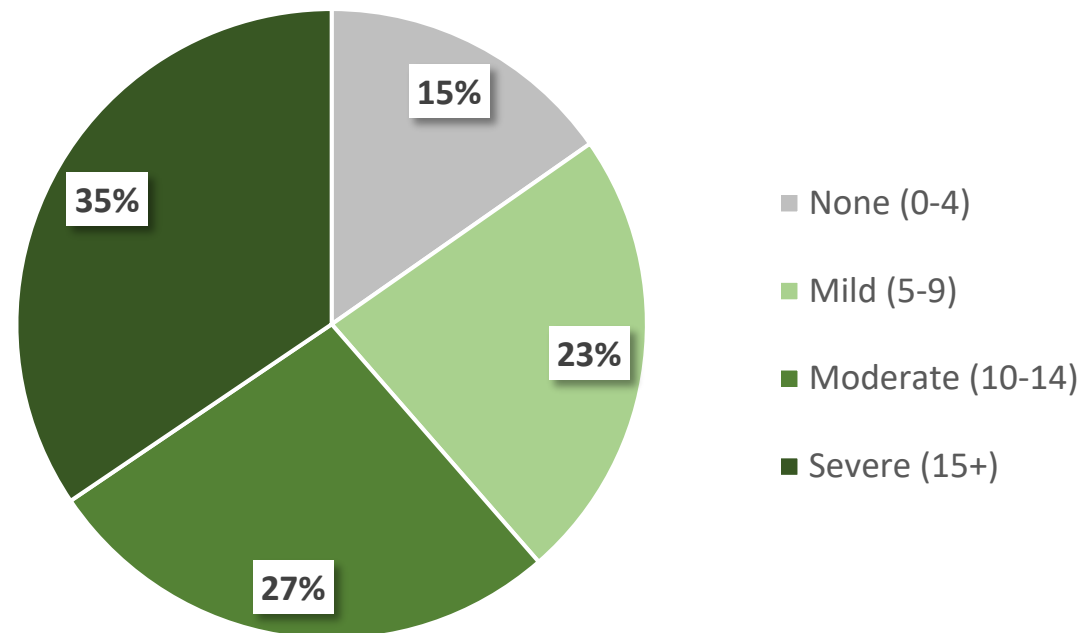
Depression Severity (PHQ-A) at Study Entry



Anxiety (GAD-7) at Study Entry



n = 412

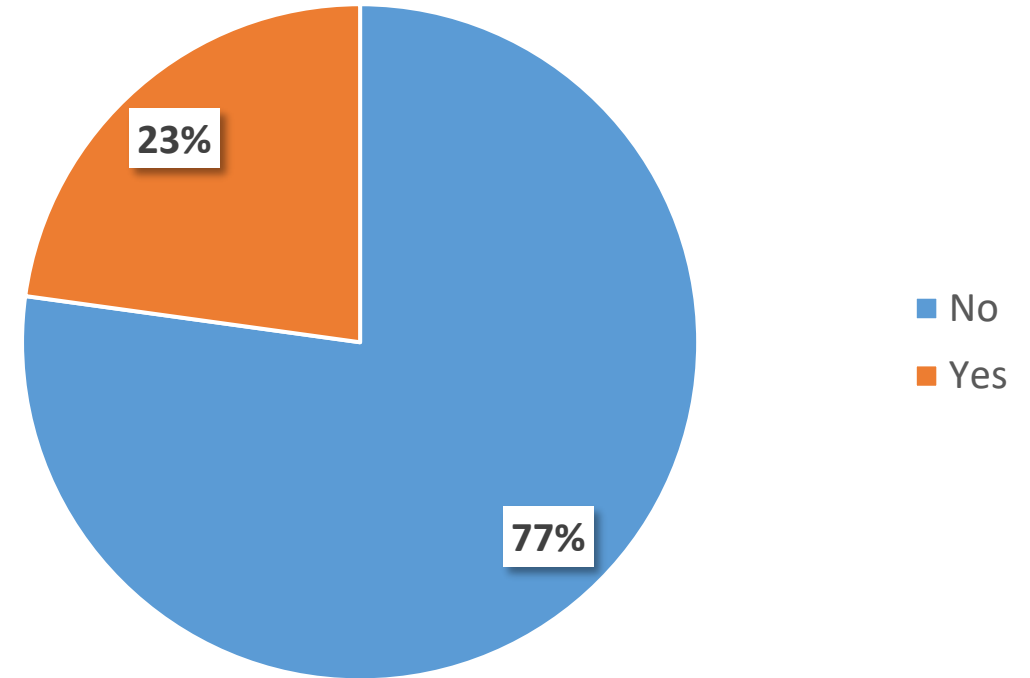


Mean = 11.4

Suicidal Thoughts (CHRT-SR 14, 15, or 16) at Study Entry

- 14. I have been having thoughts of killing myself.
- 15. I have thoughts about how I might kill myself.
- 16. I have a plan to kill myself.

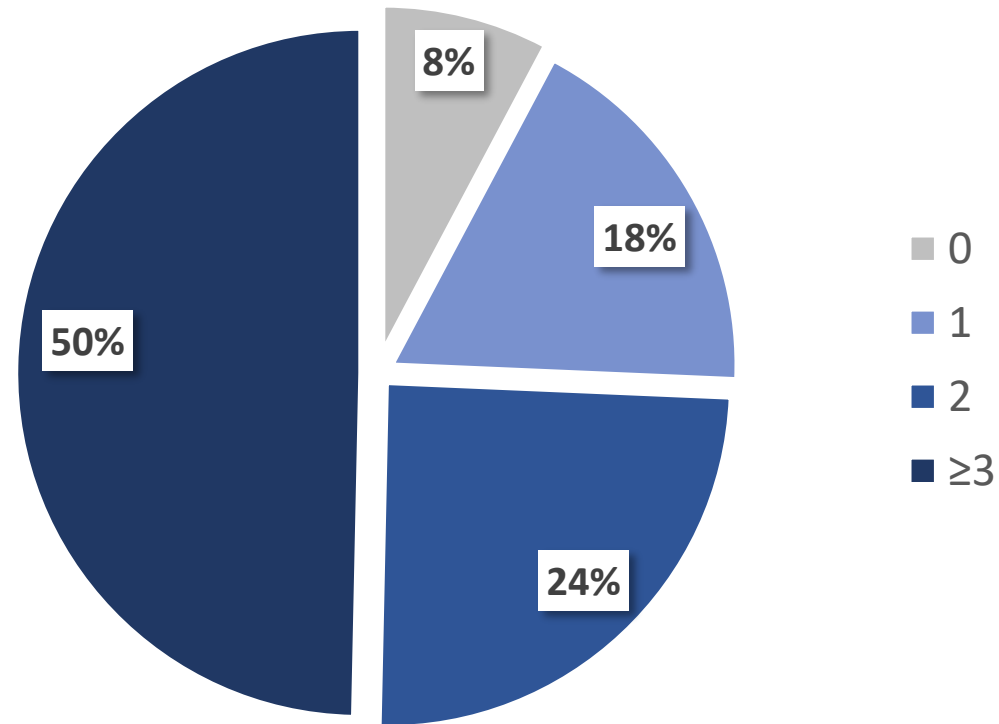
n = 412



Any one item endorsed at levels “Agree” or “Strongly Agree”

Current Mood Disorder with Comorbid Diagnosis

of Comorbid Diagnoses



n = 296 (Participants with mood disorder)

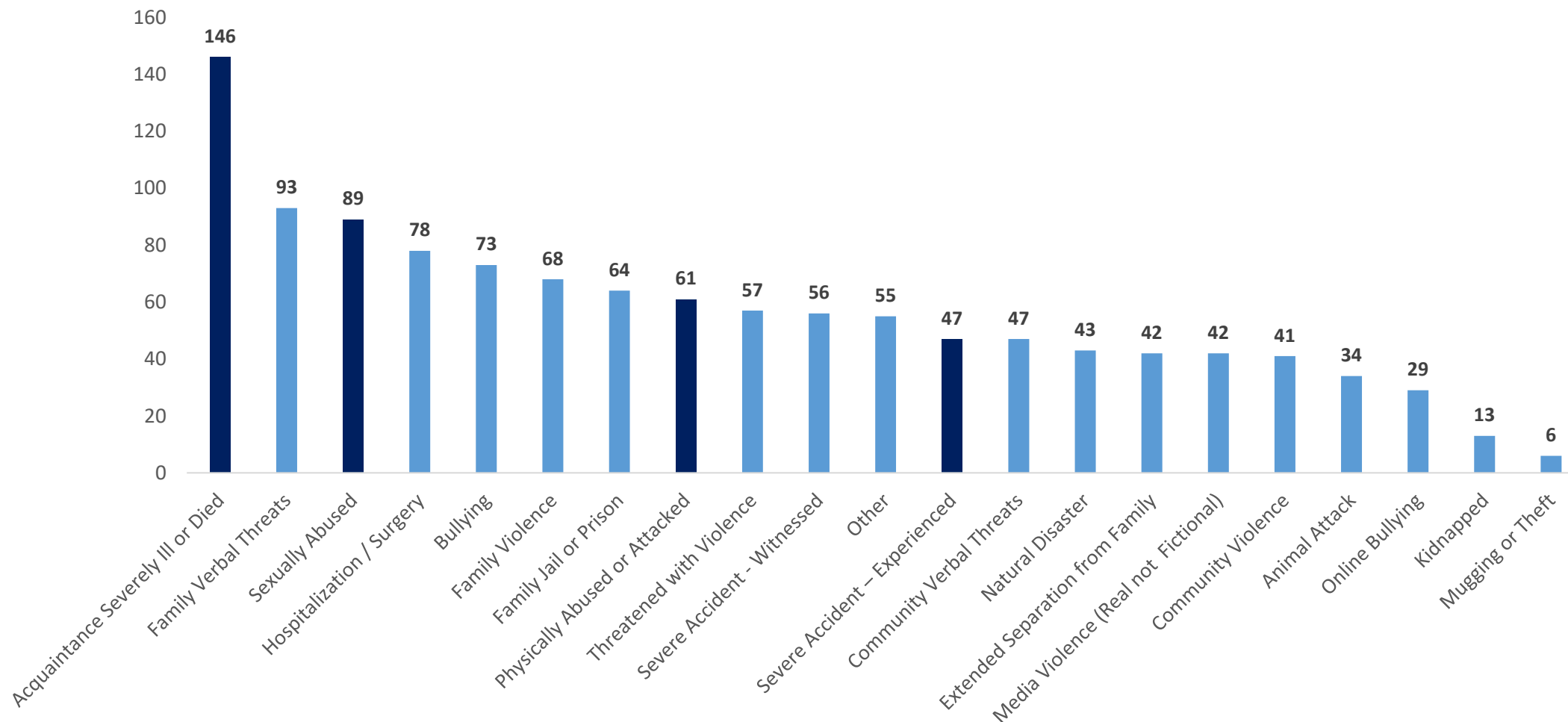
Suicidal Ideation, Behavior, and NSSI: CHRT-Behavioral

Overall N = 405

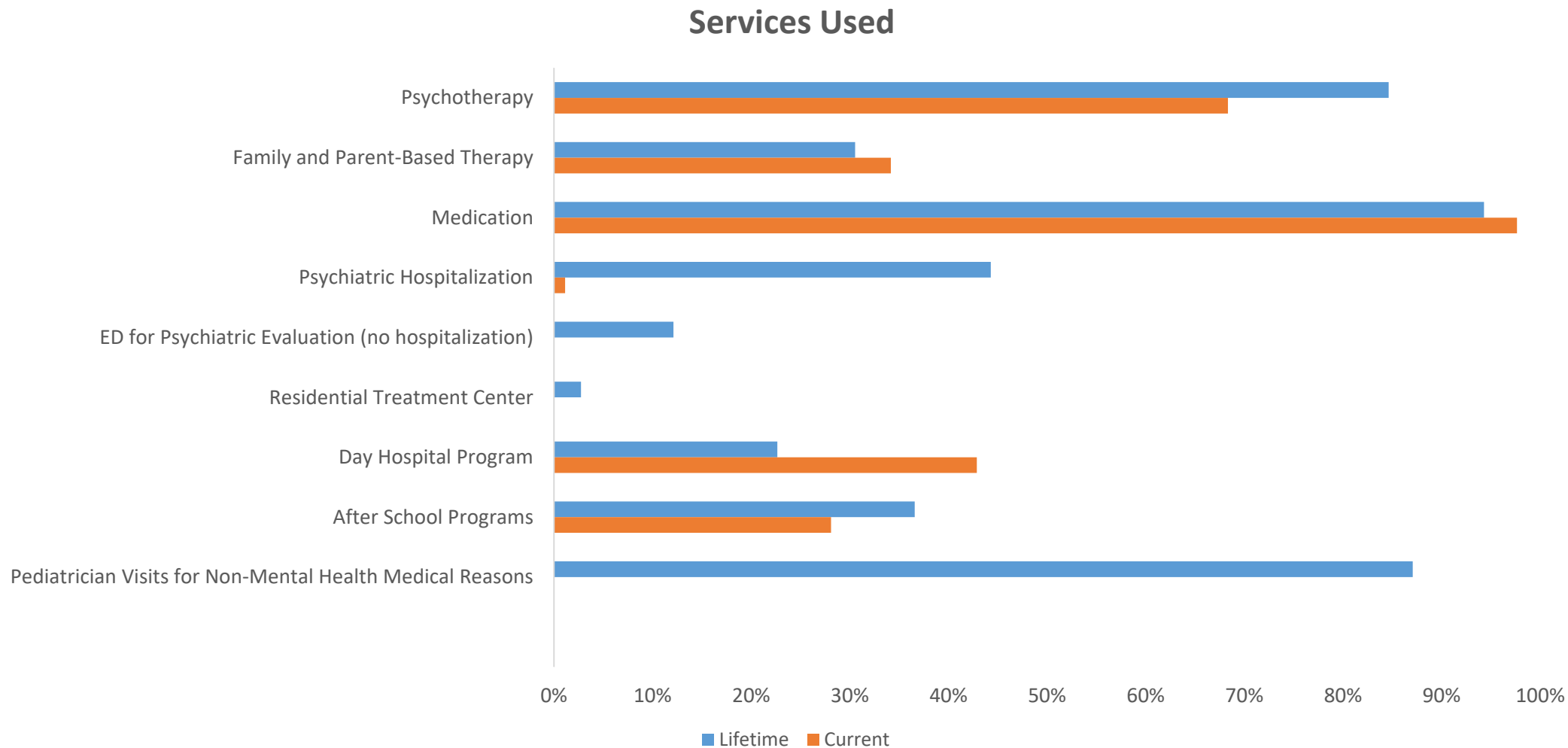
Variable	N (%)
Lifetime Suicide Attempt	197 (48.6)
Recent Suicide Attempt (Past Week)	5 (1.2)
Lifetime Suicidal Ideation	356 (87.9)
Recent Suicidal Ideation (Past Week)	135 (33.3)
Lifetime Non-Suicidal Self-Injury	265 (65.43)
Recent Non-Suicidal Self-Injury (Past Week)	47 (11.6)

Traumatic Experiences Reported (TESI-C)

Reported Traumas Meeting Criteria A1 Thresholds



Services Used (CIRCAS)



Questions?



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