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

November 15, 2021

10:00 AM – 3:00 PM

Minutes

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

* Dr. Lakey, presiding officer of the Consortium, called the meeting to order.
* 27 Executive members were in attendance. See attached attendance for a full list of attendees.

1. **Review and approve the following item:**
   1. **Minutes from June 18, 2021, Executive Committee meeting**

* Dr. Farmer’s credentials need to be updated.

**🡪 Dr. Podawiltz motioned to approve minutes. Dr. Tamminga seconded. Minutes were unanimously approved.**

* 1. **Minutes from August 24, 2021, ARPA focused Executive Committee meeting**
* Dr. Farmer’s credentials need to be updated.   
  🡪 **Dr. Vo motioned to approve minutes. Dr. Ibrahim seconded. Dr. Thompson abstained. All others approved.**

1. **Updates, and discussion on items associated with implementation of TCMHCC initiatives set forth by the 87th Texas legislature, 3rd Special Session in Senate Bill 8 appropriating $113 million of federal American Rescue Plan Act (ARPA) funds for the purposes described below. The full Executive Committee may review, receive and/or provide information and/or make recommendations from the items discussed and take appropriate action.**

* Lashelle Inman walked through the amount of ARPA funds allocated by the LBB, the process for collecting information from the HRIs to identify 1) which projects each HRI wants to participate in and 2) what their 2-year budget for doing so it.
* It was emphasized that what was being presented was preliminary as HRIs were still working through the scope of projects they wanted to participate in and associated budgets.
  1. **$20,578,442 for enhancements and expansion of the Child Psychiatry Access Network (CPAN).**
     1. **Suicide Prevention Intervention (FISP) / Zero Suicide ECHO**
     2. **CPAN DM / Text Add-On**
     3. **Pediatric Collaborative Care**
     4. **Additional Consults - Direct Services**
* Lashelle walked through a high-level description of the proposed CPAN projects.
* Dr. Williams spoke to developing direct messaging capabilities within Trayt and utilizing Lantana for texting.
* A question was raised as to the difference between FISP/Zero Suicide and YAM. YAM is a school-based intervention and FISP is a primary care-based intervention; they are complementary.
* Preliminary numbers had the budget at $27,843,152 (above the 10% mark) but work was still ongoing to refine.
* Dr. Pliszka asked whether direct consult services would be required by all HRIs. It was discussed that we would like to have a consistent service offering to PCPs across the state and if a HRI chose not to offer this, they may have to partner with another HRI to provide the service. It was further added that the staffing model we used was based on a program that offered the direct service element. **<<Action Item: Further discussion on the issue of state-wide provision of direct service consults to PCPs needed at a later date.>>**
  1. **Perinatal CPAN**
* Nagla Elerian talked through the core components of the Perinatal Psychiatry Access Network.
* Out of 12 HRIs, 7 wanted to participate, however only 3-4 will be selected due to budget constraints.
* When selecting HRIs to participate, will look at their history of providing perinatal mental health services and consultation, whether they have existing core staff for program implementation, their ability to implement 50% of the program within 1 year, their estimated number of consultations and how they would recruit and engage OBGYNs and PCPs.
* Next steps were discussed.
* Some logistical challenges specific to the program were raised, including the breadth of providers needing support– OBGYN, family practice, pediatricians, psychiatrists, and psychologists. It was also added that if the intention was to provide 40 hours of coverage to be available to take calls M-F it may be challenging due to dearth of psychiatrists with perinatal expertise.
* It was added that it will be important to train psychiatry residents and colleagues in addition to providers using the service.
* The question was asked where we would be able to modify the PPAN name to something else. It was indicated that the name was not yet finalized but we had to be careful to not cause confusion.
* Dr. Lakey highlighted the importance of the program and noted that we have the flexibility to build it in a way that makes sense for the state, leveraging expertise both inside and outside of Texas. He pointed out that the overall goal is to build the program into the ongoing work of the Consortium and take it state-wide. To do this, the participating HRIs will need to start the program quickly and show how it can make a difference.
* Dr. Liberzon asked if it was possible to put a presentation together comparing Texas perinatal outcomes to those seen at the national level. It was added that suicide and opioid-overdose deaths were the highest two causes of maternal mortality in Texas. **<<Action Item: provide data related to perinatal mortality in the state of Texas at the next meeting.>>**
* Dr. Lakey added that the perinatal work would be funded out of funds allocated to ARPA. Once all budgets were finalized would need to see what was left & then have a conversation with the legislature to make sure they were happy with the amount being used.
  1. **$56,218,976 for enhancements and expansion of the Texas Child Access Through Telemedicine (TCHATT) program.**
     1. **Trauma-Focused Expansion**
     2. **TCHATT Bilingual Trauma**
     3. **Additional Sessions As Needed**
     4. **Youth SUD Expansion**
     5. **TCHATT/CPAN Anxiety Services**
     6. **Suicide Prevention (YAM)**
     7. **Cover more TCHATT Regions**
     8. **TCHATT evidence-based face to face and telehealth groups**
* Lashelle walked through a high-level description of the proposed TCHATT projects. Dr. Blader provided additional details on the Anxiety services project, and Dr. Mitchell provided addition information on the evidence-based face to face and telehealth groups.
* Dr. Tamminga asked whether the Trauma-focused expansion project would compete with the Trauma research network. Dr. Nemeroff indicated that children participating in the Trauma network were referred out to the community and HRIs for services. He felt that treatment should be uniform. Dr. Newport added that they were exploring both CBT & CPT. It was confirmed that children participating in the research network could have access to the trauma-focused CBT that would be offered through the TCHATT Trauma-focused expansion project.
* With regards to YAM, Dr. Trivedi indicated that there are a lot of programs done in schools, most are gate-keeper programs – recognizing issues and responding. YAM is an inductive program – hands-on based on personal experience and learning for the entire classroom. The program is for high school students. Facilitators would be trained at each HRI. The teams would deliver services in schools, for classrooms. Ongoing monitoring will be performed to understand impact.
* Danette Castle indicated that YAM seemed similar to Teen mental health first aid. She hoped that the two programs could partner to ensure they provided state-wide coverage and avoid duplication.
* Dr. Martinez asked Dr. Trivedi if he was aware of other programs similar to YAM that look at middle school or elementary school and whether he had seen a difference in mental health stigma. Dr. Trivedi indicated that the main impact has been around coping skills, mental health literacy and help-seeking behavior. He also added that the program was tested in high schoolers. Have gone down to 8th grade. Below that, the role play would have to be adapted. It can be adapted, but current focus is on high schoolers. There are other programs that have shown to be effective in elementary school aged children.
* Danette added that by talking about mental health issues, it enhances people’s understanding and reduces the stigma.
* Dr. Pliszka asked about collaboration on the implementation of the YAM project. It was confirmed that a meeting would be set up for participating HRIs to meet and discuss implementation of YAM with Dr. Trivedi.
* Dr. Wakefield discussed the huge need in the state for mental health awareness training for children and felt that even if there were many programs similar to YAM and Teen Mental Health First Aid we still wouldn’t meet the demand.
* Dr. Liberzon stressed the importance of collecting data and analyzing appropriately. He talked about how suicide was so infrequent that you would need huge numbers to be able to show impact to suicide rates.
* Danette noted that they were getting feedback from schools that there was a lot of stress in terms of going back to school and people not being vaccinated, or wearing masks, and much of the anxiety was stemming form those issues. She asked whether that had been conversations about that and how those circumstances will be addressed. Dr. Blader indicated that the anxiety service would be for children with avoidant related anxiety where the parent was supportive of the child getting back to school.
* Dr. Tamminga asked whether Sonia’s concerns around YAM were addressed. Sonia Gaines emphasized that collaboration would be key and she could provide data on where the services had been offered.
* With regards to the anxiety project, Dr. Liberzon asked how we would deal with anxiety vs the real fear stemming from the pandemic. He felt the real question was how we would increase the resilience of kids.
* Dr. Wakefield indicated that TTUHSC had been in contact with their education service center and providing an ECHO program to schools, counsellors, pediatricians about what is normal vs abnormal and what it looks like over time. A lot of the responses may be appropriate given the circumstances, but kids and families need to know when what is currently a normal response could become more pathological. We need to be able to identify those & respond.
* It was asked whether there was a consideration towards addressing health disparities and inequities as we roll out the programs. It was discussed that we would collect and look at the data of who we are serving with these programs and make adjustments accordingly. However, all of the programs were addressing health disparities to some degree by making services available in schools and to the community.
* It was added that we need to be intentional in how we roll out services to address equity issues. We need to consider the needs of the population in addition to providing access.
* Preliminary numbers had the TCHATT budget at $54,386,474.
* **<<Action Item: Share information with EC member regarding which HRIs are participating in which projects.>>**
  1. **$32,991,791 for expansion of the child and adolescent mental health workforce (CPWE and CAP Fellowships).**
     1. **LPC Training**
     2. **LMHA Telehealth Services**
     3. **Additional Child Fellows / Child practicum for psychology grad students / child & adolescent psychology internship**
* Lashelle walked through a high-level description of the proposed CPWE projects.
* It was discussed that individual budget meetings would be held with HRIs to finalize budgets.
  1. **$3,293,676 for administrative expenses.**
* Luanne Southern discussed the additional administrative requirements stemming from the use the ARPA funds and informed the group that additional FTEs would be hired to support these administrative functions.

1. **Discussion on the following item associated with implementation of the Research component 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.**
   1. **Research Participant Reimbursements**

* $600k was allocated to assist in the recruitment and retention of individuals into the research studies.
* Lashelle walked through a discussion around research participant reimbursements. Two options were discussed: Option 1: only reimburse participants recruited this biennium; Option 2: reimburse any participants recruited beyond 4/month target, regardless of when recruited.
* Several points of discussion were raised:
  + - Length we will follow participants for
    - Recruitment period
    - Variations in payment amounts
    - Payment reporting
* It was felt that it was important to capture as many subjects as possible at the 6 and 12 month visits or longer; that is more important than recruiting more subjects. The longer longitudinal data is necessary to answer the research questions.
* With regards to the end date of the research of the project, it was decided to postpone the discussion.
* Multiple individuals were in support of changing the 4/month metric to 12/quarter to smooth natural variations between months.
* It was noted that there were more than the 1, 6, and 12 month visits in the Depression network with different amounts from the Trauma network.
* A question was raised regarding a goal for the number we wanted to enroll. Trauma’s goal was to enroll 2400 with 2000 making it to the 12-month mark. 950 subjects have been recruited so far, but retention has been variable. They plan to start preliminary analysis once they hit the 1,000 mark.
* There was discussion around whether payment could be restructured so participants received more the longer they were in the study. It was highlighted that this would cause issues with the IRB.
* **🡪 Dr. Wakefield made a motion to approve the reimbursement option that allows reimbursement of participants recruited in the previous biennium, but who have visits during the current biennium, for any visits beyond 12/quarter (per type of visit). Dr. Podawiltz seconded. Motion was unanimously approved.**
* The question was raised whether reimbursements would cover a period beyond 12 months, should visits extend into the future. Dr. Lakey felt this question was tied to the end date of the research project question and for now reimbursements should be limited to the 12-month duration. It was agreed that the spend rate would be reviewed quarterly.
* It was confirmed that HRIs would send out the template monthly to UTS, confirming what was being paid, but we may want to copy the Hubs so validate numbers.
* It was asked whether recruitment of new enrollees should stop at the end of August 2022 so that subjects could be followed for a full year in FY23. It was felt that there was value in even getting to the 3–6-month mark, so we should continue recruiting into FY23. It was discussed that we needed to circle back on the project duration question again in the future.
* Dr. Wakefield emphasized that HRIs should try to recruit more than 4/month or the hub would not meet its goal of project participants. The Depression Network’s goal is enrolling 1,800 participants.

1. **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.**
2. **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 Health-Related Institutions (HRI) relating to Child Psychiatry Access Network (CPAN), TCHATT, and the Community Psychiatry Workforce Expansion (CPWE) efforts. The full Executive Committee may review, receive, and/or provide information and/or make recommendations from the items discussed and take appropriate action.**
   1. **Update from the Data Governance Committee**

* Dr. Pliszka provided an update on the Data Governance Committee.
* The Committee meets weekly and recently approved the CPAN PCP list process and the TCHATT state metrics Trayt dashboard. They also approved the CPAN/TCHATT education and professional development monthly database.
* They are still working through issues related to the TCHATT and CPAN satisfaction survey return rate and the TCHATT parent/child assessment return rate.
* A question was asked regarding how frequently we planned on publishing data from the surveys we send out. Dr. Pliszka reflected that ensuring the data was accurate / representative was needed before publishing; he felt that might be another 6 months out.
* It was also stated that we need to evaluate the return on investment for the various programs once they’re fully stood up. Dr. Lakey agreed and noted that the external evaluation team had been brought on board for that purpose.
* The idea of an annual report that outlines the impact was put forward. Dr. Lakey mentioned that a report had to be put together every legislative session with this information.
  1. **Child Psychiatry Workforce Expansion**
* Dr. Pliszka brought up an issue that was raised during the last workgroup meeting. It was envisioned that HRIs would be able to move CPAN and TCHATT patients into long term care, when required, by leveraging their relationships with LMHAs / CPWE partners. However, when trying to do this in practice, the groups are running into barriers. Dr. Pliszka gave the example where he wanted to refer a TCHATT patient to a resident he had at a LMHA, who he knows has openings but they can’t get the patient in. The barrier is the intake process required before services can be offered, and the inability to get this intake scheduled in a timely manner at the LMHA.
* Sonja Gaines indicated that services funded by GR have performance contracts in which certain expectations have to be met. Without having the detail, hard to identify where the challenge is. She also added that there wasn’t much of a wait when it came to kids.
* A meeting was scheduled to talk through the issue the following day.
* Danette Castle wondered if the issue was a recent one or had been happening for a time, as the LMHAs were having the biggest workforce challenge that they’d ever had as part of the post-Delt surge. This was creating a slow down in getting people in.
* Dr. Wakefield asked whether the HRIs could administer the needs assessment or if it had to be done by a LMHA employee. Sonja noted that the assessment had to be entered into a system; it wasn’t as simple as just filling out the assessment tool. She added that they were open to discussions, however.
* Danette remarked that if TCHATT/CPAN was leading to an increase in the identification of kids requiring care, that subsequently resulted in an increased demand on LMHA services, they might be able to request an exceptional item for the LMHAs.
  1. **Texas Child Health Access Through Telemedicine**
* TCHATT school portal will be available to ISDs in January. Trayt is working with HRI teams to assist with training & organizing. The portal will allow schools to directly input referrals and stop teams from having to manually enter these. Future phases will include a document download/upload capability & a dashboard for schools (no PHI).
* COSH is working with Trayt on changes that will be needed to support the ARPA Funded projects.
* A graph showing new referrals in the month of October compared to August and September was reviewed.
* A slide with the top reasons for referrals was shown.
* A slide on TCHATT encounter types was shown.
* A slide showing the demographics of those referred was shown.
  1. **Child Psychiatry Access Network**
* Work is underway with teams and vendors to help scope product enhancements to support ARPA-funded work.
* COSH will take lead in organization of FISP ARPA program.
* Use and continued development of Welnity discussed. Teams were asked to ensure they put resources into the system so that other teams can cover for each other when required. The point was raised that as teams transitioned to offering direct services as part of CPAN, the need to cover for each other may increase.
* Project ECHO was successfully launched with 7 sessions offered August through November 2021. 239 attended and 174 CME credits were issued. A Spring ECHO is being planned April through June 2022.
* Edith brought up the Trayt Dashboard; metrics on Trayt were reviewed.
* The question was raised whether we had information on the number of PCPs calling because of suicidal ideation as that would be a great place to start the FISP training. Dr. Williams noted that the data analyst, once hired, should be able to do this.
  1. **Update from the COSH**
* Dr. Williams went through COSH update slides.
* COSH plans on reconfiguring team meetings to be more focused on outcomes & metrics.
* CPAN manual being completed to standardize and harmonize procedures and policies.
* Still recruiting for a Senior Data Analyst.
* A change request process has been developed for technology platform changes.
  1. **Other COSH related items identified by the Baylor College of Medicine and members of the Executive Committee.**
* Lashelle reminded members that the status reporting cycle had moved from quarterly to monthly to ensure timely collection of metrics and early identification of issues. She added that the template had changed significantly since the programs had been stood up. Reports should be submitted by the 15th for the previous month. For financials, it was understood that the 15th might not align with an institution’s month end close cycle and HRIs just needed to let Lashelle know if that was the case.

1. **Information Item: Presentation on TCMHCC Communications, Outreach and Engagement strategy development**
   1. **The University of Texas at Austin Center for Health Communication, Moody College of Communication**

* Melanie Susswein and Jessica Wagner from the University of Texas at Austin’s Center for Health Communication provided an update on the work they were doing on the Consortium’s behalf.
* The timeline for the work was discussed.
* A slide on strategy & tactics was reviewed.
* Current focus is on CPAN.
* Melanie went over the activities that had been done to date.
* A slide on draft social media templates was discussed.
* Melanie brought up a slide outlining their logic model.
* Melanie was asked whether there should be a local vs state-wide strategy. She answered that having a state-wide look & feel is important but while giving the HRIs the flexibility to act locally. She noted that it’s a bit early to address the question completely.

1. **Adjournment**

* Next meeting scheduled for December 13th; it will be a short meeting focused on ARPA.
* Dr. Tamminga made a motion to adjourn the meeting. Dr. Liberzon seconded. Motion unanimously approved.

**Attendance List**

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| HRI | Executive Committee Member | Attended? |
| Baylor College of Medicine | Wayne Goodman, MD | No |
| Baylor College of Medicine | Laurel Williams, DO | Yes |
| Texas A&M University System Health Science Center | Israel Liberzon, MD | Yes |
| Texas A&M University System Health Science Center | R. Andrew Harper, MD | Yes |
| Texas Tech University Health Sciences Center | Sarah Wakefield, MD | Yes |
| Texas Tech University Health Sciences Center | Tarrah Mitchell, MD | Yes |
| Texas Tech University Health Sciences Center at El Paso | Peter Thompson, MD | Yes |
| Texas Tech University Health Sciences Center at El Paso | Sarah Martin, MD | Yes |
| University of North Texas Health Science Center | Alan Podawiltz, DO, MS | Yes |
| University of North Texas Health Science Center | David Farmer, PhD, LPC, LMFT, FNAP | Yes |
| Dell Medical School at The University of Texas at Austin | Charles B Nemeroff, MD, PhD | Yes |
| Dell Medical School at The University of Texas at Austin | Stephen Strakowski, MD | Yes |
| The University of Texas M.D. Anderson Cancer Center | Daniel Tan, MD | No |
| The University of Texas M.D. Anderson Cancer Center | Rhonda Robert, PhD | No |
| The University of Texas Medical Branch at Galveston | Karen Wagner, MD, PhD | No |
| The University of Texas Medical Branch at Galveston | Alexander Vo, PhD | Yes |
| The University of Texas Health Science Center at Houston | Jair Soares, MD, PhD | Yes |
| The University of Texas Health Science Center at Houston | Taiwo Babatope, MD, MPH, MBA, ABPN | Yes |
| The University of Texas Health Science Center at San Antonio | Steven Pliszka, MD | Yes |
| The University of Texas Health Science Center at San Antonio | Joseph Blader, PhD | Yes |
| The University of Texas Rio Grande Valley School of Medicine | Diana Chapa, MD | Yes |
| The University of Texas Rio Grande Valley School of Medicine | Michael Patriarca, MBA | No |
| The University of Texas Health Science Center at Tyler | Beverly Bryant, MD | Yes |
| The University of Texas Health Science Center at Tyler | Brittney Nichols, MBA, LPC-S | Yes |
| The University of Texas Southwestern Medical Center | Carol Tamminga, MD | Yes |
| The University of Texas Southwestern Medical Center | Hicham Ibrahim, MD | Yes |
| Health and Human Services Commission - mental health care services | Sonja Gaines, MBA | Yes |
| Health and Human Services Commission - mental health facilities | Scott Schalchlin | No |
| Texas Higher Education Coordinating Board | Stacey Silverman, PhD | No |
| Hospital System | Danielle Wesley | Yes |
| Non-profit - Meadows Policy Institute | Andy Keller, PhD | No |
| Non-profit - Hogg Foundation | Octavio Martinez, Jr., MPH, MD | Yes |
| Non-profit - Texas Mental Health Counsel | Danette Castle | Yes |
| Administrative Contract – University of Texas System | David Lakey, MD | Yes |
| Other – Hospital System Representative | James Alan Bourgeois, OD, MD | Yes |