

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

February 28, 2022

10:00 AM – 3:00 PM

University of Texas System Administration

210 West 7th Street, 2nd Floor Board Room

Austin, TX 78701

Minutes

The Texas Child Mental Health Care Consortium will convene a videoconference meeting pursuant to Texas Government Code Section 551.127 on February 28, 2022, according to the following agenda. The Chairperson will be present, and will preside over the meeting, at the posted location.

I. Call to order and roll call

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

II. Review and approve the following item:

a. Minutes from November 15, 2021, Executive Committee meeting

- → Dr. Podawiltz made a motion to approve minutes. Dr. Ibrahim seconded. Minutes were unanimously approved.
- → Dr. Wagner made motion to approve February 15th meeting minutes. Dr. Nemeroff seconded. Minutes were unanimously approved.

III. Updates on the following activities associated with implementation of the TCMHCC. The full Executive Committee may review, receive and/or provide information and/or make recommendations from the items discussed and take appropriate action.

a. TCMHCC communications, outreach, and engagement by The University of Texas at Austin.

- Melanie Susswein walked through her slides discussing progress that's been made on the communications strategy.
 - A communication plan has been developed & distributed. Now moving into implementation.
 - Message themes have been developed. These will be used to create refined messaging.
 - Strategies for outreach have been identified. There are also several media planning tactics that will be used to improve take-up of CPAN services.
- Question asked whether the 12 PCP interviews were sufficient to accurately represent PCP needs. Melanie indicated that 12-15 interviews are industry standard and they heard the same messages over & over.
- Melanie directed HRIs to reach out to her if they had any questions.

b. American Rescue Plan Act (ARPA) initiatives and funding, including the following:

- Dr. Lakey indicated that the THECB has applied for the funds. A letter has been submitted to the LBB regarding the changes being proposed.

- **Perinatal Psychiatric Access Network (PeriPAN) pilot by University of Texas System Administration and Texas Tech University.**
 - Dr. Wakefield walked through the PeriPAN project, providing background on the need for perinatal mental health support and societal cost.
 - A map showing shortage of mental health professionals in Texas was shown.
 - PeriPAN purpose was discussed.
 - Dr. Wakefield's background was reviewed. She was identified as the medical director for the project.
 - HRIs that will be participating in the PeriPAN pilot include Texas Tech University Health Sciences Center (Lubbock), UT Austin Dell Medical School, Baylor College of Medicine and The University of Texas Southwest Medical Center
 - Gayle Olson, MD, MPH, District XI Chair Elect and ACOG representative will be brought on as clinical consultant.
 - A list of stakeholders was brought up.
 - Planned metrics were discussed.
 - The timeline for the project and upcoming activities were discussed.
 - Dr. Octavio Martinez asked about statistics related to equity. He recommended adding an equity impact. It was discussed that several data points will be collected via Trayt that can be used to look at equity.
 - Dr. Babatope asked about statistics on substance use disorder and whether training will be given to providers to answer consultation questions around substance use disorders. Dr. Wakefield confirmed training will be provided.
 - Dr. Lakey indicated that training will include those around the table, PCPs, residents/trainees, mental health specialists working in LMHAs & other areas. Training will be important as we move from pilot to providing services state-wide.

- **Collaborative Care by Meadows Mental Health Policy Institute.**
 - Dr. Keller talked about expanding the Lonestar Depression Challenge to help health systems across Texas.
 - An initial meeting was held last month with HRIs to orient them to the project. Individual meetings will be set up with HRIs. Have through the end of the biennium to get this done but have additional grant funds to move things along.
 - Budgets are set and include two items, 1) funding for HRI and 2) grants up to \$125K that go to health systems to help with implementation. Meadows will be the coordinating entity.
 - Dr. Pliszka asked if any prep work was needed. Dr. Keller indicated that the prep work would be done together.

- **Substance Use Disorder services by University of Texas at San Antonio.**
 - Dr. Blader walked through the Substance Use Disorder project including the scope of the problem and the relationship between substance use disorders and mental health conditions.
 - The Aims of the project were reviewed as well as potential referral pathways.
 - Dr. Blader talked about the specialty competencies they hoped to develop or refine.

- The linkages to related programs and organizations including HHSC were also discussed.
 - A draft timeline was reviewed.
 - Danette Castle noted that she would like to join the SUD project group and connect the group to others in her network. She discussed ongoing work to connect mental health and substance addiction services via a Certified Community Behavioral Health Clinic (CCBHC) model. She asked if data was available within TCHATT, identifying proportion of those referred that have mental health & substance addiction needs, and numbers of those that then get referred out for ongoing care. She indicated that having such data would improve the ability to respond to referrals coming into the system. **<<Action: Dr. Blader to add Danette Castle to Steering Committee for project.>>**
 - Dr. Lakey indicated that we would dive into the Trayt data to answer these questions.
 - Dr. Wakefield asked about CCBHC and whether it would support adolescents. Danette confirmed the CCBHC Certification is for both adults and children. She indicated that they have approval for a directed payment program for behavioral health services that covers the Medicaid population and a care pool for public health entities, local health depts and local mental health authorities to cover the uninsured population. However, she conceded that while it does cover children it didn't mean the capacity was there yet. The Medicaid program doesn't pay for the level of services often required, but they're working on this. In addition, also being hit with workforce challenges, impacting the staff time available to treat kids and adults in crisis. However, hoping that as the labor market settles down, and with improved financing, they can compete and resolve the issue.
- **Youth Aware of Mental Health (YAM) by University of Texas Southwestern.**
 - YAM is a 5-session interactive preventative mental health program that has trained facilitators providing services to classrooms in schools.
 - Have been having individual and group meetings with participating HRIs, identifying leads, developed a steering committee.
 - Have teams ready to train facilitators.
 - Collaborating with Teen Mental Health First Aid.
 - **Family Intervention for Suicide Prevention (FISP) by Baylor College of Medicine.**
 - Dr. Williams said this intervention (train the trainer) to a Primary Care Clinic.
 - Participating HRIs will be trained on how to implement FISP.
 - PCPs will be trained to use FISP. Will provide another layer when child shows up with suicidal ideation or self-harming behaviors.
 - Working with Dr. Trivedi's team to adapt FISP to primary care.
 - Will provide CME & reimbursement for participation in training.
- c. Program Evaluation of TCMHCC by The University of Texas at Austin.**
- Dr. Molly Lopez reviewed some of the survey data that had been collected, including the family experience surveys for TCHATT. Survey results show that most families are very satisfied with TCHATT and that over half of respondents indicated their child or family is doing a lot better. A few qualitative responses were read. Most common critique was that families would like to stay with TCHATT services for additional time.

- The Youth survey results were reviewed. There was slightly lower satisfaction but was still over 80%. A little under 40% of students reported they were doing a lot better, over 45% doing a little better, and around 13% doing about the same.
- Some comments from young people were shared.
- Dr. Vo felt that having regular internal eval updates were important. He asked whether for those that felt they were doing worse, if we had any data on why they felt that way. Dr. Lopez noted that they recently changed the form to ask the families if they'd be willing to be contacted to provide more information.
- Dr. Lakey asked that the data be shared with staff at the institutions.

d. Research Initiative by University of Texas Southwestern and Texas Tech University highlighting the work of the depression and suicide network, and The University of Texas Dell and University of Texas Medical Branch regarding the trauma research network.

- Dr. Nemeroff walked through the Texas Childhood Trauma Research Network progress and associated data:
 - 1,122 children have been assessed. 912 have been evaluated 1 month after trauma, 505 at 6-month mark, 154 one year out.
 - Recruitment numbers by month for the network and by HRI were displayed.
 - Participants were asked about the worst trauma they were exposed to. Accident, having a family friend ill or injured, sexual abuse, hospital /surgery and physical abuse /attack had the highest numbers.
 - At Baseline, almost 25% of children had PTSD. 20% had no psychiatric diagnosis at baseline. 18% fulfill criteria for major depression.
 - Four publications have been approved to move forward by the publication committee chaired by Dr. Wagner.
- **Dr. Trivedi provided an update on the Texas Youth Depression & Suicide Research Network:**
 - All nodes are equally participating, with 72 assessors trained and 152 staff onboarded.
 - 1,053 participants have consented across the nodes.
 - There have been 4,481 research visits so far.
 - Enrollment goal is to reach 1,800 participants & requires each node recruit 6.75 per month.
 - Attrition rates were reviewed for the various points of contact across the longitudinal study.
 - The race & ethnicity of participants were shown.
 - 68.1% of participants have at least moderate to severe depression that require immediate treatment. 21.5% are experiencing suicidal thoughts at baseline.
 - About 60% of participants are experiencing moderate or severe anxiety.
 - Greater than 70% of those recruited have experienced trauma. Most common events are sexual abuse or an acquaintance that is severely ill or has died.
 - A real time dashboard has been developed to provide real-time information to improve quality of care.
 - Dr. Tamminga asked whether they were seeing regional differences. Dr. Trivedi indicated that they haven't started analyzing data yet. Dr. Wakefield

said they were seeing difference between HRIs, however. Different sites have different ways to engage.

- Tyler trying to open a child psychiatry outpatient clinic and hope that will help with recruitment.

e. External Evaluation of TCMHCC by The University of Texas Health Science Center School of Public Health.

- Dr. Savas provided a high-level overview of where the focus has been.
 - Have been evaluating scale up of the programs and processes used for school & clinic enrollment, strategies used to engage stakeholders and users. That has served as the benchmark for what they'll be evaluating moving forward. Happy to meet with HRIs to go through the process maps.
 - Year 2 will look at process monitoring. Met with Dr. Williams to get feedback.
 - Have logic models to guide use of Trayt data and use of system. These metrics are being refined in year 2 and provide insight into what Trayt does & doesn't have. In conversations weekly about missing items in Trayt.
 - Will continue to monitor the program scale up, implementation processes & use of services.
 - Did look at delivery of services by HRI and regional characteristics of program services delivered. Continuing to refine vulnerability index. Also using this information to look at what services are used, how it varies by HRI, characteristics of patients being served.
 - There's a lot of data to communicate back. Slowly doing this via COSH meetings. Also meeting with Dr. Lakey to go through findings from Year 1 & helping target year 2.
 - In addition to using Trayt data, conducted interviews with CPWE program users & school/clinic users.
- Dr. Melissa Peskin talked about the surveys that were sent out. Found that majority of CPAN users surveyed were using services and found that those clinics that reported at least 1 call reported more favorable CPAN motivation than those that reported no calls.
- Had positive findings related to proportion of providers whose knowledge, skills & competence had increased as a result of CPAN & would recommend the service to others.
- TCHATT campuses were also surveyed. In terms of perceived outcomes associated with TCHATT, too early to analyze. Found that about half of participants surveyed indicated students had better outcomes in terms of better attendance, decreased behavioral incidents, but many reported that they didn't know yet whether it had impacted.
- Will build upon findings in year 2. Will survey additional clinics and schools. Also had some qualitative data from users and will share some of those with Dr. Lakey when we meet. Rich qualitative data supporting TCHATT program.
- Refining logic models to reflect the availability of data to measure outcomes & highlight recommendations.
- Dr. Trivedi asked whether the team was looking at of those providers not using services, why are they not using services? Dr. Savas noted that they had both users and non-users filling out surveys so they have some qualitative data as to why some weren't using the program.

- Danielle Wesley asked when they would see the data. It was discussed that it's being reviewed by UTS & will be distributed after. It was discussed that the information would be reviewed with Dr. Lakey before being shared out with the HRI teams.

f. Additional updates (if needed) on other activities and/or information associated with the TCMHCC.

IV. 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.

a. Research Participant Reimbursements.

- Dr. Lakey provided background on the research participant reimbursement need. The high performing institutions, recruiting a lot of individuals, need additional funds to recruit above targets. Also learned that some quarters, we're underutilizing some of the dollars available. Want to be straight forward on how we'll be using the dollars. We met with the leaders of the hubs over the last few weeks and came up with some recommendations.
- Key recommendations include:
 - Separating out the budget into two – one per hub, with a \$300k budget set aside for each
 - Increasing follow up visits by 12 months for a total duration of 24 month.
 - Change recruitment targets and associated reimbursements so that any visits beyond the 12/quarter target are paid for months 1-12. Any payments made for visits beyond 12 months would be fully reimbursed.
 - Research hubs would provide a monthly report outlining recruitment numbers & HRIs will fill out a reimbursement template to confirm payments made before they're reimbursed.
 - → Dr. Podawiltz made a motion to approve the recommendations. Dr. Tamminga seconded. Motion was unanimously approved.

V. 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.

VI. Information from the Texas Health and Human Services Commission regarding Medicaid benefits for individuals with autism, and for maternal health benefits.

- Dr. Lakey introduced Dr. Ryan Van Ramshorst.
- Dr. Van Ramshorst provided an update on Medicaid benefits for individuals with autism.
 - Applied behavior analyst now covered for those with autism spectrum disorder.
 - The policy also unlocks an interdisciplinary team meeting with licensed behavior analyst (ABA) and a speech therapist, school psychologist and service coordinator through Medicaid managed care organization.
 - Did have to create a new provider type – licensed behavior analyst (BCBA). Continue to work hard to enroll licensed behavior analysts to meet needs.

- The state of Texas contracts with managed care administrators. Policy wrote for HHSC must be followed by managed care organizations. This includes prior authorization.
 - Have a small number of individuals still covered by fee for service Medicaid. Most with autism spectrum disorder (ASD), however, will be enrolled in a Medicaid Managed Care program. Will continue to monitor enrollment of the licensed behavior analysts, monitor prior authorizations submitted, number approved, denied, etc. to ensure children that need the service are receiving it.
- Dr. Sarah Martin asked about the criteria for successful pre-authorization. Dr. Van Ramshorst confirmed that service must be medically necessary (addressing health, independence & safety). Individual must have ASD. A comprehensive diagnostic evaluation is required. This requires An assessment using standardized, validated evidence-based tool, ADIR, ADOS – could be any tool that’s not just a screening instrument. Tool must assess symptom severity. Must be under 21, must have diagnoses of ASD, must be medically necessary. Dr. Sarah Martin provided feedback that only a few people in town that use the instruments required.
 - Dr. Blader asked about current workforce in Texas that can do Applied Behavioral Analysis (ABA) or functional behavioral assessment. He talked about the consortium’s workforce development and training CAPs, then moving into LPCs, Social Workers & asked whether we should consider adding in BCBAs and licensed behavioral analysts. Dr. Van Ramshorst confirmed that yes, more providers would be needed.
 - Dr. Babatope asked whether other assessments might be used given the wait lists to get the required evaluations needed. Dr. Van Ramshorst noted there will be opportunities to reassess in the future.
 - Dr. Martin asked if an ADOS completed by a school psychologist would be allowed? Dr. Van Ramshorst confirmed this would be allowed.
 - Dr. Bryant asked about the requirements for Licensed Behavioral Analysts? Texas Department of Licensing and Regulation will list out requirements.
 - Dr. Van Ramshorst discussed that SB 1177 from the 86th session directed the agency to look at in lieu of services. Optional services a managed care – phase 1 – partial inpatient, intensive outpatient - crisis stabilization services. Phase 2 – work with federal partners to move forward with phase 1. Awaiting final discussion with them to move forward. Other services looking to cover – functional family therapy, Dr.
 - <<Action Item: Dr. Van Ramshorst will send out talking points to group.>>
 - <<Action Item: EC members to share thoughts on autism benefit with Luanne Southern who will consolidate feedback and provide back to Dr. Van Ramshorst>>

VII. 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 the Child Psychiatry Access Network (CPAN), the Texas Child Health Access Through Telemedicine (TCHAT), and the Community Psychiatry Workforce Expansion (CPWE). The full Executive Committee may review, receive, and/or provide information and/or make recommendations from the items discussed and take appropriate action.

- a. **COSH related items identified by the Baylor College of Medicine and members of the Executive Committee (may include Trayt and/or Lantana updates).**

- **Dr. Williams provided an update on COSH activities:**
 - o All documents being moved to Microsoft Teams. Lashelle working to build channels for all initiatives. Also working on a manual for CPAN. First draft went out to HRIs, internal, external evaluation teams. In the process of looking through feedback on manual & making changes. Hope to have it finalized by end of fiscal year. A new COSH team member was brought on – Romel Walker, as the COSH data analyst.
- b. CPWE update.**
 - Dr. Pliszka provided an update on CPWE activities:
 - o Trying to get everyone onboard & comfortable with reporting metrics. Pulling those associated with a LMHA from HHS. Those associated with other community providers have to submit data manually. It was clear in the last data governance committee meeting that there are some misunderstandings around the data.
 - o Also have to survey the residents that participate in the program. HRIs have to submit a list of residents that rotated, when they rotated, so internal eval team can send out the surveys.
 - o Longer team, at the end of the year, will look at graduating residents & polling their views on whether they were more or less likely to continue in community psychiatry.
 - o Next CPWE committee is this Thursday. Meeting every other month.
 - o Dr. Lakey asked that the group highlight the work that's gone on, challenges, best practices for next meeting. He also invited Danette Castle to invite her colleagues to listen in. <<Action Item: Prepare more detailed presentation on CPWE work for next meeting.>>
 - o <<Action Item: Dr. Williams to add Dr. Bourgeois to CPWE meeting>>
 - o <<Action Item: Add update on CAP Fellowships to next meeting>>
- c. CPAN update.**
 - Spring Project ECHO will begin in April 2022, with 6 sessions planned.
 - Continuing work on ARPA funded projects & Trayt changes required.
 - CPAN high level metrics shown. Over 7K providers now enrolled and over 7K consults have been completed.
 - Dr. Williams reviewed the types of concerns PCPs are calling CPAN about, including the percentage of calls where the PCP identified the call as urgent. Majority of calls were regarding anxiety, sad mood, depression, aggressive behaviors. 8% of calls were regarding patients with suicidal thoughts.
 - The top diagnoses included Depression, ADHS, Anxiety and Autism Spectrum Disorder.
 - When PCPs have identified their call as an emergency, 65% of them are calling about suicide.
- d. TCHAT update.**
 - Dr. Williams reviewed data for the first 3 months of school (Aug-Oct) for students who had been referred and enrolled for services.
 - 3,442 were referred and enrolled. 2,435 of those enrolled completed their services.
 - Reasons for TCHAT referrals were shown, with majority related to anxiety & depression.
 - Interventions the teams are doing with referred students were reviewed.

- The total numbers of TCHAT encounters for students whose services ended were shown.
- A pie chart showing the types of providers involved in services was shown.

VIII. Adjournment

Next meeting will be held in April 2022 – date TBD.

DRAFT

Attendance List

#	Institution/ Organization	Executive Committee Member	Attended?
1	Baylor College of Medicine	Wayne Goodman, MD	
2	Baylor College of Medicine	Laurel Williams, DO	Y
3	Texas A&M University System Health Science Center	Israel Liberzon, MD	Y
4	Texas A&M University System Health Science Center	R. Andrew Harper, MD	Y
5	Texas Tech University Health Sciences Center	Sarah Wakefield, MD	Y
6	Texas Tech University Health Sciences Center	Tarrah Mitchell, MD	Y
7	Texas Tech University Health Sciences Center at El Paso	Peter Thompson, MD	Y
8	Texas Tech University Health Sciences Center at El Paso	Sarah Martin, MD	Y
9	University of North Texas Health Science Center	Alan Podawiltz, DO, MS	Y
10	University of North Texas Health Science Center	David Farmer, PhD, LPC, LMFT, FNAP	Y
11	Dell Medical School at The University of Texas at Austin	Charles B Nemeroff, MD, PhD	Y
12	Dell Medical School at The University of Texas at Austin	Stephen Strakowski, MD	
13	The University of Texas M.D. Anderson Cancer Center	Daniel Tan, MD	
14	The University of Texas M.D. Anderson Cancer Center	Rhonda Robert, PhD	
15	The University of Texas Medical Branch at Galveston	Karen Wagner, MD, PhD	Y
16	The University of Texas Medical Branch at Galveston	Alexander Vo, PhD	Y
17	The University of Texas Health Science Center at Houston	Jair Soares, MD, PhD	Y
18	The University of Texas Health Science Center at Houston	Taiwo Babatope, MD, MPH, MBA, ABPN	Y
19	The University of Texas Health Science Center at San Antonio	Steven Pliszka, MD	Y
20	The University of Texas Health Science Center at San Antonio	Joseph Blader, PhD	Y
21	The University of Texas Rio Grande Valley School of Medicine	Diana Chapa, MD	Y
22	The University of Texas Rio Grande Valley School of Medicine	Michael Patriarca, MBA	Y
23	The University of Texas Health Science Center at Tyler	Beverly Bryant, MD	Y
24	The University of Texas Health Science Center at Tyler	Brittney Nichols, MBA, LPC-S	Y

25	The University of Texas Southwestern Medical Center	Carol Tamminga, MD	Y
26	The University of Texas Southwestern Medical Center	Hicham Ibrahim, MD	Y
27	Health and Human Services Commission - mental health care services	Sonja Gaines, MBA	
28	Health and Human Services Commission - mental health facilities	Scott Schalchlin	
29	Texas Higher Education Coordinating Board	Elizabeth Meyer	Y
30	Hospital System	Danielle Wesley	Y
31	Non-profit - Meadows Policy Institute	Andy Keller, PhD	Y
32	Non-profit - Hogg Foundation	Octavio Martinez, Jr., MPH, MD	Y
33	Non-profit - Texas Mental Health Counsel	Danette Castle	Y
34	Administrative Contract – University of Texas System	David Lakey, MD	Y
35	Other – Hospital System Representative	James Alan Bourgeois, OD, MD	Y