Convening of the Texas Child Mental Health Care Consortium (TCMHCC)
December 13, 2022
10:00 AM – 3:00 PM
The University of Texas System
210 W. 7th Street., 2nd Floor Board Room
Austin, TX 78701

Minutes
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The Texas Child Mental Health Care Consortium (TCMHCC) will convene a videoconference meeting pursuant to Texas Government Code Section 551.127 on December 13, 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.

-23 executive committee members were in attendance. See attendance report for full list of attendees.

II.   **Review and approve the following item**

   a.   Minutes from the October 25, 2022, Executive Committee meeting.

   → **Dr. Ibrahim made a motion to approve the minutes. Dr. Tamminga seconded. Minutes were unanimously approved.**

III.   **Discuss and take appropriate action for Texas Education Agency to serve on the executive committee.**
   - Dr. Lakey provided background about the consortium's bylaws that allow adding executive committee members who would be important to the work of the consortium.
   - Dr. Lakey introduced John Scott, the chief of school safety and security for Texas Education Agency.
   → **Dr. Podawiltz made a motion to add a Texas Education Agency member to the executive committee. Dr. Ibrahim seconded. Motion was unanimously approved.**

IV.   **Presentation of Children's Crisis and State Hospital Needs survey results by Texas Health and Human Services Commission.**
   -Dr. Rishi Sawhney presented survey results of the needs for children in terms of state hospitals.
   - Goal of the survey was to understand the needs and gaps in the state with outpatient and crisis services that could decrease the need for state hospitalization.
   - State conducted the survey from November 2021 to January 2022.
   - 661 respondents completed the full survey
   - 71% of respondents answered that the state needed increased capacity for children at state psychiatric facilities.

- Most respondents answered that specialized counseling programs should be prioritized.
- Most respondents responded that counseling services should be expanded along with family therapy services and crisis services.
- Barriers to accessing care from respondents included lack of timely access to mental health treatment and lack of knowledge of available services
- Groups struggling to find inpatient psychiatric services included children younger than age 13
- Survey asked about the access to state hospital services before COVID with most responses showing that they don't have information or haven't accessed state psychiatric hospitals
- Dr. Goodman inquired about the 620 respondents who were listed as other stakeholders and if the categories for the questions were pre-populated. Dr. Sawhney responded that respondents could choose 3 out of 5 options. Will Terry, a clinical social worker, added additional insight on the breakdown of the survey's respondents. 372 respondents were community health providers, 14% school providers, 13% belonged to another state agency, 7% mental health advocates, 6% family members of children under 18 who accessed mental health services in the past 5 years, 3.4 percent Texas Juvenile Justice Department employees, 2.9% state hospital psychiatric providers, 3% employees of the department of family protective services, 3% private psychiatric hospital providers; 2% primary care providers, 1% law enforcement officials, and less than 1% were people who had accessed mental health services as a child in the past 5 years.
- Dr. Newport asked for clarification about the results about the barriers to accessing services if 7% reported lack of access to telehealth while 44% said lack of transportation was problematic. Dr. Sawhney responded that some children may benefit from in-person services. A lot of the population may not have the time to attend in-person.
- Luanne Southern inquired how HHSC will be using the information from the survey results to plan for the future. Dr. Sawney responded this data is one of the ways they are preparing for session.
- Danette Castle emphasized the need for specialized in-patient beds for kids as it is not a typical purchase. She further emphasized the workforce challenges and gaps are driven by not being competitive against private practices.
- Dr. Martinez inquired if there were any disparities in geographical responses. Dr. Sawhney responded that race and ethnicity information were collected. He also added that around 60% of respondents were rural and around 40% urban.

V. **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. Program Evaluation - The University of Texas at Austin
       - Dr. Molly Lopez presented a verbal update on the efforts of the internal evaluation team.

- Finishing up their year-end report that will be brought to the executive committee for suggestions and changes
- Trayt is building the Columbia Impairment Scale into the system for TCHATT students to measure children's functioning over time. Trying to standardize the use of the scale.
- For CPAN, David Lynch has been meeting with states who have similar access programs to discuss different evaluation ideas and metrics.
- For PeriPAN, early data is now available. Working on Identifying early issues seen in the data.

b. External Evaluation - The University of Texas Health Science Center Houston - School of Public Health
- Dr. Melissa Peskin presented an update on the qualitative work with their external evaluation
- CPWE interviews
  - o Goal of their CPWE evaluation was to interview CPWE fellows on their experience with the program
  - o In-depth interviews were conducted with 11 CPWE participants across 10 health-related institutions
  - o 2 HRIs did not have residents or fellows at the time
  - o CPWE program is still in early stages and will take time to see impact
  - o Key findings included that the CPWE program reaffirmed their career decisions and prepared participants for cross cultural interactions
  - o Areas of improvement varied from residents and fellows. Residents would like to see improvements to supports and resources, whereas fellows would like time limitations to be considered.
- CPAN survey
  - o 97 providers responded to the survey
  - o 95% of respondents indicated that the greatest benefit was the accessibility to psychiatrists for quick consults
  - o Providers noted that the greatest barrier was the time constraint to make the call to CPAN
- TCHATT survey
  - o 197 respondents from school districts
  - o 79% of respondents indicated the greatest benefit was the accessibility of care for underserved students
  - o Improvements included a majority of respondents desiring a more efficient paperwork system

VI. **Updates on the following activities associated with implementation of American Rescue Plan Act funded TCMHCC initiatives. The full Executive Committee may review, receive and/or provide information and/or make recommendations from the items discussed and take appropriate action.**

a. Fiscal Agent - The University of Texas at Austin
-Linda Haster presented a verbal update

- Received all but 1 executed agreement
- Processing some amendments from those who needed additional funds
- Received 2.2 million in reimbursement requests including $1 million from CPAN, $1.1 million from TCHATT and $110,000 in workforce expansion

b. Overall administration – The University of Texas System
   -Dr. Lakey updated the group on session preparation including meeting with legislative staff to make sure they understand the needs. The team submitted the LBB report recently.
   -Lashelle Inman provided an update on the overall administration
   - Completed all but 1 site visit
   - Reviewing submitted documents, identifying issues, areas for standardizing, etc.
   - Presenting site visit findings at February meeting
   - Goal of site visit is quality improvement of the programs

c. Collaborative Care – Meadows Mental Health Policy Institute
   - Dr. Talebi presented an update on Collaborative Care
   - Recent accomplishments were shown including the HRI ARPA Collaborative Care Meeting and listed resources that were formed
   - Pediatric collaborative care roundtable will be held at the end of January
   - Plan to form a training resource reference guide
   - Implementation milestone build was shown
   - Metrics for November 2022 were shown
   - Individuals initially reached: 42,415
   - Health systems committed to CoCM: 7
   - Luanne Southern inquired if the count for individuals reached is pediatric alone or if it includes adults. Dr. Talebi responded that they are collecting data for over 18 as well.
   - Dr. Andy Keller encouraged people to work with some of the vendors due to workforce challenges. Doesn't want to push interest for particular vendors.
   - Dr. Vo asked for clarity around the 42,000+ individuals reached metric versus how many were actually served this far. Dr. Talebi responded that the individuals reached is the lives covered by the participating health systems as there are no individuals being treated yet.

d. Youth Aware of Mental Health – The University of Texas Southwestern Medical Center
   - Dr. Trivedi presented an update on YAM
   - Potential ISD/student reach was shown
   - All participating HRIs have trained YAM facilitators
   - List of districts engaged by HRIs was shown
   - Website and dashboard were created for facilitators
   - Student data to be collected was shown
   - Data for depression and anxiety symptoms after YAM ends was shown
   - Student stories were shared
   - Expansion includes increasing the number of schools per each HRI and increasing the number of trained school personnel

- Dr. Tamminga inquired if YAM will contribute to help getting TCHATT in all schools across the state or if that goal was specific to TCHATT. Dr. Lakey responded that the goal is to get TCHATT into every district that wants it, but YAM is supportive of expanding mental health in the schools.
- Luanne Southern added that Texas Education Agency hosted the ABC summit. Jeff Carr of Texas Tech University Health Science Center in Lubbock presented on YAM at the Summit which resulted in lots of interest from school districts in the program.

VII. **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 relating to the Child Psychiatry Access Network (CPAN), the Texas Child Health Access Through Telemedicine (TCHATT), the Child Psychiatry Workforce Expansion (CPWE), the Child and Adolescent Psychiatry Fellowships (CAP) and the Data Management and Governance Committee. 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

    -Dr. Williams presented an update including CPAN and TCHATT. See corresponding sections below.

    b. CPWE

    -Dr. Pliszka provided a brief verbal update

- Internal evaluation team will begin resident evaluations for this academic year
- Goal to increase response rate compared to last years
- They will be contacting program directors to help get responses
- Urged CPWE sites to work with their LMHA to make sure patient count data is accurate

    c. CPAN

- Consults graph was shown with 63% growth
- Trayt dashboard was shown
- Over 9,700 providers are enrolled
- Over 15,000 consults
- 98.3% response time within 30 minutes
  - PeriPAN
    - Dr. Wakefield presented an update
      - 28% obstetricians in the pilot regions are enrolled
      - Consult activity was shown
      - 82% of consults were related to specific patients
      - 65% of consults were related to referral requests
      - Developing a PeriPAN educational series

    d. TCHATT

- Referrals per month by school year graph was shown with a 60% increase in referrals from last year

- Graph showing sessions per month by school year was shown. November 2022 has over 4,700 sessions
- Hoping to finalize process in the spring to implement Columbia Impairment Scale including when to implement and what team members can do the scale from the HRIs
- Dr. Keller inquired if there is some idea over time how measurement-based care might fit into the outcomes. Dr. Williams responded that teams use the PHQ-9 (PHQ-A), SCARED, and other measures that are available now. Current discussions around when to do them as the 12 HRIs have different processes.
- Dr. Ibrahim asked if the measurement-based care tools are a requirement. Dr. Williams responded that for TCHATT it is being discussed with a unified approach in in mind. For CPAN, she mentions it is in the early stages.
- Dr. Wesley inquired about how many HRIs participated in the direct consult pilot. Dr. Williams provided insight that 6 HRIs participated and 2 will be moving forward using ARPA funds.

  e. Data Management and Governance Committee

  -Dr. Pliszka presented a brief verbal update
    - Examining Trayt data for the PHQ-9 and the SCARED for TCHATT
    - Data will be presented at the February meeting

VIII. 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.

IX. Adjournment

Next meeting will be held in February 2023.

Attendance List

#	Institution/ Organization	Executive Committee Member	Attended?
1	Baylor College of Medicine	Wayne Goodman, MD	Y
2	Baylor College of Medicine	Laurel Williams, DO	Y
3	Texas A&M University System Health Science Center	Israel Liberzon, MD	N
4	Texas A&M University System Health Science Center	R. Andrew Harper, MD	N
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	N
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	N
12	Dell Medical School at The University of Texas at Austin	Jeffrey Newport, MD, MS, MDiv	Y
13	The University of Texas M.D. Anderson Cancer Center	Daniel Tan, MD	N
14	The University of Texas M.D. Anderson Cancer Center	Rhonda Robert, PhD	N
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	N
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	N
23	The University of Texas Health Science Center at Tyler	Tiya Johnson, 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	N
28	Health and Human Services Commission - mental health facilities	Scott Schalchlin	N
29	Texas Higher Education Coordinating Board	Elizabeth Mayer	N
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
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