Texas Child Mental Health Care Consortium

BIENNIAL REPORT

September 1, 2020 – August 31, 2022

tcmhcc
Texas Child Mental Health Care Consortium

EXECUTIVE SUMMARY

Since its creation in 2019 by the 86th Texas Legislature in Senate Bill 11, the Texas Child Mental Health Care Consortium ("the Consortium") has matured from vision to reality. The Legislature's intention for improved access to children's mental health services is being realized through the Consortium's multiple initiatives. This Biennial Report highlights the Consortium's accomplishments from fiscal years 2021–2022 during which time services continued to roll out in a post-pandemic setting and with workforce shortages across the state.

Highlights

- At the end of August 2022, the Texas Child Health Access Through Telemedicine (TCHATT) covered more than 44% of the student population representing nearly 2.4 million students who have access to services.
- At the end of fiscal year 2022, 3615 schools and 407 school districts were enrolled in TCHATT. The goal for next year is to provide every school in Texas with the opportunity to access TCHATT, enabling students' access to mental health services no matter where they live.
- TCHATT has improved access in some of the more under-resourced regions of the state, with 852 rural schools enrolled, representing 460,012 students, now able to obtain pediatric mental health services as of the end of fiscal year 2022.
- In the last two fiscal years, 13,309 students received more than 35,700 telehealth sessions, with approximately half referred for ongoing community based services when necessary. Rates of referral into TCHATT continue to climb as more and more students are covered through the statewide expansion.
- By the end of August 2022, the Child Psychiatry Access Network (CPAN) supported 8,923 enrolled Texas pediatric health care clinicians by providing psychiatric consultations, resources and referrals for more than 11,000 children.
- Using state appropriated American Rescue Plan Act (ARPA) funds, CPAN has been expanded to address maternal mental health through the Perinatal Psychiatry Access Network (PeriPAN) pilot program which covers 4 regions (113 counties) of the state.
- The Child and Adolescent Psychiatry (CAP) fellowship program has grown the number of child and adolescent psychiatrists in the state. The number of first-year CAP fellows increased from 27 in academic year 2020 to 46 in academic year 2023 amongst the Consortium's participating health related institutions (HRIs). Since September 2020, the HRIs have trained 118 new CAPs, 35 of which were funded through the Consortium.
- New CAP fellowship programs were created at Texas Tech University Health Sciences Center (TTUHSC), the University of Texas Health Science Center at Tyler (UTHSCT) and the University of North Texas Health Science Center (UNTHSC).
- The Consortium aims to increase the number of mental health clinicians entering public service through the Community Psychiatry Workforce Expansion (CPWE) project. HRIs involved with CPWE have partnered with 20 local mental health authorities (LMHAs) and 4 other community-based mental health organizations to provide CAPs and general psychiatry residents the experience of working in community-based settings. These rotations increase the capacity of participating organizations to see more children within the community. In the last two fiscal years, 157 CAPs and residents have participated in CPWE, completing 23,038 visits with 16,075 patients.
- The Consortium continues to advance research-guided practices to address trauma, depression and adolescent suicide through two research initiatives, with 2,678 children enrolled, establishing two of the largest studies to date on these issues.

This report includes information about program enhancements and expansions made possible with the additional appropriation of federal ARPA funds from the 3rd special session of the 87th Legislature, and state funds allocated by the Governor to address children's mental health as a result of the May 2022 school shooting in Uvalde, TX. The report provides information about the accomplishments that have been made over the past two fiscal years, and the challenges faced by the Consortium as services continue to expand. Lastly, the report points to legislative recommendations for consideration to address issues identified that, if resolved, have the potential to increase the efficiency, effectiveness and functionality of the Consortium and its work as part of the statewide children's mental health continuum of care.

CONTENTS

BACKGROUND

The Consortium represents a significant investment from the Texas Governor and the Legislature to support the mental health of Texas children. There is momentum as state and national leaders continue to recognize the growing need for services, resulting in an increased allocation of state and federal appropriated resources to expand access to pediatric mental health care. In Texas, 1-out-of-3 children experience a mental health disorder, and 350,000 children experience severe mental health needs each year. The Consortium – with the support of the Texas Legislature, through the collaboration of 13 HRIs, and in partnership with state and local partners – will continue doing what works to support children, families, schools and clinicians in Texas.

According to the Centers for Disease Control and Prevention (CDC), 75-80% of children, youth and young adults with serious mental health needs do not receive adequate treatment, due to structural, financial or personal barriers to accessing high-quality mental health services. Additionally, there is a shortage in the children's mental health workforce resulting in a circumstance in which the need for services is often greater than the number of clinicians available to support the need.

The Consortium was established by the 86th Texas Legislature in 2019, through Senate Bill 11 to leverage the expertise and capacity of the HRIs to:

1. Address urgent mental health challenges and improve the mental health care system in Texas in relation to children and adolescents; and
2. Enhance the state's ability to address mental health care needs of children and adolescents through collaboration of the HRIs.

The Consortium is governed by an Executive Committee composed of members representing 13 HRIs, 2 state agencies, a hospital system, and 3 non-profit organizations (see full organizational chart in Appendix I).

Research and experience show what works for children and families is to have access to a range of support in their communities that goes from prevention and early intervention to stays in mental hospitals to everything in between.

The Consortium plays a part in that bigger continuum of services, and it is working in partnership to address workforce issues, to provide early identification through telehealth access in schools and to support primary care physicians, pediatricians and family doctors when youth present with mental health issues.

Appendix I also includes a high-level timeline of Consortium milestones since its inception.

Consortium Objectives and Initiatives

The overarching objective of the Consortium is to foster collaboration among state agencies, mental health organizations, and Texas academic institutions with departments of psychiatry with a focus on improving mental health care access for Texas children and adolescents. This is accomplished by:

1. Connecting psychiatric specialists and mental health clinicians with pediatric primary care providers (PCPs), school counselors, and families who identify children with mental health challenges;
2. Expanding the children's mental health workforce through additional training opportunities and fellowship programs for child and adolescent psychiatrists; and
3. Expanding access to evidence-informed pediatric mental health practices to treat child and adolescent mental health conditions.

The folllowing Consortium initiatives are tailored to achieve these goals:

Child Psychiatry Access Network (CPAN): A network of psychiatrists, based at each of the HRIs, that provide telemedicine-based 1:1 clinical consultation, vetted referrals and resources, and training opportunities for PCPs who serve as the main behavioral health clinicians for children and adolescents.

Texas Child Health Access Through Telemedicine (TCHATT): A school-based telehealth service designed to assist schools, districts and families in the early identification of students who may need mental health assessment and short-term, solution-focused treatment or referrals.

Community Psychiatry Workforce Expansion (CPWE): Links psychiatry residents at the HRIs with community mental health providers to give the resident experience working and training in a community setting.

Child & Adolescent Psychiatry (CAP) Fellowships: Addresses workforce shortages by increasing the number of child and adolescent psychiatry fellowship positions and programs at Texas HRIs.

Children's Mental Health Research: Coordinates mental health research across HRIs in accordance with the statewide behavioral health strategic plan developed by the Texas Health and Human Services Commission (HHSC) to understand and improve Texas children's mental health services.

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

Consortium Budget (See Appendix II for detailed program budgets and budgets by HRI.)

	General Revenue Appropriation	American Rescue Plan Act (ARPA)	TOTAL
FY 20-21	$99,000,000	--	$99,000,000
FY 22-23	$124,308,272*	$113,082,885**	$237,391,157

*Includes an additional appropriation of $5.8M added by budget execution for TCHATT expansion efforts.

**ARPA funds have been allocated to the consortium for the time period of November 2021 to November 2023 which includes three months of the FY24-25 biennium.

Consortium Administration

Executive Committee

The TCMHCC is governed by an Executive Committee comprised of individuals representing the Chairs of Psychiatry plus one additional representative from the participating HRIs. Additionally, a representative from each of the following entities is included in the Executive Committee: Texas Council of Community Centers, HHSC (two representatives), Meadows Mental Health Policy Institute, Hogg Foundation for Mental Health, THECB, Dallas Children's Hospital, Baylor Scott and White Hospital, and UT System.

The Role of the University of Texas (UT) System as Administrative Support Entity

In August 2019, the Consortium's Executive Committee selected UT System to serve as its administrative coordinator, to provide administration and oversight of the Consortium at the Executive Committee's direction.

In this role, UT System:

- Receives state-appropriated funds through a contract with the Texas Higher Education Coordinating Board (THECB);
- Coordinates and manages data collection and analyses (see Evaluation section), communications, external relations and outreach;
- Provides fiscal oversight, project management, and legal support;
- Serves as liaison to elected officials and the Legislative Budget Board (LBB);
- Executes Participating Institution Agreements (PIA) with each of the HRIs responsible for implementing Consortium initiatives. (The current amounts appropriated to the HRIs is included in Appendix I.);
- Executes contracts with two institutions to evaluate the effectiveness of the Consortium's initiatives; and
- Executes a contract with the University of Texas at Austin's Center for Health Communications to provide CPAN outreach and engagement strategies to enroll and maintain relationships with primary care providers.

Dr. David Lakey, Vice Chancellor for Health Affairs and Chief Medical Officer for UT System was selected as the Consortium Executive Committee's Presiding Officer in August 2019 and again in August 2021. (The full governance structure plan is included in Appendix III.)

Centralized Operations Support Hub

The Consortium selected Baylor College of Medicine (BCM) to serve as the Centralized Operations Support Hub (COSH), to provide centralized programmatic and clinical oversight and technical support to the HRIs through the provision of:

Communications System	Data Management System	Medical Director
Includes 1-888 number for clinicians to access CPAN	Tracks data and automates reporting for CPAN and TCHATT	Coordinates HRI activities Facilitates collaboration between physicians providing CPAN and TCHATT services

Evaluation

The UT System executed contracts with the Texas Institute for Excellence in Mental Health at the University of Texas at Austin and the University of Texas Health Science Center Houston, School of Public Health to:

- Track and report statewide metrics and evaluate the reach and effectiveness of Consortium initiatives;
- Conduct surveys and interviews with providers and families to evaluate user satisfaction as well as the programs' successes, potential barriers and needs, and the capacity for expansion;
- Produce data that guides quality improvement and decision-making for future planning and implementation;
- Provide guidance on the metrics needed to facilitate continuous improvement of Consortium programs;
- Identify data quality issues that need to be addressed through training or technology;
- Help guide strategic direction by identifying areas of highest need;
- Report on Executive Committee-approved and other programmatic metrics; and
- Support the UT System in identifying HRIs that may benefit from additional assistance.

The Consortium currently collects a variety of data to inform the analysis of program reach, quality and effectiveness. TCHATT and CPAN metrics that are reported are generated from a central database managed by the COSH and populated by the HRIs as they provide services. By collecting the data centrally and in a standardized format, the internal and external evaluation teams can more easily pull the information needed to identify issues, trends and best practices.

In addition to the centralized database, data is also collected through surveys, interviews, reporting forms and status reports and pulled from external sources, as required. This collection of qualitative and quantitative data is then reviewed for errors and inconsistencies. Issues involving data are then discussed weekly by the Data Governance Committee, which is composed of representatives from the HRIs, UT System, the COSH and internal evaluation team.

The first few years of program development saw a host of changes in the data being collected as a result of input from the internal and external evaluators. As the programs have been stood up across all 12 HRIs, the volume of data has increased, allowing more accurate assessment and evaluation. The focus of data collection is slowly shifting from ensuring the right data points are being collected in a quality manner, to now more programmatic evaluation and improvement. (Highlights from the data are included in the Initiatives section of this report.)

Additional Items of Note

Role of the Consortium in Statewide Disaster Behavioral Health Response

In response to the May 24, 2022, Robb Elementary School tragedy, Texas Health and Human Services Commission (HHSC) stood up the State's Disaster Behavioral Health Response to work with local, state and federal agencies to address the psychological, emotional and social impacts of the tragic event on the community. HHSC called upon the Consortium's statewide network to deploy children's mental health clinicians to Uvalde, as part of the Statewide Disaster Behavioral Health Response. The asset of pre-established relationships between the Consortium, HHSC, the Texas Council of Community Centers, and the HRIs enabled timely, efficient, and effective response.

In coordination with HHSC and the Texas Council of Community Centers, the Consortium deployed 22 children's mental health clinicians during the month of June. In addition, the University of Texas Health Science Center in San Antonio entered into a Memorandum of Understanding with the Uvalde Consolidated Independent School District to assure TCHATT is available to students enrolled in Uvalde public schools.

22 Mental Health Clinicians
from the consortium volunteered for the Uvalde Response

American Rescue Plan Act

In the fall of 2021, the 87th Texas Legislature appropriated $113 million in federal ARPA funds to enhance and expand the Consortium's programs in response to the impact of the COVID-19 pandemic. Section 8 of Senate Bill 8 provides time-limited federal resources to:

> *"...support the operations and expansion of the Texas Child Mental Health Care Consortium to expand mental health initiatives for children, pregnant women, and women who are up to one year postpartum during the two-year period beginning on the effective date of this Act."*

ARPA funding allowed for enhancements to the Consortium's programs, including (but not limited to):

- Enabling the use of texting for PCPs enrolled in CPAN;
- Provision of direct psychiatric consultations for pediatric patients through CPAN;
- Expansion of CPAN to establish the Perinatal Psychiatry Access Network (PeriPAN) to address perinatal mental health for expectant and new mothers (more info below); and
- Enhancement of TCHATT services to include the provision of additional sessions as needed, bilingual grief counseling, substance use disorder treatment, trauma services and group teletherapy.

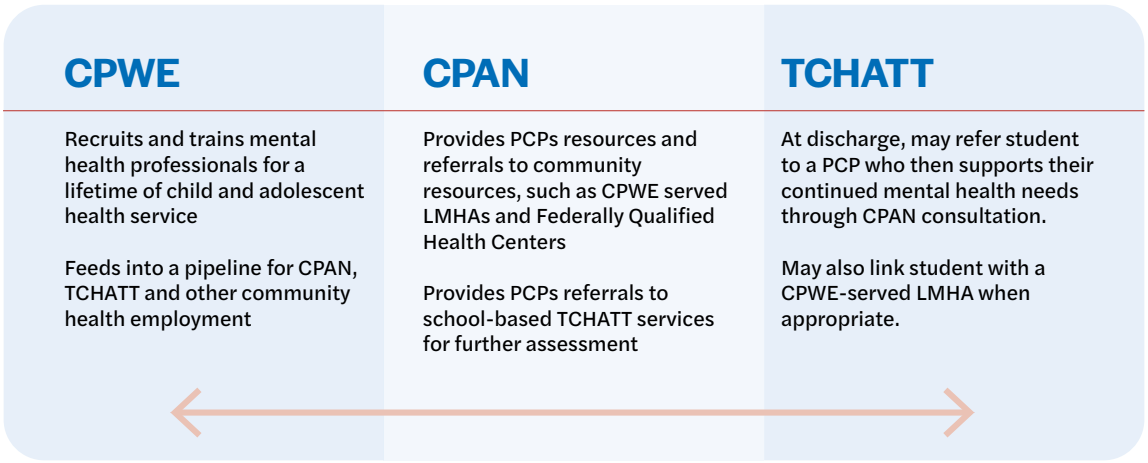
(For a full list of ARPA enhancements with budgets, see Appendix IV.)

Most ARPA enhancements began at the end of fiscal year 2022 and will continue through November 2023. The Consortium's ARPA initiatives are designed to address COVID-19's impact on pediatric mental health. Metrics will be reported periodically as HRIs roll out each program, however early estimates indicate that TCHATT will be available to help an additional 500,000 young people through this funding. One new TCHATT initiative, entitled Youth Aware of Mental Health (YAM), a school-based peer model that increases mental resilience amongst students, has already reached 588 young people in its first few months of operation.

INITIATIVES

Continuum of Care Model

During the first biennium of funding, the Consortium focused on building the infrastructure to: develop and implement programs, hire staff, develop metrics and data tracking systems, train employees, initiate contracts, conduct outreach to pediatric providers and schools, raise awareness, and engage in communications strategies. During the current biennium, Consortium initiatives are working together – as intended – to identify mental health conditions early and provide interventions to improve the mental health of Texas youth. The synergy between Consortium programs, as depicted below, enables the optimization of outcomes, and, if funded as a single line item, could result in financial efficiencies stemming from cross-program sharing of staff. For this reason, one of the Consortium's legislative recommendations will be to look at the budget more holistically.



Child Psychiatry Access Network (CPAN)

CPAN provides pediatric Primary Care Providers (PCPs) with access to consultation and training at no cost from child and adolescent psychiatrists throughout the network of the Consortium's HRIs. One of CPAN's primary goals is to enhance a PCPs' capacity to treat children and adolescents with specific mental health needs and support referrals to specialty care when indicated.

Since its inception, CPAN has advanced the capacity of pediatric primary care clinicians to treat more than 11,000 children with mental health conditions with the assurance that a child psychiatrist is available to offer expert consultation. In addition to these consultations, CPAN also offers expert-vetted referrals and resources.

> *[CPAN] is exactly the help small rural communities need to help with the mental health of our children. - Texas Clinician*

CPAN Program Metrics

8,923 Enrolled Providers

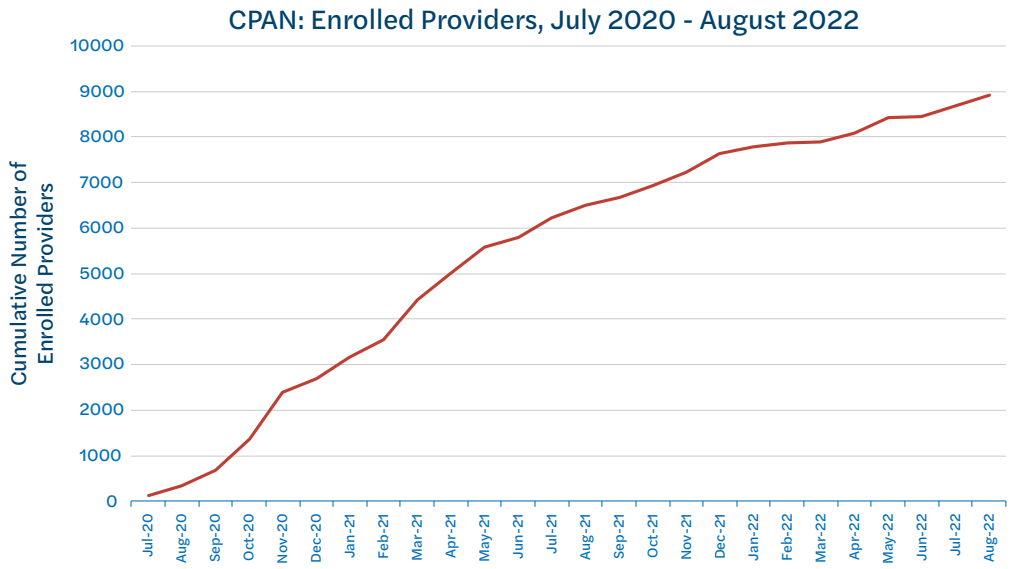
1,710 Enrolled Clinics

12,518 Completed Consults

~11,284 Patients Served via the PCP Consult

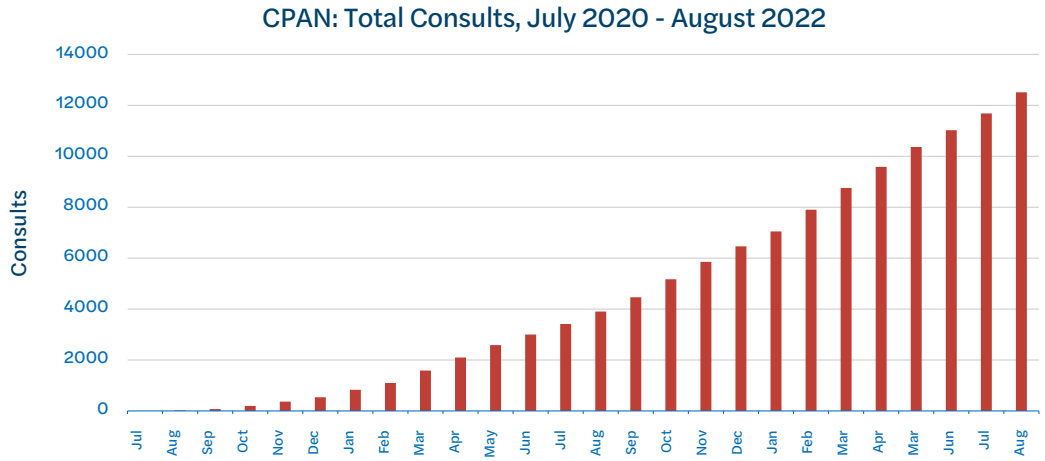
98% of PCPs Reporting Satisfaction with CPAN Consult

76% of PCPs Reporting Feeling Comfortable Managing Care after CPAN Consult



CPAN enrollment continues to increase month after month. A number of providers have indicated they learn about CPAN by word of mouth.

> *"Caring for children / adolescents with mental health issues in primary care is very challenging and emotionally taxing for providers. The CPAN staff have helped me feel more confident in caring for this population." – Texas Clinician*



The cumulative number of consults totals more than 12,000 since 2019 and has more than tripled in the last fiscal year.

CPAN Outreach and Engagement Efforts

Each HRI conducts outreach activities to enrolled pediatric PCPs and clinics in their region. Additionally, the Consortium and UT Austin's Center for Health Communication offer overall support for consistent statewide messaging and branding. (A sample of outreach materials is in Appendix V.) Examples of outreach and engagement activities include:

- In-person presentations at clinics and physicians' offices;
- Telephone outreach to providers;
- Offering continuing education and training events;
- Conference presentations and booths;
- E-newsletters and email marketing;
- Distribution of promotional materials;
- Hosting webinars and other online events;
- Digital outreach via social media channels and search engines; and
- Engagement with the Texas Pediatric Society and the Texas Association of Community Health Centers.

> *"There are so few things in medicine right now that work quickly and correctly on the first go - this was such a refreshing experience. I had immediate access to [a] helpful, kind mental health expert, and I can now give my patient the resources I couldn't have assembled as well, even if I had unlimited time. So grateful and will definitely use CPAN again." – Texas Clinician*

CPAN provided 243 training, outreach and continuing education events to a total of 6,866 PCPs and other providers, schools and community members, focused on:

- Promoting CPAN's benefits and processes;
- Increasing mental health literacy among pediatric primary health care providers; and
- Provision of Continuing Medical Education on mental health topics such as: trauma informed care, childhood depression, suicide prevention, anxiety disorders, and attention deficit hyperactivity disorder.

Perinatal Psychiatry Access Network (PeriPAN)

A report from the CDC shows that the highest contributing underlying cause of maternal death in the United States is mental health conditions (23%). Through ARPA funding, the Consortium launched 4 PeriPAN pilot sites, modeled after CPAN, in August 2022 to address maternal mental health concerns for pregnant and postpartum women. PeriPAN pilots are being implemented by Texas Tech University Health Sciences Center, the University of Texas Southwestern Medical Center, the University of Texas Dell Medical Center, and Baylor College of Medicine. These four HRIs cover 113 Texas counties.

PeriPAN offers psychiatric consultation, resources and referrals to women's health providers, to assist them in the identification and treatment of maternal mental health concerns. In 2019,

1-in-8 pregnant and postpartum Texas women had a maternal mental health condition (MMHC) which equates to almost 50,000 women annually. Untreated MMHC accounts for an estimated $2.2 billion in societal costs from conception to five years post-delivery[1]. Many of these costs are associated with negative health outcomes for the child, which includes behavioral and developmental disorders, preterm births, asthma, and injury.

By implementing PeriPAN, Texas joins 17 other similar programs throughout the U.S., including programs in Louisiana, Florida, and Massachusetts. The Consortium aims to expand PeriPAN statewide to curb maternal mortality trends.

Texas Child Health Access Through Telemedicine (TCHATT)

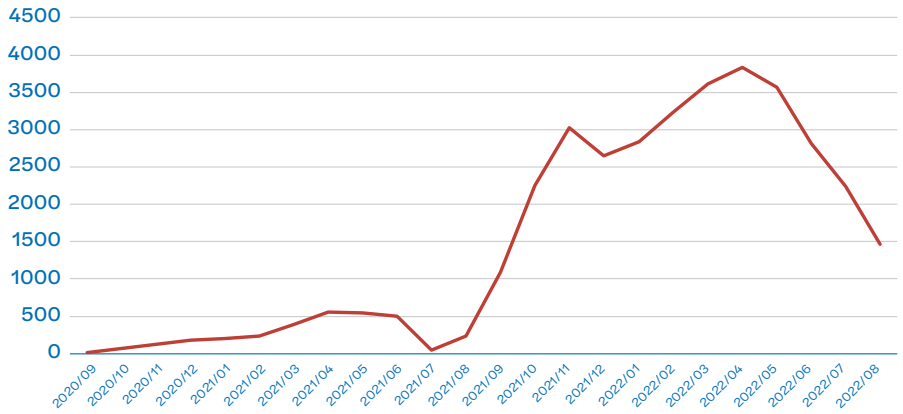
After obtaining parental consent, TCHATT provides Texas students access to school-based telemedicine mental health care. Services include assessments, short-term treatment, psychiatric intervention, care coordination, education and referrals to community-based services when continuity of care is needed. TCHATT aims to increase access to school-based mental health services across the diverse regions of Texas, including areas with mental health workforce shortages. During the 2021 and 2022 fiscal years, 13,309 students received more than 35,700 sessions/services.

At the end of fiscal year 2022, TCHATT covered approximately 2.4 million students, with the goal of eventually offering every school in Texas the opportunity to access services. Outreach and engagement efforts to reach this goal include coordination with Education Service Centers, the Texas Education Agency, campus administrators, school counselors, and district executives. A map of TCHATT schools can be found at: https://tcmhcc.utsystem.edu/tchatt.

At the end of fiscal year 2022, 3615 schools and 407 school districts were enrolled in TCHATT. The HRIs are currently reaching out to enroll remaining eligible school districts within the state. At the end of August 2022, there were 198 schools in the process of being onboarded, 652 schools whose ISD had a MOU pending, and 4,399 schools the HRIs were working to engage.

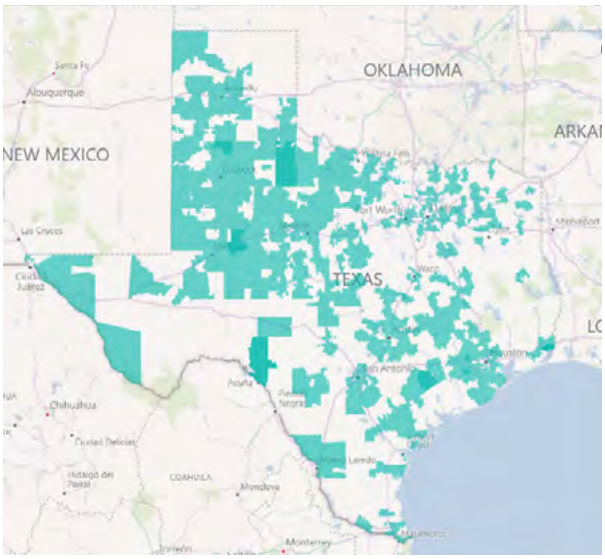
> *"TCHATT is pretty much a standard for referring. TCHATT fills a gap we didn't really know we had. To be able to tell a family that TCHATT can see you next week was a lifesaver. Literally." – School District Staff*

Number of TCHATT sessions 9/1/20 – 8/31/22

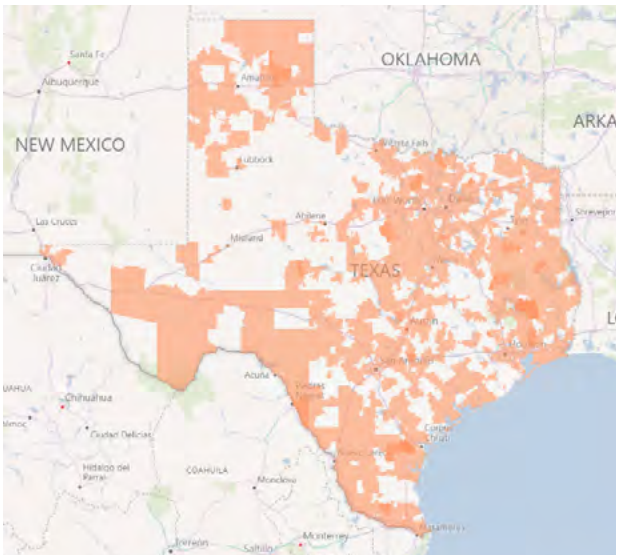


Note: Session numbers typically drop off during the summer and rebound in September. During the summer months, TCHATT staff focus on enrolling and onboarding additional schools and providing mental health training to school staff.

Zip codes with active TCHATT schools



Zip codes with pending or planned TCHATT schools



"We are in a remote area and resources are difficult to reach. TCHATT is easily accessible for our students who cannot travel to the nearest city for services." – School District Staff

"Students are able to receive support with mental health or behavioral support that is beyond the scope of what I, the school counselor, am able to support. TCHATT has streamlined the referral services that I would have only been able to haphazardly offer to parents through a printed-out brochure. TCHATT has helped our students so much!" –School District Staff

TCHATT Program Metrics as of end of August 2022

2,391,070
Number of Students Able to Access TCHATT Care

407
Number of School Districts Enrolled

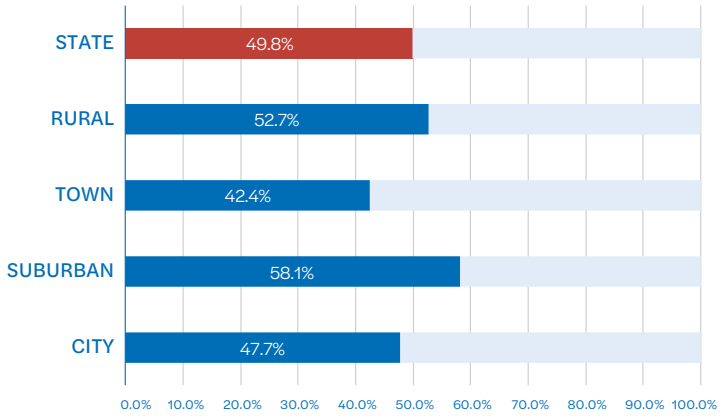
3,615
Number of School Campuses Enrolled

44%
Total Proportion of Student Lives Covered by TCHATT (eliminating those covered by other grants or declining to participate)

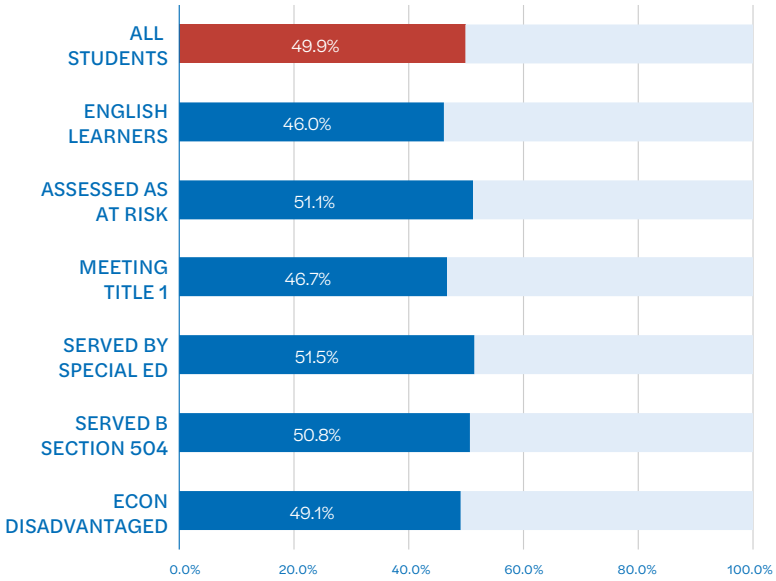
93%
of families reported satisfaction with TCHATT services

89%
of families report the child is doing a little or a lot better after TCHATT services

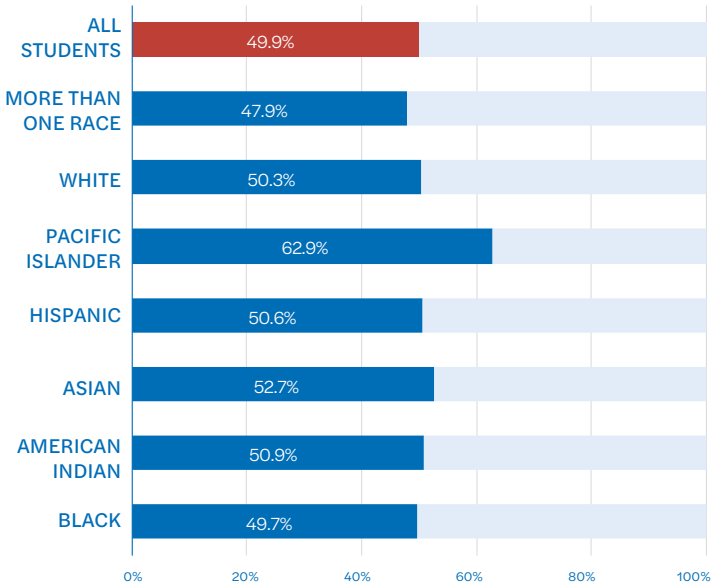
Proportion of students covered by TCHATT by community type



Proportion of students from different educational equity groups in the state covered by TCHATT



Proportion of students from different race/ethnicity groups in the state covered by TCHATT

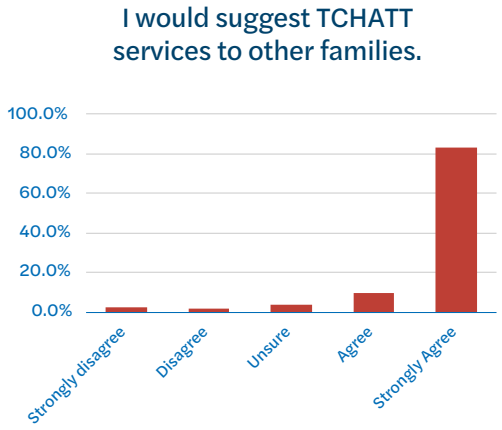


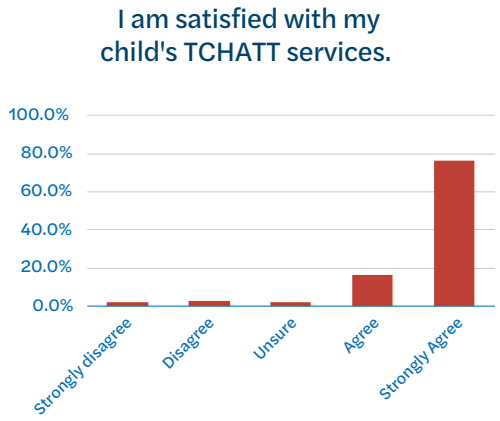
TCHATT supports Texas schools and families when and where they need it most:

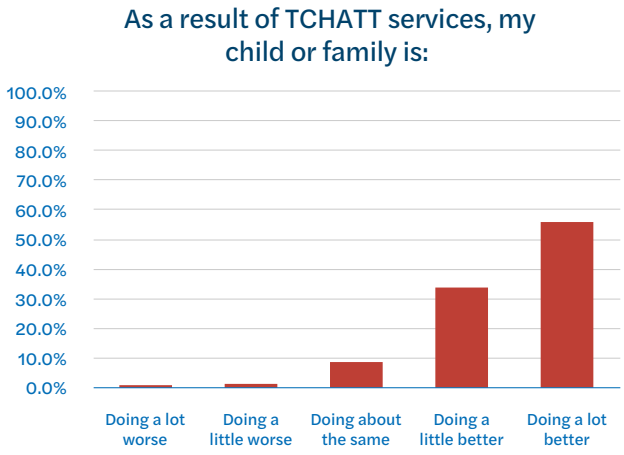
- TCHATT sessions are typically held once weekly, with most students averaging 4-6 sessions per child.
- The most common reasons for referring to TCHATT are anxiety, depression, and behavioral concerns such as anger and inattention.
- The most common types of treatment provided by TCHATT are supportive behavioral therapy and cognitive behavioral therapy.
- TCHATT clinicians refer almost half of the students involved in the program to ongoing community-based services and support (including LMHAs).

Users of TCHATT services reported their satisfaction with the initiative as follows:

Family Responses to Survey at Completion of TCHATT Services (N=330).

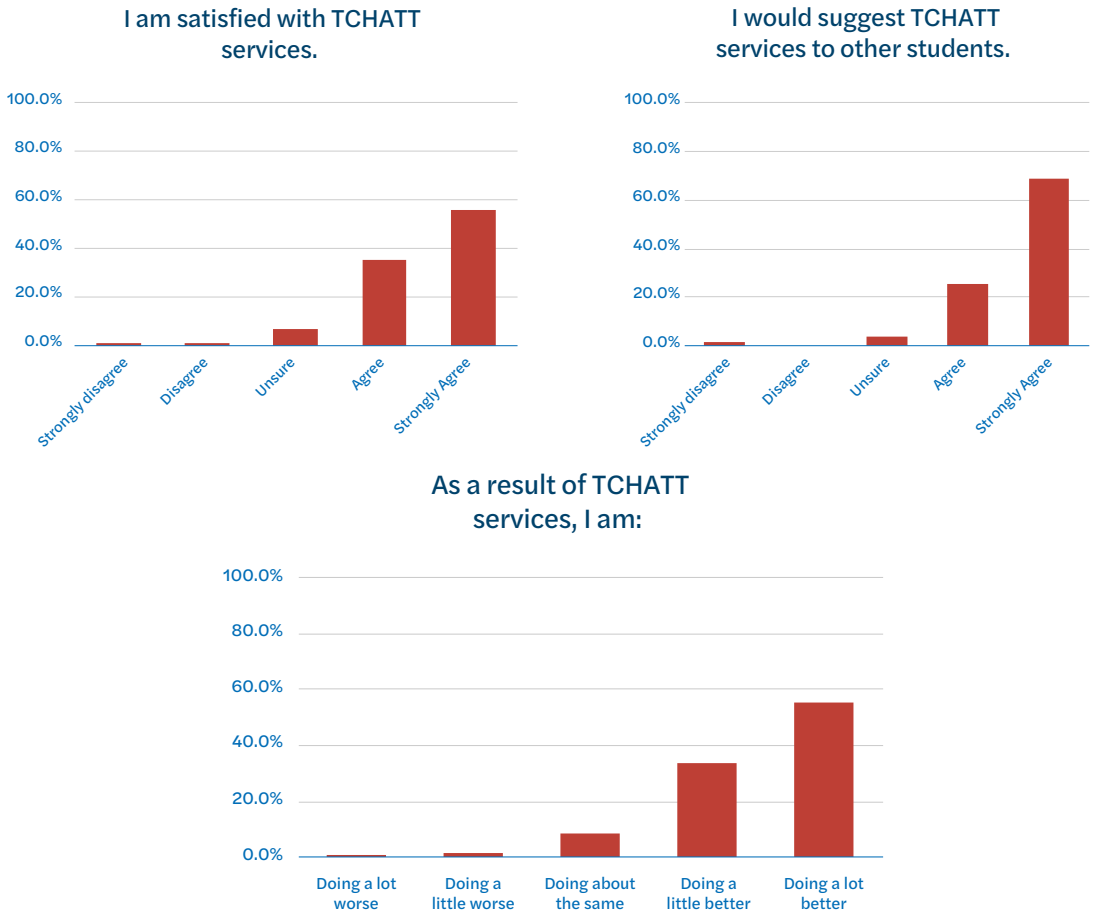






"I am so grateful for this program. My daughter was in a really rough place and this program was like a shining light to her. It sparked amazing conversation between my daughter and me. She has some tools in her belt to handle situations she can't control in the future. Thank you! Thank you! Thank you!" – Parent of a Student Served by TCHATT

Youth Responses to Survey at Completion of TCHATT Services (N=105).



> *There is really nothing for me to put here other than a thank you note. They really did help me and I'm doing a lot better now :) – Student served by TCHATT*

TCHATT Training and Education

Informed staff and parents are key to TCHATT's success. HRIs across the state implemented 369 professional development and educational events to more than 19,000 people, including school staff, parents and students, community organizations, other mental health providers and more. Examples include:

- Professional development to increase the knowledge and competency of school staff about children's mental health, anxiety interventions or identifying and treating attention deficit hyperactivity disorder;
- Parental education and engagement about topics ranging from a TCHATT overview and information on how to support a child with anxiety; and
- Focus groups with school counselors, district leads, et. al., to improve TCHATT program experience.

Community Psychiatry Workforce Expansion (CPWE)

Consortium Workforce Expansion Initiatives

While there is a shortage of mental health clinicians in almost every single county in Texas, the Consortium's programs are bridging the gap by providing access through telehealth – to rural communities who find it especially challenging – and by developing the next generation of children's mental health professionals.

CPWE aims to increase access to mental health services within local community mental health providers and to increase the number of Texas-trained psychiatry residents and CAP fellows who work in the public mental health system upon completion of their residencies and fellowships. HRIs place residents and CAP fellows within community mental health organizations (primarily Local Mental Health Authorities) who then provide psychiatric services to children, adolescents and adults in these locations. HRIs also place an academic medical director to support, train and guide residents through their work.

Feedback from residents shows that CPWE has contributed positively to reaffirming career decisions or expanding their thinking about career options. Other reported benefits of CPWE:

- Offers exposure to diverse patient populations and helps prepare participants for cross-cultural interactions and culturally responsive mental health care;
- Allows participants to see a wide range of complex mental health conditions that they might otherwise not have been exposed to–adding to the quality of their educational experience; and
- Introduces participants to systems of care that are rarely seen in private healthcare.

> *"I appreciated working within community mental health setting and the wealth of integrated care it provided for our patients...the private clinics we worked at did not have such access to counseling, case management, substance use treatment, etc." – CPWE Resident*

CPWE Program Metrics

157
residents rotated at LMHAs/Community Partners in the last year

16,075
individuals served (FY21 & FY22)

23,038
total visits completed (FY21 & FY22)

> *"The diversity of the population that I saw definitely changed my perspective on what I really wanted to work on and do. Not just the outpatient or inpatient settings, but even the population that I want to work with. A program that I can do for some of the kids, the immigrant population, with underprivileged services. I'm rethinking what I would want to do from that realm because I think that's more meaningful at this point, which I didn't know about. It's definitely going to make a big impact on my career choice in the future... At this point, still deciding, but I'm leaning more towards community practice." – CAP Fellow participating in CPWE*

Since its inception, the Consortium has engaged 20 LMHAs and 4 other community mental health provider organizations, with another 4 currently planned. While there are plans to expand to several new LMHAs and community mental health providers over the coming year, HRIs' ability to expand further is limited by their resident numbers and Accreditation Council for Graduate Medical Education rules governing rotation types and time allocations. (Appendix VI includes tables with details of the CPWE program.)

Current Partners

- Brazos Valley MHMR
- StarCare Specialty Healthcare System
- Emergence Health Network
- Tarrant County MHMR
- Integral Care
- Texana Center
- Harris Center
- Burke Center
- Center for Health Care Services
- Gulf Bend Center
- Hill Country Mental Health & Developmental Disabilities Centers
- Andrews Center Behavioral Healthcare System
- Gulf Coast Center
- Nueces Center for Mental Health & Intellectual Disabilities
- Tropical Texas Behavioral Health
- Coastal Plains Community Center
- Border Region Behavioral Health Center
- LifePath Systems
- Aliviane
- El Paso Child Guidance Center
- JPS Local Commitment Alternative hospital
- UT Physicians Psychiatry Outpatient Clinic-BBSB
- Metrocare Services
- Parkland Health and Hospital

Planned Partnerships

- Bluebonnet Trail Community Services
- Tri-County Behavioral Healthcare
- Spindletop Center
- Texoma Community Center

Child and Adolescent Psychiatry (CAP) Fellowships

The CAP Fellowship program aims to increase the number of psychiatrists in Texas who specialize in the diagnosis and treatment of psychiatric and associated behavioral health conditions affecting children and adolescents and thus, over time:

1. Increase the ratio of child and adolescent psychiatrists to the Texas child population;
2. Reduce the number of designated mental health professional shortage areas; and
3. Reduce appointment wait times to see a child and adolescent psychiatrist.

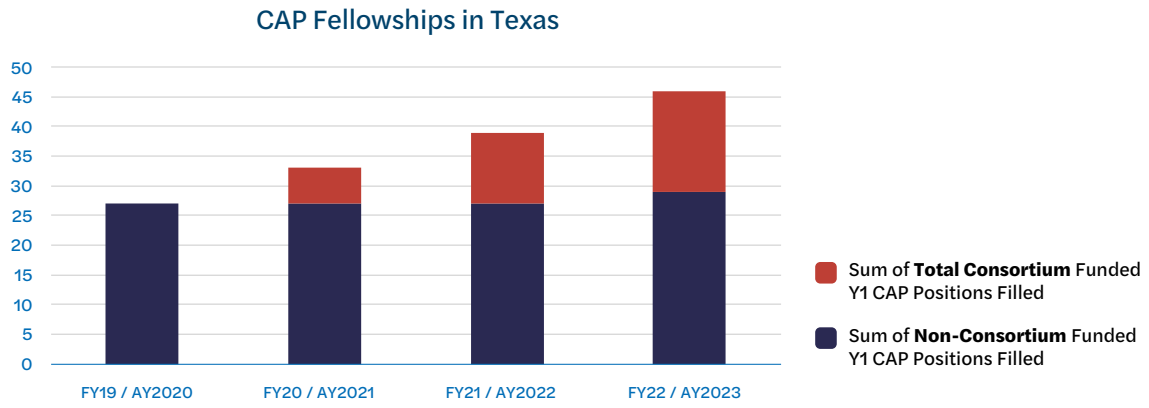
Through the CAP program, psychiatrists can apply to complete a 2-year specialized training in child and adolescent psychiatry based at the HRIs.

> *"All of my CAP Fellows from the last academic year decided to practice medicine in Texas." – Dr. Laurel Williams, Baylor College of Medicine*

First-year CAP fellowships increased by 70% in Texas

CAP Program Metrics

- In the academic year 2020, there were 27 First Year CAP positions filled in the state. Through TCMHCC funding, that number in academic year 2023 has now jumped to 46.
- As a result of state funding, the Consortium onboarded an additional 35 new first-year CAP Fellows in Texas, bringing the total number (both non-consortium funded and consortium-funded) of new child and adolescent psychiatrists trained in the state during academic years 2021-2023 to 118.
- Since 2019, the Consortium has stood up three new fellowship programs: Texas Tech University Health Sciences Center (TTUHSC), University of Texas Health Science Center at Tyler (UTHSCT) and the University of North Texas Health Science Center (UNTHSC).



The table above shows the increasing number of Consortium-funded first-year CAP fellowship positions filled statewide. The CAP Fellowship Program expands the number of child and adolescent psychiatry fellowship positions in Texas and the number of these training programs at Texas HRIs.

Research

The Consortium's research initiative has created two state-wide networks across the departments of psychiatry at Texas HRIs to improve the delivery of child and adolescent mental health services in alignment with the statewide Behavioral Health Strategic Plan.

Each of the two statewide research networks is focused on a specific topic area pertinent to advancing the delivery of evidence-informed pediatric mental health care. The networks and their focus are as follows:

1. Youth Depression and Suicide Research Network (YDSRN) - to better understand and improve mental health services to address youth depression and suicide; and
2. Childhood Trauma Research Network (CTRN) – to identify the mental health outcomes of acute and chronic trauma for children and adolescents, identify risk and protective factors, and identify best practices to improve the mental health of children and adolescents in Texas who have experienced trauma.

Each of the networks is comprised of research teams from participating HRIs (called "research nodes"). Each of the 12 HRIs are research nodes for both networks. Centralized management and oversight functions for each of the two networks is being done by a "research hub" located at an HRI selected by the Executive Committee. The YDSRN hub is led by the University of Texas Southwestern Medical Center and co-led by the Texas Tech University Health Sciences Center. The CTRN hub is led by the University of Texas at Austin Dell Medical Center and co-led by the University of Texas Medical Branch.

By creating these two research networks that span the diverse geographic regions across Texas, the research nodes can collect data that represents the state's diverse population. The involvement of all 12 HRIs allows for the partnering of more mature research institutions with less experienced ones, which strengthens statewide research capabilities and builds the competencies of more junior faculty. In addition, this cross-HRI collaboration translates into stronger, more competitive grant submissions which could potentially result in increased funding from federal and private sources.

Research Program Metrics

2,678 children have been engaged in research associated with the two networks

75 faculty from across the 12 HRIs are involved

5 publications submitted

21 publications under review or in development

$6,338,911 awarded from federal and private sources with one submitted grant (for $8,622,185) still pending a decision.

Plans for the two research networks are to evolve into a Learning Healthcare System. This concept, described in 2013 by the National Academy of Sciences, strives to improve all of healthcare by integrating clinical care, informatics and technology, creating a collaboration of key stakeholders such as healthcare providers, patients, families and community leaders. The essence of a Learning Healthcare System is continuous learning and improvement with input and engagement from all parties fostering on-going assessment and refinement of processes to improve outcomes. It is hoped that by taking this next step, the networks will help transform the state's systems of care in the areas of trauma and depression creating more efficient and effective treatment delivery.

LEGISLATIVE RECOMMENDATIONS

Continuation of ARPA-funded initiatives

The consortium requests full GR funding for the FY24-25 biennium to have continuity in some of the initiatives started or expanded with ARPA funding. This will reduce the administrative burden on HRIs resulting from the need to keep track of separate metrics depending on the method of finance. This has been challenging as many of the ARPA-funded initiatives are expansions of existing programs (such as the expansion of TCHATT statewide) or add-on services to existing programs where staff time is difficult to allocate. (See Appendix IV for ARPA funded initiatives)

Perinatal Psychiatric Access Network (PeriPAN)

The Consortium requests legislative direction to continue the statewide rollout of the perinatal mental health services authorized by SB 8(87th Third Call Session).

Single budget line for TCHMCC programs

The General Appropriations Act for FY22-23 separates consortium funds into distinct budget lines by program. A combined budget for all TCMHCC programs would allow the consortium to better integrate those programs that have significant overlap operationally. For example, in CPAN and TCHATT, both programs require clinical psychiatrist time and behavioral health consultants to coordinate care and conduct quality resource referrals. A single funding line would allow for efficiencies found in blended staffing and shared resources between programs.

Address limits on the number of residents per HRI participating in the CPWE program

HRIs would like explicit authority to fund more than 2 Medical Director and Psychiatry Resident positions currently specified in statute.

Expand the CPWE initiative to include other mental health professionals

Currently, the CPWE is focused on the field of psychiatry. HRIs have been able to utilize ARPA funds to expand this effort to include other children's mental health professionals. The Consortium recommends expansion of CPWE to include the fields of social work, psychology, peer support specialists, nurse practitioners, community health workers, and Qualified Mental Health Professionals.

Removal of MD Anderson from Consortium Executive Committee

The University of Texas MD Anderson Cancer Center was included in the list of Executive Committee members when the Consortium was initially created. Since that time, a role for that HRI within the context of the consortium's work in pediatric mental health has not been identified. Hence, the Consortium recommends removing the requirement for MD Anderson to serve as a member of the Executive Committee.

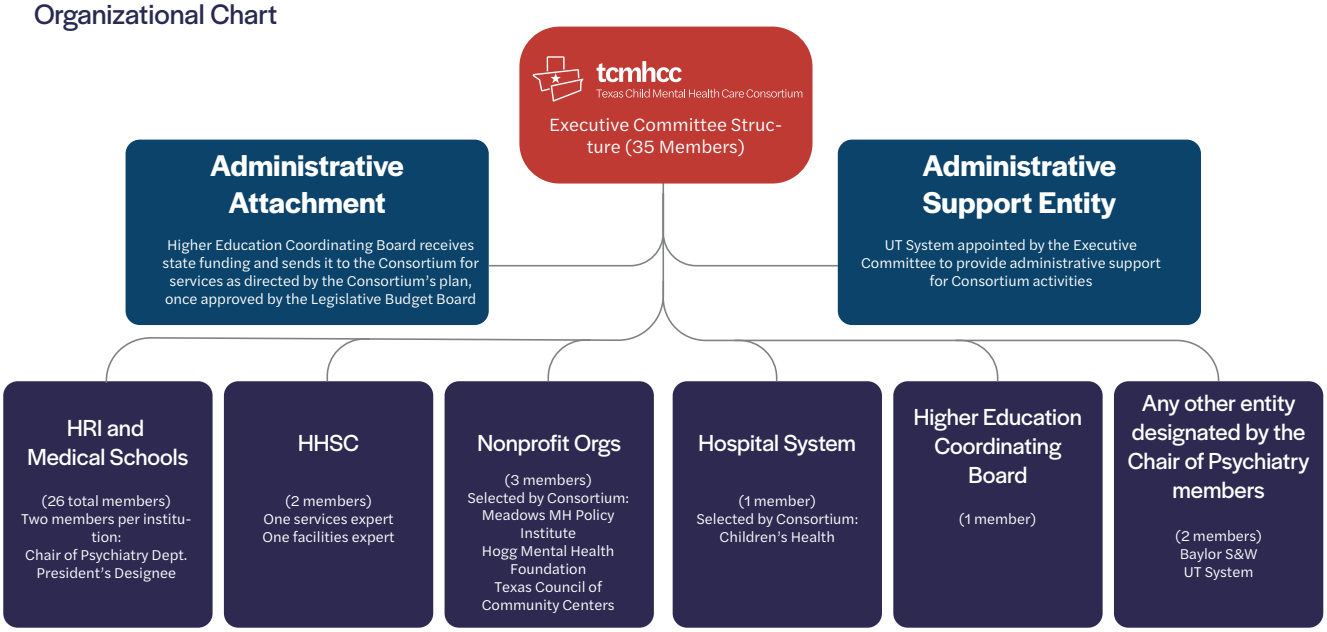
Additional Workforce Development

The Texas children's mental health service delivery system has experienced significant challenges in recruitment and retention of staff. This is evident not only in Consortium-affiliated service providers but also within the statewide pediatric mental health workforce. These issues impact continuity of care for children and families in need of services post-TCHATT, timely access to community-based services and supports, and the ability to continue to expand the reach of TCHATT within Texas public schools. The Consortium, in partnership with HHSC, the Texas Council of Community Centers, the Hogg Foundation for Mental Health, and NAMI Texas developed a White Paper (see Appendix VIII) outlining recommendations to impact both recruitment and retention of the children's mental health workforce across the state.

APPENDICES

Appendix I: Administration: Organizational Chart, Executive Committee and Timeline of Activities

Organizational Chart



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Meadows Mental Health Policy Institute

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Children's Health

Laurel L. Williams, DO
Professor, Child and Adolescent Psychiatry, Director of Residency Training in Child and Adolescent Psychiatry. CPAN and TCHATT Medical Director for the Centralized Operation Support Hub of the TCMHCC.
Baylor College of Medicine

Timeline of Activities

Key Events	Date
TCMHCC Formed through SB 11	Jun-19
UTS Selected as Administrator & Dr. Lakey voted as presiding officer of the Consortium	Sep-19
Plan to LBB submitted for approval	Nov-19
LBB Approval received for TCMHCC Plan	Jan-20
PIAs developed & executed with HRIs for TCMHCC TCHATT, CPAN, CPWE & CAP fellowship work	Feb-20
BCM selected as COSH	Feb-20
THECB completes FY20 Funding transfer to HRIs	Mar-20
First PCP enrolled in CPAN	May-20
First child referred to TCHATT	May-20
CPAN phone line goes live at BCM	May-20
HRIs able to enroll PCPs using Data Management System	May-20
HRIs able to input CPAN Call details into Data Management System	Aug-20
THECB transfers funds for research work / Research Initiated	Sep-20
CPAN phone line with auto-attendant live	Nov-20
EC votes to retain Dr. Lakey as the presiding officer of the Consortium	Aug-21
SB 8 87(3) Authoritzed ARPA funds for Expansion and Enhancement of TCMHCC Work	Nov-21
ARPA Application Accepted / Funding Awarded in Governor's E-Grants System	Mar-22
Additional $5.8M provided to Consortium to expand TCHATT state-wide	Jun-22
UT System/UT Austin Received Executed Contract for ARPA work from THECB	Aug-22
Subcontracts for ARPA work sent to HRIs	Aug-22
Data management system ready to capture PeriPAN services | PeriPAN goes live	Aug-22
School Portal goes live, allowing school users to directly enter TCHATT referrals	Aug-22

Appendix II: Budget by Program

Program	FY20-21 GR	FY22-23 GR	ARPA
Administration	$1,500,000	$1,275,000	$3,293,676
External Evaluation	$750,000	$750,000	
CAP Fellowships	$4,634,528	$6,712,220	**
Centralized Operations Support Hub (COSH)	$2,275,171	$2,969,954	$5,902,941
CPAN	$26,817,237	$27,337,346	$24,659,040
CPWE	$7,985,185	$13,939,812	$8,755,337
Other Workforce Development	$ -	$ -	$11,335,368
Research	$10,000,000	$11,211,562	$ -
TCHATT	$37,166,834	$60,112,378	$59,136,523
Grand Total	$91,128,955*	$124,308,272	$113,082,885

*Less than the original appropriation due to the return of funds expected to be unspent as a result of the pandemic and shortened FY20-21 timeline (See Appendix I - Timeline of Activities for further details).

** Several HRIs have funded CAP fellowships through bundled initiatives using ARPA funds listed under Other Workforce Development

FY22-23 Detailed Budget

Institution	CAP Fellowships	CPAN	CPWE	Research	TCHATT	COSH	Administration	Total
BCM	$822,777	$2,321,570	$297,750	$561,660	$4,481,883			$8,485,640
Dell	$283,833	$2,726,060	$513,510	$ 2,574,770	$7,450,870			$13,549,043
TAMUHSC	$300,375	$1,587,120	$656,825	$597,562	$5,120,344			$8,262,226
TTUHSC	$1,244,344	$2,317,008	$498,750	$739,610	$3,664,328			$8,464,040
TTUHSC EP	$525,218	$1,925,928	$909,720	$414,118	$2,476,142			$6,251,126
UNTHSC	$660,562	$2,241,605	$768,337	$559,982	$5,143,592			$9,374,078
UTHSCH	$769,687	$1,860,586	$2,677,639	$500,000	$4,630,917			$10,438,829
UTHSCSA	$428,476	$2,425,660	$1,994,551	$679,211	$5,043,363			$10,571,261
UTHSCT	$830,155	$1,606,310	$ 891,637	$339,952	$4,381,498			$8,049,552
UTMB	$ -	$2,327,289	$ 427,148	$831,646	$7,567,510			$11,153,593
UTRGV	$259,587	$2,567,721	$2,465,219	$507,174	$3,686,536			$9,486,237
UTS - Research Payments				$ 600,000				$600,000
UTS - Administration							$1,275,000	$1,275,000
UTS - External Evaluation							$750,000	$750,000
UTSW	$ 587,206	$3,398,803	$1,838,726	$2,305,877	$5,674,003			$13,804,615
COSH						$2,969,954		$2,969,954
Reserved Allocation					$823,078			$823,078
Grand Total	$6,712,220	$27,305,660	$13,939,812	$11,211,562	$60,144,064	$2,969,954	$2,025,000	$124,308,272

FY22-23 Budget by Health-Related Institution

Institution	FY 22-23 Budget
BCM	$ 8,485,640
Dell	$13,549,043
TAMUHSC	$8,262,226
TTUHSC	$8,464,040
TTUHSC EP	$6,251,126
UNTHSC	$9,374,078
UTHSCH	$10,438,829
UTHSCSA	$10,571,261
UTHSCT	$8,049,552
UTMB	$11,153,593
UTRGV	$9,486,237
UTSW	$13,804,615

Texas Child Mental Health Care Consortium

Governance Plan

June 18, 2021

TCMHCC and the Consortium will be used interchangeably in this document to refer to the Texas Child Mental Health Care Consortium.

Background

TCMHCC was established through Senate Bill 11 of the 86th Regular Legislative Session to:

1) leverage the expertise and the capacity of the health-related institutions of higher education in Texas to address urgent mental health challenges and improve the mental health care system in this state in relation to children and adolescents; and

2) enhance the state's ability to address mental health care needs of children and adolescents through collaboration of the health-related institutions of higher education.

Vision

All Texas children and adolescents will have the best mental health outcomes possible.

Mission

Advance mental health care quality and access for all Texas children and adolescents through inter-institutional collaboration, leveraging the expertise of the state's health-related institutions of higher education, local and state government agencies, and local and state mental health organizations.

Purpose of this Document

This document describes the governance of TCMHCC including:

- TCMHCC membership; and
- TCMHCC organizational structure and the operations, roles, and responsibilities of each component of the Consortium.

The Consortium

Structure of TCMHCC

The Consortium is composed of the following entities:

1. The following 13-state funded health-related institutions of higher education in Texas:
    a. Baylor College of Medicine;
    b. The Texas A&M University System Health Science Center;
    c. Texas Tech University Health Sciences Center;
    d. Texas Tech University Health Sciences Center at El Paso;
    e. University of North Texas Health Science Center at Fort Worth;
    f. Dell Medical School at The University of Texas at Austin;
    g. The University of Texas M.D. Anderson Cancer Center;
    h. The University of Texas Medical Branch at Galveston;
    i. The University of Texas Health Science Center at Houston;
    j. The University of Texas Health Science Center at San Antonio;
    k. The University of Texas Rio Grande Valley School of Medicine;
    l. The University of Texas Health Science Center at Tyler; and
    m. The University of Texas Southwestern Medical Center
2. the Texas Health and Human Services Commission (HHSC);
3. the Texas Higher Education Coordinating Board (THECB);
4. three nonprofit organizations that focus on mental health care, designated by a majority of the 13 health-related institutions; and
5. any other entity that the TCMHCC Executive Committee (defined below) considers necessary.

Duties of the Consortium

The TCMHCC will implement projects and research directed and funded by the Texas Legislature. The Texas Legislature directed TCMHCC to implement the following programs, relevant research, and appropriate evaluation using funds that are appropriated to the THECB and referenced in Subsection (b) of THECB Rider 58 of House Bill 1 (Rider 58) from the Texas 86th Regular Legislative Session:

1. Child Psychiatry Access Network (CPAN). A network of child psychiatry access centers that provide consultation services and training opportunities for pediatricians and primary care providers to better care for children and youth with behavioral health needs. The consortium shall establish a network of comprehensive child psychiatry access centers. A center shall:
    a. be located at a health-related institution of higher education that is part of the Consortium.
    b. provide consultation services and training opportunities for pediatricians and primary care providers operating in the center's geographic region to better care for children and youth with behavioral health needs.
2. Texas Child Health Access Through Telemedicine (TCHATT). Telemedicine or telehealth programs for identifying and assessing behavioral health needs and providing access to mental health care services, prioritizing the behavioral health needs of at-risk children and adolescents, and maximizing the number of school districts served in diverse regions of the state.
3. Community Psychiatry Workforce Expansion (CPWE). One full-time psychiatrist to serve as academic medical director at a facility operated by a community mental health provider and two new resident rotation positions at the facility. A health-related institution of higher education that is part of the Consortium may enter into a memorandum of understanding with a community mental health provider to establish a center or expand a program.
4. Child and Adolescent Psychiatry (CAP) Fellowships. Additional child and adolescent psychiatry fellowship positions at health-related institutions.

In implementing the CPAN and TCHATT programs, the Consortium will leverage the resources of a hospital system in the state if the hospital system:

i) provides consultation services and training opportunities for pediatricians and primary care providers; and

ii) has an existing telemedicine or telehealth program for identifying and assessing the behavioral health needs of and providing access to mental health care services for children and adolescents.

The TCMHCC Executive Committee

Executive Committee Structure

The TCMHCC will be governed by an Executive Committee consisting of the following individuals:

1. Each of the 13 health-related institutions that are Consortium members listed above will have up to two representatives:
   a. the chair of the academic department of psychiatry of the institution or a licensed psychiatrist, including a child-adolescent psychiatrist, designated by the chair to serve in the chair' s place; and
   b. An additional designee, if chosen by the institution's president.
2. a representative of HHSC with expertise in the delivery of mental health care services, appointed by the HHSC Executive Commissioner;
3. a representative of HHSC with expertise in mental health facilities, appointed by the Executive Commissioner;
4. a representative of the THECB, appointed by the Commissioner of Higher Education;
5. a representative of each of the three nonprofit organizations that are made part of the Consortium;
6. a representative of a hospital system in this state, designated by a majority of the members described by 1) a above; and
7. any other representative designated by a majority of the members described by 1) a above at the request of the Executive Committee.
8. The Administrative Support Entity (as described below) will identify an administrative liaison to serve on the Executive Committee.

Duties of the Executive Committee

The TCMHCC Executive Committee will provide leadership, decision making and oversight of Consortium projects implemented by the health-related institutions as directed and funded by the Texas Legislature. General duties of the Executive Committee include:

1. In collaboration with the Statewide Behavioral Health Coordinating Council, provide counsel and insight on best practices to improve and develop mental health services to children and adolescents in Texas.
2. serve on appropriate workgroups as noted below.
3. coordinate the provision of funding to the health-related institutions of higher education that form the Consortium.
4. establish procedures and policies for the administration of funds of the Consortium.
5. monitor funding and agreements to ensure recipients of funding comply with the terms and conditions of the funding and agreements.
6. Establish metrics to monitor the impact of the Consortium's initiatives.
7. Establish and revise the TCHMCC Governance Plan at least every two years.
8. Develop and revise the TCMHCC Strategic Plan at least every two years.

9. Approve specific projects.
10. Meet at least quarterly
    a. All Executive Committee members are expected to attend at least 75% of all Executive Committee meetings.

Selection of Executive Committee Members

Nonprofit Consortium Members

At the inception of the Consortium and three months prior to the end of each term (as defined below), three nonprofit organizations that focus on mental health care will be selected by majority vote of the 13 state-funded health-related institutions of higher education to serve on the Consortium. Organizations will be identified directly by Executive Committee members or through an application process. The term of service will be for four years but is renewable upon reapproval by the majority vote of the 13 institutions.

Hospital System Executive Committee Member

At the inception of the Consortium and three months prior to the end of each term (as defined below), Executive Committee members will identify hospital systems to nominate to serve as a representative on the Executive Committee. Organizations will be identified directly by Executive Committee members or through an application process. The TCMHCC will review the candidate organizations and, through a majority vote of the 13 health-related institutions, select a hospital system to serve on the Executive Committee. The term of service will be for four years but is renewable upon reapproval by the majority vote of the 13 institutions.

Additional Consortium and Executive Committee Members

Executive Committee members can nominate an additional organization that is necessary for the operations and decision making of the Consortium. Any nominated organization will be reviewed by the Executive Committee and named through a majority vote. All terms are for four years but are renewable by a majority vote of the Executive Committee. The Executive Committee can also name additional Executive Committee members who are not representatives of Consortium members. These members will be named through majority vote and serve four-year terms, which can be renewed by a majority vote of the Executive Committee.

Consortium Member Representatives

Each organization will identify its representative who will serve on the Executive Committee.

Termination of Executive Committee Member's Term

The term of an Executive Committee member or workgroup member may be terminated due to one of the following scenarios:

1. Change in their role within their organization or employer making them no longer qualified or eligible;
2. For non-profit organizations and hospital systems, completion of their term and their organization is not selected for an additional term;
3. Their organization/agency selects a new representative;
4. The representative of an organization or agency is unable to meet the roles, responsibilities and tasks required by the Consortium, including meeting attendance.

If the Presiding Officer concludes that it is appropriate to terminate the term of an Executive Committee member because of one of the reasons set forth above, the Presiding Officer will contact the head of the organization represented by that Committee member, state the reasons why termination is in order, and request that the organization appoint a new representative. If the organization believes termination is not appropriate, it may request that the current Committee member continue. Final decisions with respect to the continuation of Executive Committee members in such instances will rest with the entire Executive Committee.

The Presiding Officer has authority to act with respect to the termination of the terms of workgroup members who are not Executive Committee members and will advise the Executive Committee of such actions.

Vacancies on the Executive Committee

A vacancy on the executive committee shall be filled in the same manner as the original appointment.

Presiding Officer

The Executive Committee shall elect a Presiding Officer from among the membership of the Executive Committee. The term of service will be for two years but is renewable upon the approval of the Executive Committee. The duties of the Presiding Officer are to:

1. Serve as the official spokesperson for the Consortium;
2. Convene and manage all Consortium Executive Committee meetings and participate as needed in Workgroup meetings;
3. Solicit input from Executive Committee members to provide opportunities for their ideas and concerns to be expressed;
4. Request input from stakeholders and partners as needed; and
5. Serve as the intermediary between the Executive Committee and the Administrative Support Entity to ensure the business of the Consortium progresses between meetings.

Note: The Presiding Officer may be employed by the Administrative Support Entity.

The Executive Committee may remove the Presiding Officer by a vote of two-thirds of the total number of Executive Committee members.

Conflicts of Interest

Each Executive Committee and Workgroup member will yearly document and disclose any real or potential conflicts of interest using the form represented in Attachment A.

Executive Committee Voting and Decision Making

The Executive Committee will make every effort to achieve consensus before voting. All final plans and elections will be approved and determined by formal vote.

A majority of the total number of Executive Committee members shall constitute a quorum at an Executive Committee meeting.

Voting decisions made by the Executive Committee will be by a simple majority of the members present at any meeting, with the exception of votes to: (i) adopt or modify the Governance Plan or the Strategic Plan; or (ii) remove the Presiding Officer. The Governance Plan and the Strategic Plan may only be adopted or modified by a vote of two-thirds of all Executive Committee members.

Executive Committee members may abstain from a vote.

Timing of Elections

The election and selection of the Presiding Officer, Administrative Support Entity, the nonprofit members of the Executive Committee, the hospital system Executive Committee member and all other Consortium or Executive Committee members will all occur during the August meeting in odd-numbered years.

Texas Open Meetings Act:
Meetings of the Executive Committee are subject to the Texas Open Meeting Act.

Meetings of the TCMHCC workgroups are not subject to the Texas Open Meetings Act, but their recommendations must be approved by the Executive Committee before they are considered final.

Texas Public Information Act:

All business conducted by the Consortium and its members is subject to the Texas Public Information Act.

The TCMHCC Administrative Support Entity

The Executive Committee will select by majority vote an institution of higher education to serve as the Administrative Support Entity for the TCMHCC. This entity will enter into a memorandum of understanding with the THECB to receive the funds allocated by the Texas Legislature to administer the Consortium. The Administrative Support Entity will identify an administrative liaison and request that they be named to serve as a member of the Executive Committee. This administrative liaison may serve as the Presiding Officer if selected by the Executive Committee.

Although subject to funding by the Legislature, the Administrative Support Entity will serve for a term of four years. The Administrative Support Entity is eligible for renewal after the four-year term but must be approved for renewal by the Executive Committee. The current administrative liaison will recuse themselves from votes by the Executive Committee for the selection of and all other matters involving the Administrative Support Entity.

Workgroups

The Executive Committee of the Consortium can establish specific workgroups through majority vote to develop draft proposals, plans, processes, reports, and evaluations or to conduct reviews on behalf of the Executive Committee. Workgroup leaders will be selected from and by the Executive Committee and will present their progress at each Executive Committee meeting. Workgroups will consist of both members and non-members of the Executive Committee who have needed expertise for the Workgroup's mission. Members of a Workgroup can be selected by the Presiding Officer and Workgroup Chair between meetings if needed but must be confirmed at the next Executive Committee meeting. All work developed by a Workgroup must be presented to the Executive Committee and approved prior to finalization or implementation. Each Workgroup will be discontinued after two years unless reauthorized by the Executive Committee.

Selection of Representatives to Other Statewide Committees

The Executive Committee will select a member to serve on statewide committees as directed by the Texas Legislature, and other statewide committees, commissions, advisory groups, or councils designated to address the needs of children, youth, and families in this state, as needed. This includes but is not limited to the Statewide Behavioral Health Coordinating Council, and as a liaison to the Texas Education Agency to develop a Rubric of Resources and a Statewide Inventory of Mental Health Resources under Sections 38.251 and 38.253, respectively, of the Education Code. Members selected to serve on a statewide committee may provide relevant updates to the Executive Committee regarding the proceedings of the statewide committee.

Reports to the Texas Legislature

1) **Biennial Report**.

Not later than December 1 of each even-numbered year, the Consortium shall prepare and submit to the Governor, the Lieutenant Governor, the Speaker of the House of Representatives, and the standing committee of each house of the legislature with primary jurisdiction over behavioral health issues and post on its Internet website a written report that outlines:

1) the activities and objectives of the Consortium.
2) the health-related institutions of higher education that receive funding by the Consortium; and
3) any legislative recommendations based on the activities and objectives of the Consortium.

ATTACHMENT A

Texas Child Mental Health Care Consortium
Executive Committee Member
Conflict of Interest Statement

A Conflict of Interest is a significant Outside Interest* of an Executive Committee Member or one of the Executive Committee Member's immediate family members that could directly or significantly affect the Executive Committee Member's performance of their responsibilities to the Consortium.

The proper discharge of an Executive Committee Member's responsibilities could be directly or significantly affected if an outside employment, service, activity, or interest:

(1) might tend to influence the way the Executive Committee Member performs his or her responsibilities to the Consortium, or the Executive Committee Member knows or should know the interest is or has been offered with the intent to influence the Executive Committee Member's conduct or decisions;

(2) could reasonably be expected to impair the Executive Committee Member's judgment in performing his or her responsibilities to the Consortium; or

(3) might require or induce the Executive Committee Member to disclose confidential or proprietary information acquired through the performance of their responsibilities to the Consortium.

* "Outside Interest" does not include a Committee Members' interest in the entities that comprise the Consortium, as listed in Section 113.0052 of the Texas Health and Safety Code.

I, _____, am a member of the Texas Child Mental Health Care Consortium Executive Committee. I have thoroughly reviewed and understand the description of a conflict of interest described in this document. If I become aware of any potential conflict of interest related to my service as an Executive Committee Member, I will immediately notify the Executive Director of the Texas Child Mental Health Care Consortium in writing and cooperate with the Executive Director on any strategies to eliminate or manage the conflict, as the case may require.

_____ _____

Signature Date

Texas Child Mental Health Care Consortium
Executive Committee/Workgroup Member
Outside Activity and Financial Interest Disclosure

In order to assure that any potential conflict of interest is identified and appropriately managed, Executive Committee and Workgroup Members are required to disclose outside activities and financial interests of themselves and immediate family members on an annual basis. In addition, any newly acquired interest or activity subject to disclosure must be disclosed within 30 days of inception of the activity or interest.

Activities and Financial Interests of the committee/workgroup member and their immediate family that must be disclosed include the following:

Activities:

Any compensated activity from any source;

Any executive board service with any entity;

Any advisory board service with any entity reasonably related to or impacted by the activities of the Texas Child Mental Health Care Consortium; and

Any non-compensated activity with any entity reasonably related to or impacted by the activities of the Texas Child Mental Health Care Consortium.

Interests:

Any Financial Interest in any entity reasonably related to or impacted by the activities of the Texas Child Mental Health Care Consortium.

Financial Interest includes any pecuniary interest in an entity, whether as an equity interest (e.g., stocks, stock options, partnership interest, etc.), or non-equity interest (e.g., bonds, royalty agreements, intellectual property licensure, etc.).

When in doubt, please err on the side of disclosure.

Please note, financial interests in mutual funds and/or retirement accounts where you as the investor cannot make decisions regarding which individual stocks are included in the fund need not be disclosed.

In making your disclosure, please utilize the format provided below. You may attach additional pages as necessary:

Name of entity	Type of activity or interest	Brief description of the character and nature of the activity or interest	Dollar value

I, _____, am a member of the Texas Child Mental Health Care Consortium Executive Committee or Workgroup.

Choose one option:

□ After a thorough review, I confirm that I have nothing to disclose.

□ After a thorough review, I have fully disclosed all activities and financial interests for myself and my immediate family, as described in detail on the attached page(s).

If I become aware of any additional activities or financial interests that must be disclosed, I will do so immediately.

_____ _____

Signature Date

ADDITIONAL PAGE (IF NEEDED)

Name of entity	Type of activity or interest	Brief description of the character and nature of the activity or interest	Dollar value

Appendix IV: ARPA Initiatives by Program and Institution

Enhancements and expansion of the Child Psychiatry Access Network (CPAN):

- Psychiatrists and mental health professionals will be able to directly consult with patients via telehealth.
- Through the Collaborative Care Model, 9 HRIs will partner with 18 Health Systems across Texas, to enable effective identification/screening and treatment of behavioral health conditions in primary care settings.
- Healthcare providers will have the ability to text information to HRIs to set up CPAN consultations.
- The Perinatal Psychiatric Access Network (PeriPAN) will be implemented in 4 Texas regions, to address behavioral health needs of pregnant patients and new mothers residing in Central Texas, West Texas, North Texas and the Greater Houston area.
- Through implementation of Safety-A (formerly known as the Family Intervention for Suicide Prevention) 5 HRIs will train primary care clinics within their regions about tools to increase their competency in suicide prevention intervention so that patients are able to be treated in the least restrictive care setting.

Enhancements and expansion of the Texas Child Access Through Telemedicine (TCHATT) program:

- Additional funding aims to reach more regions and schools that want to partner with TCHATT.
- Provide additional sessions to continue services for youth with urgent mental health needs, or who otherwise would not be able to access services due to lack of resources.
- Anxiety services will increase well-being and resilience amongst school-aged children through evidence-based models as it relates to anxiety.
- Adolescent Substance Use Disorder (A-SUD) intervention will pilot in 5 HRI regions to youth affected by, or at risk, for substance use, misuse, and abuse.
- Evidence-based group tele-therapy will be available for youth and families.
- Evidence-based services will be available to youth and families experiencing pandemic-related trauma.
- Across the state, TCHATT will increase mental resilience amongst students through a school-based peer model called Youth Aware of Mental Health (YAM).

Expansion of the child and adolescent mental health workforce (Community Psychiatry Workforce Expansion, CPWE):

- The Consortium will offer additional Local Mental Health Authorities (LMHAs) the current technology and training to provide psychiatric telehealth services to their patients.
- Supervised training to recent graduates of accredited mental health care programs will be provided in specific HRIs to deliver effective child and adolescent mental health services to community-based mental health providers in their region.

APRA Initiatives and Participating HRIs

CPAN	Additional Consults/ Direct Services	» Baylor College of Medicine » Dell Medical School » Texas Tech University Health Sciences Center » Texas Tech University Health Sciences Center El Paso » University of Texas Health Science Center Houston » University of Texas Health Science Center San Antonio » University of Texas Health Science Center Tyler » University of Texas Medical Branch
	DM/Text Add-On	» Baylor College of Medicine » Dell Medical School » University of Texas Health Science Center Houston » University of Texas Health Science Center Tyler » University of Texas Southwestern
	Pediatric Collaborative Care	» Meadows Mental Health Policy Institute » Baylor College of Medicine » Dell Medical School » Texas Tech University Health Sciences Center » Texas Tech University Health Sciences Center El Paso » University of North Texas Health Science Center » University of Texas Rio Grande Valley » University of Texas Health Science Center San Antonio » University of Texas Southwestern
	Perinatal CPAN	» Baylor College of Medicine » Dell Medical School » Texas Tech University Health Sciences Center » University of Texas Southwestern
	Suicide Prevention Intervention (FISP)	» Baylor College of Medicine » Dell Medical School » Texas A&M University Health Science Center » Texas Tech University Health Sciences Center » University of Texas Health Science Center Houston » University of Texas Medical Branch » University of Texas Southwestern
	CPAN COSH Support	» Baylor College of Medicine
TCHATT	Additional Sessions as Needed	» Dell Medical School » Texas A&M University Health Science Center » Texas Tech University Health Sciences Center » Texas Tech University Health Sciences Center El Paso » University of Texas Health Science Center Houston » University of Texas Medical Branch » University of Texas Southwestern

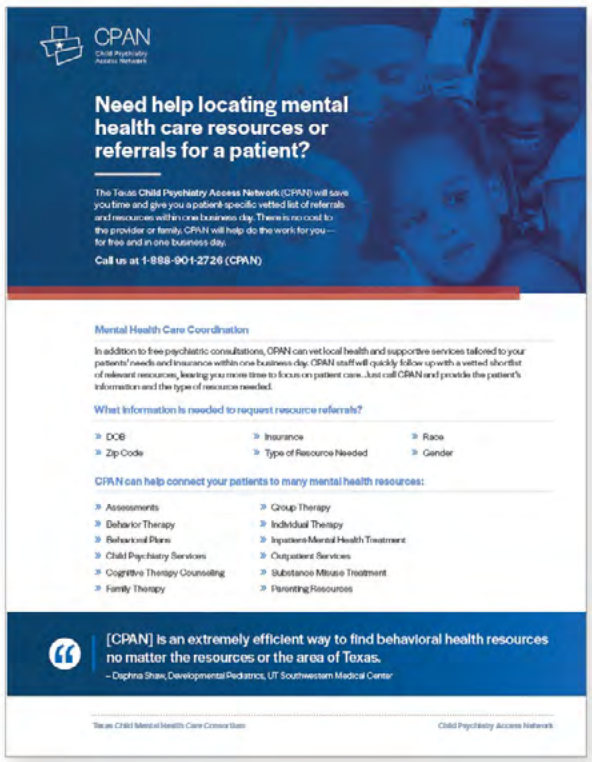
TCHATT	Cover More TCHATT Regions	» Texas Tech University Health Sciences Center » University of Texas Health Science Center Houston » University of Texas Health Science Center San Antonio » University of Texas Medical Branch » University of Texas Rio Grande Valley
	YAM Suicide Prevention	» Dell Medical School » Texas A&M University Health Science Center » Texas Tech University Health Sciences Center » University of Texas Health Science Center Houston » University of Texas Health Science Center San Antonio » University of Texas Health Science Center Tyler » University of Texas Medical Branch » University of Texas Southwestern
	Bilingual Trauma Services	» Texas Tech University Health Sciences Center » University of Texas Health Science Center San Antonio
	Evidence-Based Group	» Texas Tech University Health Sciences Center
	Anxiety Services	» Baylor College of Medicine » Texas Tech University Health Sciences Center » University of Texas Health Science Center Houston » University of Texas Health Science Center San Antonio
	Trauma-Focused Expansion Services	» Dell Medical School » Texas A&M University Health Science Center » Texas Tech University Health Sciences Center » University of Texas Health Science Center Houston » University of Texas Health Science Center San Antonio » University of Texas Medical Branch
	Adolescent Substance Use Disorder (A-SUD) Services	» Dell Medical School » Texas Tech University Health Sciences Center » University of Texas Health Science Center Houston » University of Texas Health Science Center San Antonio
	TCHATT COSH Support	» Baylor College of Medicine
CPWE	LMHA Telehealth Services	» Dell Medical School » Texas Tech University Health Sciences Center » University of Texas Health Science Center Houston » University of Texas Southwestern
	CAP Fellowships and Training	» Dell Medical School » Texas Tech University Health Sciences Center El Paso » University of Texas Southwestern

CPWE	Mental Health Workforce Expansion	» Baylor College of Medicine » Dell Medical School » Texas A&M University Health Science Center » Texas Tech University Health Sciences Center » Texas Tech University Health Sciences Center El Paso » University of Texas Health Science Center Houston » University of Texas Health Science Center San Antonio » University of Texas Southwestern

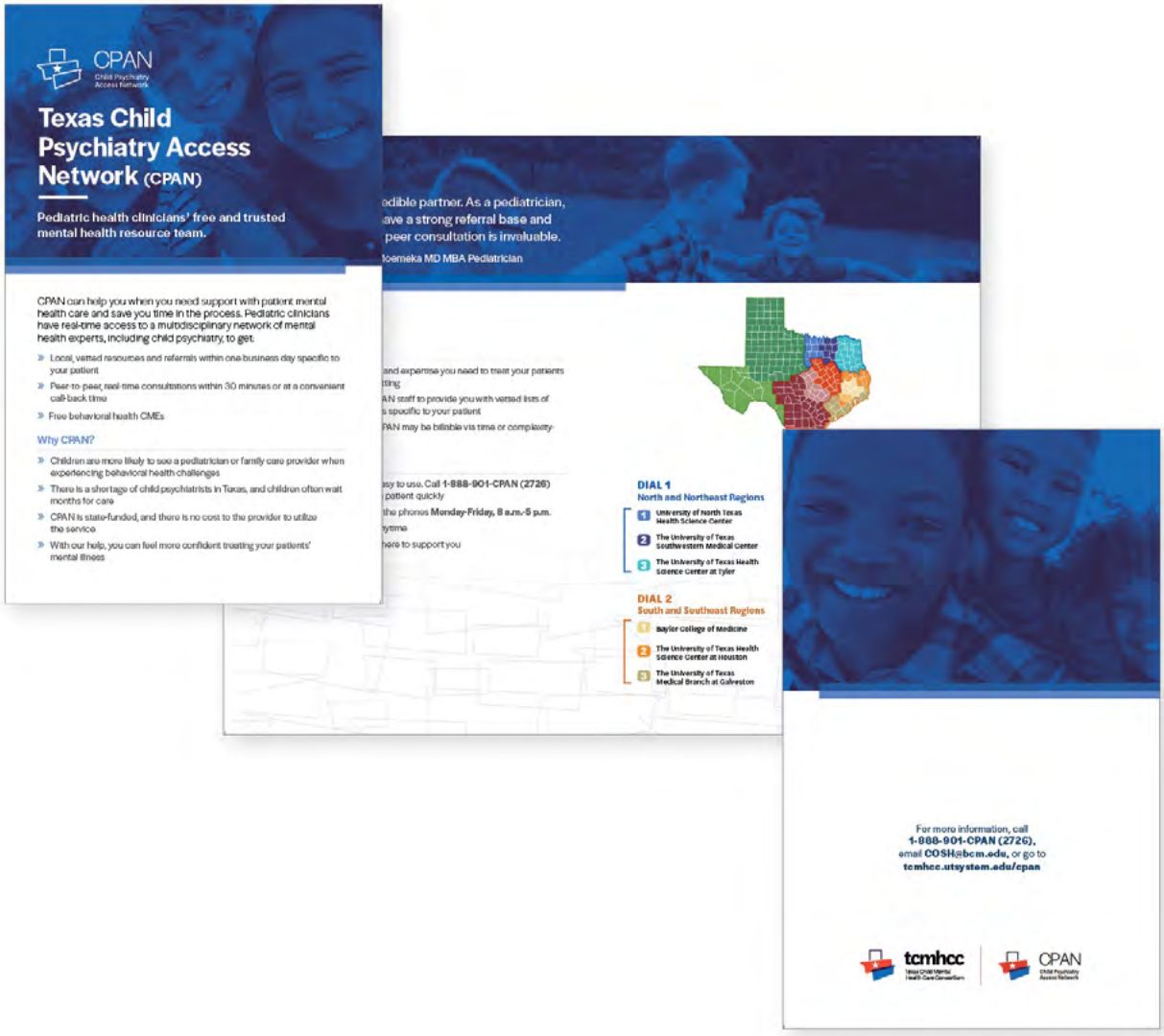
Appendix V: Outreach Material Examples

CPAN FAQs:

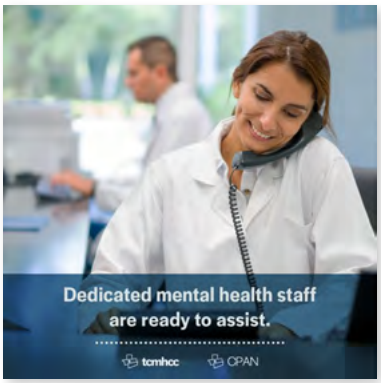
Resource 1-pager



CPAN General Bi-fold Flyer



CPAN Digital Strategies



Appendix VI: Community Psychiatry Workforce Expansion (CPWE) Detailed Metrics

DATA SOURCES	Fiscal Year (FY) 2021 (01 SEP 20 - 31 AUG 21) FY UNIQUE PATIENTS			FY 2022 (01 SEP 21 - 31 AUG 22) FY UNIQUE PATIENTS			FYS 2021-2022 GRAND TOTALS *		
	AGES 0-20	AGES 21+	ALL AGES	AGES 0-20	AGES 21+	ALL AGES	AGES 0-20	AGES 21+	ALL AGES
Local Mental Health Authority (LMHA)	3,222	945	4,167	5,880	2,294	8,174	9,102	3,239	12,341
NON-LMHA	423	229	652	2,358	724	3,082	2,781	953	3,734
GRAND TOTAL	3,645	1,174	4,819	8,238	3,018	11,256	11,883	4,192	16,075
PERCENT OF ALL AGES	76%	24%	100%	73%	27%	100%	74%	26%	100%

CPWE VISITS (ENCOUNTERS)			
DATA SOURCES	FY 2021 (01 SEP 20 - 31 AUG 21) ALL AGES FY VISITS	FY 2022 (01 SEP 21 - 31 AUG 22) ALL AGES FY VISITS	FYS 2021-2022 GRAND TOTAL VISITS ALL AGES FY VISITS
LMHA	4,383	8,598	12,981
Other Community Mental Health Organization	3,681	6,376	10,057
GRAND TOTAL	8,064	14,974	23,038

Appendix VII: Research Publications

YDSRN Publications

Submitted

1. Tamminga CA, Trivedi M, Wagner K, Wakefield S, Newport J, Norcross J, Lakey D, Nemeroff CB. The Texas child mental health network: A new child and adolescent research registry. Submitted to Psych Services.

2. Trivedi MH, Minhajuddin A, Slater H, Baronia R, Blader J, Blood J, Brown R, DeFilippis M, Farmer D, Garza C, Hughes JL, Kennard BD, Liberzon I, Martin S, Mayes T, Soares J, Storch E, Wakefield SM, and the TX-YDSRN Team. Texas Youth Depression and Suicide Network (TX-YDSRN) Research Registry and Learning Healthcare System: Rationale, Design, and Baseline Characteristics. Submitted to Journal of Affective Disorders.

3. Nandy K, Rush AJ, Blader J, Brown R, Emslie GJ, Fuselier M, Garza C, Gushanas K, Jha M, Kennard BD, Mayes TL, Minhajuddin A, Slater H, Wakefield S, Trivedi MH. Psychometric evaluation of the 9-item Concise Health Risk Tracking - Self-Report (CHRT-SR9) (A measure of suicidal risk) in adolescent psychiatric outpatients. Submitted to Journal of Affective Disorders.

4. Jha MK, Ayvaci R, Minhajuddin A, Mayes TL, Emslie GJ, Trivedi MH. Psychometric Properties of Concise Associated Symptom Tracking (CAST) Scale and Association of its Domains with Symptoms of Suicidal Ideation in Youths and Young Adults. Submitted to Psychiatric Research and Clinical Practice.

5. Minhajuddin A, Mayes TL, Jha MK, Slater H, Emslie GJ, Wakefield A, Trivedi MH. Exploratory LCA using PROMIS Domain Scores in 12-17 year-old adolescents in treatment for Depression or suicidal ideation. Submitted to Journal of Affective Disorders.

To be submitted by end of 2022

- Suicide Risk Assessment and Management for the Texas Youth Depression and Suicide Research Network.
- Characteristics of Suicidal Youth (Attempters vs Ideators) in the Texas Youth Depression and Suicide Research Network.
- A comparison of the QIDS-SR, PHQ-9, and VQIDS-SR in terms of psychometric properties and sensitivity to change in depressed adolescents.
- Measurement-Based Care in the Texas Youth Depression and Suicide Research Network.
- Comorbid Depression and Obsessive-Compulsive Disorder: Clinical characteristics, treatment history, and functional impairment.

In preparation:

- The Sociocultural Context of Trauma and Suicide in Latinx Youth.
- Variations in mental health comorbidity amongst youth with depression.
- Resiliency and Suicidal Ideation in a Pediatric Population: Measuring Correlation between CD-RISC scores and suicidal ideation in a state-wide database.
- Major depressive disorder in youth with obsessive-compulsive disorder: is it different?

CTRN Publications

Under Review

There are 4 CTRN manuscript proposals under review by the CTRN Publications Committee. These include:

- Predictors of PTSD, depression, and other psychiatric disorders among trauma-exposed youth.
- Outcomes in children & adolescents who have experienced trauma and have been treated with SSRIs.
- Evaluating emotional and behavioral impacts of childhood bereavement during the pandemic period.
- Exploring resilience profiles of trauma exposed youth: A heterogeneous, person-centered approach.

In preparation:

There are at present 8 CTRN original research manuscripts being concurrently prepared for submission. These include:

- Establishing a training plan and estimating inter-rater reliability across a multi-site statewide trauma research network.
- Measurement invariance of PTSD symptom models in a diverse longitudinal study of trauma-exposed youth.
- Predictors of alcohol and substance use in trauma-exposed youth.
- Associations between ethnic Identity, dissonance, and posttraumatic stress in youth.
- The impact of childhood resiliency on internalizing symptom severity among trauma-exposed youth.
- Characterizing trauma exposure of children and youth with TESI: criterion validity for concurrent diagnostic profiles.
- Methods to support data quality through clinical research informatics for the Texas Childhood Trauma Research Network.
- Risk factors associated with the development of posttraumatic stress, anxiety, and depressive symptoms in a diverse cohort of youth exposed to traumatic events.

Additional Resources for Child Mental Health Research Secured

The projects funded below are not part of the work of the consortium's two research projects and reflect grants awarded from non-state funded sources. Researchers have leveraged the expertise developed through the consortium's research networks to increase competitiveness of their institution in applying for these grant opportunities. All research projects, regardless of the funding source, are prohibited from recruiting participants through the consortium's TCHATT and CPAN programs.

YDSRN

- American Foundation for Suicide Prevention
  Awarded: $1,495,939
  BSG-0-028-19; PI: Trivedi; Co-Is: Emslie, Kennard
- National Institute for Mental Health
  Awarded: $1,534,383
  R01 MH125181; PI: Trivedi; Co-Is: Emslie, Kennard

CTRN

- Hogg Foundation
  Awarded: $30,000
- NIAAA R01
  Awarded: $3,278,590
  PI: Charles B. Nemeroff, MD, PhD

ADDRESSING BEHAVIORAL WORKFORCE SHORTAGES IN TEXAS

Prepared by Texas Mental Health Care Consortium

Executive Summary

The Texas Mental Health Care Consortium (TCMHCC) was established in 2019 to improve access to children's mental health services. One of the most critical components to successfully advancing quality and access to children's mental health care is addressing recruitment and retention of the behavioral health workforce. Texas must identify strategies to assure the capacity of the children's behavioral health workforce can meet the increasing demand for services.

Consider These Challenges

- Approximately 350,000 Texas children experience severe mental health needs in a year.
- Every Texas county has a shortage of mental health care professionals. More than 80 percent of Texas counties are designated as Mental Health Professional Shortage Areas.
- Community-based (public sector) providers find it especially challenging to recruit, hire, and maintain qualified children's mental health professionals.
- Private sector employers often offer better compensation to account for cost of living, cost of supervision for licensure, and student loans.
- Long waitlists for services, increased caseloads, and burnout amongst professionals is causing a vicious cycle that negatively impacts the mental health of Texas children.

Solutions to Engage a Sustainable Workforce

To address these challenges, the Consortium and its partners recommend creating opportunities to engage and incentivize the workforce – from the time they are students to professionals practicing in the field.

These recommendations include short- and long-term strategies to remove barriers in achieving an education, licensure, and employment in the public sphere:

1) **Financial assistance or loan repayments for college students who commit to behavioral health careers in the public sector.**
2) **Paid internships for students who serve with community-based public sector employers.**
3) **Innovative ways to provide necessary clinical "supervision" hours for the licensure of counselors and therapists.**
4) **Direct and streamlined licensure for various types of mental health professionals, including investigating ways to encourage veterans and other professionals who previously worked in mental health to become licensed mental health professionals in Texas.**
5) **Expanding the Consortium's Child and Adolescent Psychiatry Fellowships through "multi-boarding" of physicians.**
6) **Adjusting state salary schedules to account for varying costs of living across the state and for rural areas with difficulty sustaining a workforce.**

Conclusion

Texas has made significant investment to support adult and child mental health services. To continue this momentum, significant effort is now needed to develop and secure the state's mental health workforce. The following consensus recommendations allow existing public systems such as state and local governmental entities, academic institutions, and local mental health authorities to successfully address provider shortages that impact access and quality of children's behavioral health care.

ADDRESSING BEHAVIORAL WORKFORCE SHORTAGES IN TEXAS

Prepared by Texas Mental Health Care Consortium

Overview

According to a 2020 report from the Texas Department of State Health Services (DSHS), Texas ranks below the national average on the number of behavioral health providers per capita in each of the following professional designations (See Charts on Appendix 1):

- Community Health Workers,
- Licensed Chemical Dependency Counselors (LPC),
- Licensed Marriage and Family Therapists (LMFT),
- Licensed Professional Counselors (LPC),
- Licensed Bachelors Social Workers (LBSW),
- Licensed Masters Social Workers (LMSW),
- Licensed Clinical Social Workers (LCSW),
- Licensed Psychological Associates,
- Licensed Psychologists, and
- Licensed School Psychologists.

While demand for public sector behavioral health services continues to increase, the number of behavioral health professionals with the required skillset, licensure, and credentials has not kept up with the demand. These dynamics have affected the ability of the children's mental health service delivery system to recruit, hire and retain trained workers.

Barriers for these professionals (such as credentialing requirements, student loan debt, and competitive pay) often lead prospective public sector employees to seek employment in the private sector. Failure to recruit, hire and retain employees leads to:

- lapsed dollars from unfilled positions,
- Inability to serve as many individuals as possible,
- increased caseload sizes for employees who, due to vacancies, are trying to maintain service capacity, and
- increased waiting lists.

With expected provider shortages impacting access and quality of care, we suggest an education and employment pipeline to attract, recruit, train, and employ individuals across Texas while working within existing systems such as governmental entities, academic institutions, and local mental health authorities. This pipeline must support long-term employee engagement by removing barriers to achieving an education, licensure, and employment.

Recruiting and retaining qualified children's behavioral health providers through the recommendations outlined below would increase the capacity to serve more Texas children, youth and families, decrease caseloads/waitlists, decrease professional burnout, and increase access to care.

Recommendations. The recommendations below are designed to address workforce shortages at varying points in the career lifecycle, from enrollment, internships, and graduation from a Texas academic institution, to recruitment, employment, supervision, licensure, credentialing, and retention of the public sector children's behavioral health workforce. (See Appendix 2).

College – Financial Assistance

Tuition Assistance. Utilize the military service model as a template for providing tuition assistance to individuals who enroll in social work and psychology programs at Texas based colleges and universities, including Historically Black Colleges and Universities (HBCU), Hispanic Serving Institutions (HSI), and veterans' services. Students receiving tuition assistance would agree to public service in Texas children's mental health provider organizations for a minimum of 5 years. Tuition assistance would also be provided to individuals already employed by the Texas children's mental health system who seek advanced degrees and are willing to provide public service for an additional 5 years upon completion of their degree.

- Providing tuition assistance removes financial barriers associated with pursuing a career in community mental health, enhances the education to employment pipeline, and results in an ethnically and racially diverse workforce.

Enhance the Texas Higher Education Coordinating Board College Loan Repayment Program through the following steps:

1) Allocating additional funds into the program and adding eligibility requirements/language to include public sector employment within an agency providing children's mental health services and employment in rural areas of the state.
2) Providing opportunities for employers to offer loan repayment assistance to employees who are hired within the public sector and subsequently remain employed by the Texas public sector behavioral health system for 10 years. Employees would be able to change positions and employers over the ten-year period, if they remained employed by the public sector in Texas. If an individual does not remain in Texas, there would be a prorated payback.

Internships Required to Graduate

State-wide Paid Internships. This initiative would create a pipeline from clinical internship to employment through Texas Institutions of Higher Education for psychiatric nurse practitioners, social workers, counselors, psychologists, and community health professionals (community health workers, parent peer support specialists, youth peer support specialists). Paid internships would be located within the various Health-Related Institutions (HRI) TCMHCC programs, the Local Mental Health Authorities (LMHA), Federally Qualified Health Centers (FQHC), and other local provider organizations. These paid internships will create a pipeline to community mental health employment and support professional learning opportunities for students across Texas including those at community colleges, HBCU, and HSIs.

Estimated Costs (per year):

Item	Dollar Cost
Intern Stipend: $15/hour (for a maximum of 1,200-hours) x400 interns	$7,200,000
Outreach	$25,000
Insurance	TBD
Administration	TBD
TOTAL	**$7,225,000**

Expansion of Community Psychiatry Workforce Expansion (CPWE) to Other Professionals. Use the existing CPWE infrastructure within the HRIs to expand internship opportunities for social workers, psychologists, peer support specialists, and psychiatric nurse practitioners to gain experience within community children's mental health provider organizations.

This would be accomplished by developing partnerships between community-based mental health providers, HRIs, private and public academic institutions, veteran services, HBCUs, and HSIs.

Supervision

Statewide Remote Supervision Network. In the public sector there is limited availability of board-approved supervisors for clinical master's-level graduates to obtain the supervision required toward unrestricted licensure. If supervision is not immediately available, these healthcare professionals must either choose to pay for their clinical supervision out-of-pocket at significant cost (between $5,200-$10,400 per year for approximately 2 years) or delay their credentialing process which impedes their professional development, and employment opportunities.

The development of a statewide remote supervision network aims to provide board-required supervision remotely for graduates with degrees in social work, psychology, and counseling pursuing their clinical license. This can incentivize more healthcare professionals to enter the community children's behavioral health workforce due to cost-savings, a clear employment trajectory, and time-savings.

Once clinically licensed the employees would be required to continue to work for a qualifying agency for a minimum amount of time post-licensure, with the duration of the obligation based on one month required service per month of qualifying supervision received.

Estimated Costs (2 years):

Item	Dollar Cost
Technology/Software	$1,500,000
Outreach	$100,000
Clinical Exam + License Fees (x1000 completing supervision)	$500,000
Administration	TBD
Insurance	TBD
TOTAL	**$2,100,000**

Supervisory Track of Public Service Workers. Texas lacks an adequate number of licensed board supervisors to efficiently support the recruitment of professionals seeking licensure. This initiative allows and promotes LCSWs, LMFTs, LPCs in the existing workforce to board-licensed supervisory status. The participants of this initiative would agree to be part of the state-wide remote supervision network for a minimum of two years post board-licensure to supervisor status.

Estimated Costs (2 years):

Item	Dollar Cost
Incentives for enhanced responsibilities ($10,000/yr. each year supervisor is in the network x500 supervisors)	$5,000,000
Outreach	$100,000
Training	$300,000
License fees	$50,000
Administration	TBD
Insurance	TBD
TOTAL	**$5,450,000**

Note: Accurate needs assessment and cost estimate would require collaboration with TBEC and Academic Institutions on graduate and licensing rates.

Licensure

Direct Licensing Boards to streamline the licensing process. The Texas Behavioral Executive Council (TBEC) sets requirements for clinical licensure in Texas, which includes a minimum number of hours spent in clinical roles and responsibilities performed under a board-approved supervisor. There are several recommendations under the licensure area, including:

1. Creation of a multi-disciplinary group to discuss scope and reach consensus on a plan to streamline processes and reciprocity with a goal of expediting the ability for children's mental health professionals to practice in Texas.
2. The TBEC should draft approved position templates that include language that is required for licensure. For example, to recruit master's-level graduates in the healthcare field, job descriptions and postings must include language that meets the minimum requirements for the clinical plan of their board.
3. The licensing boards should evaluate opportunities to streamline the educational and licensing process for veterans who provided significant mental health services during their military service. Furthermore, the licensing boards should work with institutions of higher education to develop training programs that meet the needs of these returning soldiers so that they can be fully licensed.
4. Exploring the possibility for cross-license supervision (e.g. a LPC-S may supervise a LMSW, or a LCSW-S may supervise a LPC-A) which would allow more pathways for associate mental health professionals to receive their clinical licensure sooner. This component may include training elements required for cross-license supervision.

This initiative should streamline the licensing process to recruit, onboard, train, and supervise prospective employees at the master's-level.

Estimated Costs:

None aside from administrative

Expanding Child and Adolescent Psychiatry Fellowships through multi-boarding of physicians

Create Multiple Boarding Opportunities for Physicians. There are currently 9 triple board programs in the United States that are joint pediatrics, general psychiatry, and child and adolescent psychiatry in nature. This initiative aims to expand the HRIs capacity to include opportunities for multiple boarding through child psychiatry fellowships to residents in pediatrics and psychiatry.

The duration of the program is 5 years.

Recruitment and Retention

Locality Pay/Rurality. Establish State Salary Schedules that are adjustable based on locality areas to allow the pay scale to be adjusted for the varying cost-of-living across various parts of Texas and for rural areas with difficulty sustaining a workforce. Each locality area would have a pay adjustment percentage, updated every biennium, which would indicate how much over the base state salary a state employee working within a specific locale would earn. Therefore, localities with a higher cost of living, and rural areas that have difficulty sustaining a workforce would have a higher adjustment percentage than localities with a lower cost of living.

Expand Access

Leverage Technologies. Explore leveraging various technologies to assist with workforce expansion. This could include: 1) Development of cross-discipline training modules surrounding treating mental health issues (including CEU-approved modules) to increase competency so that different disciplines can identify and treat low-level acuity illnesses; 2) Expanding mentorship and supervision across the state through a virtual platform, in order to provide access to necessary supervision hours for mental health professionals in rural areas; and 3) Creating an automated platform to provide early interventions for minor behavioral health conditions, so that a “human” expert is used for more severe disorders.

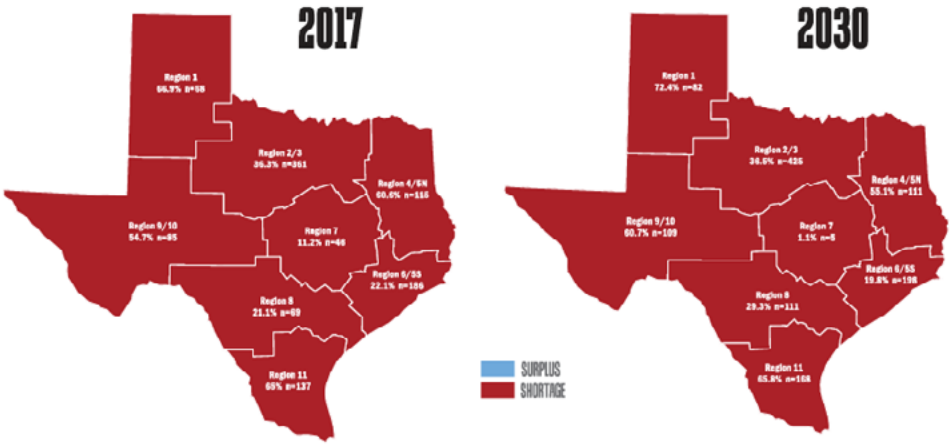
Appendix 1

Graph 1. Psychiatrist Projection of Shortages (source)

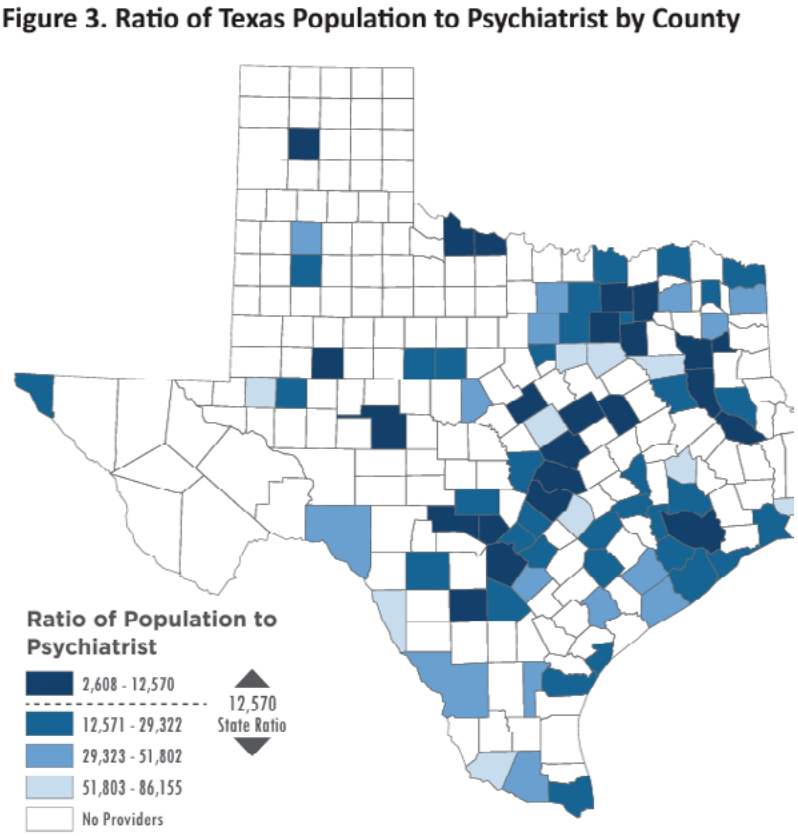
Map of Psychiatrist Shortage by Region, 2017 and 2030

In 2017 and 2030, all regions are projected to have a shortage of psychiatrists, indicated in red in Figure 53.

Figure 53 - Percent of Psychiatrist Demand Exceeding Supply and FTE shortage/surplus (n)

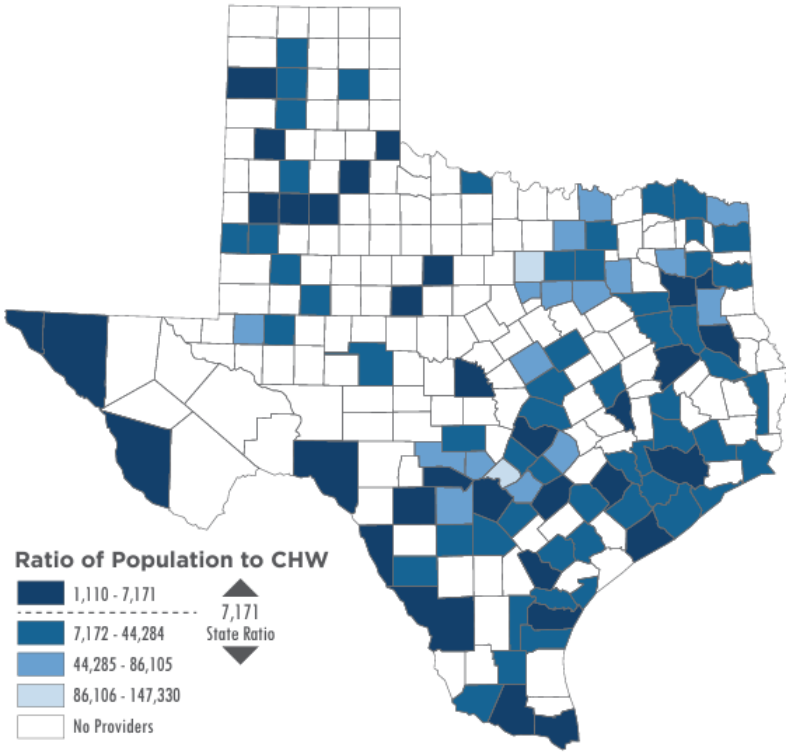


Graph 2. Ratio of Texas Population to Psychiatrists (source)



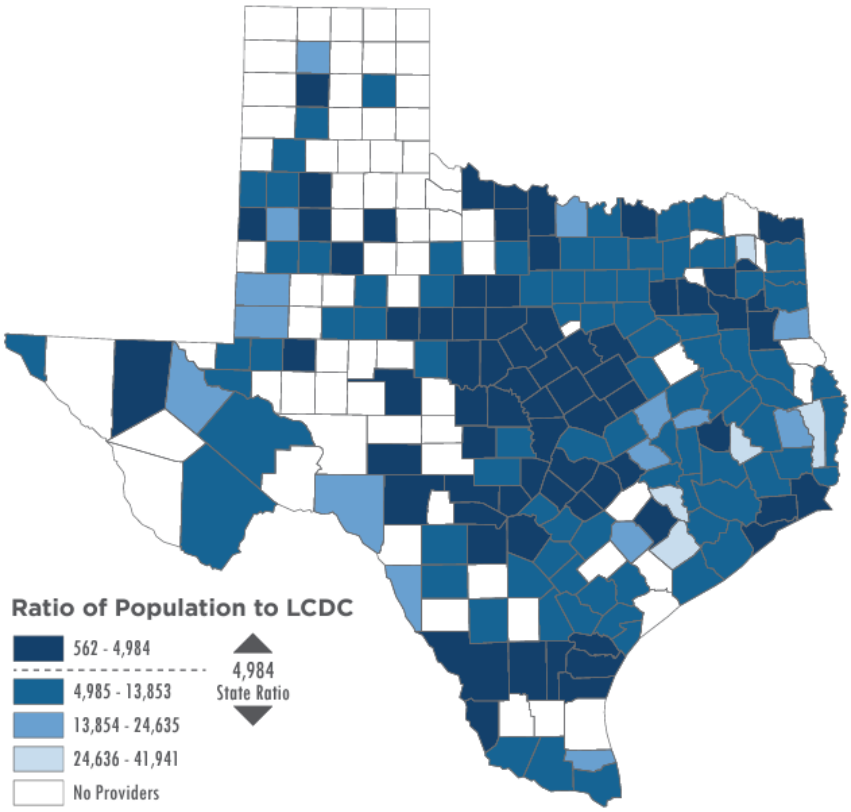
Graph 3. Ratio of Texas Population to Community Health Workers (source)

Figure 3. Ratio of Texas Population to CHW by County



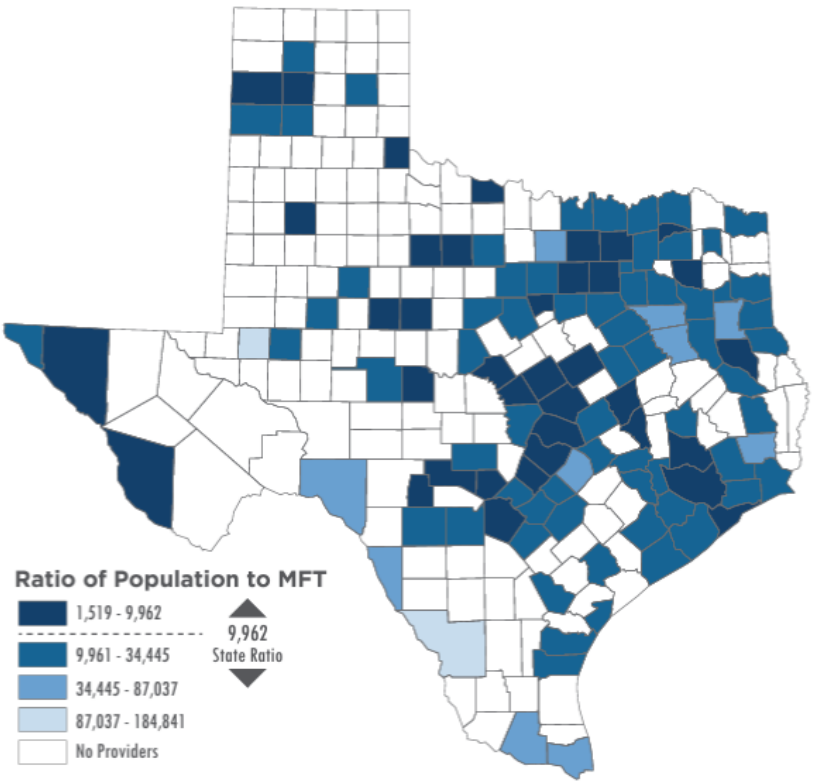
Graph 4. Ratio of Texas Population to LCDCs (source)

Figure 3. Ratio of Texas Population to LCDC by County



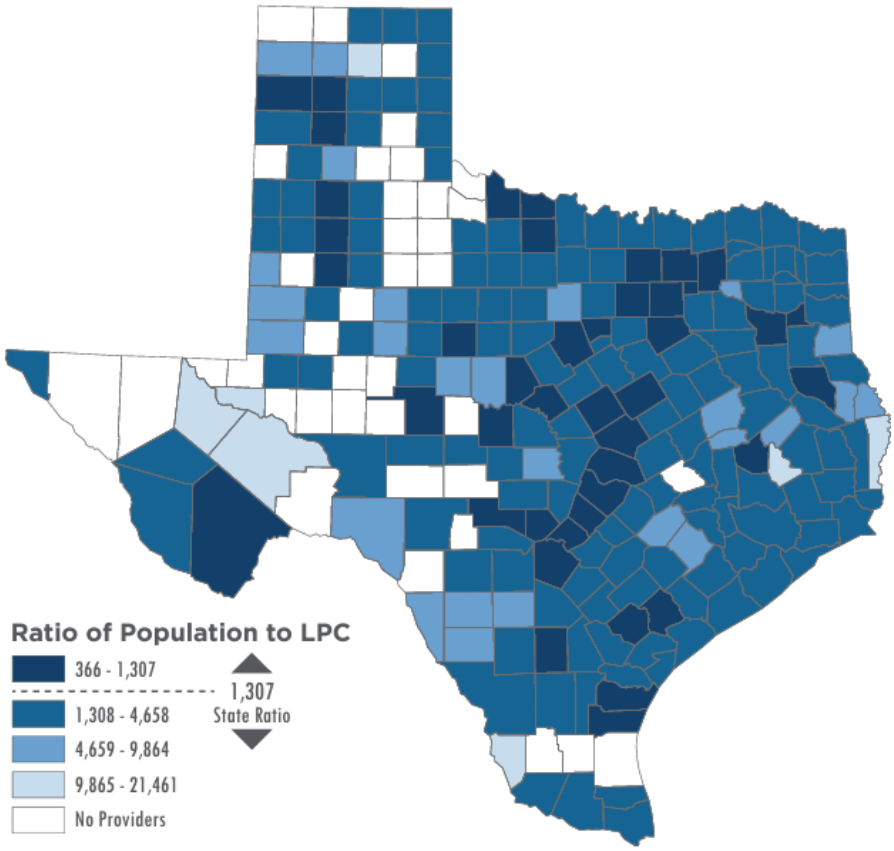
Graph 5. Ratio of Texas Population to LMFTs (source)

Figure 3. Ratio of Texas Population to MFT by County

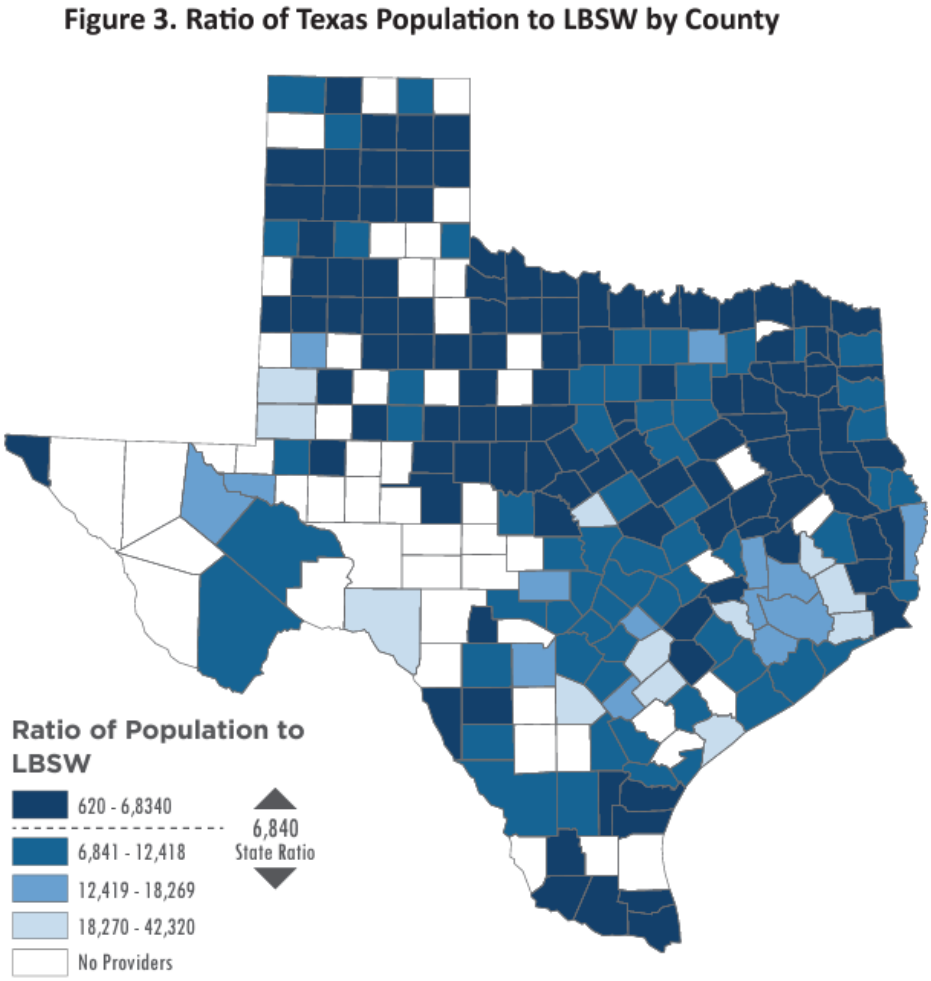


Graph 6. Ratio of Texas Population to LPCs (source)

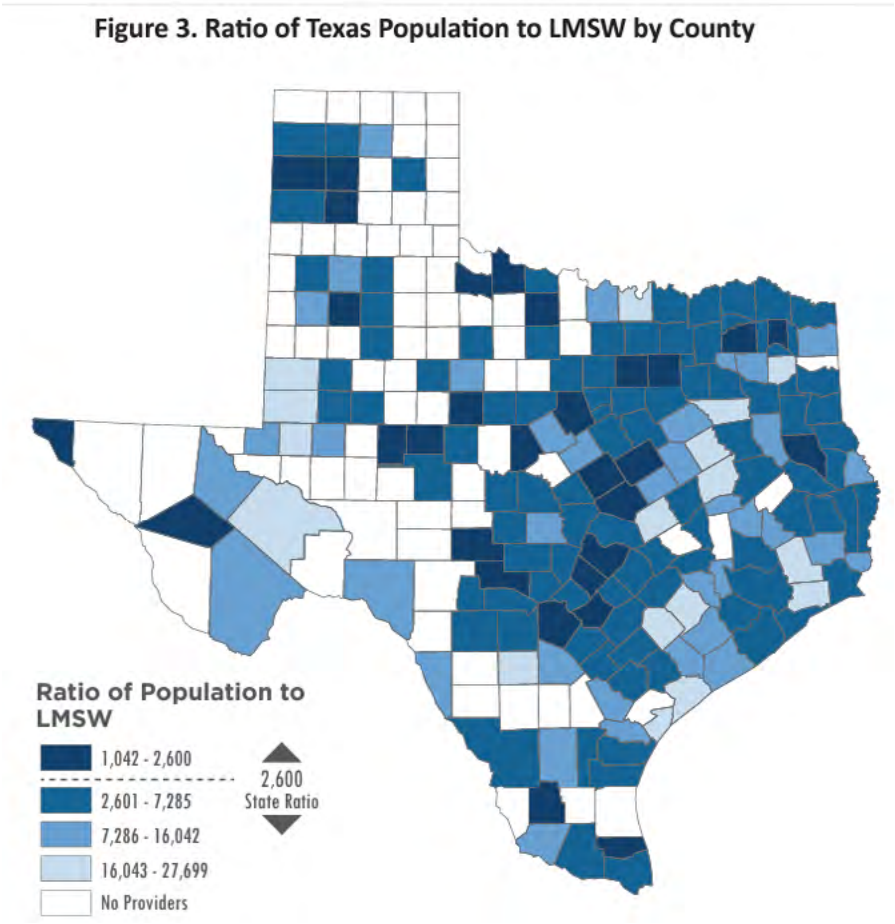
Figure 3. Ratio of Texas Population to LPC by County



Graph 7. Ratio of Texas Population to LBSWs (source)

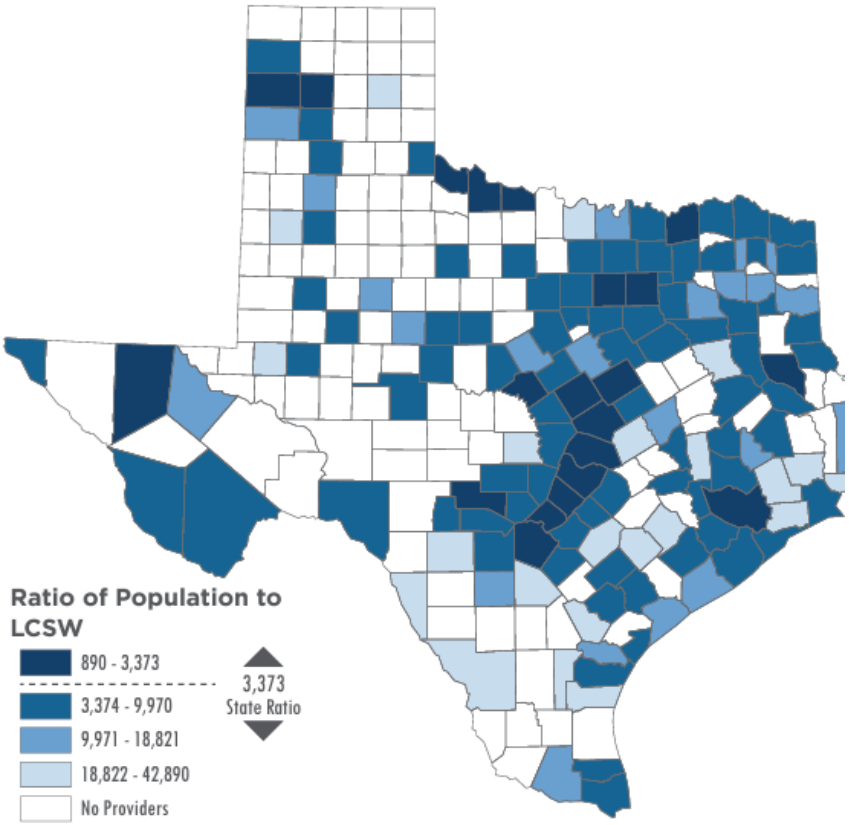


Graph 8. Ratio of Texas Population to LMSWs (source)



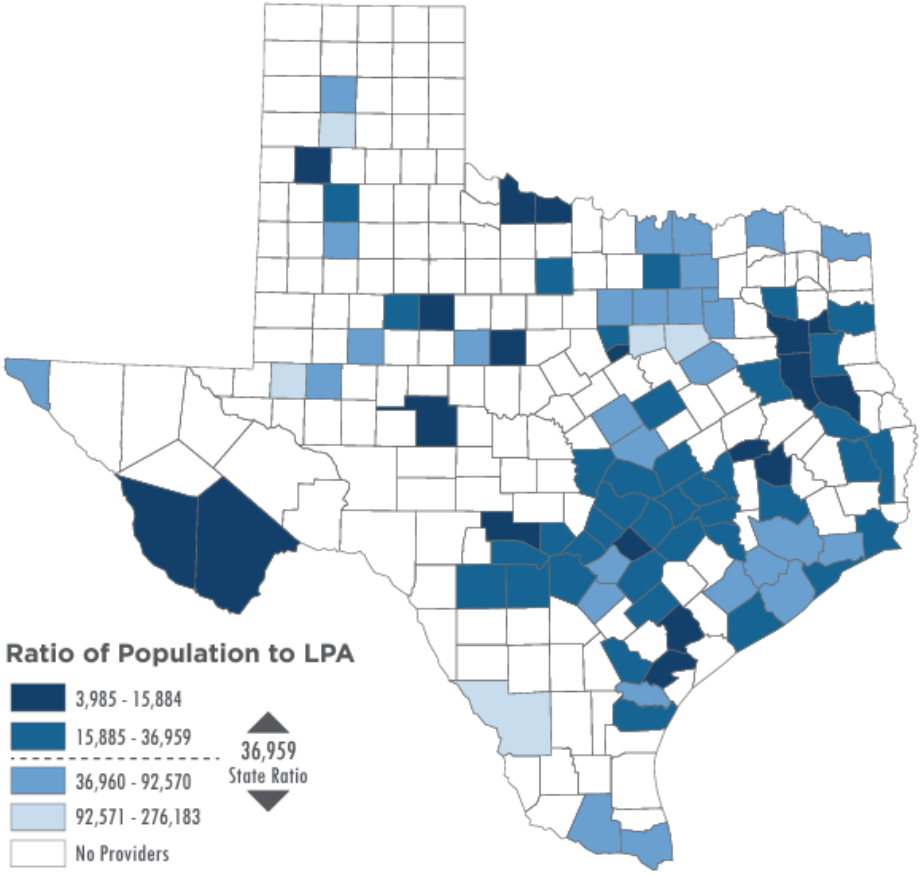
Graph 9. Ratio of Texas Population to LCSWs (source)

Figure 3. Ratio of Texas Population to LCSW by County

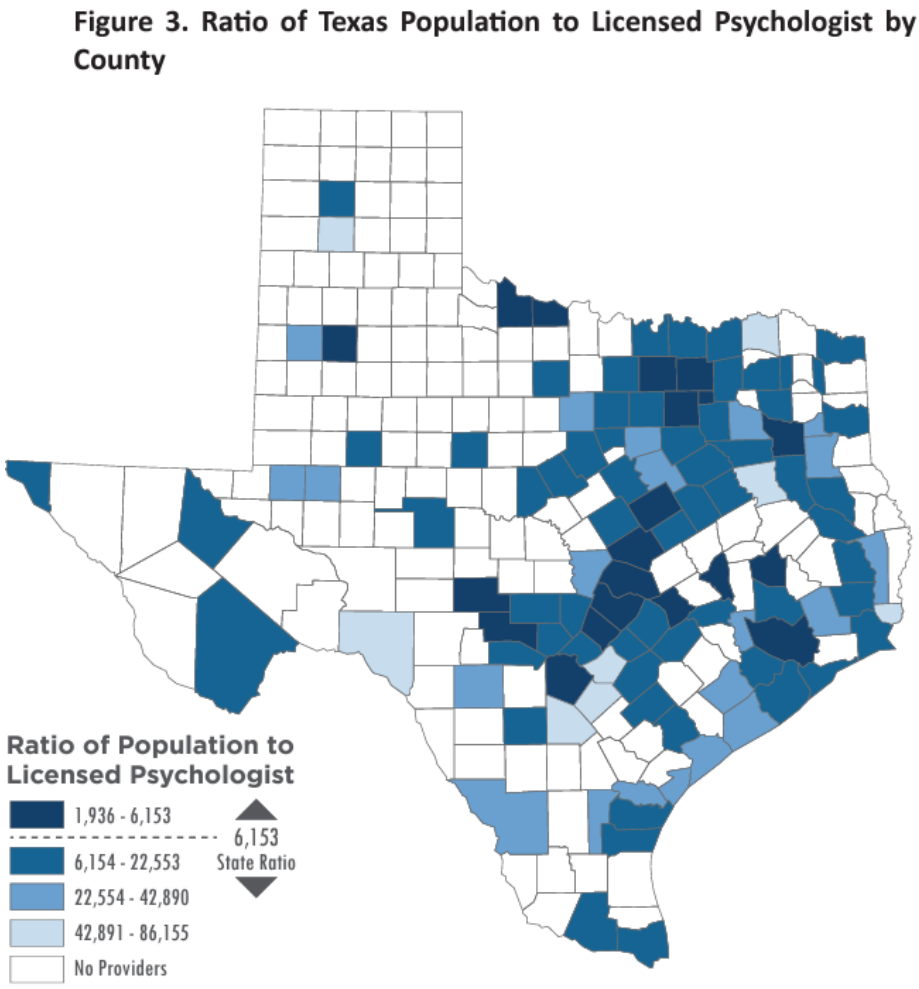


Graph 10. Ratio of Texas Population to Licensed Psychological Associates (source)

Figure 3. Ratio of Texas Population to LPA by County

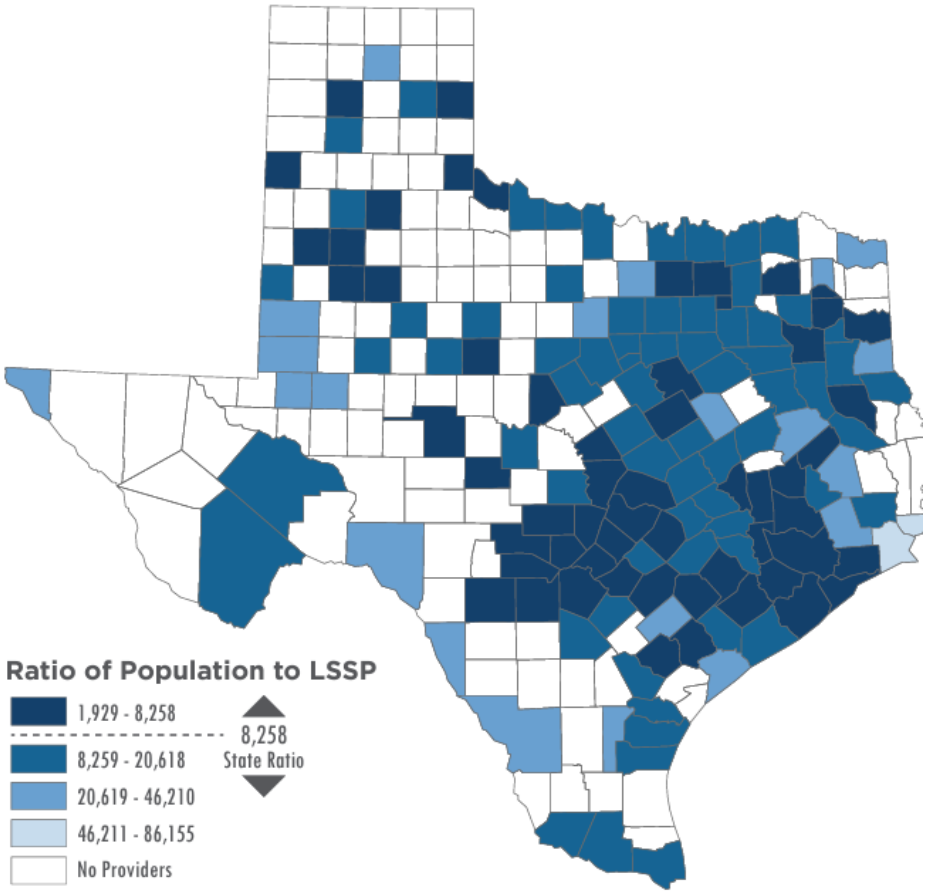


Graph 11. Ratio of Texas Population to Licensed Psychologists (source)

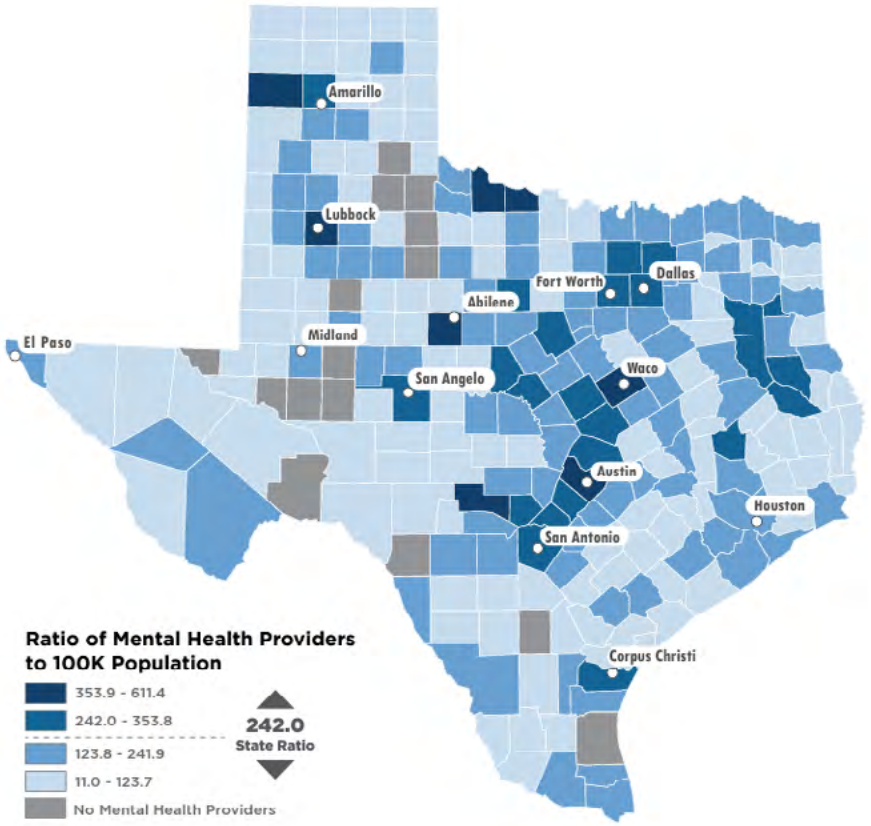


Graph 12. Ratio of Texas Population to Licensed School Psychologists (source)

Figure 3. Ratio of Texas Population to LSSP by County



Graph 13. Ratio of Mental Health Providers to 100k Population (source)



- *"The mental health workforce in Texas includes the following professions: clinical nurse specialists, community health workers or promotores, licensed baccalaureate social workers, licensed chemical dependency counselors, licensed clinical social workers, licensed master social workers, licensed professional counselors, licensed psychological associates, licensed psychologists, licensed specialists in school psychology, marriage and family therapists, nurse practitioners, provisionally licensed psychologists, and psychiatrists. Counts include only providers who were licensed with their Texas board and actively working in their profession. Clinical nurse specialists and nurse practitioners include only those who indicated they were employed in the field of nursing and had a specialty in psychiatric/mental health. Psychiatrists include only those who indicated they provided direct patient care. Analyses include all providers for whom the respective data were available."*

APPENDIX 2

- **Career Lifecycle**
  - Associates Track
    - Community college graduates pursue a mental health/medical-related track
    - Pre-Degree
      - If required for graduation, the undergraduate student will complete a 6–12-month internship
    - Post-Degree
      - The graduate may choose to work in community-focused health
        - Professionals include peer-support specialists, nursing assistants, and other community health workers.
      - AND/OR the graduate may pursue a higher degree
  - Undergraduate Track
    - Community college graduates, existing community college students, or new students to higher education pursue a mental health/medical-related track
    - Pre-Degree
      - If required for graduation, the undergraduate student will complete a 6–12-month internship
    - Post-Degree
      - The graduate may choose to work in community-focused health
        - Professionals include peer-support specialists, nurses, social workers, and other community health workers.
      - The undergraduate will pursue necessary clinical licensure
      - AND/OR the graduate may pursue a higher degree
  - Graduate Track
    - Graduates of a bachelor's program pursue a mental health/medical-related track
    - Pre-Degree
      - The graduate student will complete a 6–12-month internship
    - Post-Degree
      - The graduate may choose to work in community-focused health
        - Professionals include therapists, psychiatric nurse practitioners, and other community health professionals.
      - The graduate will pursue necessary licensure plan required for clinical license.
        - This licensure plan may require up to 2 years of supervised clinical work.
        - Many times the graduate must self-pay ($5,200 to $10,400 per year) for this clinical supervision.
      - AND/OR the graduate may pursue a higher degree
  - Doctoral Track
    - PhD: Graduates of a master's program pursue a mental health-related track
      - Pre-Degree
        - The PhD student will complete a minimum 12-month internship
      - Post-Degree
        - The PhD graduate will pursue necessary clinical licensure required to practice independently

- MD: Graduates of a bachelor's program or master's program complete 4 years of medical school and subsequently may pursue psychiatric training
    - Pre-Residency
        - The MD graduate will complete 4 or more years of a psychiatric residency training plus potentially 2 years of child and adolescent psychiatry fellowship training
    - Post-Residency
        - Following residency, trainees pursue the necessary boarding process (between 1-3 boards) and licensure