Convening of the Texas Child Mental Health Care Consortium (TCMHCC)
February 19, 2024
10:00 AM – 2:00 PM
University of Texas System Administration
210 West 7th Street, 2nd Floor Board Room
Austin, TX 78701

Minutes

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The Texas Child Mental Health Care Consortium (TCMHCC) will convene a videoconference meeting pursuant to Texas Government Code Section 551.127 on February 19th, according to the following agenda. The Chairperson will be present and preside over the meeting at the posted location.

Definitions:
ARPA – American Rescue Plan Act
COSH – Centralized Operations Support Hub
CPAN – Child Psychiatry Access Network
CPWE – Community Psychiatry Workforce Expansion
CTRN – Childhood Trauma Research Network
HRI – Health Related Institution
PeriPAN – Perinatal Psychiatry Access Network
TCHATT – Texas Child Health Access Through Telemedicine
TCMHCC – Texas Child Mental Health Care Consortium
Trayt – Data Management System
YDSRN – Youth Depression and Suicide Research Network
NECMHR – New and Emerging Children's Mental Health Researchers

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

   •   Dr. Lakey, presiding officer of the Consortium, called the meeting to order

   •   24 executive committee members were present. See attendance report for full details.

II. **Approval of Executive Committee Minutes for January 22, 2024**

   → **Dr. Podawiltz made a motion to approve the minutes. Dr. Soares seconded the motion. Dr. Watson abstained. Motion was approved.**

III. **Presentations on the following items. The full Executive Committee may review, receive, and/or provide information and/or make recommendations on the items presented and take appropriate action.**

   a. **TCMHCC Internal Evaluation**

      •   Dr. Molly Lopez presented an update on Internal Evaluation activities

         o   TCHATT campuses active in December 2023 was shown

         o   70.3% total proportion of student lives covered by TCHATT, 778 schools districts are enrolled and 6,154 campuses are enrolled

         o   Most common reason that school districts decline TCHATT is due to districts

already having a service in place to meet their student's mental health needs

- o Teams have been relying on the Education Service Centers (ESCs) to reach the districts that are unresponsive

- o 4 health related institutions (HRIs) have reach 0 in their planned status. UNTHSC, UTHSCSA, UTMB and UTSW all have no students left in planned status as a part of outreach

- o None of the HRIs have over than 15% of schools remaining for outreach

- o TCHATT sessions by month – growth by program years was shown. Decline in sessions expected over summer months

- o Number of encounters provided through TCHATT was shown. 25% of students receive more than 5 encounters. Case management only is excluded from the analysis.

- o Comments were shared from the satisfaction survey from individuals that have utilized the service

b. **TCMHCC External Evaluation**

- Dr. Savas presented an update on the External Evaluation team activities including data from the CPAN provider survey and TCHATT school staff survey

  - o CPAN provider survey was sent out to enrolled providers who have used CPAN in the past 12 months

  - o Sample was a diverse sample of providers across HRIs based on social vulnerability and population density (n=428 providers)

  - o 124 providers responded; 98% would recommended CPAN to other providers; 96% intended to continue using CPAN in the next 6 months

  - o CPAN survey themes were shown. Themes included that the biggest barrier to utilizing the service was time constraints. To be improved, more resources for uninsured and underinsured patients and improved outreach and awareness of CPAN

  - o Biggest benefits included accessibility of consultations services, increased confidence in treating patients with mental health needs and educational opportunities like the CME events

  - o Surprises about CPAN included that program was easy and efficient plus resource lists were tailored to patients

  - o TCHATT school staff survey qualitative findings were shared. Survey was distributed to TCHATT program implementers (one per campus)

  - o Sample included a diverse sample of enrolled campuses across the HRIs

  - o 226 school staff responded; 89% would recommend TCHATT to other schools

  - o 93% intend to continue using TCHATT in the next 6 months

  - o TCHATT survey themes were shared. Themes around improvements included more efficient referral process, better communication and follow-up for enrolled TCHATT students plus more providers and sessions for students

- o Biggest benefits included accessibility of free mental health care for underserved students in need and support that extends beyond the capacity of the school counselors

c. **Research**

1. **New and Emerging Children's Mental Health Researchers Initiative**

- Nagla Elerian presented an update on NECMHR
  - o Notice of funding opportunity was released on February 12th on the TCMHCC website
  - o Information session will be held on the February 22nd 11:30-12:30 CST
  - o Working to have all reviewers in secured. 9 out of 10 external reviewers are secured and will have an orientation sometime in March 2024.
  - o Pre-application set to open Monday March 4th
  - o Full application invitation will be open April 2nd
  - o Pre-application cycle includes having each HRI identify up to 6 applicants who they would like to move forward with their application
  - o All applicants must speak with their chairs of psychiatry prior to pre-application
  - o Application deadline will be May 9th
  - o Awardees will be announced at the July 2024 executive committee meeting
  - o Eligible research aligns with behavioral health services and priorities of TCMHCC
  - o Bench research and pharmaceutical clinical trials are not allowed
  - o Institutions are encouraged to partner with other institutions
  - o Priority for applicants who have never had an NIHR1 grant
  - o Principal investigators are encouraged to dedicate 25% to 50% of their effort on the grant
    - **ACTION ITEM: Nagla will send out the link for the notice of funding opportunity and the information session to the executive committee**
      - Dr. Newport asked for clarification regarding qualified applicants who should be working with the Chairs of Psychiatry and if that means to coordinate the application submission or the actual research with them. Dr. Lakey responded that the chair should be aware of the application to provide approval.
      - Dr. Amador inquired if 2 HRIs want to work together, would both chairs have to agree to move forward with the application along with the IRBs. Dr. Lakey responded that the IRB will be a separate discussion and institutional policy.
      - Dr. Martin queried if the grant will be offered on a regular basis every year. Dr. Lakey answered that the hope is to get the projects started, notify the legislature about it and add additional funds to offer again during next legislative session.

- Dr. Trivedi asked if the new projects under this grant can be put on top of the other research projects. Dr. Lakey responded that duplication of working already being done is not the goal. Projects should be distinct from what is already funded.

- Dr. Wagner inquired about how the chairs will approval the applications. Nagla explained that everything will be done through the grant software.

- Dr. Mitchell asked if their new round of fellows who start in the summer could apply even though they are not part of the HRI yet. Dr. Lakey responded that those individuals need to be considered if the chairs select their proposals but funds can not be used for them until they are officially onboarded with the HRI.

d. **PeriPAN implementation update**

1. **Discuss and take action on the proposed involvement of PeriPAN in a Patient-Centered Outcomes Research Institute (PCORI) grant received by the University of Massachusetts**

   o Dr. Lakey provided background on Dr. Wakefield's proposal from the last meeting. The executive committee was provided with additional details on the grant.

     ▪ This grant will allow the HRIs that are implementing PeriPAN the opportunity to be a part of the PCORI grant. There is no cost to the HRIs. No additional effort outside of PeriPAN time is expected.

     ▪ This involvement is a voluntary allowance of the institutions implementing PeriPAN to partner with the University of Massachusetts to learn from their lessons to improve PeriPAN implementation in Texas

   → **Dr. Ibrahim made a motion to approve the involvement of any interested TCMHCC HRI implementing PeriPAN to be a part of the University of Massachusetts Chan Lifeline for Moms PCORI grant. Dr. Wagner seconded the motion. Motion was unanimously approved**

e. **Current data on statewide expansion of TCHATT**

- Rachel Jew presented an update on TCHATT expansion efforts

  o TCHATT is currently active in 6,154 schools across the state

  o 4 HRIs have onboarding statuses with upcoming implementation dates

  o Increases in active schools across 7 ESC regions included regions 2, 4, 6, 7, 11, 14 and 15

  o Growth of student population and schools covered over time was shown

  o Schools that declined had existing mental health services available for their students

  o Referrals by month data was shown. Highest number of referrals was in October 2023

- o Students served by month and corresponding session count. Total session count over 115,000 sessions. This data will be broken down further next month to look at care coordination.

f. **TCHATT presentations**

1. Draft TCHATT 2.0 proposal

- Rachel Jew presented the proposal

    - Core components of TCHATT will not change including using the HRIs to offer free services with parental consent primarily to Texas public schools

    - Lessons learned during implementation will be incorporated in TCHATT 2.0

    - Timeline for 2.0 implementation was shown. The executive committee can vote on the proposal at the March 2024 meeting. Launch of 2.0 will begin in August and September 2024

    - Proposed TCHATT 2.0 service model was shown. Characteristics of the proposed model include free service at no cost to students, school-based referrals, quick access, individualized, culturally and linguistically relevant, evidence/measurement based, telehealth, child-focused, statewide, and non-urgent short term/intermediate care.

    - Components of the service model will include standard set of assessment scales, family-centered care coordination, mental health education to school staff and families, resources through Welnity, workforce development, and short term early intervention.

    - The executive committee will vote on the proposal at the March 2024 meeting.

2. Draft Research Recruitment Policy

- o Rachel Jew presented the policy

    - The policy clarifies when it is appropriate to recruit potential, current, and former TCHATT patients for both Consortium-funded and outside research studies.

    - The Texas Legislature instructed HRIs to not recruit subjects into research studies from TCMHCC clinical programs.

    - Research is not the goal of TCHATT.

    - Research activities and TCHATT program operations should not overlap.

    - Additional definitions are included in the document

        - Dr. Lakey clarified that research teams cannot recruit from TCHATT students, but those students and parents can independently decide to participate in the research as an option.

3. Draft Process for Policy Development

- Rachel Jew presented the TCHATT policy governance

- o This policy does not replace individual HRI's existing policies.

- o The draft policy governance proposal was shared.

- o There will be a 10 step process that will include a collaborative approach led by the UT System team that will leverage the expertise and insight of COSH, Internal Evaluation, and the HRIs.

- o All policies will be reviewed at least bi-annually by the UT System team.

- o Send questions and comments to Rachel Jew

- o Approval of the policy will be an agenda item for the March 2024 meeting

g. **Data Governance Committee update**

- Dr. Plizksa provided a verbal update on the data governance committee activities

  - o Manuscript from Dr. Eric Storch at Baylor College of Medicine with the results of the stepped care program was received.

  - o Proposal request for data analysis was received from Texas Tech University Health Sciences Center to review their internal data.

  - o The committee will be meeting in the upcoming weeks to review the documents and make a recommendation.

IV. **Presentation from the Baylor College of Medicine in the role of the COSH relating to implementation of the COSH. This includes presentation of data and metrics associated with the CPAN and the TCHATT, and informational items relating to Trayt. The full Executive Committee may review, receive, and/or provide information and/or make recommendations from the items discussed and take appropriate action.**

a. Summary of CPAN/PeriPAN Summit proceedings

- Dr. Williams presented an update on COSH activities

- **CPAN**

  - o January 2024 consultation volume was shown

  - o 2,464 clinics are currently enrolled in the state of Texas with 12,439 providers enrolled

  - o Total consults for January 2024 was 1,102 with 34% of the consults including Psychiatry

  - o Summit outcomes for COSH include working on additional ways to collaborate across teams, daily statewide leadership huddle and CME workgroup

  - o Quality improvement project to increase contact with providers enrolled and never utilized CPAN beginning the first week of March 2024. CAPs are going to outreach to PCPs until contact is made using one phone line used for PCP outreach

  - o Trayt Roadmap was shared for CPAN. Direct patient consultation process is currently in the design phase. Feedback from the workgroup was positive. Next steps include discussion with the evaluation teams and CPAN leadership

- **TCHATT**

- o Continuing to see a growth in referrals

- o Top 10 reasons for referral were shared. There can be multiple reasons. Most common reasons are anxiety, depression and anger

- o Sessions by provider type through January 2024 was shown. Cumulative total sessions 129,275

- o 1 to 1 support is being offered to HRIs to manage waitlist concerns. Capacity is being monitored across the state as peak time for referrals approaches.

- o Current Trayt initiatives for TCHATT were listed. Columbia Impairment Scale (CIS) automation is live. It includes a reminder and follow up session. School portal dashboard expansion is currently in design phase.

V. Update on ARPA funded initiatives

- Sarah McLaughlin provided an update on ARPA funded initiatives

  - o Met with the teams that were implementing intermediate services including substance use, trauma, anxiety, and group services to determine the viability and standardization for TCHATT 2.0.

  - o Draft outlines of continuing projects are being reviewed with all HRI leads participating in ARPA CPAN and CPWE projects.

  - o Looking at the most efficient ways to integrate the ARPA projects to assist with planning and budgeting.

VI. If necessary, closed session for consultation with attorney regarding legal matters, related to posted items, pursuant to Section 551.071 of the Texas Government Code.

VII. Adjournment

Attendance List

#	Institution/ Organization	Executive Committee Member	Attended?
1	Baylor College of Medicine	Wayne Goodman, MD	Y
2	Baylor College of Medicine	Laurel Williams, DO	Y
3	Texas A&M University System Health Science Center	Patricia Watson, MD	Y
4	Texas A&M University System Health Science Center	Olga Rodriguez	Y
5	Texas Tech University Health Sciences Center	Sarah Wakefield, MD	N
6	Texas Tech University Health Sciences Center	Tarrah Mitchell, MD	Y
7	Texas Tech University Health Sciences Center at El Paso	Peter Thompson, MD	Y
8	Texas Tech University Health Sciences Center at El Paso	Sarah Martin, MD	Y
9	University of North Texas Health Science Center	Alan Podawiltz, DO, MS	Y
10	University of North Texas Health Science Center	David Farmer, PhD, LPC, LMFT, FNAP	Y
11	Dell Medical School at The University of Texas at Austin	Charles B Nemeroff, MD, PhD	N
12	Dell Medical School at The University of Texas at Austin	Jeffrey Newport, MD, MS, MDiv	Y
13	The University of Texas Medical Branch at Galveston	Karen Wagner, MD, PhD	Y
14	The University of Texas Health Science Center at Houston	Jair Soares, MD, PhD	Y
15	The University of Texas Health Science Center at Houston	Taiwo Babatope, MD, MPH, MBA, ABPN	Y
16	The University of Texas Health Science Center at San Antonio	Steven Pliszka, MD	Y
17	The University of Texas Health Science Center at San Antonio	Rene Olvera, MD, MPH	N
18	The University of Texas Rio Grande Valley School of Medicine	Diana Chapa, MD	Y
19	The University of Texas Rio Grande Valley School of Medicine	Alcides Amador, MD	Y
20	The University of Texas Health Science Center at Tyler	Cheryl McCullumsmith, MD, PhD	N
21	The University of Texas Health Science Center at Tyler	Brittney Nichols, MBA, LPC-S	Y
22	The University of Texas Southwestern Medical Center	Carol Tamminga, MD	N
23	The University of Texas Southwestern Medical Center	Hicham Ibrahim, MD	Y
24	Health and Human Services Commission - mental health care services	Sonja Gaines, MBA	N
25	Health and Human Services Commission - mental health facilities	Scott Schalchlin, JD, M.Ed	N
26	Texas Higher Education Coordinating Board	Elizabeth Mayer	N

27	Hospital System	Sue Schell, MA	Y
28	Non-profit - Meadows Policy Institute	Andy Keller, PhD	N
29	Non-profit - Hogg Foundation	Octavio Martinez, Jr., MPH, MD	Y
30	Non-profit - Texas Mental Health Counsel	Lee Johnson, MPA	Y
31	Texas Education Agency	John Scott	Y
32	Administrative Contract – University of Texas System	David Lakey, MD	Y
33	Education Service Center	Nathan Maxwell, Ed.D	Y
34	Texas Dept of Family and Protective Services	Trina Ita, MA	N