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

March 25, 2024

10:00 AM – 3:00 PM

University of Texas System Administration 210 West 7th Street, 2nd Floor Board Room Austin, TX 78701

**Minutes**

The Texas Child Mental Health Care Consortium (TCMHCC) will convene a videoconference meeting pursuant to Texas Government Code Section 551.127 on March 25th, 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

YAM – Youth Aware of Mental Health

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

* Dr. Newport, acting presiding officer, called the meeting to order.
* 31 executive committee members were in attendance. See attendance report for full list.

1. **Approval of Executive Committee Minutes for February 19, 2024**

**→ Dr. Podawiltz made a motion to approve the minutes. Dr. Ibrahim seconded the motion. Motion was unanimously approved.**

1. **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.**
   1. **Research**
      1. **Update on the status of the New and Emerging Children’s Mental Health Researchers Initiative**
      * Nagla Elerian provided a verbal update on NECMHR
        + The preapplication process is complete. Submissions are being reviewed to determine invitations for full application.
        + External reviewers have been recruited. They are being setup in the grant software and are going through orientation.
        + Testing with the grant software has been conducted.
        + 14 members are part of the review committee. 11 are independent from outside of Texas.
        + 52 preapplications were submitted. 5 submissions were post-doctoral fellow and trainee grants, 13 research career development grants and 34 research project grants.
        + Currently working with the HRIs and the chairs of Psychiatry to review and rank submissions.
        + Selected preapplications will be invited for full application. The full application will open April 2nd. Applications are due May 9th.
        + List of finalists will be presented to the July 2024 executive committee for vote.
   2. **Presentation of data and update on statewide expansion of TCHATT**
   * Rachel Jew presented an update on TCHATT expansion efforts.
     + Data through the end of January 2024 was provided.
     + 66% of schools are in active status which is 71% of the student population in Texas.
     + 9 health-related institutions enrolled at least 1 school district.
     + 650 schools remain in planned status. 365 districts have pending MOU agreements.
     + 3 health-related institutions have planned implementation dates to onboard new districts.
     + TCHATT MOU status for school district by ESC region was shown. There has been an increase across 10 regions.
     + Growth of student population and schools covered by TCHATT over time was shown.
     + Top reasons schools declined to enroll in TCHATT still due to schools having existing mental health providers or services for their students.
     + Referrals by month were shown. Total referrals 53,913 in Trayt.
     + Students served by month and corresponding session count was shown. Highest number of referrals was in January 2024.
   1. **TCHATT action items that require review and approval by the Executive Committee:**
      1. **TCHATT 2.0**
         * Rachel Jew previewed the TCHATT 2.0 service model that was presented the February 2024 meeting.
           + Dr. Wakefield asked for clarification of non-urgent short term/intermediate care as a characteristic of the service model. Dr. Lakey responded that some kids are not emergent but still need access to services quickly. Dr. Wakefield proposed to change wording from *non-urgent* to *non-emergent* to avoid confusion.
           + Amendment to change the proposed wording from non-urgent to non-emergent short-term/intermediate care

**→ Dr. Pliskza made a motion to approve the amendment to change the wording. Dr. Podawiltz seconded the motion. Motion was unanimously approved.**

**→ Dr. Wakefield made a motion to approve the TCHATT 2.0 service model with the amendment to change the wording. Dr. Pliszka seconded the motion. Motion was unanimously approved.**

* + 1. **TCHATT Policy Governance**
       - Rachel Jew previewed the proposed policy that was presented at the February 2024 meeting.

**→ Dr. Podawiltz made a motion to approve the policy. Dr. Farmer seconded the motion. Motion was unanimously approved.**

* + 1. **TCHATT Research Participant Recruitment**
       - Rachel described the research participant recruitment policy that was presented at the February 2024 meeting. The policy ensures that research participants are not being recruited through the TCHATT program.

**→ Dr. Ibrahim made a motion to approve the policy. Dr. Podawiltz seconded the motion. Motion was unanimously approved.**

* 1. **Update from the Data Governance Committee**
  + Dr. Pliszka presented a verbal update
    - The Data Governance committee approved a journal article submission from Dr. Storch on the Stepped Care program
    - They also reviewed a research proposal from one of the HRIs. The proposal was returned with suggestions and revisions. The committee is waiting for edits to this proposal.
    - Either Dr. Storch or Dr. Pliszka can send members a copy of the manuscript if anyone would like to view it.
  1. **Presentation and update on implementation of YAM**
     + Dr. Trivedi presented an update on YAM
       - 220 instructors are trained on YAM with 126 currently active.
       - MOUs signed by region as of March 2024 were shown.
       - Graphs showing the number of Texas students receiving YAM and student classes to date were shown.
       - Qualitative data of what students are saying about YAM was shared.
       - The Wellness Ambassadors program aims and goals were shared. The program aims to increase the mental health and wellness literacy of school personnel.
         * Dr. Lakey asked for clarification around the data that was presented and emphasized avoiding confusion with mental health first aid provided by local mental health authorities.
       - HRIs need to assess their program, think of next steps, and consider cost for the next biennium.
  2. **Updates from each participating HRI on the Child and Adolescent Psychiatry Fellowship program number of fellow positions filled**
     + **Texas A&M Health** – filled 1 positions
     + **The University of North Texas Health Science Center** – filled 2 positions
     + **Baylor College of Medicine** – filled 8 positions
     + **Texas Tech University Health Sciences Center** – filled 2 positions
     + **Texas Tech University Health Sciences Center El Paso** – expanded to 4 and filled all 4 positions
     + **Dell Medical School** – filled 5 positions
     + **The University of Texas San Antonio Health Science Center** – filled 4 out of 6 positions; 5th should be filled soon; 1 vacancy
     + **The University of Texas Rio Grande Valley** – filled 5 out of 6 positions
     + **The University of Tyler Health Science Center** – filled 2 positions
     + **The University of Texas Health Science Center Houston** – filled 6 positions
     + **The University of Texas Southwestern Medical Center** – filled 7 positions
       - *The total was corrected later in the meeting. UTSW filled 14 positions. 9 were regular child psychiatry fellowship positions and 4 were triple board.*
     + **The University of Texas Medical Branch** – filled 2 out of 4 positions
       - There was a total of 26 fellowship slots in Texas before the Consortium
       - **ACTION ITEM: Send details to Luanne Southern about plans for the current graduating class including which state or institution they are planning to go to. Dr. Pliszka stated that David Lynch from the internal evaluation team may have some data from the last graduating class. A summary will be presented on this information at a future meeting to see if the fellows plan to stay in Texas.**
  3. **Update and presentation on the status of the Stepped Care initiative** 
     + Dr. Storch presented on the status Stepped Care
       - Program overview was shown. Stepped care models provide personalized, dose-based interventions beginning with a low dose and “stepping up” to more intensive treatment as needed.
       - Stepped care is coupled with ongoing monitoring using measurement-based care.
       - TCHATT Stepped Care model includes a baseline assessment provided at session 1, 4 CBT sessions and mid-treatment assessment and treatment planning decision at session 5.
       - The individual either steps down to case management if appropriate or steps up to 7 CBT sessions. Post-treatment assessment administered at session 12 then case management.
       - Decisions made are collaborative with the family.
       - Therapists can earn certification in unified protocol virtually at their own pace. 44 therapists have been trained. 29 therapists attained certification. 5 HRIs have participated in training.
       - Outcome data was shown. 352 youth enrolled in the stepped care program; 38% of kids had stepped down. They youth had success transferring to other referral sources.
       - 37% of youth stepped up needing additional care.
       - 19% of youth dropped out before the decision point.
       - Outcome data for all patients and patients that stepped up was shown.
  4. **Update and presentation on the status of PeriPAN implementation and statewide rollout**
  + Dr. Wakefield presented an update.
    - PeriPAN activity was shown. The decrease in December consults was due to holidays.
    - There is a steady increase in call volume with the highest volume in February.
    - Clinicians who have called once and multiple times have increased.
    - The majority of calls (83%) are about specific patients with 64% of calls requesting some type of referral resource.
    - Physician call activity was shown. Ob/gyn offices call the most followed by pediatricians.
    - PeriPAN enrollment activity was shown.
    - PeriPAN ECHO series scheduled was shown. The spring series takes place on Tuesdays from 12:00-1:00 PM.
    - The PeriPAN Grand Rounds schedule was shared. This series takes place every 3rd Tuesday of the month from 12:00-1:00 PM.
    - Additional PeriPAN updates were listed including Texas AIM rollout, perinatal mental health toolkit for OBs and participation in the Texas Pediatric Society Postpartum Depression workgroup.
    - The toolkit is almost finalized. An instructional webinar will be recorded and released on World Maternal Mental Health Day on May 1st.

1. **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.**

* Dr. Williams presented an update on COSH activities.
  + **CPAN**
    - February 2024 consultation volume was shown with 1,378 consultations.
    - There is an increased percentage of time that psychiatrists are involved in consultations.
    - Physicians still prefer a call back at a certain time when they are available.
    - An update was provided on the QI project to increase contact with providers who are enrolled in CPAN and never utilized the service.
      * Psychiatrist meeting first week of March to review process, address questions and offer additional support.
      * 562 outreach calls have been made. 8 calls resulted in CPAN consults. 20 calls resulted in CPAN education. 3 calls resulted in an ethics presentation request.
      * The Texas Tech University Health Sciences Center in El Paso team was highlighted. They presented ideas that have made the successful with the CPAN leadership team. They are doing a pilot with their pediatric residency program and will present the outcome of their findings once complete.
      * The educational resource workgroup is working to collect resources from the HRIs. The workgroup is currently working on identifying experts on the topic of anxiety to review collected resources and provide the most up to date information.
      * Trayt roadmap was shown. Direct patient consultation process is currently in design with a release date for quarter 2. PCP experience and engagement surveys are currently in the phase where requirements are being defined.
    - **TCHATT**
      * Referrals were shown month to month for the last 3 years. Total students referred to TCHATT is 58,126.
      * Top 10 reasons for referral were shown. There can be more than 1 reason for referral. Anxiety and depression remain the top 2 reasons for referral.
      * A pie chart indicating the reasons families decline the service as of February 2024 was shown. Some families were already in another service 21% of the time while 6% of families would rather have an in-person appointment.
      * TCHATT Encounters was shown. Cumulative encounters equal 138,113
      * The COSH teams is providing continuous 1:1 support to HRIs to manage waitlist concerns, refine case management processes and provide Trayt training.
      * Current Trayt Initiatives were shown. The development of referral processing dashboard is currently in design.

1. **Presentation from Texas A&M Health Science Center on implementation of their TCHATT program**

* Dr. Carly McCord presented an update
  + Their team uses the academic community partnership model that establishes partnership groups, organizes partners, develops interventions, and establishes outcomes.
  + Core training elements are based on a consolidated model published in 2020. Elements include training in EBT, developmental model, ready for rural and underserved communities and ready for telehealth.
  + Supervision is maximized by providing tele-supervision. Supervision is provided weekly, in-person or hybrid group with specialty supervision including bilingual, trauma, integrated care, and children.
  + Their team maximizes productivity and collaboration by having the care coordinators conduct initial parent contacts and reduce the burden on school counselors.
  + 20 graduate assistants are budgeted and assigned across their region into 5 zones. The caseload is 14 clients per week with supervision provided by a licensed psychologist.
  + Their LPA training pathway was shared. Once fully licensed, the LPC increases the number of clients per week.
    - Dr. Wakefield inquired if their team has a ratio developed for clinicians per shared work area to foster collaboration and save square footage. Dr. McCord responded that their team developed a calculator that includes the number of hours per week the clinician sees clients with workspace availability.

1. **Presentation from the Statewide Behavioral Health Coordinating Council on the status of the development of the Texas Child Mental Health Strategic Plan**

* Dr. Courtney Harvey presented on the status of plan development.
  + The Statewide Behavioral Health Coordinating Council (SBHCC) is directed to develop a children’s behavioral health strategic plan. The plan is both mental health and substance use.
  + A table including organizations included on the subcommittee was shown. TCMHCC is a member of the subcommittee.
  + Data and information sources come from literature reviews, public data sources, youth focus groups and more.
  + The subcommittee is broken down into workgroups. The workgroups include governance, metrics/outcomes, service array, financing and navigating access to care, workforce, and youth/family voice.
  + The planned timeline was shared. A draft of the plan is scheduled for June – July 2024. The final plan is expected to be submitted to the Legislative Budget Board and Governor’s Office by December 1, 2024.

1. **If necessary, closed session for consultation with attorney regarding legal matters, related to posted items, pursuant to Section 551.071 of the Texas Government Code**
2. **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 | **Y** |
| 6 | Texas Tech University Health Sciences Center | Tarrah Mitchell, MD | **Y** |
| 7 | Texas Tech University Health Sciences Center at El Paso | Peter Thompson, MD | **Y** |
| 8 | Texas Tech University Health Sciences Center at El Paso | Sarah Martin, MD | **Y** |
| 9 | University of North Texas Health Science Center | Alan Podawiltz, DO, MS | **Y** |
| 10 | University of North Texas Health Science Center | David Farmer, PhD, LPC, LMFT, FNAP | **Y** |
| 11 | Dell Medical School at The University of Texas at Austin | Charles B Nemeroff, MD, PhD | **Y** |
| 12 | Dell Medical School at The University of Texas at Austin | 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 | **Y** |
| 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 | **Y** |
| 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 | **Y** |
| 25 | Health and Human Services Commission - mental health facilities | Scott Schalchlin, JD, M.Ed | **Y** |
| 26 | Texas Higher Education Coordinating Board | Elizabeth Mayer | **Y** |
| 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** |