Convening of the Texas Child Mental Health Care Consortium (TCMHCC)
November 15, 2024
10:00 AM – 1:00 PM
The University of Texas System Administration

210 West 7th Street, Conference Room 16.106
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 November 15, 2024, 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
CAP – Child and Adolescent Psychiatric Fellowship
COSH – Centralized Operations Support Hub
CPAN – Child Psychiatry Access Network
CPWE – Community Psychiatry Workforce Expansion
CTRN – Childhood Trauma Research Network
HRI – Health Related Institution
LMHA – Local Mental Health Authority
NECMHR – New and Emerging Children's Mental Health Researchers
PeriPAN – Perinatal Psychiatry Access Network
TCHATT – Texas Child Health Access Through Telemedicine
TCMHCC – Texas Child Mental Health Care Consortium
Trayt – Data Management System
YAM – Youth Aware of Mental Health
YDSRN – Youth Depression and Suicide Research Network

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

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

   - **28 executive committee members were in attendance. See attendance report for full details.**

II. **Approval of Executive Committee Minutes for September 16, 2024.**

   → Dr. Nemeroff made a motion to approve the minutes. Dr. Soares seconded the motion. Motion was unanimously approved.

III. **Update from the Internal Evaluation team**

   a. **CPWE and CAP update**

- Dr. Molly Lopez presented an update from the Internal Evaluation team

- CPWE Resident Rotation Experience: CPWE aims to expand mental health resources through training opportunities for psychiatry residents at LMHAs (Local Mental Health Authorities) and other community health providers.

- The goal is to increase the number of Texas-trained psychiatry residents who will work in public mental health systems in Texas.

- A survey launched in December 2022 gathered responses from CPWE residents, revealing high satisfaction with the variety of training opportunities and educational experiences. However, some challenges were identified, such as difficulties navigating the system, limited access to non-medication resources, and challenges with telehealth and EMR systems.

- Residents noted the positive impact of community psychiatry, particularly the opportunity to engage in team-based care and the chance to work with a diverse patient population.

- Suggestions for improvements included more in-person training, better integration into the system, and increased educational opportunities on dual diagnoses.

- CAP Fellowship Outcomes: The fellowship aims to increase the number of child and adolescent psychiatrists in Texas and reduce the mental health professional shortage in the state.

- Data on 85 fellowship participants showed that a significant majority (about 80%) stayed in Texas for their next placement, with most working in public systems, including hospitals and LMHAs.

- Many fellows were placed in organizations serving children and adolescents, with the majority working in outpatient settings.

- Dr. Lopez concluded with a map showing that fellows who left Texas were spread out across the country, with no significant concentration in any particular state.

IV. **Update from External Evaluation team**

a. **Fiscal Year 2023 survey results**

- Dr. Peskin presented an update from the External Evaluation team

- CPAN Survey Findings - Participants: 428 providers were surveyed, with 124 responding (a 29% response rate).

- Key Results: 98% of providers would continue using CPAN, and 96% would recommend it to others.

- A majority found CPAN's training helpful, and over 70% reported increased knowledge, skills, and confidence in providing mental health care.

- Respondents highlighted CPAN's accessibility, its impact on reducing the burden of referrals, and the tailored lists of community resources.

- Barriers included time constraints in busy clinics, limited referral options for uninsured patients, and a lack of awareness among colleagues. Recommendations focused on improving community resource connections and outreach to increase program visibility.

- TCHATT Survey Findings - Participants: 483 campuses surveyed, with 226 responding.

- Key Results: 89% of implementers would recommend TCHATT, and 93% intended to continue using it.

- 44%-63% of staff reported improvements in student outcomes (e.g., decreased behavioral issues, better attendance).

- Over 90% felt TCHATT increased their capacity to address students' non-educational needs.

- Benefits included free, accessible mental health care for underserved students, reducing barriers like transportation and classroom time.

- Barriers included complex paperwork and scheduling, poor visibility into student progress, and limited treatment availability, especially in rural areas. Recommendations focused on streamlining processes and improving communication regarding student progress.

- The team is now focusing on non-users of the programs to understand why they aren't utilizing the services and to gather more data in the coming months.

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

- Rachel Jew presented all TCHATT updates

a. **Presentation of data and update on statewide expansion of TCHATT**

- TCHATT is now active in 73% of Texas campuses, covering 77% of the student population, equating to 4.2 million students.

- The program saw increases in active campuses across nine HRIs this month. There are over 300 campuses with planned implementation dates, with some regions working on getting these campuses onboard.

- Nine Education Service Centers (ESCs) also saw increases in active campuses.

- The program continues to show an upward trajectory in enrollment.

- The main reason for program decline remains that some campuses already have existing mental health resources.

b. **TCHATT LMHA pilot update**

- The LMHA pilot workgroup held the first meeting earlier this month. The workgroup discussed available data, revealing that most referrals to LMHAs came from UT Health Houston to the Harris Center. They are now working on documenting the process between the HRIs and LMHAs to identify best practices. The goal of the pilot is to improve coordination between regional mental health authorities and enhance student access to longer-term care through these partnerships.

- The next meeting is scheduled for next week, with the Harris Center and UT Health Houston expected to attend. A process map is being prepared to guide the discussion. Additionally, data on the success and barriers of the referral process will be shared, and criteria for selecting participating HRIs and LMHAs will be defined.

VI. **Executive Committee to review and approve the following items.**

a. **ARPA integration timeline**

- Rachel Jew presented the timeline on behalf of ARPA project manager Sarah McLaughlin

  - Plan presented to integrate ARPA funded initiatives into core TCMHCC programs.

  - If approved, specific workgroups will be formed to address each initiative's unique needs and considerations.

  - Full integration depends on securing additional funding and authority after ARPA funding ends. The ARPA funding authorization has been extended through 2026, and new legislation is expected to continue the funding.

  - The plan involves forming workgroups, developing program standards (including scope, data evaluation, technology, and clinical standards), and creating policies and procedures before implementation.

  - Major decisions will be made collaboratively with HRI staff and initiative leaders, with final approval required before implementation.

- After policy development, training will be conducted, and necessary technological infrastructure will be put in place.
- After integration, there will be a monitoring period followed by regular evaluations and quality assessments.

b. **Performance Management Plan**

- Plan presented to implement a performance management system for all programs, focusing on tracking program effectiveness and identifying best practices.

- The original implementation plan was developed in November 2019, and since then, programs have grown and changed. The plan now aims to build on this with new data, baselines, and targets to make more actionable decisions.

- The plan includes revising existing performance measures, developing new targets, and tracking the implementation of program policies across all initiatives. Specific performance measures will be identified, with up to five key measures tracked in the first phase.

- Phase 1: PeriPAN, CPAN, SAFETY-A, and TCHATT. Performance measures and targets will be developed and brought to the executive committee during the January 2025 meeting for approval.

- Phase 2 (FY 2026): Workforce initiatives - CAP Fellowships and CPWE

- Phase 3 (FY 2027): YAM and Collaborative Care

- Phase 4 (FY 2028): Research Initiatives - YDSRN, CTRN, and NECMHR

- Following the first phase, the team will share performance dashboards with stakeholders and discuss best practices. A six-month review period will be used to assess performance and identify areas for quality improvement.

→ **Dr. Farmer made a motion to approve the ARPA integration plan and performance management plan. Dr. Wakefield seconded the motion. Motion was unanimously approved.**

VII. **Update and presentation on PeriPAN implementation**

- **Dr. Wakefield presented an update on PeriPAN implementation**

  - There are 987 obstetricians, along with family medicine doctors and pediatricians, enrolled in PeriPAN across Texas. The program is seeing positive growth in both first-time and repeat callers. Obstetricians remain the primary callers.

  - There was significant growth in call volume, with a 20% month-over-month increase. Despite ongoing outreach efforts, further improvement in reaching busy clinicians is desired.

  - New procedures have been implemented to track and increase direct patient consults, aimed at improving diagnosis and treatment through telehealth. The goal is to drive physician engagement and improve patient outcomes, based on data from other states.

  - Lifeline for Moms Grant: The PeriPAN program is involved in a study with clinics across Texas to improve screening, referral, and access to care. Outreach is ongoing to engage more clinics in the study.

  - The American College of Obstetricians and Gynecologists (ACOG): PeriPAN was presented to a group of obstetric residents, with plans to expand outreach to residency programs and collaborate on distributing educational materials, such as a pocket card for screening and referrals.

  - Be Well Texas: PeriPAN is collaborating with Be Well Texas on substance use screening and treatment, particularly for postpartum women, to address the high rates of overdose deaths. An MOU has been completed, and the partnership is moving forward.

  - The program has developed a two-year rotating curriculum that condenses essential education for clinicians caring for pregnant and postpartum women. This includes webinars, ECHO series, and case-based discussions to facilitate learning. The aim is to ensure continuous education for clinicians across the state, including residents.

VIII. **Presentation from the Baylor College of Medicine in their role as the COSH relating to implementation of the COSH. This includes presentation on the status of CPAN, PeriPAN and TCHATT operations, 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's call volume continues to rise year-over-year, with a slight dip in October, which was an anomaly. The increase is believed to be due to ongoing outreach efforts to increase awareness of the program among primary care clinicians across various specialties.

- CPAN has seen a steady rise in completed consultations since the new direct patient consultation process was implemented in October. The process involves coordination between primary care clinicians, patients, and legal guardians, which can delay completion but aims to ensure appropriate care is provided in primary care settings where possible.

- A new engagement tool has been introduced to automate certain communications, including notifications to primary care providers about enrollments, consultations, and follow-up procedures. This aims to improve efficiency and engagement in the program.

- CPAN is developing evidence-based, up-to-date resources for primary care providers on various mental health topics, with ongoing work groups focused on specific disorders like depression. Depression educational resources are ready for use. Workgroup is working to finalize ADHD resource by January 2025.

- Daily huddles and coverage calendars have been introduced to improve team communication and ensure operational efficiency. This allows for seamless handling of calls, especially in cases where team members are unavailable. However, some challenges remain regarding standardizing how urgent requests (SOS) are handled and ensuring that all listed providers are available when needed.

- TCHATT has seen significant year-over-year growth in referrals, especially in October. The process involves family consent, and the program is focused on maintaining patient privacy while engaging schools and families in the referral process.

- Efforts to standardize assessments and measure the effectiveness of care are ongoing. TCHATT is working to improve data collection and feedback systems to identify areas for quality improvement.

- TCHATT has developed a dashboard to provide schools with aggregate data on referrals, enrollments, and care progression, maintaining privacy by not disclosing individual student information. Additionally, parent surveys are being sent out automatically after services are completed to gather feedback on the program.

- Future plans include enhancing the school dashboard, automating end-of-care surveys, and working on single sign-on systems for better integration with electronic medical records (EMRs) and other data points.

IX. Presentation from UT Southwestern Medical Center on their Triple Board Program and HRI coverage support

- Dr. Norcross presented an update on the Triple Board Program

  - Triple Board Training Program: UT Southwestern runs a program combining Pediatrics, General Psychiatry, and Child & Adolescent Psychiatry training over five years. The program aims to equip physicians to address complex cases involving both psychiatric and physical health issues in children. The program, one of only 11 in the U.S., currently accepts four new residents annually. There's a strong interest in the program, with 105 applicants for the 2025 class. The first graduate is expected in August 2026.

  - Community Psychiatry Fellowship: There's a new Child and Adolescent Psychiatry Fellowship focused on Community Psychiatry, set to begin in July 2025. This will include rotations in both hospital and ambulatory settings, with significant community involvement.

  - Women's Mental Health Fellowship: Another upcoming fellowship, slated for July 2025, will focus on women's mental health, including perinatal psychiatric disorders, trauma, substance abuse, and eating disorders. This program will involve rotations in hospital and community settings.

  - Collaboration with Other Institutions: UT Southwestern has been collaborating with other Health Resource Institutions (HRIs) across Texas, including in areas like San Antonio and Laredo, to share resources, provide therapy services, and improve access to care for mental health needs, particularly for children and adolescents.

X. 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

XI. 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	Nekesha Oliphant	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	N
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	N
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	Tarek Rajji, MD	Y
23.	The University of Texas Southwestern Medical Center	Hicham Ibrahim, MD	N
24.	Health and Human Services Commission - mental health facilities	Scott Schalchlin, JD, M.Ed	N
25.	Texas Higher Education Coordinating Board	Elizabeth Mayer	Y

26.	Hospital System	Sue Schell, MA	**Y**
27.	Non-profit - Meadows Policy Institute	Andy Keller, PhD	**N**
28.	Non-profit - Hogg Foundation	Octavio Martinez, Jr., MPH, MD	**N**
29.	Non-profit – Texas Council of Community Centers	Lee Johnson, MPA	**Y**
30.	Texas Education Agency	John Scott	**Y**
31.	Administrative Contract – University of Texas System	David Lakey, MD	**Y**
32.	Education Service Center	Nathan Maxwell, Ed.D	**Y**
33.	Texas Health and Human Services Commission	Trina Ita, MA	**N**
34.	Texas Dept of Family and Protective Services	Luanne Southern, MSW	**Y**
35.	The University of Texas Medical Branch at Galveston	Melissa Defillippis, MD	**Y**