

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

July 15, 2024

10:00 AM – 3:00 PM

The 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 July 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

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

TCHAT – 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

I. Call to order and roll call.

- **Dr. Lakey, presiding officer of the Consortium, called the meeting to order.**
- **22 executive committee members were present. See attendance report for full details.**

II. Approval of Executive Committee Minutes for June 17, 2024.

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

III. Presentations on the following items relating to TCHAT. The full Executive Committee may review, and/or provide information and/or make recommendations on the items presented.

a. 2024 TCHAT Summit

- Rachel Jew provided all TCHAT updates

- Held at the end of June with around 150 attendees.
- Featured engaging discussions on TCHATT 2.0, communications, solution-focused brief therapy, and data reviews.
- Valuable feedback was received and will be used to plan for the next fiscal year.
- Plans include potentially forming new workgroups with HRI team members.
- Participants will be asked to provide further feedback via a survey to help shape future summits.

b. Presentation of data and update on statewide expansion of TCHATT

- TCHATT is now in 60% of schools, reaching 74% of the student population.
- Planned implementation dates for schools across 4 HRIs in the coming months, primarily in August.
- 6 ESC (Education Service Center) regions showed increased campus activity in May. Growth is on an upward trajectory.
- The main reason for decline status is from schools or districts already having existing mental health providers. This issue increased by over 20% from the previous month.
- Monitoring the decline reasons closely, especially with ARPA (American Rescue Plan Act) funding potentially affecting mental health services.
- Plans to collaborate with districts to ensure TCHATT's services remain available if other services diminish.
- Aiming to increase capacity and address emerging needs.

c. TCHATT Services & Discharge policy

- Homeschool referrals may be accepted if the HRI does not have a waitlist.
- Clarified that 60% of referrals should have a first appointment scheduled within 20 business days.
- Received last-minute feedback, which will be reviewed for possible revisions.
- Approval of the policy will be postponed to next month to incorporate this feedback.
- The original timeline aimed for approval today, but due to recent feedback, the decision will be delayed.
- Emphasis on adhering to the timeline and providing timely feedback to ensure smooth approval in future meetings.

- Revised policy to be presented for approval in the next executive committee meeting.
- Members are encouraged to review and provide feedback within the established timeline.

IV. Executive Committee to review and approve the following items relating to TCHATT.

a. TCHATT items that require vote to approve by the Executive Committee:

1. TCHATT Referrals & Enrollment Policy

- Policy focuses on service delivery to students, including appointment standards, assessments, documentation, treatment approaches, and care coordination.
- Parents or guardians must attend the intake appointment. Flexibility will be provided if attendance is not possible, and procedures will address these situations.
- Certain assessments are required, with a review ongoing for trauma assessments. Services will not be withheld if parents or guardians cannot complete these assessments.
- Intermediate services may be provided if recommended in the student's treatment plan and after documenting efforts to find community resources.
- Care coordination is available to students who meet eligibility criteria in the Referrals & Enrollment policy.
- Students with severe symptoms or needing additional support post-TCHATT should be referred to their local OSAR (Outreach, Screening, Assessment, and Referral) program.
- Clinical notes and summaries should be shared with the student's primary care provider (PCP), with consent from the family.
- Policy introduction today with a plan to seek approval next month.
- Implementation is scheduled for the following month, with flexibility provided for HRIs needing additional time to adapt.
- HRIs should communicate any need for extended implementation timelines.

V. Review and vote on the selected grant applicants for the NECMHR Initiative.

- Nagla Elerian provided an update on NECMHR
 - 13 reviewers, some were external, some from different states
 - Developed to support researchers and address state needs in mental health.

- 13 reviewers were involved, including 10 external experts from various states and Texas-based reviewers.
- Each application underwent two full reviews and three high-level reviews. Group reviews by external and Texas reviewers were conducted to reach a consensus.
- Total budget: \$5.9 million. \$2.5 million added from current research initiatives remaining funds that were voted on at the last executive committee meeting. Administrative costs accounted for \$100,000.
- 25 applications were selected, totaling \$8.366 million. Institutions were capped at receiving no more than 20% of the total funds. The combined funds of any university system's institutions may not exceed 70% of the total funds.
- Research Project Grants: 31 applications received, 15 accepted (48% acceptance rate).
- Research Career Development Grants: 11 applications received, 7 accepted (64% acceptance rate).
- Post-Doctoral Fellow and Training Grants: 5 applications received, 3 accepted.
- Successful applicants will be contacted to confirm interest and discuss feedback. Unsuccessful applicants will also receive feedback and encouragement for future submissions.
- Contracts will be initiated with awardees, with a start date of September 1, 2024. Contracts will include the application details and modifications based on feedback.

→ Dr. Nemeroff made a motion to award the NECMHR grants; Dr. Soares seconded the motion. Motion was unanimously approved.

VI. Presentation from the Baylor College of Medicine in their role as the COSH relating to implementation of the COSH. This includes presentation the status of CPAN, PeriPAN and TCHAT 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 provided an update on COSH activities
 - CPAN call volume has been steady, with a usual summer slowdown. Call volume is expected to increase as the school year begins in August.
 - Overall consultation volume has been increasing over the past three years, with a typical summer slowdown.
 - Psychiatrist involvement in consultations remains steady, averaging 30-35%.
 - Requests for psychiatric referrals and direct consultations are being handled efficiently, with each direct consultation being thorough (90-120 minutes).

- With TCHAT, there has been a steady increase in the number of treatment sessions and clients served, with clear growth in service provision.
- Psychotherapy services are primarily provided by psychologists, LPCs (Licensed Professional Counselors), and LCSWs (Licensed Clinical Social Workers). The 28% labeled as "other" providers on the graph in the presentation likely include care coordination teams and trainees.
- Efforts are ongoing to enhance program efficiency, including on-site meetings for team support and coordination with educational systems.
- New training materials and evidence-based processes are being developed, including brief videos from experts on measurement tools.
- Significant work has been done to improve dashboard processes, with new upgrades being well-received by teams.
- Ongoing efforts are focused on refining data capture and process improvements.
- **Note:** There will not be a PeriPAN update at this time.

VII. Presentation and vote on the 2025 budget and the 2026/2027 budget in preparation for the 89th Texas legislative session.

- Alex Vlahodimitropoulos presented an update on the budget
 - Need to finalize budget adjustments for institutions. Some institutions need additional resources while others have unspent funds that can be reallocated.
 - Flexibility is needed to refine budget requests with institutions before finalizing.
 - FY25 budget request by program was shared. There is a request for an additional \$2.7 million compared to the previous budget. This is feasible due to unspent funds from FY24 and delays in ARPA-funded projects.
 - Budget request details by HRI were presented reflecting the increased funding needs for various programs.
 - The proposed budget for FY25 was reviewed for approval.
 - **Dr. Nemeroff made a motion to approve the budget changes for FY25. Dr. Tamminga seconded the motion. Motion was unanimously approved.**
 - FY26-27 preliminary budget request details were displayed. Increase of \$32.7 million requested versus the approved FY24-25 budget. The increase in funding is focused on specific programs and ARPA-funded projects.
 - Collaborative Care is not included in the preliminary request and will be discussed separately.

- The team will address legislative appropriations requests for future fiscal years and continue refining budget components
- FY26-27 research preliminary budget requests were shared. The request for the research hubs and nodes is \$24 million with an increase of \$0.9 million.
- The request for NECMHR grants is an increase of \$2.5 million up to \$8.5 million
- The research FY26-27 preliminary budget request is \$33 million with an overall increase of \$10.3% versus the FY24-25 budget.

→ Dr. Nemeroff made a motion to approve the preliminary budget for FY26-27. Dr. Tamminga seconded the motion. Motion was unanimously approved.

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

IX. Adjournment

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	N
5.	Texas Tech University Health Sciences Center	Sarah Wakefield, MD	N
6.	Texas Tech University Health Sciences Center	Tarra Mitchell, MD	Y
7.	Texas Tech University Health Sciences Center at El Paso	Peter Thompson, MD	N
8.	Texas Tech University Health Sciences Center at El Paso	Sarah Martin, MD	N
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	N
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	N
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	Y
23.	The University of Texas Southwestern Medical Center	Hicham Ibrahim, MD	Y
24.	Health and Human Services Commission - mental health facilities	Scott Schalchlin, JD, M.Ed	N
25.	Texas Higher Education Coordinating Board	Elizabeth Mayer	N

26.	Hospital System	Sue Schell, MA	Y
27.	Non-profit - Meadows Policy Institute	Andy Keller, PhD	Y
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	N
33.	Texas Health and Human Services Commission	Trina Ita, MA	N