

# Texas Child Mental Health Care Consortium **BIENNIAL REPORT**

September 1, 2022 – August 31, 2024



**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 and is focused on improvements and expansion. 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 2022–2024.

### Highlights

#### **Texas Child Health Access Through Telemedicine (TCHAT)**

- At the end of August 2024
  - TCHAT covered more than 75% of the student population representing nearly 4.2 million students who have access to services
  - 6,773 schools and 873 school districts were enrolled in TCHAT
  - TCHAT improved access in many of the under-resourced regions of the state with 1,793 rural schools enrolled, representing 982,975 students who now can obtain pediatric mental health services
- During the biennium
  - 27,332 students received more than 129,345 telehealth sessions
  - Rates of referral into TCHAT increased as more and more students were covered through the statewide expansion
- A recent survey of parent/guardians demonstrated that more than 70% Strongly Agree that they are satisfied with TCHAT services and 80% Strongly Agree that they would recommend TCHAT to other families
- ARPA: TCHAT utilized ARPA funding to enhance both service offerings, and the number of sessions provided

#### **Child Psychiatry Access Network (CPAN)**

- During the biennium
  - CPAN enrolled 4,507 Texas pediatric health care clinicians, bringing the total number of enrolled providers to 13,430
  - CPAN provided psychiatric consultations, resources, and referrals for an estimated 24,000 children
- Of surveyed clinicians, 98% report satisfaction with their CPAN consult and 79% report feeling more confident providing care following the consult
- ARPA: CPAN enhanced training and support offered to PCPs and developed the Perinatal Psychiatry Access Network (PeriPAN) to support the mental health of perinatal patients

#### **Perinatal Psychiatry Access Network (PeriPAN)**

- The Consortium utilized ARPA funding to address maternal mental health

- through PeriPAN, a perinatal psychiatric access network
- PeriPAN began as a pilot program at 4 HRIs and went statewide on September 1, 2023
- As of August 2024
  - 897 OB/GYNs were enrolled in PeriPAN statewide
  - Nearly 1,600 PeriPAN consults were provided

## Workforce Expansion

The Consortium supports mental and behavioral health workforce expansion efforts including psychiatrists. Additionally, new professional areas and specialty training were supported through ARPA funding. The two initiatives that address workforce expansion are the following:

- [Community Psychiatry Workforce Expansion \(CPWE\)](#) - CPWE funds full-time academic psychiatrists as academic medical directors and new psychiatric resident rotation positions at facilities operated by community mental health providers. Through CPWE, 318 residents have rotated through Local Mental Health Authorities (LMHAs) with 33,141 patients served.
- [The Child and Adolescent Psychiatry \(CAP\)](#) - The CAP fellowship has continued to grow the number of fellows and fellowships opportunities over the biennium with a 70% increase in the number of first-year CAP positions filled in Academic Year 2025.

## Research

- The Consortium continues to advance research-guided practices to address trauma, depression and adolescent suicide through two research initiatives, the Youth Depression and Suicide Network and Childhood Trauma Research Network. These initiatives are two of the largest studies to date on these issues with 4,173 enrolled children and 30 peer reviewed publications.
- In 2024, the Consortium launched the New and Emerging Child Mental Health Research (NECMHR) Grant program, designed to foster, encourage, and mentor junior researchers and trainees at Consortium institutions. The NECMHR program funded 25 research proposals at 11 institutions.

This 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. This report also includes information about program enhancements and expansions made possible with the additional appropriation of federal ARPA funds. 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

EXECUTIVE SUMMARY.....	2
------------------------	---

BACKGROUND.....	5
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Consortium Objectives and Initiatives.....	6
Consortium Administration.....	7

INITIATIVES.....	11
------------------	----

Child Psychiatry Access Network (CPAN).....	11
Perinatal Psychiatry Access Network (PeriPAN) .....	14
Texas Child Health Access Through Telemedicine (TCHAT).....	17
Community Psychiatry Workforce Expansion (CPWE).....	20
Child and Adolescent Psychiatry (CAP) Fellowships.....	22
Research.....	23
New and Emerging Child Mental Health Research (NECMHR) Grant .....	24

LEGISLATIVE RECOMMENDATIONS.....	26
----------------------------------	----

APPENDICES.....	28
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Appendix I: Administration.....	28
Appendix II: Budget by Program.....	30
Appendix III: Governance Plan.....	32
Appendix IV: ARPA Initiatives by Program and Institution.....	44
Appendix V: Community Psychiatry Workforce Expansion (CPWE) Detailed Metrics.....	47
Appendix VI: Research Publications.....	48
Appendix VII: New and Emerging Child Mental Health Research (NECMHR) Grant Awardees.....	52
Appendix VIII: TCHAT Data .....	54
Appendix IX: CPAN Satisfaction Data .....	55

## BACKGROUND

The Consortium represents a significant investment from the Texas Governor and the Legislature to support the mental health of Texas children. State and national leaders continue to recognize the growing need for services, resulting in momentum as increased state and federal resources are appropriated 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 12 Health-Related Institutions (HRIs) and in partnership with state and local partners - will continue 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, a shortage in the children's mental health workforce has resulted 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 12 HRIs, 4 state agencies, a hospital system, and 3 non-profit organizations. A full organizational chart is available in Appendix I. Appendix I also includes a high-level timeline of Consortium milestones this biennium.

*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.*

## 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
3. Expanding access to evidence-informed pediatric mental health practices to treat child and adolescent mental health conditions

The following Consortium initiatives are tailored to achieve these goals:

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

**Perinatal Psychiatry Access Network (PeriPAN):** In 2022, CPAN developed a pilot program, the Perinatal Psychiatry Access Network (PeriPAN), providing the same CPAN services to clinicians seeing perinatal women. This pilot went statewide in September 2023.

**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 a mental health assessment and short-term, solution-focused treatment or referrals.

**Community Psychiatry Workforce Expansion (CPWE):** Links psychiatry residents at 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.

**New and Emerging Children's Metal Health Research (NECMHR):** Funds research proposals to improve child and adolescent mental health prevention and treatment services and encourage junior researchers in Texas.

*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 Administration

### Consortium Appropriated Budget

Biennium	General Revenue (GR) Allocation	American Rescue Plan Act (ARPA) Allocation	Total
FY 20-21	\$ 91,128,955	\$ -	\$ 91,128,955
FY 22-23	\$ 124,308,272	\$ -	\$ 124,308,272
FY 24-25	\$ 280,555,912	\$ -	\$ 280,555,912
Special Session		\$ 113,082,885	\$ 113,082,885

All unspent GR funds from the FY20-21 and FY22-23 Appropriated Budgets were returned to the State Legislature. At the end of the current biennium, FY24-25, unspent GR will be returned to the State Legislature. Detailed program budgets and budgets by HRI are available in Appendix II.

## Executive Committee

The TCMHCC is governed by an Executive Committee comprised of 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, the Texas Higher Education Coordinating Board (THECB), Texas Education Agency (TEA), a rural Education Service Center (ESC), Texas Department of Family & Protective Services (DFPS), a hospital system, 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 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 (PIAs) with each of the HRIs responsible for implementing Consortium initiatives;
- 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 outreach and engagement strategies to enroll and maintain relationships with clinicians and school districts.

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, 2021, and again in 2023. 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:

Communication System	Data Management System	Medical Director
Includes (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.

Medical directors provide clinical oversight and develop and review educational and training materials associated with their programs. Dr. Laurel Williams at BCM serves as the Medical Director for the Consortium. The Consortium has also named Medical Directors, Dr. Sarah Wakefield for PeriPAN at Texas Tech University Health Sciences Center (TTUHSC) and Dr. Steven Pliszka for CPWE at The University of Texas Health Science Center San Antonio (UTHSCSA).



## Evaluation

Selected through an open and competitive RFP process, UT System executed contracts with the Texas Institute for Excellence in Mental Health at the University of Texas at Austin for internal evaluation and the University of Texas Health Science Center Houston School of Public Health for external evaluation.

### Internal Evaluation

- Track and report statewide metrics and evaluate the reach and effectiveness of Consortium initiatives
- Evaluate user satisfaction through surveys from providers and families
- 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
- Support the UT System in identifying HRIs that may benefit from additional assistance

### External Evaluation

- 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
- Evaluate the cost-effectiveness of services
- Help guide strategic direction by identifying areas of highest need
- 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, CPAN and PeriPAN metrics 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 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 by the Data Governance Committee, which is composed of representatives from the HRIs, UT System, the COSH and internal evaluation team.

As Consortium programs have been implemented 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 more programmatic evaluation and improvement. (Highlights from the data are included in the Initiatives section of this report.)

## 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:

### CPAN

- Enhanced services and training available to PCPs to allow them to feel more supported and confident in addressing the mental health needs of their patients and the development and statewide launch of PeriPAN.

### TCHAT

- Increased the ability to reach more regions and school districts covering more students and offering additional services to schools and students.

### Other Workforce Expansions

- Supported mental and behavioral health workforce expansion efforts to include the addition of new professional areas such as advanced practice providers, marriage and family therapists, psychologists, professional counselors, and social workers and specialty trainings.

### Child and Adolescent Psychiatry (CAP)

- Continued growth of CAP fellowships.


A full list of ARPA enhancements with budgets is available in Appendix IV.

## 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 second biennium, Consortium initiatives worked together to identify mental health conditions early and provide interventions to improve the mental health of Texas youth. The synergy between Consortium programs is depicted below.

CPWE	CPAN/PeriPAN	TCHAT
Recruits and trains mental health professionals for a lifetime of child and adolescent health service.  Feeds into a pipeline for CPAN, TCHAT and other community health employment.	Provides PCPs and OBGYNs resources and referrals to community resources, such as LMHAs and Federally Qualified Health Centers.  Provides PCPs referrals to school-based TCHAT services for further assessment.	At discharge, may refer student to a PCP who then supports their continued mental health needs through CPAN consultation.  May also link student with a LMHA when appropriate.



### Child Psychiatry Access Network (CPAN)

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

Since its inception, CPAN has expanded the capacity of pediatric PCPs to treat an estimated 35,000 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 and has launched direct consults, providing one-time direct consultations between a CPAN mental health provider and patient when deemed appropriate to learn more about the patient and their symptoms. Since launch, CPAN has offered 620 direct consultations.

*"When kids need mental health care, it shouldn't wait. CPAN allows me to take next steps without having to wait for them to get in to see another provider."*  
Internal Medicine and Pediatrics Physician

## CPAN Program Metrics



**8,923**

Enrolled Providers as of  
August 31, 2022



**13,430**

Enrolled Providers as of  
August 31, 2024



**2,751**

Enrolled Clinics as of  
August 31, 2024



**27,282**

Completed Consults  
September 1, 2022 -  
August 31, 2024



**1,175**

Avg Monthly Number of  
Consults Completed  
September 1, 2022 -  
August 31, 2024



**620**

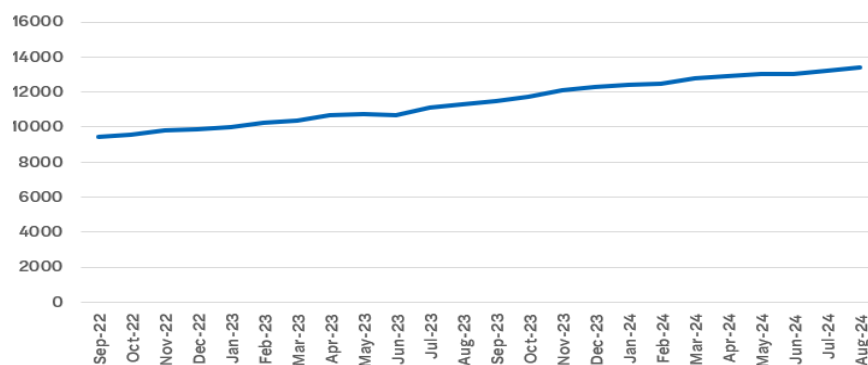
Cumulative Direct Consults  
August 31, 2024



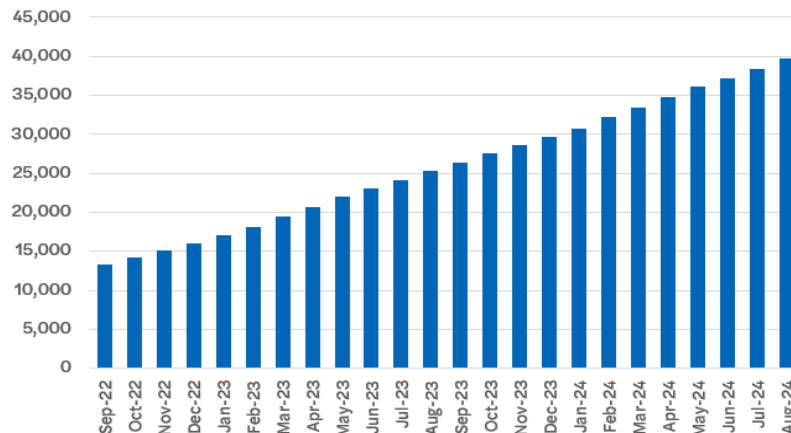
**24,181**

Patients Served via PCP Consult  
September 1, 2022 -  
August 31, 2024

CPAN: Enrolled Providers, September 2022 – August 2024



CPAN: Total Cumulative Consults, September 2022 – August 2024



*"It directly connects primary care providers with psychiatric specialists while simultaneously removing the guess work of coverage for patients. This results in a cost efficient, stream lined process for our patients." Registered Nurse*

## 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 (CHC) offer overall support for consistent statewide messaging and branding. Examples of outreach and engagement activities include:

- In-person presentations at clinics and physicians' offices and telephone outreach
- Continuing education and training events, webinars and other online events
- Conference presentations and booths
- E-newsletters and email marketing
- Distribution of promotional materials
- Digital outreach via social media channels and search engines
- CHC has planned and executed an engagement strategy with:
  - The Texas Pediatric Society through a monthly newsletter to their members, banner graphics for their website and social media promotion and engagement
  - The Texas Academy of Family Physicians through social media outreach and engagement
  - The National Resources Center for Academic Detailing through presentation and training opportunities for psychiatrists
  - The Texas Society of Psychiatric Physicians and the Texas Society of

Child and Adolescent Psychiatry through initial meetings to discuss communication partnership opportunities

- CHC's CPAN outreach materials can be found at the bottom of the public facing CPAN website <https://tcmhcc.utsystem.edu/child-psychiatry-access-network-cpan/>

During the biennium, CPAN provided 339 training, outreach and continuing education events to a total of 8,016 PCPs and other providers focused on:

- Promoting CPAN's benefits and processes
- Increasing mental health literacy among pediatric primary health care providers
- 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

*"I have more referral resources for families and with each case I manage with CPAN, my knowledge and confidence increases." Pediatrician*

## [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%). In 2019, 1-in-8 pregnant and postpartum Texas women had a maternal mental health condition which equates to almost 50,000 women annually. In August 2022, through ARPA funding, the Consortium launched 4 PeriPAN pilot sites, modeled after CPAN, to address maternal mental health concerns for pregnant and postpartum women. In September 2023, PeriPAN went statewide and is now operating at all 12 HRIs.

PeriPAN offers psychiatric consultation, resources and referrals to women's health providers to assist in the identification and treatment of maternal mental health concerns. By implementing PeriPAN, Texas joins 17 other similar programs throughout the U.S. We know that when we support the mental health of mothers, we support the mental health of children. They are linked, and they cannot be unlinked.

The recently released 2024 Texas Maternal Mortality and Morbidity Review Committee and DSHS Joint Biennial Report found that 100% of deaths among perinatal women due to mental health conditions were deemed preventable. Systemic access to care is an underlying contributing factor to these deaths and the report recommends that clinicians utilize PeriPAN to reduce maternal mortality.

## PeriPAN Outreach and Engagement Efforts

HRIs conduct outreach activities to providers and clinics in their region. At a statewide level, PeriPAN and the Consortium have collaborated with organizations and agencies across the state to develop and provide early detection and prevention resources and support for clinicians treating perinatal women. This effort includes, partnering with the Texas Pediatric Society (TPS) postpartum depression workgroup to develop and present an educational ECHO series on perinatal topics, collaborating with the Health and Human Services Commission (HHSC) and Be Well Texas on a Maternal Mental Health and Substance Use Disorder project to create a maternal mental health substance use educational ECHO series for 2025, and collaborating on the PCORI-funded Pathways to Perinatal Mental Health Equity grant to improve systems of care and increase use of access programs.

Additionally, the Consortium and CHC offer overall support for consistent statewide messaging and branding as well as partnerships with stakeholder organizations.

- CHC has planned and executed an engagement strategy with:
  - The American College of Obstetricians and Gynecologists - District XI through the development of the PeriPAN Perinatal Mental Health Toolkit for Obstetric Clinicians, accompanying webinar and social media outreach and engagement
  - The TPS through a monthly newsletter to members with perinatal specific content, website banner graphics and social media promotion and engagement to share information about both CPAN and PeriPAN
  - The National Resources Center for Academic Detailing through a presentation and training opportunities for psychiatrists
  - The Texas Department of State Health Services through shared resources and updates to their website to highlight PeriPAN as a resource. This is an ongoing effort to include mention of PeriPAN in communication materials.
- Examples of CHC's outreach materials can be found at the bottom of the PeriPAN public facing website [https://tcmhcc.utsystem.edu/perinatal-  
psychiatry-access-network-peripan/](https://tcmhcc.utsystem.edu/perinatal-psychiatry-access-network-peripan/)

## PeriPAN Program Metrics

As of August 31, 2024



**897**  
Enrolled OB/GYNs

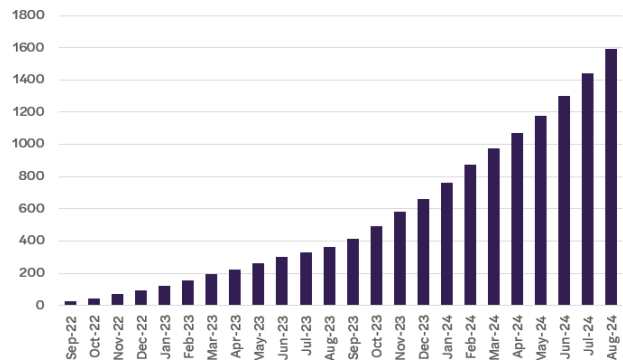


**185**  
Enrolled OB Clinics

**50**  
Enrolled Women's or  
Maternal Health Clinics

**14**  
Enrolled Midwifery Practices

PeriPAN: Total Cumulative Consults, September 2022 – August 2024



\*All providers already enrolled in CPAN have access to PeriPAN support and services.



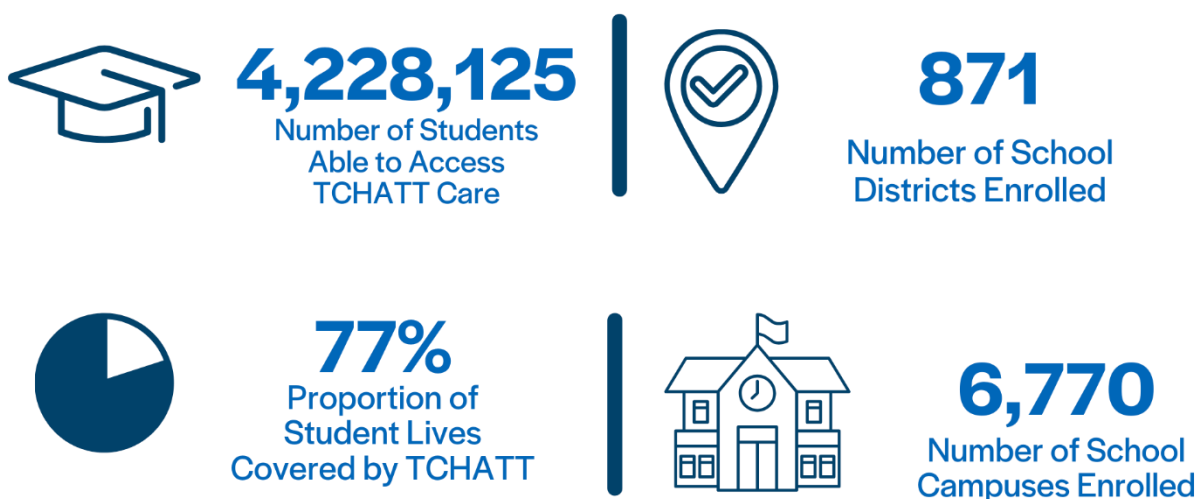
## Texas Child Health Access Through Telemedicine (TCHAT)

After obtaining parental consent, TCHAT 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 as needed. During the 2023 and 2024 fiscal years, 28,431 students received more than 156,122 sessions/services.

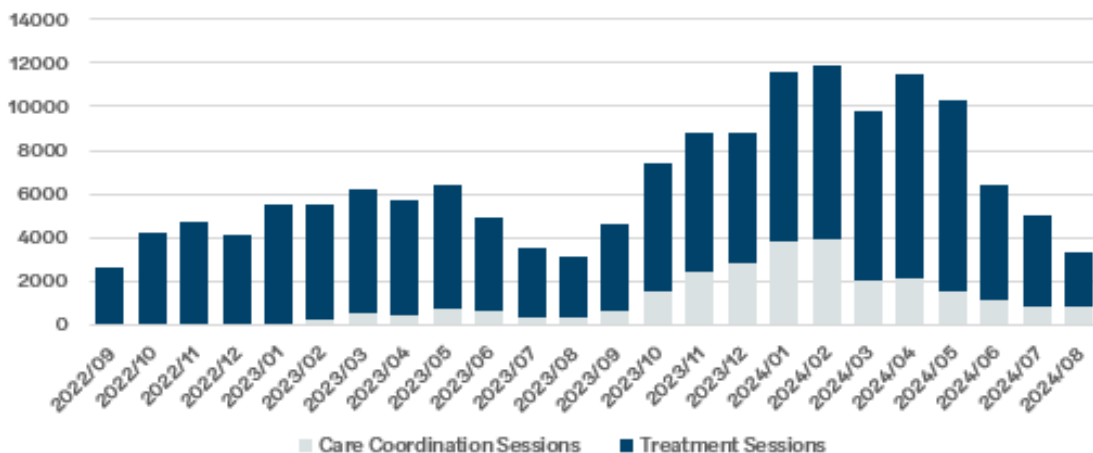
At the end of fiscal year 2024, TCHAT covered approximately 4.2 million students. A map of TCHAT schools can be found at: <https://tcmhcc.utsystem.edu/tchat>.

### TCHAT Program Metrics

**As of August 31, 2024**

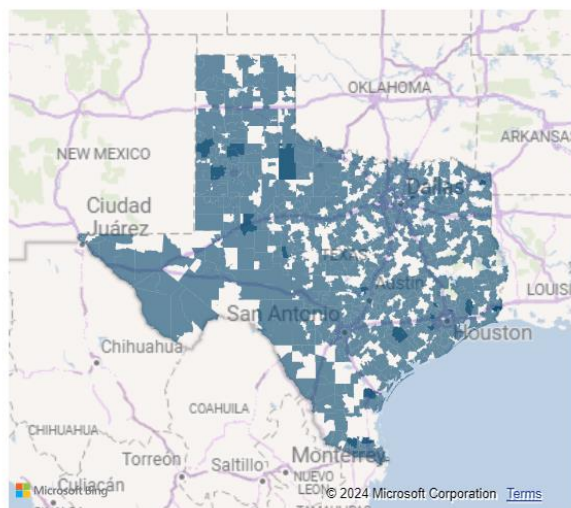


**Number of TCHAT Sessions by Month September 2022 - August 2024**



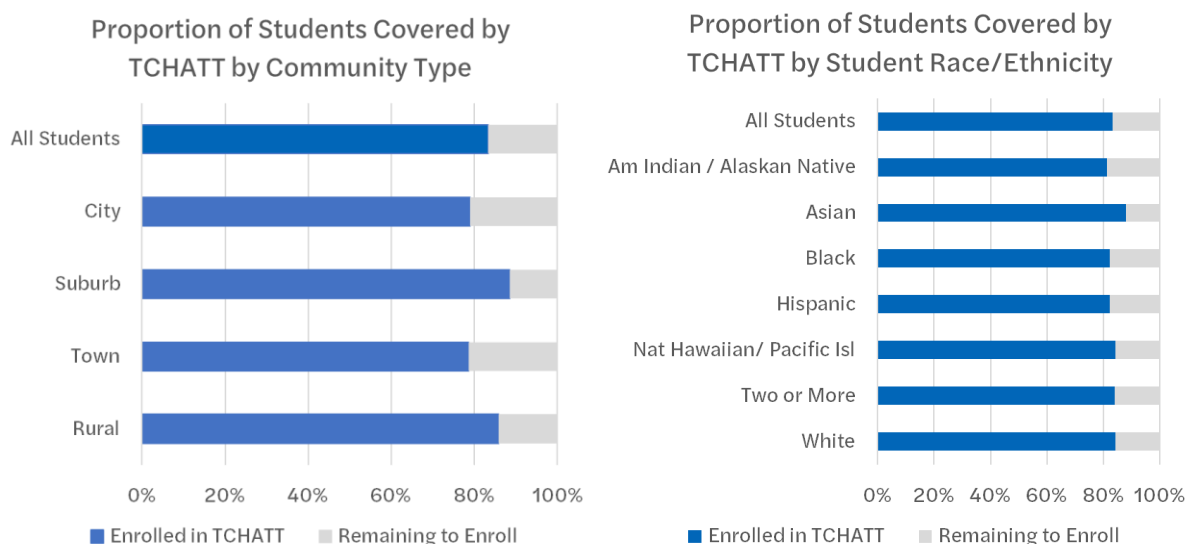
Note: Session numbers typically drop off during the summer and rebound in September. During the summer months, TCHAT staff focus on enrolling and onboarding additional schools and providing mental health training to school staff.

Zip Codes with Active or Onboarding TCHATT Schools



\*Note: The light blue indicates zip codes with active school districts, and the dark blue indicates zip codes with school districts that are currently onboarding.

HRIs are currently reaching out to enroll the remaining eligible school districts within the state. At the end of August 2024, there were 415 schools in the process of being onboarded, 352 schools whose ISD had a MOU pending, and 292 schools the HRIs were working to engage.



Additional TCHATT data and satisfaction survey results can be found in Appendix VIII.

*"This is a great service for our students and their families. I am so thankful that we have this available to them. It has changed some of our students' and families' lives!" Counselor*

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)
- Though most HRIs offer psychiatry services, the vast majority of encounters are for therapy with a licensed mental health professional; around 14.6% of all students served receive medication management services through TCHATT

TCHATT uses evidence-based mental and behavioral health screening tools to assess for depression, anxiety, trauma, ADHD/ODD, substance use, suicide, and functional impairment. These screening tools help the program improve outcomes for TCHATT students through a structured process of obtaining baseline results to determine an individualized treatment protocol and using follow-up results to review efficacy of the protocol and tailor treatment as sessions continue.

*"Our kiddos are being seen right away. This is so helpful for our families, and so many of them are grateful for the free services they would not have received otherwise." Counselor*

## TCHATT Training and Education

Informed staff and parents are key to TCHATT's success. HRIs across the state implemented 337 professional development and educational events to more than 21,117 people, including school staff, parents and students, community organizations and other mental health providers. 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 to how to support a child with anxiety
- Focus groups with school counselors, district leads and others to improve TCHATT program experience

## TCHATT Outreach and Engagement Efforts

HRIs conduct outreach and engagement efforts with Education Service Centers, the

Texas Education Agency, campus administrators, school counselors, and district executives and include attendance at events and meetings and presentations.

CHC is now offering support for consistent messaging and branding that is audience specific and appropriate. This effort includes conducting formative interviews with the HRIs, school counselors and parents to learn their needs and how best to communicate with them.

### Community Psychiatry Workforce Expansion (CPWE)

CPWE aims to collaborate with community mental health providers to expand the amount and availability of mental health care resources by developing training opportunities for residents. CPWE also works to increase the number of Texas-trained psychiatry residents who work in the public mental health system upon completion of their residencies.

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 residents for cross-cultural interactions and culturally responsive mental health care
- Allows residents 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
- Introduces residents to systems of care that are rarely seen in private healthcare

### CPWE Program Metrics



Since its inception, the Consortium has engaged 20 LMHAs and 6 other community mental health provider organizations, with another 10 currently planned. While there are plans to expand to several new LMHAs and community mental health providers, 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. Details on the CPWE program can be found in Appendix V.

*"Since implementing the CPWE Program and expanding our CAP Fellowship, all our general psychiatry residents and medical students have been able to rotate in outpatient child psychiatry clinics in our community. We have had increased interest in child psychiatry with 5 of our 8 graduating residents last year applying for a Child Psychiatry Fellowship. In addition, we have had a huge increase in the number of fourth year medical students that want to do an extra rotation in child psychiatry. About half of the medical students that request to do an extra rotation with us are planning to go into pediatrics, the other half general psychiatry. Our new rotations have not only increased interest among trainees applying to psychiatry residencies, but also those going into primary care." Dr. Sarah Martin*

Partners for FY23 and FY24	Planned Partnerships
<ul style="list-style-type: none"> <li>• Brazos Valley MHMR</li> <li>• StarCare Specialty Healthcare System</li> <li>• Emergence Health Network</li> <li>• MHMR of Tarrant County</li> <li>• Integral Care</li> <li>• Texana Center</li> <li>• The Harris Center for Mental Health &amp; IDD</li> <li>• Burke</li> <li>• The Center for Health Care Services</li> <li>• Gulf Bend Center</li> <li>• Hill Country Mental Health &amp; Developmental Disabilities Centers</li> <li>• Andrews Center Behavioral Healthcare System</li> <li>• Bluebonnet Trail Community Services</li> <li>• Gulf Coast Center</li> <li>• Nueces Center for Mental Health &amp; Intellectual Disabilities</li> <li>• Tropical Texas Behavioral Health</li> <li>• Coastal Plains Community Center</li> <li>• Border Region Behavioral Health Center</li> <li>• LifePath Systems</li> <li>• Aliviane</li> <li>• El Paso Child Guidance Center</li> <li>• JPS Local Commitment Alternative hospital</li> <li>• UT Physicians Psychiatry Outpatient Clinic-BBSB</li> <li>• Metrocare Services</li> <li>• Parkland Health and Hospital</li> <li>• Spindletop Center</li> </ul>	<ul style="list-style-type: none"> <li>• Betty Hardwick Center</li> <li>• Central Plains Center</li> <li>• Helen Farabee Centers</li> <li>• Lakes Regional Community Center</li> <li>• MHMR Services of Concho Valley</li> <li>• Pecan Valley Centers for Behavioral &amp; Developmental Healthcare</li> <li>• Permiacare</li> <li>• Texas Panhandle Centers</li> <li>• Tri-County Behavioral Healthcare</li> <li>• West Texas Centers</li> </ul>

## Child and Adolescent Psychiatry (CAP) Fellowships

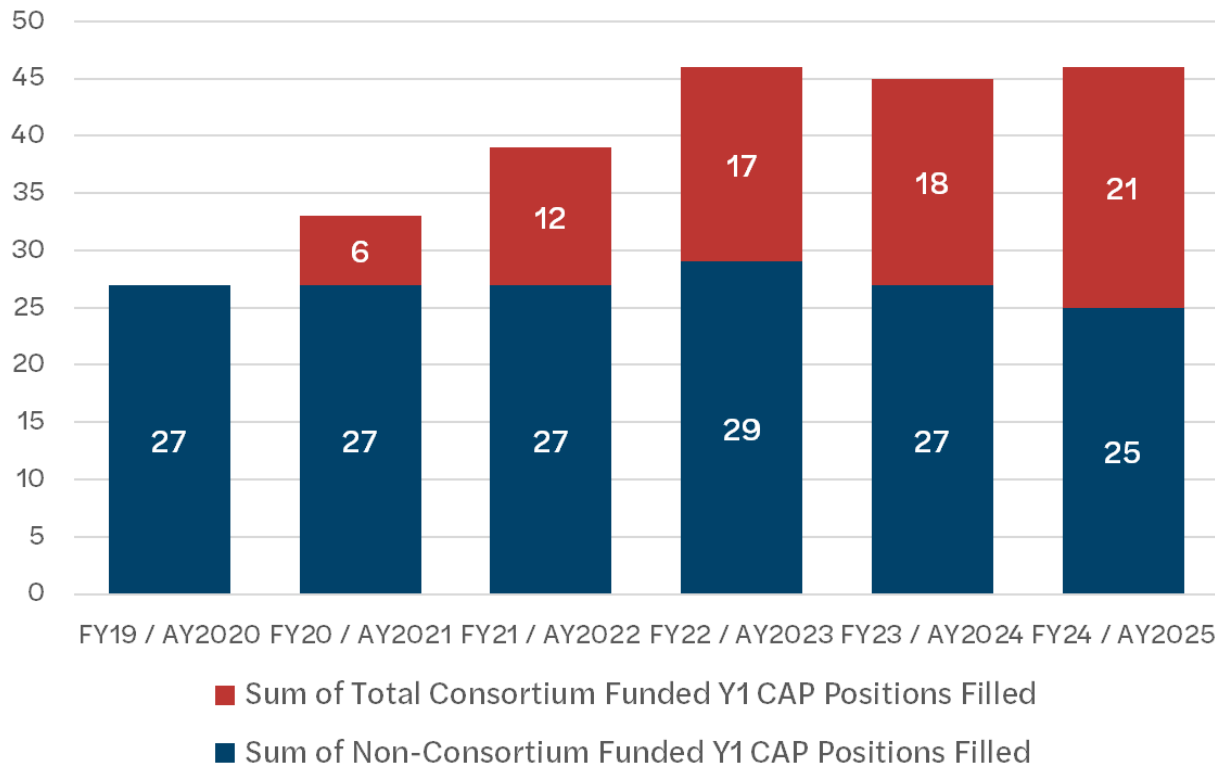
HRIs have also expanded their Child and Adolescent Psychiatry (CAP) fellows and have been able to link them to training at community mental health organizations, primarily LMHAs through CPWE. The fellows and their supervising training directors then provide psychiatric services to children, adolescents and adults in these locations. HRIs also place an academic medical director to support, train and guide fellows through their work.

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:

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

## CAP Program Metrics

- In the academic year 2020, there were 27 first-year CAP positions filled in the state. Through Consortium funding and efforts, that number has jumped to 46, a 70% increase for academic year 2025
- As a result of state funding, the Consortium onboarded an additional 74 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 2021-2025 to 209
- Since 2019, the Consortium has stood up three new fellowship programs at Texas Tech University Health Sciences Center (TTUHSC), University of Texas at Tyler Health Science Center (UTTHSC) 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.

## Research

The Consortium’s research initiative has created two state-wide networks 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.

1. **Youth Depression and Suicide Research Network (YDSRN):** To better understand and improve mental health services to address youth depression and suicide
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 are 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 statewide research networks, these research nodes can collect data that represents the diverse population of Texas. The involvement of all 12 HRIs allows for partnerships between mature research institutions and less experienced ones, which strengthens statewide research capabilities and builds the competencies of more junior faculty. In addition, this cross-HRI collaboration translates to stronger, more competitive grant submissions which could potentially result in increased funding from federal and private sources.

The essence of these networks is to build a Learning Healthcare System which continuously learns and improves with input and engagement from all parties. These networks foster on-going assessment and refinement of the Texas children mental health processes to improve our outcomes. It is hoped that these networks will help transform the state’s systems of care in the areas of trauma and depression creating more efficient and effective treatment delivery.

## Research Network Metrics

	Youth Depression and Suicide Research Network	Childhood Trauma Research Network
Current Enrolled	2,062	2,101
Current Faculty trained and participating in network	68	36
Publications in FY2023-2024	24	6
Grant Awards in FY2023-2024	4 grants: \$425,000 Kozmetsky Foundation and Vivian L. Smith Foundation	2 grants: \$4,431,991 NIH and Hogg Foundation

## New and Emerging Children’s Mental Health Research (NECMHR)

The NECMHR initiative is designed to foster, encourage, and mentor junior researchers and trainees at Consortium institutions so that they can become successful mental health researchers. Furthermore, the research funded by NECMHR will identify and validate new knowledge, tools, and practices that will improve child and adolescent mental health prevention and treatment services in Texas.



This initiative focuses on advancing the knowledge and evidence base in the prevention and treatment of childhood mental illness. Once promising and evidence-informed practices are identified, findings will be disseminated to inform providers, policy makers, advocates, and families about specific types of treatment approaches that can minimize the symptoms of childhood mental illness, promote recovery, and help all Texas children thrive.

An application process was used to identify the promising research to fund, and applicants were encouraged to select from a list of HHSC programs identified by the agency as priorities for program evaluation. They were also provided descriptions of the HHSC programs and contacts within the programs to facilitate their selection and development of the proposals. Only health systems research was eligible for funding for the NECMHR grant. Basic and pharmaceutical trials were not eligible for funding. To assure impartiality in the selection of proposals, 12 external reviewers renowned nationally in their field within mental health research were selected from multiple states other than Texas. Additionally, there were 3 reviewers with Texas state and non-profit experience and expertise who provided input on the alignment of proposals with Texas mental health priorities.

Twenty-five research proposals from 11 HRIs focused on improving children's mental health in Texas and encouraging the development of junior researchers have been awarded more than \$8.3 million in funding through the Consortium.

Details on the grant recipients and areas of focus are available in Appendix VII.

## LEGISLATIVE RECOMMENDATIONS

### Continuation of ARPA-Funded Initiatives

The Consortium requests general revenue funding for the FY26-27 biennium and legislative authority to have continuity in some of the initiatives piloted or expanded with ARPA funding.

- **Pediatric Collaborative Care Model (CoCM) integration with local health systems**
  - To support providers in the continued and expanded use of psychiatry consultations.
- **Youth Aware of Mental Health (YAM)**
  - To provide students with school-based mental health education and resiliency training.
- **Perinatal Psychiatric Access Network (PeriPAN)**
  - The Consortium requests legislative direction and authority to continue PeriPAN as a statewide offering and incorporate it into the Child Psychiatry Access Network program.

### Single Budget Line for Consortium Programs

The General Appropriations Act for FY24-25 separates consortium funds into distinct budget lines by program. A combined budget for all Consortium 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 the authority to fund more than the 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 used ARPA funds to expand this effort to include other children's mental health professionals. The Consortium recommends expansion of CPWE to include mental and behavioral

health practice fields such as social work, counseling, psychology, peer support specialists, advanced practice providers, community health workers, and Qualified Mental Health Professionals.

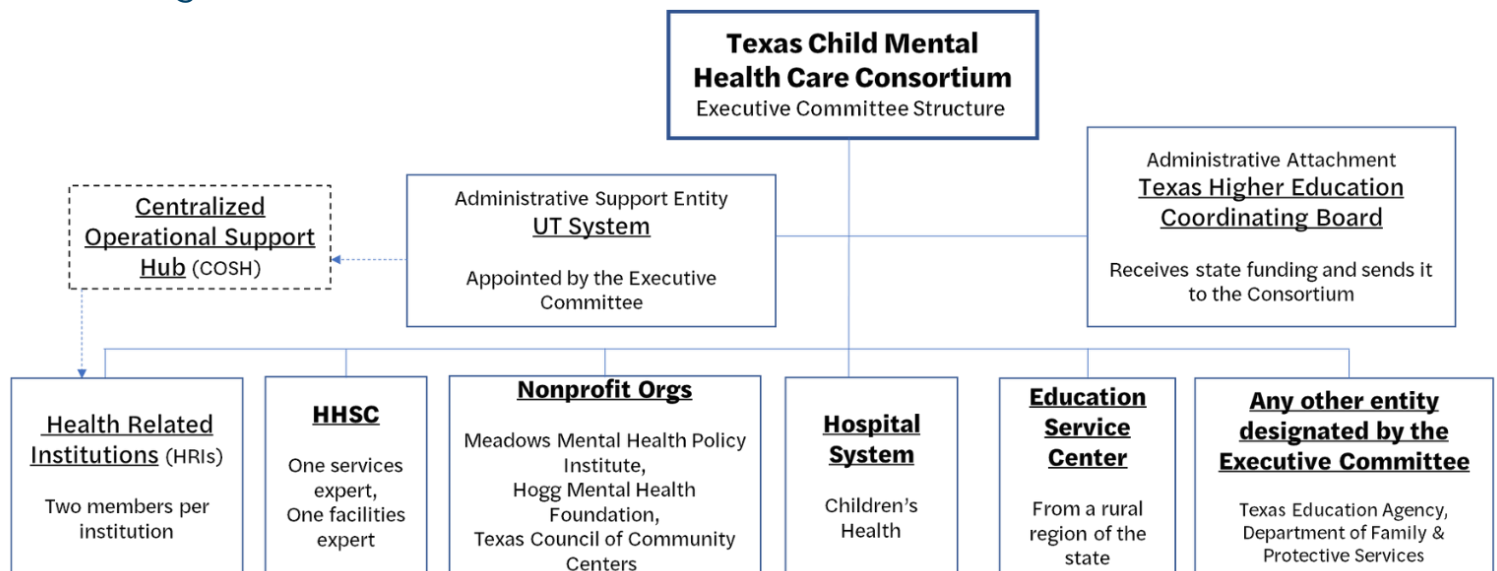
## Additional Workforce Development

The Texas children's mental health service delivery system has experienced significant challenges in recruitment and retention of staff impacting continuity of care for children and families in need of timely community mental health services. Through ARPA funding, the Consortium has been able to develop and provide funded training and supervision opportunities to psychiatrists and other mental health practitioners. Continuation of this funding would allow the Consortium the ability to attract, hire, and retain its pool of qualified children's mental health clinicians that continue to support children's mental health needs in Texas.

## APPENDICES

### Appendix I: Administration

#### Organizational Chart



#### Executive Committee

<b>Alcides Amador, MD</b> TCHAT Medical Director, Assistant Professor of Psychiatry, Child and Adolescent Psychiatrist The University of Texas Rio Grande Valley	<b>D. Jeffrey Newport, MD, MS, MDIV</b> Professor of Psychiatry and Women's Health The University of Texas at Austin, Dell Medical School
<b>Taiwo Babatope, MD, MPH, MBA</b> Assistant Professor, Associate Fellowship Training Director The University of Texas Health Science Center Houston	<b>Brittney Nichols, MBA, LPC-S</b> Administrative Director, Department of Psychiatry and Behavioral Medicine The University of Texas at Tyler Health Science Center
<b>Diana Chapa, MD</b> Assistant Professor of Medicine The University of Texas Rio Grande Valley	<b>Nekesha Oliphant, MD</b> Acclaim Service Line Chief of Behavioral Health, Chair of Psychiatry The University of North Texas Health Science Center at Fort Worth
<b>David Farmer, PhD, LPC, LMFT</b> Executive Director of Interprofessional Practice and Behavioral Health (IPEP) The University of North Texas Health Science Center at Fort Worth	<b>Rene Olvera, MD, MPH</b> Professor and Chair, Dept. Of Psychiatry & Behavioral Sciences The University of Texas Health Science Center San Antonio
<b>Wayne Goodman, MD</b> D.C and Irene Ellwood Professor, Chair of the Menninger Department of Psychiatry and Behavioral Sciences Baylor College of Medicine	<b>Steven Pliszka, MD</b> Professor, Dept. Of Psychiatry & Behavioral Sciences The University of Texas Health Science Center San Antonio

<b>Hicham Ibrahim, MD</b> Associate Vice President, Chief Medical Officer of Ambulatory Services The University of Texas Southwestern Medical Center	<b>Olga Rodriguez</b> Chief of Staff, Associate Vice President Texas A&M Health
<b>Trina Ita, MA</b> Deputy Executive Commissioner of Behavioral Health Services Texas Health & Human Services	<b>Scott Schalchlin, JD, M.Ed.</b> Deputy Executive Commissioner for the HHSC Health Specialty Care System Health and Human Services
<b>Lee Johnson, MPA</b> Chief Executive Officer Texas Council of Community Centers	<b>Sue Schell, M.A.</b> Vice President, Clinical Director, Behavioral Health Children's Health
<b>Andy Keller, PhD</b> President, Chief Executive Officer Meadows Mental Health Policy Institute	<b>John Scott</b> Chief of School Safety and Security Texas Education Agency
<b>David Lakey, MD</b> Vice Chancellor for Health Affairs, Chief Medical Officer The University of Texas System	<b>Jair Soares, MD, PhD</b> Professor, Chair, Psychiatry & Behavioral Sciences, Executive Director, UT Harris County Psychiatric Center The University of Texas Health Science Center Houston
<b>Sarah Martin, MD</b> Director, Psychiatry Residency Training Program Assistant Professor, Child and Adolescent Division Chief Texas Tech Health El Paso	<b>Luanne Southern, MSW</b> Chief Behavioral Health Strategist Department of Family and Protective Services
<b>Octavio Martinez Jr., MPH, MD</b> Executive Director Hogg Foundation for Mental Health, UT Austin	<b>Carol Tamminga, MD</b> Professor, Chair of Psychiatry The University of Texas Southwestern Medical Center
<b>Nathan Maxwell, Ed.D.</b> Associate Executive Director Region 16 Education Service Center	<b>Peter Thompson, MD</b> Department Chair Texas Tech Health El Paso
<b>Elizabeth Mayer</b> Assistant Commissioner, Academic and Health Affairs Texas Higher Education Coordinating Board	<b>Karen Wagner, MD, PhD</b> Professor and Titus Harris Chair, Psychiatry/Behavioral Science & professor, Child & Adolescent Psychiatry The University of Texas Medical Branch at Galveston
<b>Cheryl McCullumsmith, MD, PhD</b> The University of Texas at Tyler Health Science Center	<b>Sarah Wakefield, MD</b> Associate Professor, Chair of Psychiatry Texas Tech University Health Sciences Center
<b>Tarrah Mitchell, PhD</b> Assistant Professor, Department of Psychiatry Texas Tech University Health Sciences Center	<b>Patrician Watson, MD</b> Interim Department Head for Psychiatry & Behavioral Science Texas A&M Health Science Center
<b>Charles B. Nemeroff, MD, PhD</b> Professor and Chair of the Department of Psychiatry The University of Texas at Austin, Dell Medical School	<b>Laurel L. Williams, DO</b> Professor Child and Adolescent Psychiatry, Director of Residence Training in Child and Adolescent Psychiatry, CPAN and TCHAT Medical Director for the Centralized Operation

	Support Hub of TCMHCC Baylor College of Medicine
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## Timeline of Activities

Key Event	Date
PeriPAN Pilot Goes Live	August 2022
TCHAT School Portal goes live, allowing school users to directly enter TCHAT referrals	August 2022
Direct consults to all PCPs in Texas begin	February 2023
UTS Selected as Administrator & Dr. Lakey voted as presiding officer of the Consortium	August 2023
PeriPAN pilot program goes statewide	September 2023
TCHAT coverage reaches 4 million Texas students	June 2024
NECMHR Grant Awardees Selected	July 2024

## Appendix II: Budget by Program

Program	FY22-23 GR	FY24-25 GR	ARPA
Administration	\$1,275,000	\$3,545,411	\$2,831,405
External Evaluation	\$750,000	\$800,000	
CAP Fellowships	\$6,712,220	\$11,134,455	*Please see note
Centralized Operations Support Hub (COSH)	\$2,969,954	\$3,667,958	
CPAN	\$27,337,346	\$37,079,348	\$34,090,088
CPWE	\$13,939,812	\$33,986,089	
Other Workforce Development			\$26,853,434
Research	\$11,211,562	\$29,580,709	
TCHAT	\$60,112,378	\$160,761,941	\$49,307,956
<i>Grand Total</i>	\$124,308,272	\$280,555,911	\$113,082,885

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

## FY24-25 Detailed GR Budget

Institution	CAP Fellowships	CPAN	CPWE	Research	TCHATT	COSH	Admin	Total
BCM	\$874,545	\$3,559,328	\$2,461,533	\$1,103,980	\$7,971,970	\$3,667,958		\$19,639,314
Dell	\$814,403	\$5,951,073	\$3,515,083	\$5,412,388	\$21,545,820			\$37,238,767
TAMUHSC	\$834,284	\$3,019,552	\$1,126,440	\$1,051,278	\$13,799,918			\$19,831,472
TTUHSC	\$1,478,738	\$4,688,461	\$5,398,127	\$1,315,430	\$29,268,915			\$42,149,670
TTUHSC EP	\$1,084,358	\$1,863,311	\$2,111,607	\$1,011,835	\$4,093,739			\$10,164,851
UNTHSC	\$1,364,525	\$2,929,416	\$2,482,105	\$1,452,321	\$10,774,622			\$19,002,989
UTHSCH	\$1,007,410	\$1,672,223	\$5,610,288	\$1,410,578	\$11,358,360			\$21,058,857
UTHSCSA	\$558,338	\$2,906,067	\$2,567,096	\$1,273,413	\$13,741,835			\$21,046,748
UTTHSC	\$1,618,397	\$2,192,148	\$1,759,067	\$646,961	\$13,956,541			\$20,173,115
UTMB	\$0	\$2,350,801	\$419,129	\$1,611,430	\$13,191,158			\$17,572,519
UTRGV	\$0	\$1,616,399	\$1,671,854	\$825,938	\$5,060,105			\$9,174,296
UTSW	\$1,499,459	\$4,330,568	\$4,999,639	\$6,465,156	\$10,818,190			\$28,113,013
NECMHR Research Payments				\$6,000,000				\$6,000,000
UTS - Administration							\$3,545,414	\$3,545,414
UTS- External Evaluation							\$800,000	\$800,000
Reserved Allocation					\$5,044,888			\$5,044,888
<b>Grand Total</b>	<b>\$11,134,455</b>	<b>\$37,079,348</b>	<b>\$34,121,969</b>	<b>\$29,580,709</b>	<b>\$160,626,061</b>	<b>\$3,667,958</b>	<b>\$4,345,414</b>	<b>\$280,555,911</b>

## FY24-25 GR Budget by Health-Related Institution

Institution	FY 24-25 Budget
BCM	\$19,639,314
Dell	\$37,238,767
TAMUHSC	\$19,831,472
TTUHSC	\$42,149,670
TTUHSC EP	\$10,164,851
UNTHSC	\$19,002,989
UTHSCH	\$21,058,857
UTHSCSA	\$21,046,748
UTTHSC	\$20,173,115
UTMB	\$17,572,519
UTRGV	\$9,174,296
UTSW	\$28,113,013

## Appendix III: Governance Plan

### **Texas Child Mental Health Care Consortium**

*Governance Plan*

*May 15, 2023*

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 12-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 Medical Branch at Galveston;
  - h. The University of Texas Health Science Center at Houston;
  - i. The University of Texas Health Science Center at San Antonio;
  - j. The University of Texas Rio Grande Valley School of Medicine;
  - k. The University of Texas Health Science Center at Tyler; and
  - l. 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. a representative of a hospital system in this state, designated by a majority of the members described in subdivision (1);
5. an Educational Service Center from a rural region of the State, designated by the Texas Education Agency (TEA) Commissioner;
6. three nonprofit organizations that focus on mental health care, designated by a majority of the 12 health-related institutions; and
7. any other entity that the TCMHCC Executive Committee (defined below) considers necessary to fulfill the duties and obligations set forth by the Texas Legislature.

## **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 (TCHAT). 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 TCHAT 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 Consortium will also implement programs made possible with the additional appropriation of federal American Rescue Plan Act (ARPA) funds from the 3rd Special session of the 87th Texas Legislature, as well as state funds allocated in 2022 by the Governor of Texas. These programs include expansion and enhancements of the CPAN and TCHAT programs, including the development of a Perinatal Psychiatric Access Network (PeriPAN), and the development of expanded mental health workforce development programs.

## **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 12 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 a hospital system in this state, designated by a majority of the members described by (1) (a) above;

6. an Educational Service Center from a rural region of the State, designated by the Texas Education Agency (TEA) Commissioner;

7. a representative of each of the three nonprofit organizations that are made part of the Consortium;

8. any other representative designated by a majority of the members described by (1) (a) above at the request of the Executive Committee. Current additions include the following:

a. a representative of the Texas Education Agency, appointed by the Commissioner.

b. The University of Texas System.

9. 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

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 members described in Subdivision (1)(a) from the 12 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 12 institutions.

### Hospital System Executive Committee Member

Three months prior to the end of each term (as defined below), Executive Committee members may 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 12 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 12 institutions.

### Additional Consortium and Executive Committee Members

Executive Committee members may 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(s) 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 a member's role within their organization or employer making

- them no longer qualified or eligible;
2. For non-profit organizations and hospital systems, completion of the organization's/hospital system's term without renewal as set forth above;
  3. An organization/agency/hospital system selects a new representative;
  4. The member 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 Executive 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 Executive 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 a majority vote 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**

Every two years each Executive Committee and Workgroup member will document and disclose any real or potential conflicts of interest using the form represented in Attachment A. Any newly appointed Executive Committee member will document and disclose any real or potential conflicts of interest upon their appointment to serve, and every two years thereafter.

### **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 last Executive Committee meeting of the fiscal year 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.

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 a written report that outlines:

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

The Consortium shall post this report on its internet website and submit it to: (i) The Governor of the State of Texas, (ii) the Lieutenant Governor of the State of Texas, (iii) the Speaker of the Texas House of Representatives, and (iv) the standing committees of each house of the Texas legislature with primary jurisdiction over behavioral health issues.

## **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

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

- Psychiatrists and mental health professionals are able to directly consult with patients via telehealth.
- Eight HRIs will partner with Meadows Mental Health Policy Institute and 9 Health Systems across Texas, to enable effective identification/screening and treatment of behavioral health conditions in primary care settings through the Collaborative Care model initiated by the Meadows Mental Health Policy Institute.
- Healthcare clinicians have the ability to text information to HRIs to set up CPAN consultations.
- The Perinatal Psychiatric Access Network (PeriPAN) has been implemented statewide.
- Through implementation of SAFETY-A, 8 HRIs are training primary care clinics within their regions about tools to increase their competency in suicide prevention intervention so that patients can be treated in the least restrictive care setting.
- Provision of one-time direct psychiatric consultations for pediatric patients through CPAN and perinatal patients through PeriPAN.

### Enhancements and Expansion of the Texas Child Access Through Telemedicine (TCHAT) program:

- Additional funding allowed the Consortium to reach more regions and schools that wanted to partner with TCHAT.
- Provided 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.
  - Supported additional sessions at seven Health-Related Institutions (HRIs) to bridge the service gap for youth most in need. This was particularly of benefit to Texas' most rural areas, covered by Texas Tech University Health Sciences Center, Texas Tech Health El Paso, and the University of Texas Rio Grande Valley. Over 6,000 additional sessions were provided in FY23.
- Provides specialty anxiety services to increase well-being and resilience amongst school-aged children through evidence-based group models as it relates to anxiety.
  - Supported anxiety disorder services across four HRIs. Over 7,800 specialized appointments for youth have been completed to date.
- Provided specialty Adolescent Substance Use Disorder (A-SUD) services in 5

HRI regions to youth affected by, or at risk, for substance use, misuse, and abuse.

- Supported substance use disorder services across four HRIs. Over 3,300 specialized appointments for youth have been completed to date.
- Provided evidence-based group teletherapy for youth and their family.
- Provided evidence-based services to youth and their family experiencing grief, loss and trauma.
  - Supported trauma services across six HRIs. Over 10,200 specialized appointments for youth have been completed to date, including bilingual trauma services at the University of Texas Health Science Center San Antonio and Texas Tech University Health Sciences Center.
- Implemented mental resilience curriculum amongst students through a school-based peer model called Youth Aware of Mental Health (YAM).
  - Provided funding in FY23 to help expand TCHAT services to cover over 630,000 additional youth across five HRIs, where 2,700 more sessions were provided.
- Provision of the Youth Aware of Mental Health (YAM) curriculum in Texas schools.

## Enhancements to the Community Psychiatry Workforce Expansion (CPWE):

- The Consortium aims to increase the number of mental health clinicians entering public service through the CPWE project. HRIs involved with CPWE have partnered with 22 LMHAs and 6 other community-based mental health organizations to provide CAPs and general psychiatry residents with 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, 318 CAPs and residents have participated in CPWE, completing 45,402 visits with 33,141 patients.
- Supported mental and behavioral health workforce expansion efforts to include the addition of new professional areas such as advanced practice providers, marriage and family therapists, psychologists, professional counselors, and social workers. This includes specialty training in eating disorders, teen mental health, and trauma-focused cognitive behavioral therapy.
- Offered 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 provided in specific HRIs to deliver effective child and adolescent mental health services to community-based mental health providers in their region.

- Growth of the Child and Adolescent Psychiatry (CAP) fellowship with the number of Consortium-funded first year CAP fellows increasing from 17 in academic year 2023 to 21 in academic year 2025. The total number of CAP fellows at participating HRIs, both Consortium and non-Consortium funded, has remained stable at 46 across the same time period.
- Creation of new CAP fellowship programs at Texas Tech University Health Sciences Center (TTUHSC), the University of Texas at Tyler Health Science Center (UTTHSC) and the University of North Texas Health Science Center (UNTHSC).
- UTSW has developed The Women's Mental Health (WMH) Fellowship, a one year, funded, TMB accredited clinical specialty training program for psychiatrists. Participants in the fellowship will gain expertise in treating perinatal psychiatric disorders, trauma related disorders, substance use disorders and eating disorders as they relate to women's mental health. Training will take place within Parkland Health and UTSW in Dallas, Texas. The program will begin in Academic Year 2025 and has 2 openings per year. UTSW is currently processing one applicant, set to begin in 2025.
- UTSW is home to one of only 11 Triple Board programs in the country and the only program in Texas. There are 28 of these positions available each year across the country with four of them being at UTSW. Triple Board residents spend 5 years in an integrated training program focused on pediatrics, general psychiatry, and child and adolescent psychiatry. At the end of the training, residents are board-eligible in all three disciplines. The program started two years ago and there are currently 9 residents in the program.

## Appendix V: Community Psychiatry Workforce Expansion (CPWE) Detailed Metrics

Note:

- FY: Fiscal Year
- LMHA: Local Mental Health Authority

Data Sources	FY 2023 (01 Sep 22 – 31 Aug 23)			FY 2024 (01 Sep 23 – 31 Aug 24)				FYs 2023-2024 Grand Totals*	
	FY Unique Patients			FY Unique Patients					
	Ages 0-20	Ages 21+	All ages	Ages 0-20	Ages 21+	All ages	Ages 0-20	Ages 21+	All ages
LMHA	9,102	3,239	12,341	18,396	9,036	27,432	27,498	12,275	39,773
Other Community Mental Health Organization	2,781	953	3,734	4,598	1,111	5,709	7,379	2,064	9,443
<i>Grand Total</i>	11,883	4,192	16,075	22,994	10,147	33,141	34,877	14,339	49,216
Percent of All Ages	74%	26%	100%	69%	31%	100%	71%	29%	100%

CPWE: All Ages Visits (Encounters)			
Data Sources	FYs 2021-2022 <i>September 1, 2020 - August 31, 2022</i>	FYs 2023-2024 <i>September 1, 2022 - August 31, 2024</i>	Grand Total <i>September 1, 2020 - August 31, 2024</i>
LMHA	12,981	30,564	43,545
Other Community Mental Health Organization	10,057	14,838	24,895
<i>Grand Total</i>	23,038	45,402	68,440

## Appendix VI: Research Publications

### YDSRN Publications

- Improving identification and treatment outcomes of treatment-resistant depression through measurement-based care.
  - Mayes, T. L., Deane, A. E., Aramburu, H., Yagnik, K., & Trivedi, M. H. (2023). *Psychiatric Clinics of North America*, 46(2), 227-245.  
<https://doi.org/10.1016/j.psc.2023.02.002>
- Psychometric evaluation of the 9-item Concise Health Risk Tracking - Self-Report (CHRT-SR9) (a measure of suicidal risk) in adolescent psychiatric outpatients in the Texas Youth Depression and Suicide Research Network (TX-YDSRN).
  - Nandy, K., Rush, A. J., Slater, H., Mayes, T. L., Minhajuddin, A., Jha, M., Blader, J. C., Brown, R., Emslie, G., Fuselier, M. N., Garza, C., Gushanas, K., Kennard, B., Storch, E. A., Wakefield, S. M., & Trivedi, M. H. (2023). *Journal of Affective Disorders*, 329, 548-556.  
<https://doi.org/10.1016/j.jad.2023.02.018>
- Psychometric properties of Concise Associated Symptom Tracking (CAST) scale in youths and young adults: Findings from the Texas youth depression and suicide research network (TX-YDSRN).
  - Jha, M. K., Minhajuddin, A., Slater, H., Mayes, T. L., Blader, J., Brown, R., Garza, C., Kennard, B. D., Riddle, D., Storch, E. A., Shotwell, J., Soutullo, C. A., Wakefield, S. M., & Trivedi, M. H. (2023). *Journal of Psychiatric Research*, 161, 179-187.  
<https://doi.org/10.1016/j.jpsychires.2023.03.020>
- Suicide risk assessment and suicide risk management protocol for the Texas youth depression and suicide research network.
  - Hughes, J. L., Trombello, J. M., Kennard, B. D., Slater, H., Rezaeizadeh, A., Claassen, C., Wakefield, S. M., & Trivedi, M. H. (2023). *Contemporary Clinical Trials Communications*, 33, 101151.  
<https://doi.org/10.1016/j.conctc.2023.101151>
- Obsessive-compulsive disorder in youth and young adults with depression: Clinical characteristics of comorbid presentations.
  - Riddle, D. B., Guzick, A., Minhajuddin, A., Smáráson, O., Armstrong, G. M., Slater, H., Mayes, T. L., Goodman, L. C., Baughn, D. L., Martin, S. L., Wakefield, S. M., Blader, J., Brown, R., Tonarelli, S., Goodman, W. K., Trivedi, M. H., & Storch, E. A. (2023). *Journal of Obsessive-Compulsive and Related Disorders*, 38, 100820.  
<https://doi.org/https://doi.org/10.1016/j.jocrd.2023.100820>
- Texas youth depression and suicide network (TX-YDSRN) research registry and learning healthcare network: Rationale, design, and baseline characteristics.
  - Trivedi, M. H., Minhajuddin, A., Slater, H., Baronía, R., Blader, J., Blood, J., Brown, R., Claassen, C., DeFilippis, M., Farmer, D., Garza, C., Hughes,



- J., Kennard, B. D., Liberzon, I., Martin, S., Mayes, T. L., Soares, J. C., Soutullo, C. A., Storch, E. A., & Wakefield, S. M. (2023). *Journal of Affective Disorders*, 340, 88-99.  
<https://doi.org/10.1016/j.jad.2023.07.035>
- Suicidal thoughts and behaviors in youth seeking mental health treatment in Texas: Youth Depression and Suicide Network research registry.
    - Kennard, B. D., Hughes, J. L., Minhajuddin, A., Slater, H., Blader, J. C., Mayes, T. L., Kirk, C., Wakefield, S. M., & Trivedi, M. H. (2023). *Suicide and Life-Threatening Behavior*, 53(5), 748-763.  
<https://doi.org/10.1111/sltb.12980>
  - A comparison of depressive symptom self-reported measures in the Texas Youth Depression and Suicide Research Network (TX-YDSRN).
    - Nandy, K., Rush, A. J., Carmody, T., Kennard, B. D., Emslie, G. J., Slater, H., Mayes, T. L., DeFilippis, M., Garza, C., Storch, E. A., Wakefield, S. M., & Trivedi, M. H. (2023). *The Journal of Clinical Psychiatry*, 85(1).  
<https://doi.org/10.4088/jcp.23m14861>
  - Measurement choices for youth suicidality.
    - Busby, D. R., Hughes, J. L., Walters, M., Ihediwa, A., Adeniran, M., Goodman, L., & Mayes, T. L. (2023). *Child Psychiatry & Human Development*. <https://doi.org/10.1007/s10578-023-01627-5>
  - Linking trauma to mental health in the statewide Texas Youth Depression and Suicide Research Network (TX-YDSRN).
    - Goodman, L. C., Elmore, J. S., Mayes, T. L., Minhajuddin, A., Slater, H., Blader, J. C., Liberzon, I., Baronio, R. B., Bivins, E. J., LaGrone, J. M., Jackson, S., Martin, S. L., Brown, R., Soares, J. C., Wakefield, S. M., & Trivedi, M. H. (2023). *Psychiatry Research*, 331, 115620.  
<https://doi.org/10.1016/j.psychres.2023.115620>
  - Characterizing measurement-based care in the Texas Youth Depression and Suicide Research Network (TX-YDSRN).
    - Slater, H., AlZubi, Y., Rezaeizadeh, A., Hughes, J. L., Gorman, A., Mayes, T. L., Elmore, J. S., Storch, E. A., Wakefield, S. M., & Trivedi, M. H. (2024). *Child Psychiatry & Human Development*.  
<https://doi.org/10.1007/s10578-023-01653-3>
  - Measurement-based care for depression in youth: Practical considerations for selecting measures to assess depression, associated features and functioning.
    - Garza, C., Chapa, D., Hernandez, C., Aramburu, H., Mayes, T. L., & Emslie, G. J. (2024). *Child Psychiatry & Human Development*.  
<https://doi.org/10.1007/s10578-023-01652-4>
  - Data-driven subgrouping of youths with depression reveals that resilience is associated with higher physical functioning despite high symptom burden in the Texas youth depression and suicide research network (TX-YDSRN).
    - Minhajuddin, A., Jha, M. K., Slater, H., Mayes, T. L., Storch, E. A., Shotwell, J., Soutullo, C., Wakefield, S. M., & Trivedi, M. H. (2024). *Journal of Affective Disorders*, 348, 353-361.

<https://doi.org/10.1016/j.jad.2023.12.031>

- Psychometric properties of the GAD-7 and PROMIS-Anxiety-4a among youth with depression and suicidality: Results from the Texas youth depression and suicide research network.
  - Guzik, A., Storch, E. A., Smáráson, O., Minhajuddin, A., Drummond, K., Riddle, D., Hettema, J. M., Mayes, T. L., Pitts, S., Dodd, C., & Trivedi, M. H. (2024). *Journal of Psychiatric Research*, 170, 237-244. <https://doi.org/10.1016/j.jpsychires.2023.12.033>
- The clinical presentation of major depressive disorder in youth with co-occurring obsessive-compulsive disorder.
  - Stroupbauer, E., Valenzuela-Flores, C., Minhajuddin, A., Slater, H., Riddle, D. B., Pinciotti, C. M., Guzik, A. G., Hettema, J. M., Tonarelli, S., Soutullo, C. A., Elmore, J. S., Gushanas, K., Wakefield, S., Goodman, W. K., Trivedi, M. H., Storch, E. A., & Cervin, M. (2024). *Journal of Affective Disorders*, 349, 349-357. <https://doi.org/10.1016/j.jad.2024.01.070>
- Integration of measurement-based care for youth depression and suicidality using vitalsign6.
  - Mitchell, T. B., Wakefield, S. M., Rezaeizadeh, A., Minhajuddin, A., Pipes, R., Mayes, T. L., Elmore, J. S., & Trivedi, M. H. (2024). *Child Psychiatry & Human Development*. <https://doi.org/10.1007/s10578-024-01680-8>
- Parent/Guardian- and Self-Report Versions of the Irritability Domain of the Concise Associated Symptom Tracking Scale: Evaluation of Psychometric Properties and Potential Clinical Utility in the Texas Youth Depression and Suicide Research Network.
  - Jha, M. K., Minhajuddin, A., Baronia, R., Blader, J. C., Mayes, T., Petrosky, M. A., Slater, H. M., Wakefield, S. M., & Trivedi, M. H. (2024). *JAACAP Open*, In Press. <https://doi.org/10.1016/j.jaacop.2024.04.002>
- The Texas Child Mental Health Network: A child and adolescent research registry.
  - Tamminga, C. A., Trivedi, M. H., Wagner, K. D., Wakefield, S., Jeffrey Newport, D., Norcross, J., Lakey, D. L., & Nemeroff, C. B. (2024). *Personalized Medicine in Psychiatry*, 45-46, 100124. <https://doi.org/10.1016/j.pmip.2024.100124>
- Shifting from best practice to standard practice: Implementing measurement-based care in Health Systems.
  - Deane, A. E., Elmore, J. S., Mayes, T. L., Robinson, S., AlZubi, Y., Wakefield, S. M., & Trivedi, M. H. (2024). *Child Psychiatry & Human Development*. <https://doi.org/10.1007/s10578-024-01715-0>
- Evidence-based guidelines for the interpretation of the 9-item Concise Health Risk Tracking - Self-Report (CHRT-SR9) measure of suicidal risk.
  - Nandy, K., Nandy, R. R., Rush, A. J., Mayes, T. L., & Trivedi, M. H. (2024). *Journal of Psychopharmacology*, 38(9). <https://doi.org/10.1177/02698811241268875>
- Clinical correlates of anxious depression in youth from the Texas Youth

#### Depression and Suicide Research Network (TX-YDSRN).

- Ayvaci, E. R., Nandy, K., Gorman, A., Minhajuddin, A., Riddle, D., Storch, E. A., Soutullo, C. A., Hettema, J. M., Slater, H., Wakefield, S. M., & Trivedi, M. H. (2024). *Journal of Affective Disorders*, 362, 510-517. <https://doi.org/10.1016/j.jad.2024.07.035>
- Problematic substance use in depressed youth: Associations with suicidal ideation and suicide attempt history.
  - Armstrong, G. M., Anderberg, J. L., Gorman, A. R., Spencer, S. D., Minhajuddin, A., Ecker, A. E., Spofford, J., Guzik, A. G., Slater, H., Aloor, F. Z., Flores, A. M., Lagrone, J. M., Marino, E. N., Soutullo, C. A., Wakefield, S. M., Goodman, W. K., Trivedi, M. H., & Storch, E. A. (2024). *Journal of Dual Diagnosis*, In Press.
- Measurement invariance of the Screen for Child Anxiety Related Emotional Disorders (SCARED) across ethnicity, age, and sex among youth with depression.
  - Silva, T., Spencer, S. D., Higham, M., Castillo, A. A., Minhajuddin, A., Gorman, A., Goodman, L. C., Pinciotti, C. M., Hernandez, S., Slater, H., Soutullo, C. A., Hettema, J. M., Azhar, N. A., Goodman, W. K., Trivedi, M. H., & Storch, E. A. (2024). *Personalized Medicine in Psychiatry*, 47-48. <https://doi.org/10.1016/j.pmip.2024.100134>
- Substance use patterns and mental health comorbidities in youth with a history of depression or suicidality: Findings from TX-YDSRN.
  - Clark, S. L., Dodd, C. G., Mitchell, T. B., Ingram, S. J., Armstrong, G. M., Jha, M. K., Soares, J. C., Smith, M., Minhajuddin, A., Slater, H., Wakefield, S. M., & Trivedi, M. H. (2024). *Journal of Affective Disorders*, 366, 210-216. <https://doi.org/10.1016/j.jad.2024.08.128>

#### CTRN Publications

- The role of recurrent trauma on post-traumatic stress disorder symptoms and substance use among trauma exposed youth.
  - Leri J, Cisler JM, Dodd CG, Clark SL, Taylor L, Theodorou A, Belford A, Liberzon I, Rathouz PJ, Newport DJ, Devargas C, Wagner K, Nemeroff CB. *Psychiatry Res*. 2024 Aug;338:115980. doi: 10.1016/j.psychres.2024.115980. Epub 2024 May 27. PMID: 38833935
- Comparing diagnostic criteria for posttraumatic stress disorder in a diverse sample of trauma-exposed youth.
  - Dodd CG, Kirk CL, Rathouz PJ, Custer J, Garrett AS, Taylor L, Rousseau JF, Claassen C, Morgan MM, Newport DJ, Wagner KD, Nemeroff CB. *J Trauma Stress*. 2024 Aug;37(4):606-616. doi: 10.1002/jts.23037. Epub 2024 Apr 2. PMID: 38565718
- The role of resilience in the development of depression, anxiety, and post-traumatic stress disorder after trauma in children and adolescents.
  - Srivastava AV, Brown R, Newport DJ, Rousseau JF, Wagner KD, Guzik A, Devargas C, Claassen C, Ugalde IT, Garrett A, Gushanas K, Liberzon I,

Cisler JM, Nemeroff CB. *Psychiatry Res.* 2024 Apr;334:115772. doi: 10.1016/j.psychres.2024.115772. Epub 2024 Feb 10. PMID: 38442477

- Evaluating traumatic event scoring schemas for their predictive value to concurrent diagnostic profiles: Texas Childhood Trauma Research Network.
  - Aksan N, Guzick AG, Taylor L, Richmond R, Liberzon I, Cross J, Garza C, Rousseau J, Shahidullah JD, Clark SL, Rathouz PJ, Dodd CG, Cisler J, Newport DJ, Wagner KD, Nemeroff CB. *J Affect Disord.* 2024 Jan 15;345:94-102. doi: 10.1016/j.jad.2023.10.092. Epub 2023 Oct 16. PMID: 37848091
- Characterizing patterns of substance use in trauma exposed youth
  - Clark SL, Dodd CG, Taylor L, Stewart S, Yang N, Shahidullah JD, Guzick AG, Richmond R, Aksan N, Rathouz PJ, Rousseau JF. Characterizing patterns of substance use in trauma exposed youth. *Journal of psychiatric research.* 2023 Nov 1;167:1-9  
<https://doi.org/10.1016/j.jpsychires.2023.09.020>
- Establishing a training plan and estimating inter-rater reliability across the multi-site Texas childhood trauma research network
  - Shahidullah JD, Custer J, Widales-Benitez O, Aksan N, Hatchell C, Newport DJ, Wagner KD, Storch EA, Claassen C, Garrett A, Ugalde IT. Establishing a training plan and estimating inter-rater reliability across the multi-site Texas childhood trauma research network. *Psychiatry Research.* 2023 May 1;323:115168.  
<https://doi.org/10.1016/j.psychres.2023.115168>

## Appendix VII: NECMHR Grant Awardees

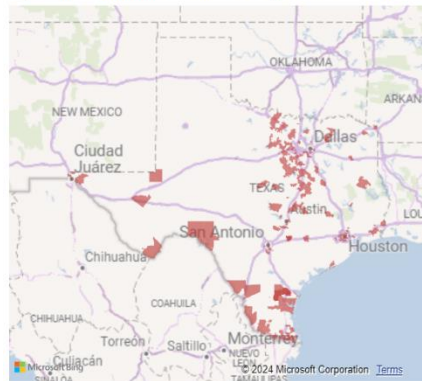
Awardee	Area of Focus	Amount Awarded	Institution	Type of Grant
Leslie Allsopp, PhD, MSN, MPH, AE-C	Integrated Behavior Health in Schools - Asthma	\$414,784.60	UNTHSC	Research Project
Jorge Almeida, MD, PhD	Value Based Care for Bipolar Youth & Their Families	\$300,000.00	UT Austin	Research Project
Justin Benzer, PhD	Suicide Prevention Through TCHATT	\$497,056.70	UT Austin	Research Project
Karrie Curry, MS, PhD, CHES	Association Between Social Media and Mental Health	\$499,481.90	UNTHSC	Research Project
Claire Kirk, PhD	Web-Based Parent Coaching App - Bridge Gap for Youth Behavioral Health	\$499,841.60	UTMB	Research Project
Tarrah Mitchell, PhD	Caregivers as a Source of Resilience - Youth Diagnosed with Cancer	\$273,958.80	TTUHSC Lubbock	Research Project
Benson Mwangi Irungu, PhD	AI - Suicide and Bipolar Disorders	\$252,411.00	UTHSCH	Research Project

Kiley Schneider, PsyD	BE-HAPPY - Tiered Approach to Increased Access to Behavioral Health Care	\$375,944.90	UTTHSC	Research Project
Trent Seltzer, PhD	Strategies to Recruit & Retain Child Mental Health Providers	\$359,424.80	TTUHSC Lubbock	Research Project
Youngran Kim, PhD	Evaluating the YES Program	\$499,570.30	UTHSCH	Research Project
Andres Viana, PhD, ABPP	Prenatal Anxiety and Alcohol Consumption	\$496,256.80	Texas A&M	Research Project
Rocksheng Zhong, MD, MHS	Youth Mental Health in Juvenile Justice	\$499,999.30	UTMB	Research Project
Kristine Glass, MD	Caring for Caregivers in Rural & Border Areas	\$290,531.90	TTUHSC EP	Research Career Development
Joseph Guillory, MD	Community-based Peer-Delivery Recovery Education	\$300,000.00	UTSW	Research Career Development
Seema Jacob, PsyD, IMH-E	Supporting Parenting for Young Children with Common Mental Health Diagnosis	\$300,000.00	UTHSCH	Research Career Development
Erin Logue, PhD	Neurocognitive Function in Trauma Exposed Adolescents	\$299,999.30	UT Austin	Research Career Development
Tetiana Nickelsen, PhD	Pathways to Care in Traumatized Texas Youth	\$299,886.10	Texas A&M	Research Career Development
Ogechi Onyeka, PhD	Youth Cross-Age Peer Mentoring	\$284,136.30	BCM	Research Career Development
Sean O'Sullivan, MD, PhD	Truncated Version of SAINT to Treat Adolescent Depression	\$299,996.70	UT Austin	Research Career Development
Angela Preston, PhD, RN, CNE	Integrate Psychological & Environmental Resources in Mental Health Intervention	\$284,518.40	UTTHSC	Research Career Development
Erin Richardson, APRN, PMHNP	Cognitive Processing Therapy for Perinatal PTSD	\$289,122.00	UT Austin	Research Career Development
Jessica Sandoval, MD	Clinical Interpretation SVC Quality and Mental Health Family Satisfaction	\$300,000.00	UTHSCSA	Research Career Development
Nabila Haque, MD, PhD	Barriers to Implementing WET for Perinatal PTSD	\$149,974.00	UTSW	Postdoctoral Fellowships & Training
Caitlyn Mytelka, PhD, LMSW	Longitudinal Mixed-Methods Study of Adolescent Coping	\$150,000.00	UTHSCH	Postdoctoral Fellowships & Training
Erika Trent, MA,	Parental Emotional	\$149,993.30	BCM	Postdoctoral

LPA	Socialization Impact on Child Anxiety			Fellowships & Training
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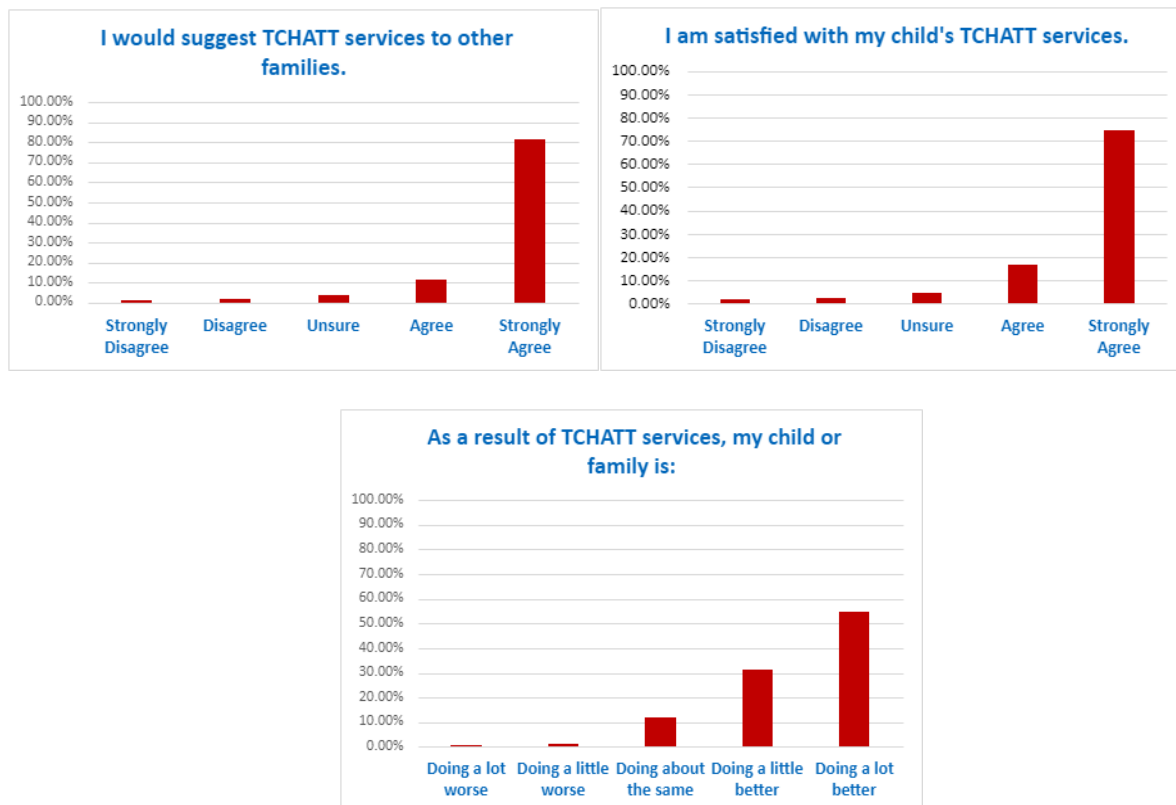
## Appendix VIII: TCHAT Data

Zip Codes with Planned or Pending TCHAT Schools

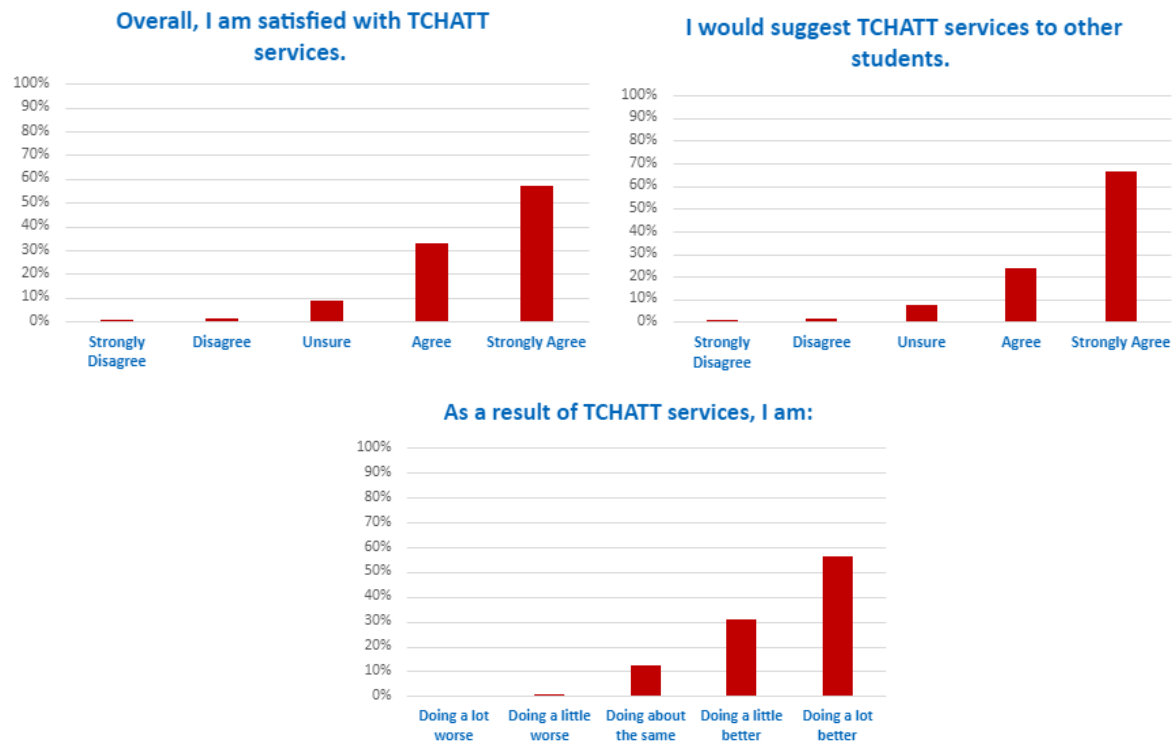


Users of TCHAT services reported their satisfaction with the initiative as follows:

Family Responses to Survey at Completion of TCHAT Services (N=856).



Youth Responses to Survey at Completion of TCHATT Services (N=241).



## Appendix IX: CPAN Satisfaction Data



**98%**  
of PCPs Reporting  
Satisfaction with  
CPAN Consult



**79%**  
of PCPs Reporting  
Feeling Comfortable  
Managing Care After  
CPAN Consult