

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

January 27, 2025

10:00 AM – 1:00 PM

The University of Texas System Administration

210 West 7th Street, 2nd Floor Boardroom

Austin, TX 78701

Minutes

The Texas Child Mental Health Care Consortium (TCMHCC) will convene a videoconference meeting pursuant to Texas Government Code Section 551.127 on January 27, 2025, according to the following agenda. The Chairperson will be present and preside over the meeting at the posted location.

Definitions:

ARPA – American Rescue Plan Act

CAP – Child and Adolescent Psychiatric Fellowship

COSH – Centralized Operations Support Hub

CPAN – Child Psychiatry Access Network

CPWE – Community Psychiatry Workforce Expansion

CTRN – Childhood Trauma Research Network

HRI – Health Related Institution

LMHA – Local Mental Health Authority

NECMHR – New and Emerging Children’s Mental Health Researchers

PeriPAN – Perinatal Psychiatry Access Network

TCHATT – Texas Child Health Access Through Telemedicine

TCMHCC – Texas Child Mental Health Care Consortium

Trayt – Data Management System

YAM – Youth Aware of Mental Health

YDSRN – Youth Depression and Suicide Research Network

I. Call to order and roll call.

- Dr. Lakey, presiding officer of the TCMHCC, called the meeting to order. 29 executive committee members were in attendance. See attendance report for details.

II. Approval of Executive Committee Minutes for November 15, 2024.

→ Dr. Wagner made a motion to approve the minutes. Dr. Babatope seconded the motion. Motion was unanimously approved.

III. Presentation on NECMHR timeline

Nagla Elerian presented an update on NECMHR

- **Objective of NECMHR:** Support training and research to improve children's mental health systems and services in Texas.
- **Eligibility:**
 - Researchers must focus on improving children's mental health.
 - Basic research and pharmaceutical clinical trials are not eligible.
 - Encourages applications from those who have not been a PI on an NIH R01 grant.
 - Trainees, including clinical research fellows, are eligible.
 - Proposals involving multiple Consortium institutions are prioritized.
- Types of grants include research and career development, postdoc fellow/trainee and research project
- Reached out to various state agencies and organizations for research priorities.
- Established a list of mentors to support institutions and applicants.
- Research priorities focus on evaluating programs from state agencies like HHSC, Department of State Health Services, Family Protective Services, Juvenile Justice Department, and Texas Council of Community Centers.
- **Informational Session:** February.
- **Notice of Funding Opportunity (NOFO):** March 3.
- **Pre-application Process:** Institutions submit applications to their chair for review.
- **Full Application Submission:** After pre-application review.

- **Grant Start Date:** September 1, 2025 (FY 26 and FY 27).
- The previous round invested \$8.4 million into young investigators across Texas.
- Quarterly reporting to ensure progress.
- Researchers from the first round can reapply to continue their projects.

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

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

Rachel Jew provided the update

- As of November 30th, TCHATT is active in just under 74% of all campuses, covering 78% of the student population.
- Significant progress has been made over the last few years, with only 3% of campuses remaining in a planned status.
- Expecting movement in the remaining campuses over the next few months.
- Five HRIs have campuses with scheduled onboarding dates, mostly occurring in September.
- Four ESCs reported increases in active campuses this month.
- The primary reason for campuses and districts declining participation continues to be the presence of existing mental health providers.

b. TCHATT LMHA pilot update

Rachel Jew provided the update

- The objective of the pilot is to increase access to long-term care for TCHATT students who need it.
- The workgroup meets regularly, at least a couple of times a month.

- Upcoming meeting February 3rd at noon for all interested HRIs and LMHAs.
- Open for receiving applications.
- Three to four HRI and LMHA partners will be selected to participate in the six-month pilot.
- An evaluation period will follow the pilot.

c. TCHATT Referrals & Enrollment policy revision

Rachel Jew provided the update

- A revised version of the referral and enrollment policy was distributed.
- Clarifying edits were made after receiving questions about students in alternative education programs and those involved in the justice system or receiving Juvenile Probation Services. Ensured that if students in the specified subsets meet the existing criteria, their referrals will be accepted.
- The edits did not change the scope or add new requirements.

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

v. Executive Committee to review and approve the following items.

a. Performance Management Plan update

Rachel Jew provided the update

- Implementation of a performance management framework for the Consortium was approved by the executive committee during a previous meeting.
- Programs Involved: Starting with TCHATT, CPAN, and PeriPAN.
- External Evaluation team reviewed existing logic models developed by

both internal and external evaluators when the Consortium was first convened.

- Revisions to these logic models will be discussed in a future meeting, expected to be shared next month.
- Internal Evaluation team has proposed quality improvement metrics that align with the logic models and their outlined goals and outcomes.

VI. Update and presentation on PeriPAN implementation

Dr. Wakefield presented an update on PeriPAN

- Over 1,000 obstetricians in Texas have enrolled in the PeriPAN program, along with 253 obstetric clinics, 58 women's or maternal health clinics, and 20 midwifery practices.
- There has been an increase in first-time callers, though return caller numbers have not grown as much as desired. A dip in call volume was noted in November and December, likely due to the holiday season.
- Over 2,000 total consults have been conducted, with the majority of calls coming from physicians (62%), followed by nurse practitioners. Obstetricians make up 42% of the physician calls, and pediatricians 18%.
- Efforts are being made to make the service more accessible, including a texting service for clinicians.
- The program aims to increase utilization by making it as easy as possible for busy clinicians to access the service.
- Calls are primarily from obstetricians, pediatricians, and residents. There is a focus on categorizing residents to better understand their usage.
- About one-third of calls are expected to go to psychiatrists, with a goal to increase direct patient consultations.

- Monthly webinars continue to offer free CME credits and cover various topics related to pregnancy and postpartum mental health.
- A new monthly ECHO series will launch in March 2025, focusing on clinical discussions and case presentations, with an emphasis on substance use due to its impact on postpartum mortality.
- The team will continue to monitor call volumes and engagement closely.
- Ongoing efforts to educate and train clinicians, including residents, to ensure they are well-equipped to use the PeriPAN and CPAN services.

VII. Presentation from the Baylor College of Medicine in their role as the COSH relating to implementation of the COSH. This includes presentation on the status of CPAN, PeriPAN and TCHAT operations, and informational items relating to Trayt. The full Executive Committee may review, receive, and/or provide information and/or make recommendations from the items discussed and take appropriate action.

Dr. Williams presented an update on COSH activities

- **CPAN (Child Psychiatry Access Network)**
 - The call volume for CPAN shows seasonal variability, with lower volumes in November and December, likely due to holidays.
 - Despite this, there is a robust number of callers, and overall growth in call volume is observed over time.
 - The involvement of behavioral health clinicians and child psychiatrists is being tracked. Approximately 30% of calls involve child psychiatrists, while behavioral health clinicians are involved in every call for resources, referrals, and psychoeducation.
 - There has been a steady rise in the number of direct consultations provided since the launch of the pilot with ARPA funding.
 - The data management system now records direct consultations,

allowing for greater specificity in tracking consultations and outcomes.

- A PCP (Primary Care Provider) portal is being developed to allow clinicians to submit consultations online, improving efficiency.
- Various upgrades and improvements are being made to enhance staff efficiency and direct patient consultations.
- **TCHATT (Texas Child Health Access Through Telemedicine):**
 - There is an increase in referrals and enrollments over time, with year-over-year growth in the number of treated youth.
 - The majority of care provided involves psychotherapy and case management, with a smaller percentage involving psychiatrists.
 - Efforts are underway to automate assessments and track outcomes using various screening tools.
 - Automated reminders for families to complete scales prior to appointments are being implemented to improve care.
 - Work groups are being developed to improve processes and services.
 - A roadmap for conferences is being created to ensure coordinated efforts in promoting TCHATT services.
 - Integration with EHR (Electronic Health Record) systems and single sign-on capabilities are being developed to streamline processes.

VIII. Update on budget process

Dr. Lakey provided a verbal update on the budget process

- The session has just begun, and there are many unknowns regarding the budget.

- The budget includes General Revenue (GR) funding and ARPA (American Rescue Plan Act) funds. ARPA funds will eventually end, and projects funded by ARPA will need to transition to GR funds.
- The base budget was released last week. The total funding needed for the Consortium is around \$399 million, but the current base budget is \$280 million, leaving a gap of over \$100 million.
- Traditional programs like CPAN, CPWE, CAP fellowships, and external evaluation are fully funded.
- Expansion initiatives funded by ARPA have a \$28 million gap.
- Research funding has a \$3 million gap.
- Administrative costs and additional contracts funded by ARPA are not yet included but are expected to be supported during the session.
- There are about \$19 million in ARPA funds that have not been used yet. These funds are obligated and designated for specific services.
- Emphasis on spending down ARPA funds effectively and demonstrating their impact to justify future funding.
- The Consortium will need to testify before the legislature to explain the importance of their programs and justify the need for additional funding.
- Potential impacts on the Consortium's budget will be discussed in future meetings.
- The executive committee will discuss how to distribute the allocated funds across the Consortium.

IX. Presentation from Texas A&M University Health regarding their hospital capacity report

Drs. Liberzon & Ory presented the report

- The study was mandated to assess the availability and adequacy of inpatient

psychiatric beds for children in Texas.

- The goal is to ensure a continuum of care between outpatient services and inpatient needs.
- There is a significant disparity in the availability of psychiatric beds across Texas.
- Many areas, especially outside major metropolitan regions, lack sufficient inpatient psychiatric beds for children.
- Texas has only 22 psychiatric beds per 100,000 population, below the minimum standard of 30 beds.
- Nearly half of inpatient discharges for children involve a primary psychiatric diagnosis, with mood disorders being the most common.
- High rates of emergency department visits for psychiatric reasons, including suicidal ideation and self-harm.
- Challenges include geographic disparities in bed availability, difficulty in obtaining accurate data on pediatric psychiatric beds, and the need for better coordination and integration of services across the continuum of care.
- Recommendations include:
 - Improving data collection and reporting on pediatric psychiatric beds.
 - Strengthening the workforce capacity to provide high-quality inpatient care.
 - Ensuring geographic distribution of beds to meet the needs of all regions.
 - Addressing reimbursement issues to make inpatient care financially viable for hospitals.
- Future steps involve continuing working on the second-year report, planning

a roundtable discussion in the spring to further clarify needs and recommendations and including family voices and community feedback in future discussions.

X. Update on external state and federal grants aligned with the work of the TCMHCC.

Dr. Lakey presented the update

- Texas ranks 7th in NIH funding but 30th on a per capita basis.
- **Youth Depression and Suicide Research Network:** Secured and submitted multiple grants.
- **Trauma Research Network:** Applied for three grants, securing \$4.4 million in NIH funding and other grants.
- **National Perinatal Access Network:** Received a PCORI grant, with funding increasing over time.
- **Texas Maternal Mental Health and Substance Use Disorders Grant:** Secured \$3.8 million from HRSA, in partnership with BeWell Texas.
- **AHRQ Grant Application:** Texas A&M, in partnership with UT Health Houston, UT Health San Antonio, and the Texas Health Institute, applied for a grant to improve rural and underserved behavioral health services.
- Continuously update the list of federal projects leveraging the Consortium's work.
- Requesting members to share additional examples of federal funding secured through the Consortium's efforts.
- Federal funding should be directly tied to the Consortium's work.
- Funding does not necessarily need to be child-specific but should relate to the Consortium's initiatives.

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

XII. Adjournment

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Attendance List

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

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

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