



tcmhcc

Texas Child Mental
Health Care Consortium

TCMHCC Programs Policy Governance

TCMHCC Policy

1. Purpose

The Consortium has adopted a policy governance process to ensure transparency, fairness, accountability, and responsibility for the statewide administration of TCMHCC programs including TCHAT, CPAN, PeriPAN, CPWE, research programs, and other workforce expansion programs. Consortium policies, proposed by the Consortium's Administrative Support Entity, UT System (UTS), and approved by the TCMHCC Executive Committee, govern standards that all HRIs are expected to follow. These policies apply specifically to the statewide operation of Consortium programs and are not intended to replace individual HRIs' existing internal policies and procedures, but HRI program policies should not supersede Consortium policies. These policies will enable the Consortium to mitigate risks, be explicit about what the expectations are, and identify where HRIs have the flexibility to make their programs their own.

2. Scope

This process applies to all issues and policies related to the statewide administration of the Consortium's various programs. Issues and policies that do not have a statewide impact are outside the scope of this policy and will be handled with UTS, the HRI(s) impacted, and COSH/the Consortium program's Medical Director/Hub as appropriate.

3. Policy

Policy needs will be driven by the identification and assessment of issues that impact the statewide administration of Consortium programming. This ensures justification and reasoning for policy adoption.

Policy Development

Generally, the issue identification and policy development process will involve nine steps. Each issue will present unique impacts and risks, which will influence the timeline for policy adoption and may require fewer or additional steps and deliverables.

Policies will be developed through a collaborative approach led by UTS and by leveraging the expertise and insight of COSH/Medical Director(s)/Hub, Internal Evaluation, HRIs, and the TCMHCC Executive Committee.

1. An issue is identified by or escalated to UTS or COSH/Medical Director(s)/Hub.

Issues may be identified through monthly status reports, program leadership meetings, TCMHCC Executive Committee meetings, other regular and ad hoc meetings with HRIs and COSH/Medical Directors/Hub, external inquiries, and/or program and performance data.

2. UTS researches the issue with consultation from COSH/Medical Director(s)/Hub.

Issue research involves validating the issue, gathering knowledge about the laws, policies, rules, regulations, and existing practices that relate or contribute to the issue, and obtaining perspectives and feedback from subject matter experts and stakeholders. Collaboration with COSH/Medical Director(s)/Hub at this step will ensure a comprehensive understanding of HRI operations and establish a consensus on the impacts and risks of the issue.

3. UTS obtains feedback from COSH/Medical Director(s)/Hub and revises recommendations and policy as needed.

COSH/Medical Director(s)/Hub feedback will offer insight into how HRIs may react to the recommendations and the support they will need to implement the recommendations, which will challenge or support UTS' assumptions when preparing the recommendations and may result in revisions. Clinical and technology impacts will also be identified by COSH/Medical Director(s)/Hub

4. UTS obtains feedback from Internal Evaluation and revises recommendations as needed.
Internal Evaluation's feedback will offer insight into data-related impacts, which may result in revisions to the recommendations. Impacts to technology overseen by Internal Evaluation will also be identified at this step.

5. COSH/Medical Director(s)/Hub obtains feedback from HRI leaders and UTS revises recommendations as needed.

Program HRI leaders will have an opportunity to provide their institutional perspectives, which may result in revisions to the recommendations. HRI feedback will also determine timelines for implementation and account for special circumstances that HRIs need to address to implement recommendations.

6. UTS requests TCMHCC Executive Committee input and approval when needed.

Recommendations that result in significant policy changes that will alter program scope and/or budgets will go before the EC for approval. UTS will present the policy and any changes in one EC meeting then present the policy once more for approval, typically in the following meeting. Between EC meetings, UTS will gather and incorporate member feedback. Policy changes that do not result in changes to scope and/or budget will be provided as informational items to the Executive Committee before the policy is implemented.

7. COSH/Medical Director(s)/Hub prepares relevant procedures and training materials as needed.

When needed, procedures to ensure HRI implementation of policies will be developed by COSH/Medical Director(s)/Hub with input, as needed, from HRIs. Additional materials such as

training videos and presentations may be prepared and delivered to HRIs before the policy's effective date.

8. The issue policy and procedures/training materials are published on the Consortium's SharePoint site.

The Consortium's SharePoint site will include a centralized location for all policy-related materials, which will be accessible to all Consortium program staff.

9. The recommendations and policy are implemented.

Additional actions may be needed to implement policy, such as making changes to technology, staffing, or budgets. Implementation dates will account for the time needed to make these changes.

Implementation and Review

HRI implementation of policies and procedures may be checked by UTS at regular intervals such as during site visits, as part of corrective action plans when needed, and ad hoc when policy implementation may be impacting program operations. Any exceptions to policies must be submitted by a Project Change Request through UT System.

All policies will be reviewed at least biannually and led by UTS. Changes to existing policy may occur when:

- The program is at a critical point in growth or sustainability that has changed or will change program administration or operations.
- External factors, such as changes in legislation, necessitate changes to the program.
- Current policy poses an imminent risk to funding, budgets, or the program's ability to meet its mission.

Steps 3-9 of the policy development process will be followed to ensure that reviews are carried out collaboratively.

Deliverables

- Policy (UTS) – Purpose, scope, policy, definitions, links to other resources, and version history.
- Procedure (COSH/medical director/hub) – Step-by-step instructions for the implementation of policy, including screenshots and links to other resources.
- Training materials (COSH/medical director/hub) – Presentations, recorded videos, handouts, and other materials that supplement policies and procedures to ensure compliance.

4. Definitions

Centralized Operations Support Hub (COSH)

A team that centrally manages the operations of the CPAN and TCHATT programs, engaging regularly with HRIs to resolve issues, identify program efficiencies, and provide clinical expertise.

Child Psychiatry Access Network (CPAN)

A Consortium-funded program that offers peer-to-peer provider phone consultations, referrals and resources, and behavioral health continuing medical education (CME) for providers of pediatric patients.

Community Psychiatry Workforce Expansion (CPWE)

A Consortium-funded program that funds full-time academic psychiatrists as academic medical directors and new psychiatric resident rotation positions at facilities operated by community mental health providers.

Health-Related Institution (HRI)

A health-related institution of higher education that administers one or more programs of TCHMHCC in their geographic region.

Hub

The lead entity that coordinates cross HRI collaboration for a specific program

Medical Director

A physician who provides statewide clinical and operational guidance and leadership for Consortium programs.

Perinatal Psychiatry Access Network (PeriPAN)

A Consortium-funded program that offers peer-to-peer provider phone consultations, referrals and resources, and behavioral health continuing medical education (CME) for providers of perinatal patients.

Program HRI leaders

Individuals at the HRI level who provide guidance and leadership for specific Consortium led programs

Research Programs

Consortium funded research networks (Youth Depression Research Network and Childhood Trauma Research Network) and the New and Emerging Child Mental Health Research Initiative which were designed to improve the delivery of child and adolescent mental health services in Texas.

Texas Child Mental Health Care Consortium

A legislatively established and funded entity that provides statewide mental health services through various programs including CPAN, PeriPAN, TCHATT, CPWE, CAP fellowships and research programs.

Texas Child Health Access Through Telemedicine (TCHATT)

A Consortium-funded program that provides in-school behavioral telehealth care to at-risk children and adolescents.

Workforce Expansion Programs

Consortium-funded programs that support the expansion of the child and adolescent mental health workforce in Texas.

5. Other Resources

Resource	Link
Policy Template	TCMHCC Policy Template.docx
TCMHCC SharePoint Site	TCMHCC – Home SharePoint
Project Change Request	Project Change Request Form.docx

6. Version History

Effective Date	Description of Change	Sections Changed
3/25/2024	New policy	All
TBD	Changed from TCHATT policy to Consortium policy.	All