



Child Psychiatry Workforce Expansion (CPWE) Policy

1. Purpose

This policy sets forth requirements and guidelines for the implementation of the CPWE program.

2. Scope

This policy applies to all HRIs and their subcontracted partners who receive Consortium funds to implement the CPWE program.

3. Policy

3.1 CPWE Workgroup and Medical Director

The CPWE Workgroup will provide oversight for the formation and maintenance of affiliation between LMHAs and HRIs.

3.1.1 Membership

Membership shall consist of:

- Representatives of each HRI participating in the CPWE program
- Representatives of the Texas Health and Human Services Commission with expertise in the policies and procedures of LMHAs
- Representatives of the Texas Council of Community Centers to represent the interests of LMHAs
- Members of the TCMHCC Internal Evaluation Team
- Representatives of the UT System TCMHCC executive team
- The TCMHCC Child and Adolescent Psychiatry (CAP) Fellowship/Other Workforce Expansion (OWE) program Medical Director.

3.1.2 Role of Medical Director

The role of the Medical Director will be to lead the workgroup, convene CPWE leaders regularly to share updates and discuss challenges, and ensure all programs are consistent with Consortium policies and statutes.

3.1.3 Role of Workgroup

Members will attend regular CPWE Workgroup meetings to share updates and discuss challenges. They will also adopt procedures to ensure consistency in program administration and alignment with policy. Furthermore, CPWE Workgroup members shall maintain an up-to-date list of CPWE leadership contacts on the TCMHCC SharePoint site.

3.2 Rotation Sites

3.2.1 Eligibility

Eligible activities shall be patient-facing (in-person or telehealth) clinical services provided by the psychiatric residents (general, CAP, or other fellows) or an academic medical director to patients in an LMHA or community mental settings.

Rotations **excluded** from CPWE funding include:

- Rotations outside the State of Texas
- Non-patient-facing activities such as reading electives, board-study, or research activities
- Faculty academic time not directly related to CPWE
- Observerships or shadowing activities involving no patient care by the resident
- Any activity which, in the opinion of the CPWE Medical Director, is not in the spirit of the CPWE statute

3.2.2 New Partnerships

New partnerships affiliated with TCMHCC must be planned and budgeted for during the budget process and prior to the fiscal year in which the partnership is expected to begin. New partnerships arising mid-year, which are not included in the HRI's budget, must not begin on Consortium funds until the funds become available.

Recommendations for new partnerships must be made via a Project Change Request to the CPWE Medical Director and UT System, who will make final decisions.

CPWE Workgroup members from HRIs shall maintain an up-to-date list of all the LMHAs with whom the HRI has formed an affiliation.

3.2.3 Non-Compete

More than one HRI may collaborate with a single partner, provided that they coordinate their programs to enhance services for the partner overall and not engage in detrimental competition.

Any HRI seeking to start an affiliation with a partner that is already affiliated with another HRI shall not do so until they have informed the HRI with the earlier affiliation and discussed how they might collaborate. No HRI shall attempt to replace the CPWE program of another HRI.

3.2.4 Ending Partnerships

The partner can end a relationship at any time. If a partner ends a relationship with an HRI, the HRI shall notify the CPWE Medical Director within 30 days and discuss the reasons that the partner terminated the arrangement. If prior notice of terminating the relationship is not feasible, the partner is expected to contact the HRI and CPWE Medical Director immediately.

If the HRI wants to end a partnership, the HRI shall notify the CPWE Medical Director at least 30 days prior to a termination letter to discuss the reasons the HRI wishes to terminate the relationship. If a partnership needs to end abruptly, the HRI should notify the CPWE Medical Director immediately.

3.3 Services and Administration

3.3.1 Populations Served

CPWE's mission is primarily to serve children and adolescents (youth). A youth is defined as someone between the ages of 0 and 20 years or a person diagnosed with an intellectual disability.

An individual who turns 21 years of age during the fiscal year shall be counted as both one adult and one child patient when calculating the number of patients served in the fiscal year. For monthly calculations of number of patients served, they shall be counted as either a child or an adult based on their age during that month. On the month of a youth's 21st birthday, they shall be counted as a youth before their birthday. On the day of and after their birthday, they shall be counted as an adult.

For all new programs initiated after June 1, 2025, the new program may not serve adults unless the HRI's overall percentage of patients treated in the CPWE program is at least 40% youth.

3.3.2 Recording Time

LMHAs

All CPWE-funded patient activities in an LMHA must be documented in the Mental and Behavioral Health Outpatient Warehouse (MBOW). The following "Texas Server Types" should be used in MBOW:

- Texas Server Type S (Medical Resident) should be used when the residents are doing the service and the CPWE-funded attending psychiatrist is supervising.
- Texas Server Type T (Academic Medical Director) should be used when the attending psychiatrist is doing their own direct service.

The attending can be employed by the HRI or the LMHA. If the attending is doing non-CPWE work, they should use neither of these codes and their encounters will not be included in the monthly report.

HRIs should coordinate with the billing office at their partner LMHA(s) to be sure they are using this process.

Community Mental Health Agencies

Each HRI shall arrange a method with their community mental health agency partner to collect all patient and visit count metrics. Metrics should include direct services performed by residents and by attendings. They shall report this manually in their monthly CPWE metrics and utilization report.

3.3.3 Finance and Billing

Academic Medical Directors who are faculty of the HRI shall be funded directly by the HRI's CPWE funds. Academic Medical Directors who are employed by the partner may be paid via a contract between the HRI and the partner and CPWE funds may be reimbursed by the HRI to the partner.

LMHAs and community mental health agency partners may bill for the patient services provided by the Academic Medical Director, either directly by the Medical Director or by the resident under their supervision, provided all applicable state and federal regulations for the billing of services by residents under faculty supervision are followed by the LMHA or community mental health provider.

Partners will be expected to cover any cost of patient care activities with the funds collected by the billing above. Partners shall not bill the HRI or LMHA for any activities for any patient care or administrative services, without prior approval of the CPWE Medical Director.

HRIs may utilize CPWE funds to cover their reasonable administrative costs/ time associated with CPWE.

CPWE funds shall not be used to fund administrative or non-patient care costs of the partner without prior approval of the CPWE Medical Director.

For each 1.0 FTE of resident CPWE, the HRI may require that the resident spend up to 0.2 FTE in educational activities. The ratio of educational time to the total resident time shall not exceed 20% for the entire resident group funded by CPWE at an HRI. For each 1.0 of faculty CPWE, the HRI may allow the faculty to spend up to 0.1 FTE in professional development activities.

4. Definitions

Child and Adolescent Psychiatry (CAP) Fellowship

A TCMHCC-funded program that funds HRIs for additional two-year CAP fellowship slots.

Community Mental Health Agency

A non-profit entity providing mental health services to children (it may provide additional services to adults), which serves Medicaid-eligible, underserved, and disadvantaged populations and has not been designated as an LMHA for any region in Texas. This may include Federally Qualified Health Centers (FQHCs).

Community Psychiatry Workforce Expansion (CPWE)

A TCMHCC-funded program that funds full-time academic psychiatrists as academic Medical Directors and new psychiatric resident rotation positions at facilities operated by LMHAs and community mental health agencies.

CPWE workgroup

Leaders representing HRIs, the Texas Health and Human Services Commission, the Texas Council of Community Centers, UT System, and the TCMHCC Internal Evaluation team who play a role in the administration of the CPWE program.

Federally Qualified Health Center (FQHC)

A community-based health care provider that receives funding from the federal government to offer comprehensive primary health care and behavioral health services to underserved populations.

Health-related institution (HRI)

A health-related institution of higher education that administers the CPWE program in their geographic region.

Local Mental Health Authority (LMHA)

An entity designated as an LMHA by the Health and Human Services Commission in accordance with Texas Health and Safety Code §533.035(a). [Medical Director](#)

A physician who provides statewide guidance and leadership for a Consortium-led program.

Mental and Behavioral Health Outpatient Warehouse

A data warehouse overseen by the Texas Health and Human Services Commission that standardizes reporting and analysis across the state-funded LMHA and LBHA service network.

Other Workforce Expansion (OWE)

TCMHCC-funded programs to expand training programs for non-physician mental health professionals.

Partner

An LMHA or community mental health agency where a CPWE program exists.

Texas Child Mental Health Care Consortium (TCMHCC)

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.

TCMHCC Internal Evaluation Team

A team contracted by UT System to manage data and perform evaluation activities for TCMHCC programs, including CPWE.

Texas Council of Community Centers

The organization that represents LMHAs in Texas.

Texas Health and Human Services Commission

The agency that provides funding to and oversees the work of LMHAs in Texas.

UT System

The entity selected by the TCMHCC Executive Committee to lead the administration of Consortium programs.

Youth

Someone between the ages of 0 and 20 years or a person diagnosed with an intellectual disability.

5. Other Resources

Resource	Link
CPWE Leadership Contacts	CPWE HRI Leads Contact List TCMHCC SharePoint
HRI LMHA Affiliations	CPWE-HRI Partnerships TCMHCC SharePoint
CPWE Metrics and Utilization Report Template	CPWE HRI Monthly Reporting Template TCMHCC SharePoint

6. Version History

Effective Date	Description of Change	Sections Changed
[Date]	New policy	All