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

April 20, 2020

10:00 AM – 3:00 PM

Agenda

- I. **Call to order and roll call**
 - Dr. Lakey, presiding officer of the Consortium, called the meeting to order.
 - 26 Executive members were in attendance. See attached attendance for full list of attendees.
- II. **Review and approve the following item:**
 - a. **Minutes from March 11, 2020 Executive Committee meeting**
→ Dr. Podawiltz made a motion to approve the meeting minutes with correction to page 6, CPWE UNTHSC reference to Lubbock, which should be Tarrant County. Dr. Tamminga seconded. The minutes were approved.
- III. **Update on TCMHCC Initiative status including the impact of COVID-19 on the implementation of TCMHCC. The full Executive Committee may receive information and/or recommendations from the items discussed and take appropriate action.**
 - A high-level update on each institution's current status for the four programs was provided by the TCMHCC Program Coordinator, based on submitted quarterly reports.
 - Key issues identified by the institutions, mostly stemming from the COVID-19 pandemic, included hiring freezes, recruitment difficulties, school closures and staffing diversions.
- IV. **Updates on the following activities associated with implementation of the TCMHCC. The full Executive Committee may receive information and/or recommendations from the items discussed and take appropriate action.**
 - a. **Communications including action to approve one or more logos for TCMHCC Initiatives.**
 - Several logos were reviewed with the Executive Committee members and feedback was requested. After hearing various opinions on the graphics, it was agreed that Daniel Oppenheimer would bring back more logo options to the next meeting for a vote.
 - <<Action Item: Daniel to bring back additional logo options for Executive Committee to vote on next meeting.>>

- One decision point discussed was whether a single logo would be used for both CPAN and TCHAT, or if each program would have its own. Most members agreed that a single logo would be preferred.
- Daniel let the group know he'd be sending out a survey after the meeting to get feedback on how the institutions would like UT System to support their communication efforts.
<<Action Item: HRIs to fill in communications survey once it goes out.>>
- Discussed that if institutions develop their own materials, it would be helpful if they could share these with the other consortium members. Daniel intends to put templates on the website for download once the materials are finalized.

b. Budget/Finance including information regarding considerations regarding the unused portion of the legislative appropriation.

- Dr. Silverman confirmed that all HRIs should have received their funds for this fiscal year.
- The question was raised whether next year's budget was secure and whether this year's budget would roll over. It was confirmed that any unspent funds from this year's budget would roll over to next year and that next year's budget should be released in September unless the THECB heard otherwise. Dr. Silverman had not heard anything to the contrary.
- Dr. Lahey discussed that the LBB proposal included an option for a second bite of options to spend the \$10M that wasn't allocated/planned for. Given the pandemic's impact on State funds, it was felt that it wasn't appropriate to ask to use these.
- The point was raised that COVID-19 is expected to result in an increase in mental health needs and TCHAT is a great mechanism to get these services to children. The group may want to think about how federal dollars could be used to extend these services, using the TCHAT infrastructure.

c. Program Evaluation update on the status of the contract.

- Looking at the contract and hoping to execute hopefully this month. Molly Lopez, from UT Austin, was introduced; she will be helping drive the internal evaluation work.
- One of first activities will be to develop the metrics to make sure there are definition associated with those metrics.

d. External Evaluation update.

- The external evaluation is meant to be arms-length away from group, to independently evaluate how the consortium is doing.
- A draft proposal was created and went to Meadows Mental Health Policy Institute. They will review and provide a draft statement of work (SOW) that will be send to the workgroup. Once SOW is solidified, UT System will solicit bidding for an entity to provide that external evaluation. Hope to send info out by end of April for the group to review.

V. Updates from each of the Workgroups and Health Related Institutions (HRIs) regarding implementation of TCMHCC Initiatives, including opportunities, challenges, questions and milestones achieved. The full Executive Committee may receive information and/or recommendations from the items discussed and take appropriate action.

a. Research

i. Update from research workgroup

- Since the last meeting, have organized two networks – childhood depression & suicide and childhood trauma. 11 HRIs will be participating in both networks. UNTHSC and UTMDACC will not be participating. This is more than anticipated, and more than was budgeted for, but believe there's a way to move forward with both.
- Dr. Tamminga stated that Sarah Wakefield were recommended be the co-lead for the depression network and Karen Wagner the co-lead for the childhood trauma network.
- UNTHSC staffed that because mostly clinical, staff have been detailed into COVID-19. Better to partner with UTSW than develop something independently. Dr. Lakey asked that when it becomes the right time to be a part of this, let us know and we'll figure out how to pull them in.
- Suggestion at last meeting was that we have a co-lead as a clinician – a child psychiatrist or clinical psychologist that would help tether the research to the reality of clinical psychiatry. Co-leads were voted on via note that went out from UT System Administration. Karen Wagner and Sarah Wakefield were the leaders in terms of nominations.
- We took all of the people who signed up for the networks, made sure that every institution that wanted to be a part of it had a representative participating. The network calls allowed for input & questions. The leads pulled together draft protocols coming out of these calls. Two proposals will be developed. Once formed, will be sent out to Sonja Gaines & Mike Maples to review from a clinical point of view to make sure they reflect real needs of Texas children.
- Several people raised concern around how the networks were put together. However, there was not concern about the people chosen and everyone was ok with the networks moving forward.
- Point raised that consumers need to be a part of the process. The leads of the networks and executive committee members agreed. Suggestion made that we leverage Hogg foundation to assist. The Hogg foundation confirmed they were happy to help. Luanne Southern also offered assistance.
- Question raised on how group will ensure racial and ethnic representation so research represents diversity of Texas. Dr. Nemeroff assured the group that they will cast a wide net. The nodes and their geographic diversity will assist with this goal.

ii. Update from depression network

- Dr. Trivedi provided an update on the depression network progress. He highlighted the two outcomes for the network are to pull all of the nodes into a large research network and within the learning health system model, improve outcomes of kids in the state.
- At the end, expect the study to recruit and monitor longitudinal outcomes for kids (5k) and provide evidence-based treatments with ongoing decision support to determine what kind of resources are needed that improve outcomes, to drive policy / resource allocations.

iii. Update from trauma network

- Dr. Nemeroff provided an update on the trauma network progress. He confirmed that he had a two-hour call, presented ideas and everyone weighed in. Goal is to determine outcomes of children and adolescents exposed to trauma in the state of Texas. A strawman protocol was sent out to the group for input. A lot of feedback was received and a few days ago, sent out a revised protocol based on the feedback received from the node members.
- Another two-hour call will be scheduled to finalize the protocol.

iv. Approval of budget

- Dr. Lakey suggested that more detail was needed on the research's proposal before approving research and budget.
- Dr. Pliszka asked whether research group will propose budgets for each node, or send out protocol and have node develop a budget, up to a maximum.
- Dr. Nemeroff raised concerns around short timeline. He also raised concerns about the research budget being pulled back to the State if the group doesn't proceed expeditiously.
- Several members of the group also concurred that the group needed to move forward quickly and emphasized that they can't hire until they have budgets.
- Dr. Tamminga confirmed that she developed a budget that was based on the LBB report. Dr. Lakey indicated it was difficult to ascertain what was being bought with the dollars proposed; additional details are needed.
- Dr. Tamminga discussed that:
 - The original LBB report didn't assume that all of the HRIs would be participating in both networks.
 - Current budget has each node getting \$500k for the biennium.
 - 1-3 people at each node would collect and rate patients at timed intervals. Each site would collect up to 500-750 patients (aspirational goal) per biennium.
 - Sites would be guided by the Hub. The network will decide on rating instruments. The Hub will setup the rating instruments for data capture. The Hub will create and manage the database. They will train node staff on data capture. Hub will be responsible for IRB approval. There will be statisticians at the Hub that will break data down into trajectories, groups, look at distributions.
- Dr. Nemeroff discussed potentially re-budgeting based on performance if a node was underperforming. Dr. Strakowski indicated that the assumption that all sites would perform the same was unlikely and would need to ensure everyone was aligned on the redistribution of funds to get the projects done.
- Dr. Tamminga mentioned that redistribution of funds had not been considered and said this may be difficult.
- Dr. Lakey stated that node money could be reallocated if work wasn't being completed, via vote by the Consortium.
- A concern was raised about the budget. There was also a concern about the amount of money going to the Hubs. A question was raised whether staff at other institutions could play lead roles for the Hub.

- Dr. Tamminga confirmed that the money going to the Hub didn't need to be staff from the Hub institution and could include state-wide staff.
- Point made that more information is needed around proposed sample size, assumptions made on subject flows, etc. to make sure budget reasonable.
- Clarification made that budgets are for the biennium and that the lead and co-lead budget lines are not salary figures.
- Recommendation made to come up with a budget for each node and HUB, that makes clear budgeting assumptions and provides detail behind the total.
- Suggestion made to add more granular performance criteria around recruitment of subjects, etc.
- Discussed that each protocol should include their approach / outreach plan for engaging consumers.
- Discussed changing the budget to take out hubs, leads and co-lead separate line items and combine into the total \$1.125M for each HUBs support of the network; plans to be brought back to next meeting.
- → **Motion made by Dr. Liberzon to approve budgetary framework with the modification that money for the Hub (and associated co-leads) will go to network administration, logistical support and scientific development, and the programs they'll be funding. HUB dollars cannot be spent before the detailed budget and protocol is created, reviewed and approved by the Executive Committee at the next meeting. Dr. Pliszka seconded. Motion unanimously approved.**
- Question raised whether any funds will be spent before next meeting. Dr. Lakey confirmed that this will not happen; we will work on the legal framework to enable the budget transfers.
- <<**Action Item: UT System will develop a statement of work to go into an amendment to the institutions' PIAs. UT System will need to have conversations with the research workgroup around language, and will work to get this done as quickly as they can.>>**

v. Approval of co-leads

- **Dr. Tamminga made motion for Karen Wagner to be the co-lead for the trauma network working with Dr. Nemeroff. Dr. Vo seconded. Motion unanimously approved.**
- **Dr. Tamminga made motion for Sarah Wakefield be the co-lead for the depression network. Dr. Nemeroff seconded. Motion unanimously approved.**

vi. Approval of proposals from each network

vii. Open discussion regarding Research

b. Texas Child Health Access Through Telemedicine (TCHAT)

i. Presentation from UT Dell regarding implementation activities

- Dr. Koli presented on behalf of Dr. Baker on Dell's approach to TCHAT.
- They are focused on putting a model in place that makes TCHAT sustainable within the community. After encountering concerns regarding how kids that were seen via TCHAT might receive required ongoing care, they are proposing a strategy whereby they would subcontract for school-based TCHAT services

through a community center by funding 1FTE Licensed Masters Clinician to do crisis assessments, school-based assessments, brief interventions, etc. There would be contract assurance that there would be that no wait for ongoing services for children referred for ongoing care to the Community Center once the TCHAT engagement was completed.

- TCHAT services would be paid for via TCHAT. Ongoing services would be funded by the Community Mental Health Center.
- The second strategy is around how they would handle psycho-pharmacological interventions and have that ongoing. Would like to work with school district leaders to identify Pediatricians and PCPs to offer ongoing psycho-pharmacological care. If medication evaluation done and identified a child needed ongoing support, would work with a PCP who could get support through CPAN.
- Dr. Koli confirmed that the 1FTE could be part of several people's time. (4 people @ 25% for example.)

ii. Presentation from UTHSCH regarding implementation activities

- Dr. Newlin provided an update on UTHSCH's TCHAT rollout.
- UTHSCH has had formal meetings with 3 ISDs and 2 charter schools. Verbal assurance from 1 other ISD. Some contact with one other ISD.
- In terms of setup of TCHAT, have completed fillable PDF for TCHAT, consent form under review by UT Legal, RedCap data management platform that mirrors the registration document. Training modules have been set up for Project Echo that they're using to engage the ISDs for TCHAT. Working with mental health America school for behavioral health & TEA to enroll guidance counsellors for project echo. Also planning to work with BCM on project echo where it makes sense. They've developed workflow for TCHAT & done resource mapping.
- COVID-19 has changed the way the program has to be rolled out. They're mapping out how to communicate with each other virtually.
- Overall vision is to develop not just school based mental health services, but sustainable child mental health ecosystems across CPAN, TCHAT, CPWE and the Community.
- Planning on targeting PCPs who are co-located with TCHAT ISDs to introduce them to CPAN services & project echo since most referrals will likely go there.
- Due to COVID-19, most districts have issued PCs to children in the schools. This means kids are equipped with the equipment they'd need to participate in telehealth.
- UTHSCH is spending a lot of time reaching out to community resources who are interested in linking students to care.

iii. Open discussion regarding TCHAT

c. Child Psychiatry Access Network (CPAN)

i. TTUHSC El Paso presentation on implementation activities

- Dr. Martin provided an update on TTUHSC El Paso's CPAN rollout. Key accomplishments include:
 - Creation of a database of mental health care providers PCPs

- Have started engagement strategy and have had some groups sign up already. Started with in person visits though this has transitioned to phone calls due to COVID-19.
- Development and distribution of a TTUHSC EP CPAN flyer
- Creation of a fillable PDF registration form.
- Shifting of adult psychiatry work from child psychiatrists to free up resources for CPAN work
- Development of staff training

ii. **Open discussion regarding CPAN**

- Question raised about QR code – Dell and TTUHSCEP have been working with Meadows to get CPAN off the ground. Dell had business cards with a QR code that links to a registration form. Dr. Pliszka asked if this is something that could be shared with the group.
- Sonja Gaines applauded everyone's approach connecting with the communities and local mental health authorities. By making linkages, it addresses continuity of care concern.

d. **Child Psychiatry Workforce Expansion (CPWE)**

i. **UTRGV presentation on implementation activities**

- Dr. Escamilla provided an update on UTRGV's CPWE implementation. Key elements from the presentation include:
 - Their residency was designed to have community focus and it is still in development. Went from 2 to 3 year residency; will go to 4th year next year.
 - Big challenge at UTRGV is their limited core faculty. Have partnered with LMHA staff to supplement faculty. Last year had 0.5 FTE resident time going through Tropical Texas, being taught by volunteer faculty there. Goal this year was to expand resident time by 1 FTE. Teaching duties are being shared across three psychiatrists, including Dr. Gutierrez from Tropical Texas.
 - To improve the partnership, now have monthly meetings with the CEO and Medical Director from Tropical Texas, plus UTRGV's training Director. At their request, started joint Grand Rounds with CMEs. Volunteer faculty for us embedded at Tropical Texas interested in having their time supported to do more teaching.
 - Exceeded goal and actually have 4.5 FTEs of residents rotating through during 6 months.
 - Rotations are focused mostly on child-adolescent but also include first episode psychosis, emergency assessments, substance abuse and primary care
 - Have gotten a lot of positive feedback from residents on the rotations.
 - There are 4 LMHAs in UTRGV's region, covering 13 different counties. Tropical TX is the one they work with primarily, but also working with the other three. Plan to cover all 13 counties by next year.
 - Region is geographically spread out. As a result, planning on using telepsychiatry to provide services with a faculty member from UTRGV supervising them.

- Dr. Lakey emphasized that this could be a good model for other rural areas in Texas.

ii. UTHSCSA presentation on implementation activities

- Dr. Plizska provided an update on UTHSCSA's CPWE implementation:
 - UTHSCSA is planning on partnering with the Center for Health Care Services (CHCS), Hill Country Mental Health and Developmental Disabilities (HCMHDD) and Gulf Bend Center.
 - They are currently interviewing 2 child psychiatry candidates. They're hoping at least 1 will accept, allowing activation of the rural centers (HCMHDD and Gulf Bend Center).
 - Ready to go July 1 with CHCS rotations. Have 3 staff that will share supervision of residents.
 - 5 Residents accepted for CAP 1 year (2020-2021). As a result, planning on having 2 CAP I residents rotate in 10-week blocks at CHCS over the year.

iii. Open discussion regarding CPWE

- The question was raised whether a FQHC would meet the definition of a community mental health center, so that if the institution expanded CPWE they could have residents rotate through the FQHC via telemedicine. Dr. Lakey responded that the initial focus has been in partnering with the local mental health authorities. However, with expansion, may be more opportunities.
<<Action Item: Dr. Martin to flesh out the proposal to partner with a FQHC with more detail and send to Luanne & David so they can look at it.>>
- Dr. Podawiltz mentioned that when MHMR shut down and only offered telemedicine services, residents were idle. They redirected them, having them create policy, develop curriculum for medical students, redesign epic charts. Their hope is that once they can get back in clinics, this work will improve operations. Residents are unable to move to telemedicine rotations currently as not everyone has preferred platform SecureVideo and there's currently a waiting list.
- Dr. Martinez looking forward to having external evaluation capture innovation and creativity and will be key when presenting to legislature. He added that COVID-19 is helping move forward telemedicine, tele-psychiatry, tele-pharmacology, making it a standard of care as a modality across the state of Texas. This will create infrastructure needed for ongoing psychiatric services post-COVID-19.

e. Child and Adolescent Psychiatry Fellowships (CAP)

i. BCM presentation on implementation activities

- Dr. Williams provided an update on their CAP fellowship program:
 - BCM's strategy was to work with current LMHA they had a relationship with (Harris Center). Biggest challenge has been supervision time. To overcome this, they've taken the strategy to increase their fellowship program size and use CPWE funds to fund very well trained faculty at Harris Center to provide educational experience vs hiring a psychiatrist to go to the LMHA.
 - Program increased by 2 fellows this year. Plan to have them work within Harris center and offer various new experiences, working with the mobile crisis team, ADA specialist as well as generic medical management of patients.

- Goal is to have fellows have an excellent experience with LMHA so that when they graduate, it's a place they might want to work when they're done.
- Question asked whether HHSC telemedicine advancements will stick post-COVID-19. Sonia Gaines responded that the pandemic has allowed experimentation that might not have happened otherwise and as a result a lot of learning has occurred. She agreed that there's a benefit to having people able to access services from home and hopes that we will be able to hold on to these new approaches. However, this will take federal and state partners' agreement. <<Action Item: Add continuation of telemedicine as a policy issue to be worked on in future.>>

ii. **Open discussion regarding CAP**

VI. 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

VII. Discuss, consider, and if appropriate, approve information and updates provided by the Baylor College of Medicine in the role of the Centralized Operations Support Hub (COSH), CPAN, TCHAT or CPWE Workgroups relating to implementation of the COSH, and obtainment of communications and data management systems. The full Executive Committee may review information and/or recommendations from the items discussed and take appropriate action.

a. COSH related items identified by Baylor College of Medicine and members of the Executive Committee

- Luanne confirmed that the amendment to BCM's PIA has been put in place to enable the fund transfer for COSH work.
- Dr. Williams provided an update on COSH:
 - Working to get key hires in for COSH. JDs completed and positions open.
 - Have set up meetings with CPAN & TCHAT teams across the state. Met with almost all teams (individually) and setting up structure on how frequently to meet. Being careful to not run afoul of open meetings act.
 - Have set up a meeting with Sonia Gaines to discuss resource needs for CPAN and TCHAT teams. Want to ensure that we're not reinventing the wheel.
 - Continuing bi-weekly CPAN work group meetings but recently decided to move to a monthly cadence.
 - Met with TEA on TCHAT and discussed offering students assistance in their homes.
 - RFPs for Communication system and Data Management system deadline was April 3rd. COSH is working to secure vendors for tentative go live date of May 7th for CPAN and May 18th for TCHAT.
 - The telecommunications RFP selected vendor's proposal was significantly under budget. The data management system selected vendor's proposal was on budget.
 - COSH met with TEA and discussed what consortium could do to start a virtual library. Discussed having back to school learning collaborative, with recorded webinars made available on the Consortium website. Three constituents that would be targeted would be school personnel, families/students, and PCPs. COSH

could help organize work such that each HRI could participate. There was great support for the Mental Health Mondays.

b. Announcement of vendor selected for Communication System

- Lantana Communications, a Texas-based company, was chosen for the telecommunications RFP. They will come up with a number that includes CPAN within the number. Hardware costs will be paid for by HRIs but monthly bills will go through the COSH.
- Discussed whether HRIs should launch before the telecommunications system (and 800 number) is up. It was agreed that the initial rollout should wait for telecommunications. Dell mentioned that they would like to move forward with an earlier, soft launch, if possible.

c. Announcement of vendor selected for Data Management System

- Trayt was chosen for the data management system. BCM requested the vendor fill out a UT System-recommended information security questionnaire as part of the RFP process. Plan to have a joint meeting with HRIs' privacy, information security, IT contacts to review RFP and answer questions, to enable a move towards implementation. An NDA may need to be signed to share Trayt information. Question raised, could vendor do MFA; answer is yes.
- Dr. Vo having COSH do presentation at next UT System CIO/CMO meeting.
- Trayt is working on CPAN process and working with workgroup.
- Question raised regarding timeline for data management system implementation. Dependent on contracting and HRI sign off. COSH will build out intake form in REDCap & hand this out. Once data management system is launched, REDCap data can roll into this. Felt that May launch probably unrealistic.

VIII. Adjournment

Next meeting May 15, 2020

Executive Committee Attendance

#	Institution/ Organization	Name	4/20	#	Institution/ Organization	Name	4/20
1	Baylor College of Medicine	Wayne Goodman, MD	X	19	The University of Texas Health Science Center at San Antonio	Steven Pliszka, MD	X
2	Baylor College of Medicine	Laurel Williams, DO	X	20	The University of Texas Health Science Center at San Antonio	Joseph Blader, PhD	X
3	Texas A&M University System Health Science Center	Israel Liberzon, MD	X	21	The University of Texas Rio Grande Valley School of Medicine	Michael Escamilla, MD	X
4	Texas A&M University System Health Science Center	R. Andrew Harper, MD	X	22	The University of Texas Rio Grande Valley School of Medicine	Michael Patriarca	X
5	Texas Tech University Health Sciences Center	Sarah Wakefield, MD	X	23	The University of Texas Health Science Center at Tyler	Jeffery Matthews, MD	X
6	Texas Tech University Health Sciences Center	Keino McWhinney, MPP	X	24	The University of Texas Health Science Center at Tyler	Daniel Deslatte, MPA, FACHE	X
7	Texas Tech University Health Sciences Center at El Paso	Peter Thompson, MD	X	25	The University of Texas Southwestern Medical Center	Carol Tamminga, MD	X
8	Texas Tech University Health Sciences Center at El Paso	Sarah Martin, MD	X	26	The University of Texas Southwestern Medical Center	Hicham Ibrahim, MD	X
9	University of North Texas Health Science Center	Alan Podawiltz, DO, MS	X	27	Health and Human Services Commission - mental health care services	Sonja Gaines, MBA	X
10	University of North Texas Health Science Center	Mark Chassay, MD, MBA	X	28	Health and Human Services Commission - mental health facilities	Mike Maples	--
11	Dell Medical School at The University of Texas at Austin	Charles B Nemeroff, MD, PhD	X	29	Texas Higher Education Coordinating Board	Stacey Silverman, PhD	X

#	Institution/ Organization	Name	4/20		#	Institution/ Organization	Name	4/20
12	Dell Medical School at The University of Texas at Austin	Stephen Strakowski, MD	X		30	Hospital System	Danielle Wesley	X
13	The University of Texas M.D. Anderson Cancer Center	Daniel Tan, MD	--		31	Non-profit - Meadows Policy Institute	Andy Keller, PhD	X
14	The University of Texas M.D. Anderson Cancer Center	Rhonda Robert, PhD	X		32	Non-profit - Hogg Foundation	Octavio Martinez, Jr., MPH, MD	X
15	The University of Texas Medical Branch at Galveston	Karen Wagner, MD, PhD	X		33	Non-profit - Texas Mental Health Counsel	Danette Castle	X
16	The University of Texas Medical Branch at Galveston	Alexander Vo, PhD	X		34	Administrative Contract – University of Texas System	David Lakey, MD	X
17	The University of Texas Health Science Center at Houston	Jair Soares, MD, PhD	X		35	Other – Hospital System Representative	James Alan Bourgeois, OD, MD	X
18	The University of Texas Health Science Center at Houston	Elizabeth Newlin, MD	X					