University of Texas System

UTS Building

210 W. 7th St., Austin, TX 78701

Convening of the Texas Child Mental Health Care Consortium

October 28, 2019

10:00 AM – 3:00 PM

Room 2.206

Agenda

I. Call to order and welcome

II. Roll call

III. Review and approve minutes from October 4, 2019 meeting

IV. Identify TCMHCC representative to serve on the Statewide Behavioral Health Coordinating Council

V. Lunch (11:30-12:00)

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

VII. Workgroup discussions

- Present and review the workgroup consensus document and institutions' plans and budgets (10 minutes)
- Discuss the plans and budgets (30 minutes)
- Approval of plans/budgets

i. <u>Child Psychiatry Access Network (CPAN):</u> 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.

ii. <u>Texas Child Health Access Through Telemedicine (TCHATT):</u> 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 maximize the number of school districts served in diverse regions of the state.

iii. Community Psychiatry Workforce Expansion: 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.

iv. Child and Adolescent Psychiatry Fellowships: Additional child and adolescent psychiatry fellowship positions at health-related institutions.

v. Research: Development of a plan to promote and coordinate Mental Health research across state university systems in accordance with the statewide behavioral health strategic plan.

VIII. Review timelines and action items for next meeting
(next meeting: November 22, 2019 at the Thompson Conference Center, 2405 Robert Dedman Dr, Austin, TX 78712)

IX. Adjournment

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UTS Building
210 W. 7th St., Austin, TX 78701

Convening of the Texas Child Mental Health Care Consortium

October 4, 2019
10:00 AM – 3:00 PM
Room 2.206

Agenda

I. Call to order and welcome

Dr. Lakey, presiding officer of the Consortium, called the meeting to order.

II. Roll call

27 Executive Committee members attended. See Appendix I.

III. Review and approve minutes from September 12th meeting

Dr. Podawiltz made the motion to approve with changes (correction of institutional affiliations of workgroup chairs). Dr. Thompson seconded. The minutes were approved unanimously.

IV. Review work on a proposed web site for the Consortium

Requested a change in the photos used to incorporate happy children to align with the intended outcome of the Consortium.

V. Discussion on the process for compiling the LBB report due November 30th

Tabled

VI. Lunch (11:30-12:00)

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

No closed session was held.

VIII. Workgroup discussions to include process of funds distribution, capacity for each institution, minimum infrastructure, unit cost, metrics to evaluate success, and identified issues. The full Executive Committee may receive recommendations from the workgroups and take appropriate action.

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.

Key discussions:

- **Program Name**
  The name CPAN is owned by someone else so may have to find a new name for the group.

- **Call back time targets**
  Initial call back time target team landed on was 4 hours, however, there was concern that if pediatricians didn't get a quick response the program would fail. Discussed the fact that the Massachusetts model has a 30-minute target; if Texas wants to be transformative, it needs to also target a 30-minute response time. If the program doesn't hit that target in the first 6 months, it will work towards it. There was a discussion surrounding the fact that not every call will require a response from a psychiatrist. The group agreed that a lot of calls could be handled by a resource specialist instead. The 30-minute target would be for the physician to get a response from whichever resource was appropriate to the situation. Discussed that the physician's availability to take a call (if seeing patients) could affect how quickly contact could be made.
  → **23 members were in favor of a 30-minute target**
  Discussed the potential bifurcation of the metric so that if a physician was in a room with a patient, they could expect a 30 minute response time; if it was a general question then the response time could be longer.

- **Other Metrics**
  The working group provided some potential metrics in a handout. Feedback from the executive committee included potentially consolidating some of the metrics – one to focus on utilization of providers, answer time, and provider satisfaction – and making sure the metrics were realistic.

- **Team composition & Sizes**
  Team composition & size will be population based. The point was raised that psychiatrists are the least available and most expensive resource and the work force needs to balance program needs with fiduciary responsibilities. The working group confirmed that a triage method of engagement would be used to identify which resources were appropriate to the situation.

- **Standardization and connectivity of hubs**
  Expect some training to be conducted at hubs to ensure consistency across the sites. Want flexibility for hubs but standardized metrics. Hubs will be set up to be able to take calls for each other via a centralized telephony system. A website will be created to point physicians to the right hub. A central marketing strategy will be developed.

- **Electronic means of contact/referral**
  Discussed use of alternative means of contact/referral such as text, IM, digital referrals, etc. The working group will spend more time looking at this.

- **Central hub roles & UT System Administration's contribution to those roles**
  A central hub will help organize what the other hubs are doing There are some roles / functions within the hub that appear to be more administrative in nature and the question was raised whether these would be handled via UT System Administration. Dr. Lakey confirmed that UT System will hire a Project Director to assist with collaboration. He also confirmed that UT System could assist with the marketing strategy. UT System could also assist with data analysis and reporting. UT System will not be able to provide a Medical Director or run the telephony system.

- **Overlap between CPAN, TCHATT & Other Programs**
  The group discussed that they don't want a PCP to be confused about where to go. Will need to learn and adjust as we identify issues. The goal is to work across institutions and systems to get people on their feet and the group will support each other to make this happen.

- **Budget**
  The current high-level estimated budget needed for the program is around $14M. A question was raised around how indirect costs will be budgeted. The group agreed that these should be kept to a minimum. However, it was also discussed that the budgets shouldn't be written in such a way that the institutions are having to underwrite costs to such an extent that it's creating a hardship for the institution. It's important to ensure consistent rates are used across all institutions.
  <<**Action Item:** Dr. Lakey to talk to legislative leadership offices to determine how other state agencies are handling indirect costs.>>
  <<**Action Item:** Each health institution to assess any differences in budgets from the basic budget modeled after Massachusetts.>>

- **Allocation of Funds & Reimbursement**
  The question was raised whether contracts would be structured as cost reimbursement or more like a typical grant. Dr. Lakey acknowledged that this was

still being worked through, though reimbursement to 13 institutions would likely be too time-consuming. The group discussed that some programs may need money up front.

- **Data Management System**
  Discussed the need for a data management system that spans CPAN & TCHATT. The idea was raised that instead of engaging an external company, development of the system.

Texas Child Health Access Through Telemedicine (TCHATT): 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 maximize the number of school districts served in diverse regions of the state.

Key Discussions:

- **Program Vision**
  The working group talked through the vision statement with their Meadows liaison and they helped clarified what the vision is for the program. After some discussion there was still some concerns raised around the clarity of the vision.

- **Scope of Program**
  Discussed whether the program needs to be implemented in every school. Agreed that it needs to be state-wide but not in every school. Also agreed that there would be overlap between this program and CPAN.

- **Purpose of Program**
  Program is about assessment with a focus on crisis prevention, intervention & referral. Discussed the need to define what crisis means. For long term care, there is not enough funding to roll out in a meaningful way. For long term care would either need to bill or go on somewhere else. The question was raised whether this model would meet the legislative intent.

- **Program Rollout**
  Given the tight timeline to turn around the program, the initial push will be to rollout to areas that already have programs in place that can be modified /expanded and/or relationships with schools. There are some good programs that exist that don't exactly align with what the legislature is looking to accomplish with TCHATT that can be leveraged as a starting point.

- **Potential Barriers to Overcome**
  - Lack of Specialists

If there are no specialists within a given area, then you can't refer. Also, if you refer a patient & they have to wait a month to see someone then there's a risk you won't see the results. The comment was made that some services are better than none at all, and if you can get into a school to do crisis prevention & stabilization it's an improvement.

- Ensuring resources aren't placed where there are already successful programs in place (can't supplant)

Need to survey and identify what's already place & working. May use this to identify scalable models. The program cannot fund existing programs but it may fund programs that would have to otherwise stop if they had time-limited grant funding.

- Ability to spin up a new program within the timeframe given

Funding will not be provided to develop a program given the very short turnaround time to show progress. It's important to expand existing programs and be realistic about what can be developed in the next year.

- **Program Budgets**
  A spreadsheet was provided to people to help them draft budgets. Term covered lives was discussed and agreement reached that covered students would be a more accurate term. Each program needs to determine how many students can be served and budget for that.
  <<**Action Item:** Anyone that has similar programs should provide costs to the working group>>

Community Psychiatry Workforce Expansion: 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.

Key Discussions:

- **Purpose of Program**
  Workforce development was the original intent. We need more public health psychiatrists and early exposure makes it more likely that certain percentage will be interested. Discussed that we will need to measure how many new psychiatrists have been trained.

- **Scope of Program**
  A graph was distributed that identifies the community centers that are interested in working with the program. The working group has also identified which institutions may be best placed to work with each community center. A few LMHAs are in two HRIs. In some areas there are very few psychiatrists in the region.

- **Next Steps**
  Working group needs to pull information together, identify potential budgets and outline program details such that they can be placed into the master plan. <<**Action Item**: Institutions that are looking to participate should outline their costs & feed it back to the working group.>>

Child and Adolescent Psychiatry Fellowships: Additional child and adolescent psychiatry fellowship positions at health-related institutions.

- **Important Deadlines & Impact on Program Rollout**
  Deadline for posting complement size for national residency is December 4th and budget deadline is November 30th. Discussed that it doesn't seem realistic for any programs that haven't already had approval for more fellows than what they're filling to be able to increase their complement size this cycle.

- **Quick Wins**
  Some programs already have approved spots that they're not using due to lack of funding. By funding these positions, these slots can be opened up this year. Some programs are just waiting on ACGME approval and assuming they get this, should be able to start their programs this year.

- **Concerns Raised**
  - ***Funding Slots/Programs that don't actualize***
  The working group doesn't want to hold funds for slots or programs that won't actualize. It can be cumbersome to set up a new program and there is a concern that we risk allocating funding to new programs that might not hit their deadlines. For fellowships, there is no guarantee that slots will be filled. Will need to give institutions a promissory note of funding pending a successful match. Unused funds can be moved into the research program.
  - ***Planning Grants***
  Also raised was the issue of whether the legislature would be ok with using money for planning grants. Discussed that intent of the program was to leverage the existing infrastructure of the medical schools. If we spend too much money on planning & only bring in a few slots it won't look good. Need to think strategically about where to expand so it supports the other programs.
  - ***Managing Expectations***
  The working group discussed their worry about over promising what can be delivered within the timeframe. If you manage to capture candidates while they're medical students, it will take a number of years before they enter the program; it won't be an immediate win. It's questionable about how many students can be brought in from out of state.

<u>Research:</u> Development of a plan to promote and coordinate Mental Health research across state university systems in accordance with the statewide behavioral health strategic plan.

Key Discussions:

- **Research Areas**
  Discussed having the program focus on important mental health issues for the state that can be addressed through research – depression, suicide, trauma, etc. Will want to pick areas where we can build up from expertise already in centers to make the group nationally competitive and more likely to result in federal funds. It was highlighted that research is the one component that legislators will be closely scrutinizing to ensure funds used appropriately. Will need a firm wall between CPAN & TCHATT but the research should align with the goals of those two programs.
- **Research Networks**
  Discussed utilizing a network approach where the institution resources can be leveraged for maximum impact. Want to make sure every institution that wants to be involved has the opportunity to do so. The focus will be on collaboration. We want to take the things that are really good & link up institutions in the state to get the research to market sooner.
- **Budget**
  The working group was estimating a 2 year of budget of around $15-20 million. It was also discussed that they would like to fund 2-3 research networks. The budget may need to be tailored based on remaining dollars.

IX. Review timelines and action items for next meeting

Next meetings are October 28th and November 22nd.

X. Adjournment

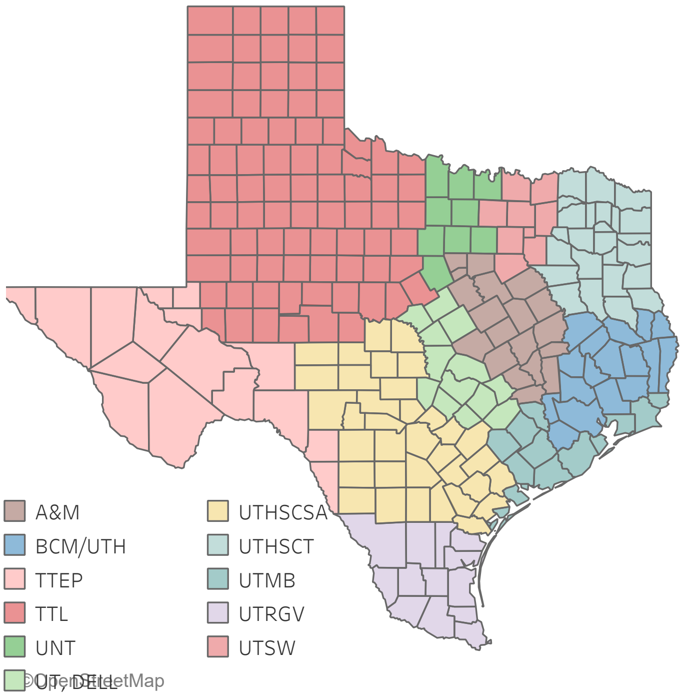
Appendix I. Executive Committee In-Person Attendance

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

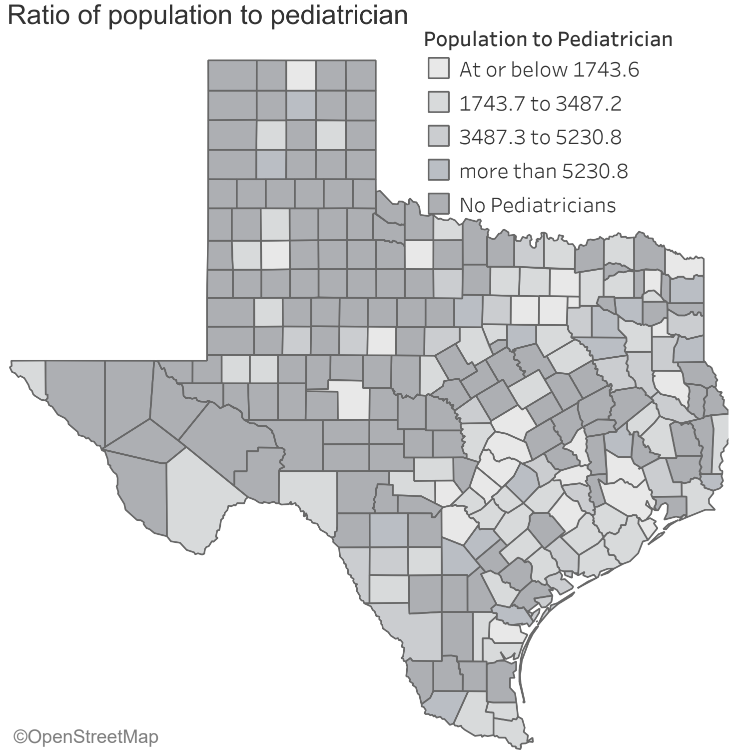
#	Institution/ Organization	Name			#	Institution/ Organization	Name	
12	Dell Medical School at The University of Texas at Austin	Stephen Strakowski, MD	✓		30	Hospital System	Danielle Wesley	✓
13	The University of Texas M.D. Anderson Cancer Center	Daniel Tan, MD	✓		31	Non-profit - Meadows Policy Institute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

Proposed statewide catchment areas with provider ratios

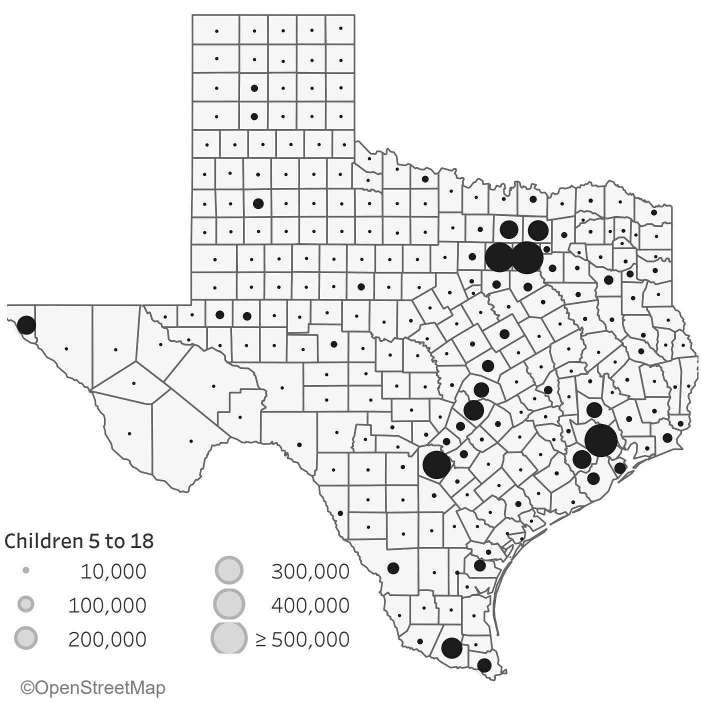
Draft catchment area for each institution



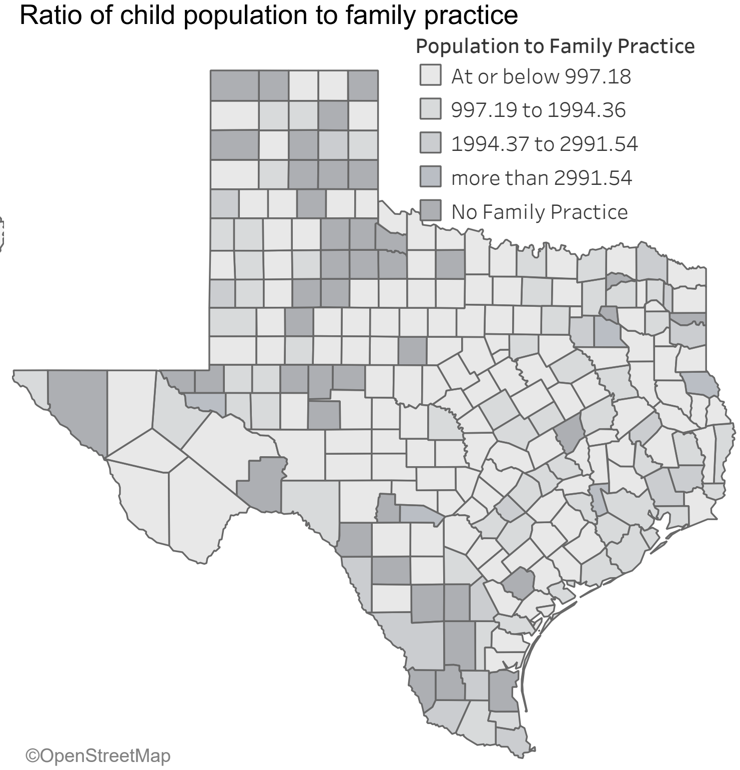
Ratio of population to pediatrician



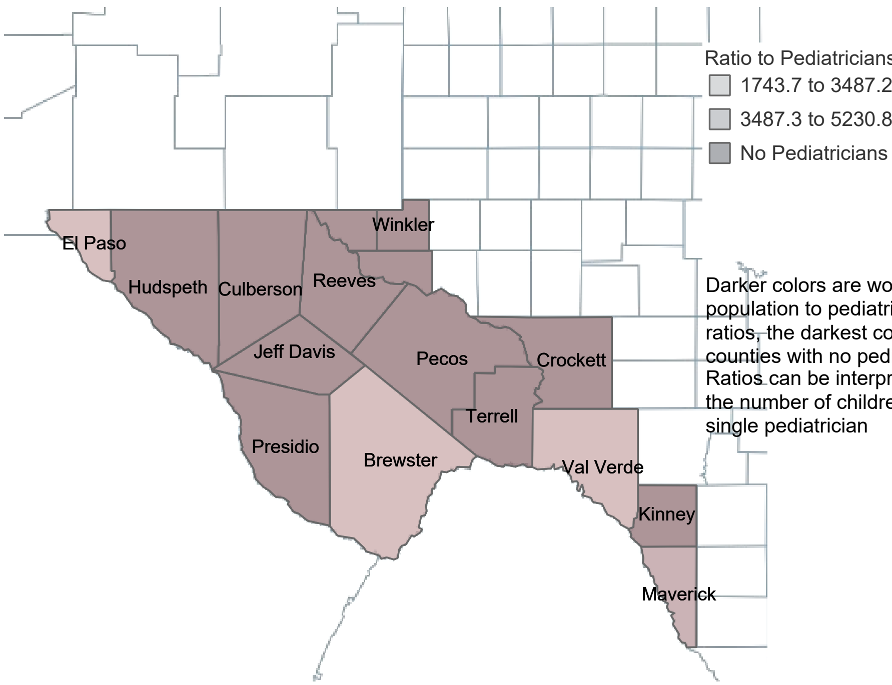
Population of Children between 5 and 18 Years Old



Ratio of child population to family practice

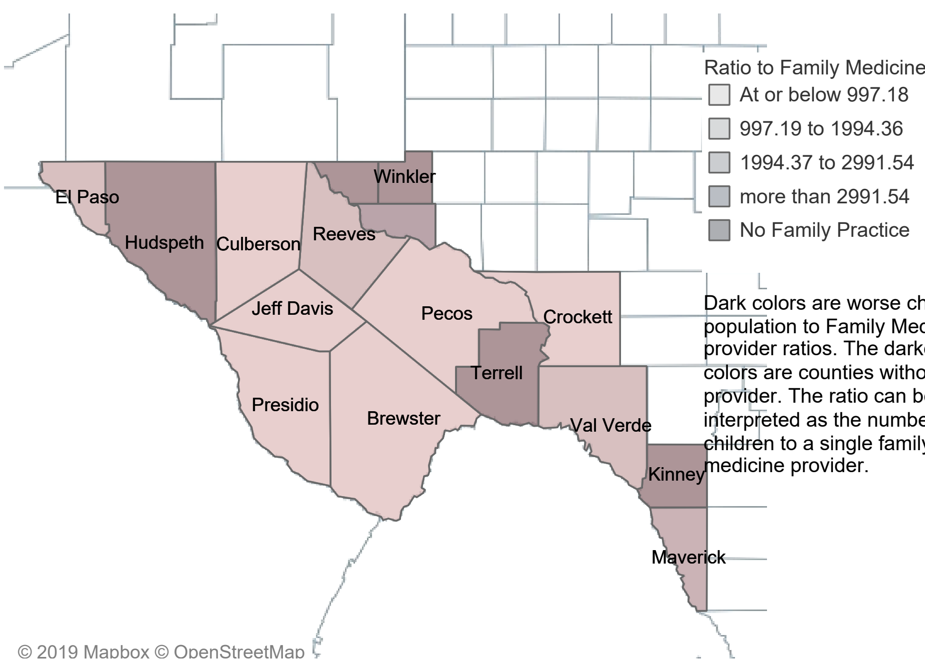


Ratio of child population to pediatrician



Darker colors are worse child population to pediatrician ratios, the darkest color are counties with no pediatricians. Ratios can be interpreted as the number of children to a single pediatrician

Ratio of child population to family medicine & family practice

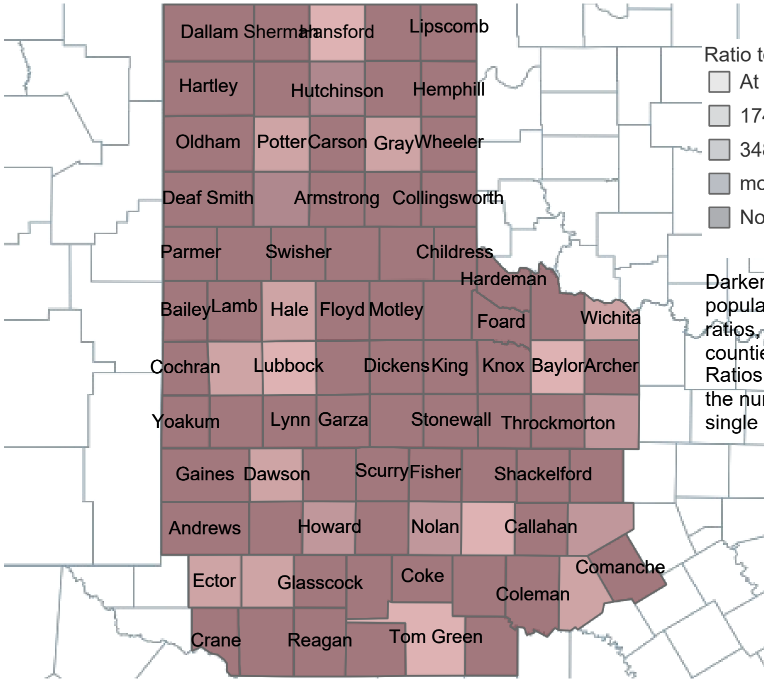


Dark colors are worse child population to Family Medicine provider ratios. The darkest colors are counties without a provider. The ratio can be interpreted as the number of children to a single family medicine provider.

Catchment Area for Texas Tech University Health Science Center at El Paso

TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Brewster	1,256	1	8	1,744	218
Crockett	622	0	1		857
Culberson	345	0	1		500
El Paso	164,964	112	115	2,036	1,983
Hudspeth	729	0	0		
Jeff Davis	139	0	1		174
Kinney	558	0	0		
Loving	41	0	0		
Maverick	12,850	5	7	3,649	2,607
Pecos	2,796	0	6		637
Presidio	1,281	0	3		613
Reeves	2,503	0	3		1,176
Terrell	121	0	0		
Val Verde	9,776	6	10	2,339	1,403
Ward	2,468	0	1		3,358
Winkler	1,699	0	0		
Grand Total	202,148	124	156	9,768	13,526

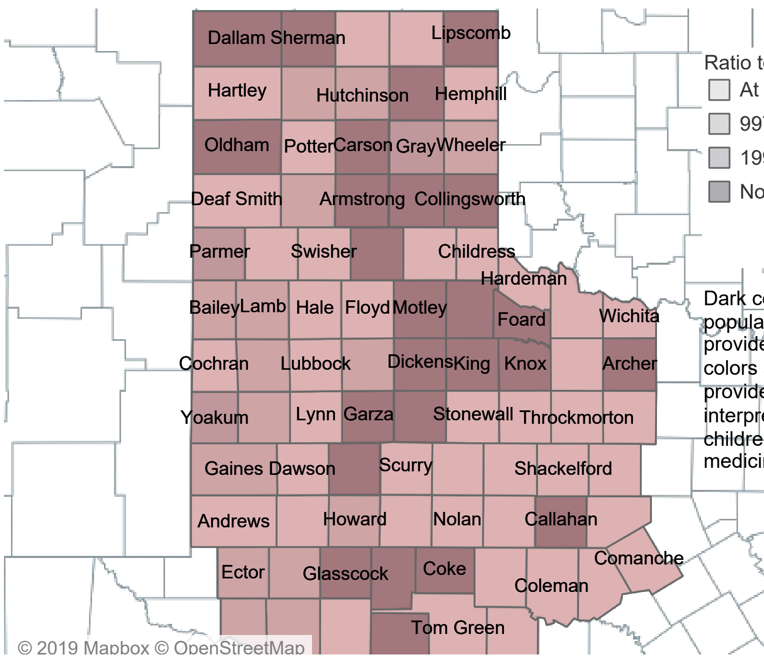
Ratio of child population to pediatrician



Ratio to Pediatricians
- At or below 1743.6
- 1743.7 to 3487.2
- 3487.3 to 5230.8
- more than 5230.8
- No Pediatricians

Darker colors are worse child population to pediatrician ratios, the darkest color are counties with no pediatricians. Ratios can be interpreted as the number of children to a single pediatrician

Ratio of child population to family medicine & family practice



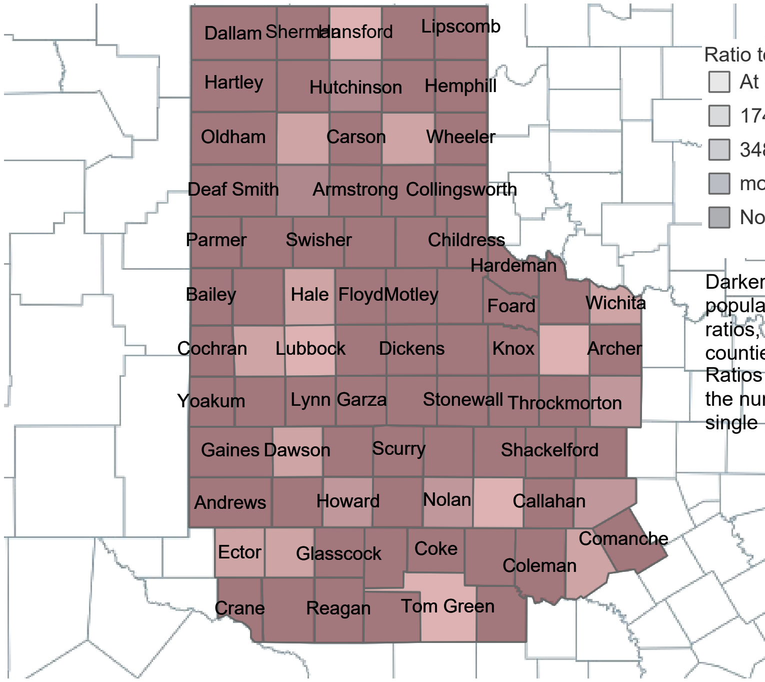
Ratio to Family Medicine
- At or below 997.18
- 997.19 to 1994.36
- 1994.37 to 2991.54
- No Family Practice

Dark colors are worse child population to Family Medicine provider ratios. The darkest colors are counties without a provider. The ratio can be interpreted as the number of children to a single family medicine provider.

Catchment Area for Texas Tech University Health Science Center (1/2)

TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Andrews	4,000	0	8		696
Archer	1,426	0	0		
Armstrong	329	0	0		
Bailey	1,629	0	2		1,103
Baylor	612	1	3	824	275
Borden	98	0	0		
Briscoe	219	0	0		
Brown	6,352	3	10	2,800	840
Callahan	2,309	0	0		
Carson	1,124	0	0		
Castro	1,631	0	3		730
Childress	1,090	0	10		144
Cochran	581	0	1		786
Coke	512	0	0		
Coleman	1,328	0	5		353
Collingsworth	600	0	0		
Comanche	2,245	0	8		375
Concho	392	0	1		509
Cottle	246	0	0		
Crane	1,027	0	1		1,409
Crosby	1,151	0	1		1,536
Dallam	1,576	0	0		
Dawson	2,355	1	5	3,230	646
Deaf Smith	4,210	0	7		832
Dickens	308	0	0		
Donley	483	0	0		
Eastland	2,830	1	5	3,942	788
Ector	34,315	17	30	2,874	1,629
Fisher	601	0	1		812
Floyd	1,194	0	4		393
Foard	202	0	0		
Gaines	5,339	0	5		1,500
Garza	813	0	0		
Glasscock	273	0	0		
Gray	4,122	2	2	2,815	2,815
Hale	6,902	3	11	3,053	833
Hall	551	0	1		694
Hansford	1,178	1	2	1,594	797
Hardeman	637	0	1		837
Hartley	883	0	5		237
Haskell	859	0	2		542
Hemphill	918	0	5		235
Hockley	4,389	2	4	2,958	1,479

Ratio of child population to pediatrician



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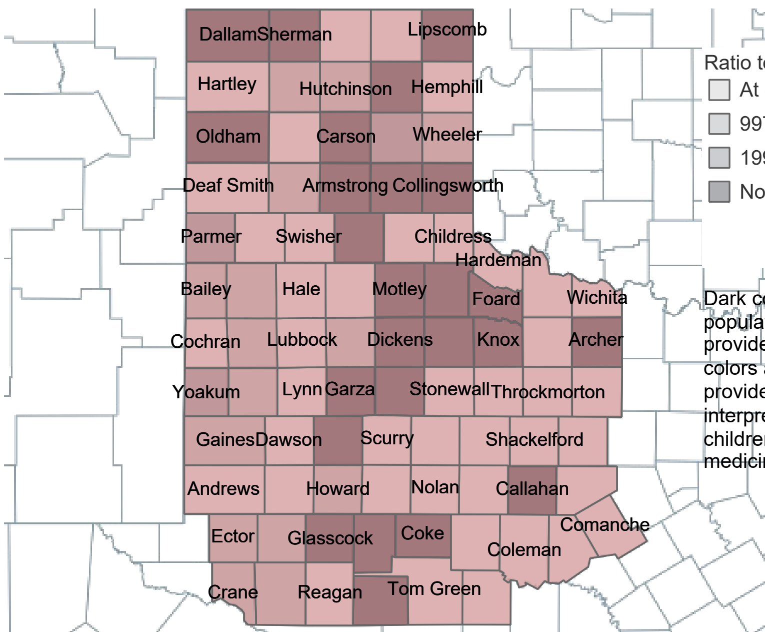
Ratio of child population to family medicine & family practice



Ratio to Family Medicine

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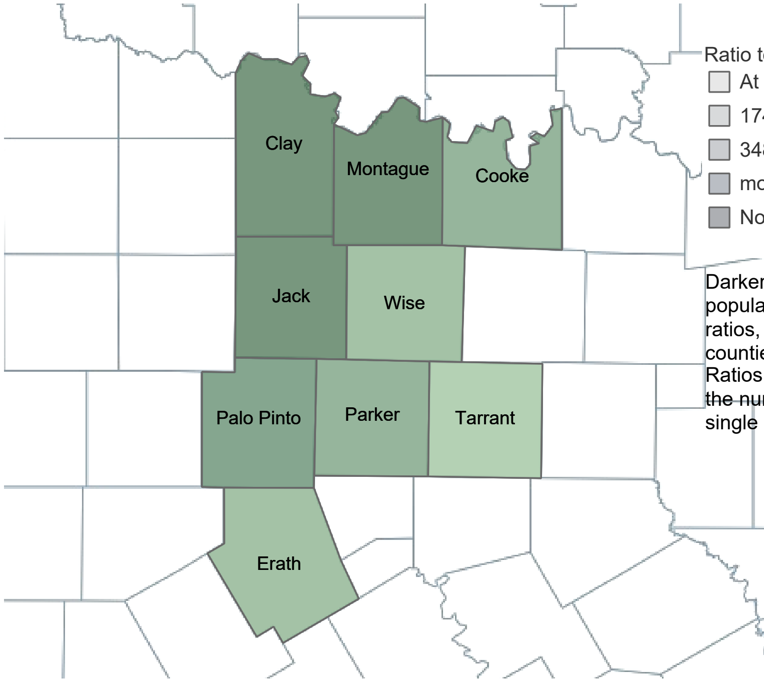
Catchment Area for Texas Tech University Health Sciences Center (2/2)

TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Howard	5,555	2	6	3,909	1,303
Hutchinson	4,008	1	4	5,443	1,361
Irion	251	0	0		
Jones	2,543	0	5		682
Kent	116	0	0		
King	57	0	0		
Knox	709	0	0		
Lamb	2,686	0	3		1,219
Lipscomb	668	0	0		
Lubbock	52,637	48	98	1,527	748
Lynn	1,162	0	3		525
Martin	1,281	0	3		596
Midland	34,010	21	27	2,346	1,825
Mitchell	1,282	0	4		438
Moore	4,732	0	6		1,146
Motley	187	0	0		
Nolan	2,792	1	7	3,855	551
Ochiltree	2,293	0	4		788
Oldham	428	0	0		
Parmer	2,030	0	1		2,820
Potter	23,535	16	45	2,053	730
Randall	23,711	5	24	6,500	1,354
Reagan	800	0	2		546
Roberts	162	0	0		
Runnels	1,767	0	6		388
Scurry	3,088	0	9		473
Shackelford	576	0	2		374
Sherman	659	0	0		
Stephens	1,534	0	5		408
Sterling	264	0	0		
Stonewall	224	0	1		303
Swisher	1,410	0	4		469
Taylor	23,884	20	39	1,699	871
Terry	2,402	0	3		1,126
Throckmorton	225	0	1		298
Tom Green	20,235	20	40	1,412	706
Upton	786	0	1		1,083
Wheeler	957	0	1		1,301
Wichita	21,290	16	58	1,854	511
Wilbarger	2,097	0	4		712
Yoakum	2,033	0	1		2,797
Young	3,234	1	15	4,331	289
Grand Total	358,139	182	575	59,018	52,564

Ratio of child population to pediatrician



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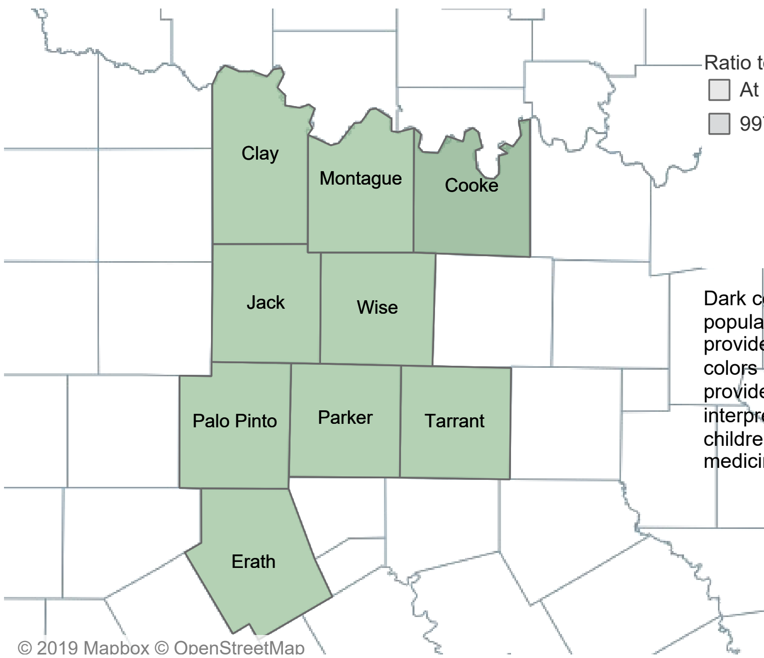
Ratio of child population to family medicine & family practice



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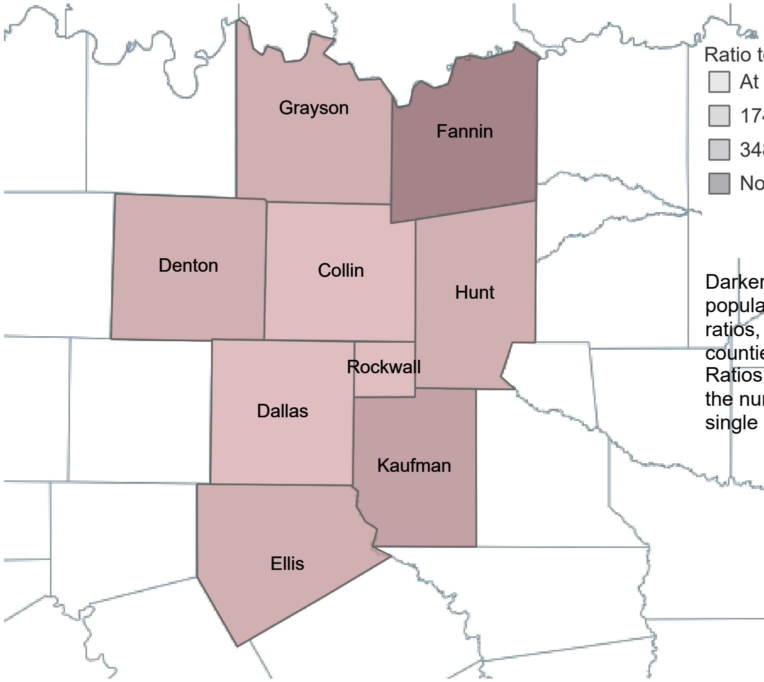
Catchment Area for University of North Texas Health Science Center

TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Clay	1,614	0	4		525
Cooke	6,907	2	9	4,843	1,076
Erath	6,292	3	11	2,902	792
Jack	1,440	0	4		481
Montague	3,279	0	5		891
Palo Pinto	4,940	1	9	6,711	746
Parker	25,666	9	41	3,818	838
Tarrant	402,548	326	602	1,684	912
Wise	12,628	5	20	3,384	846
Grand Total	465,314	346	705	23,343	7,106

Ratio of child population to pediatrician



Ratio to Pediatricians
- At or below 1743.6
- 1743.7 to 3487.2
- 3487.3 to 5230.8
- No Pediatricians

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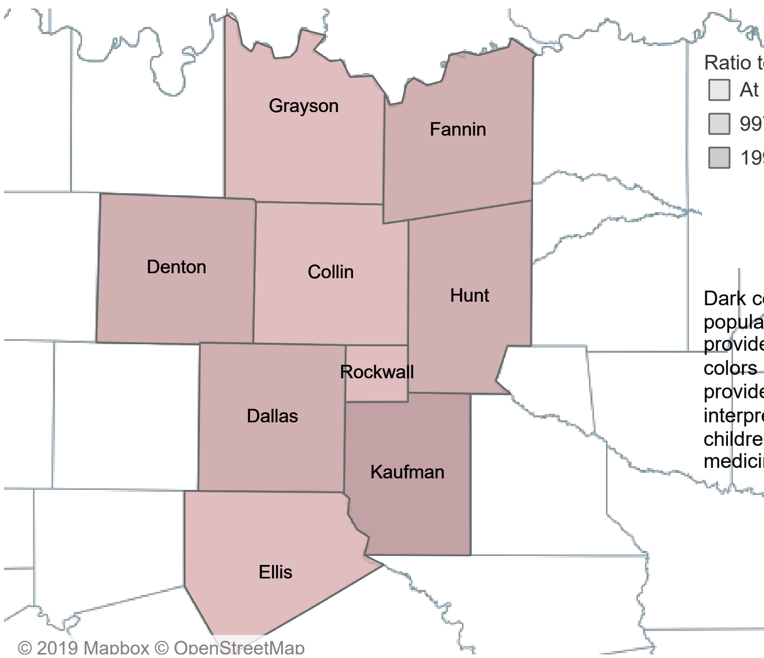
Ratio of child population to family medicine & family practice



Ratio to Family Medicine
- At or below 997.18
- 997.19 to 1994.36
- 1994.37 to 2991.54

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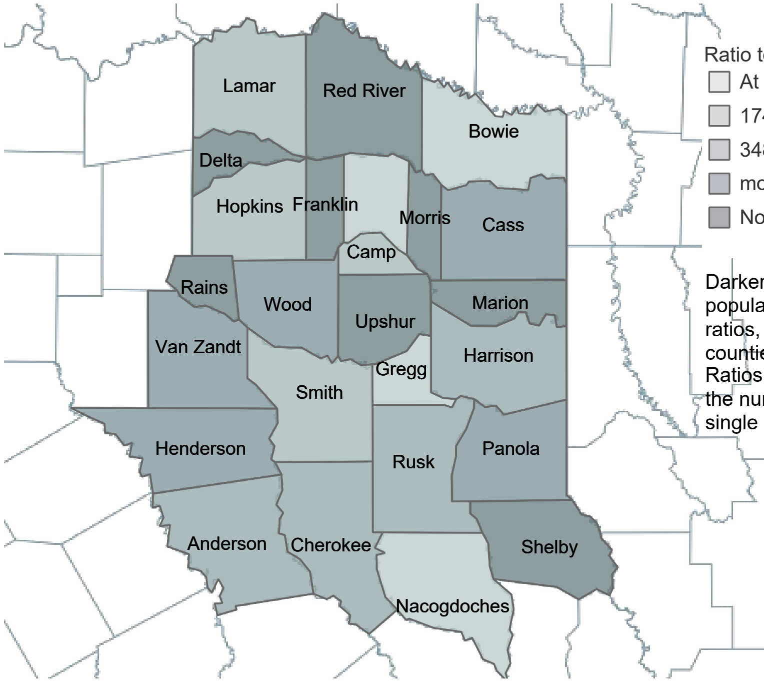
Catchment Area for University of Texas Southwestern Medical Center

TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Collin	198,246	212	281	1,229	927
Dallas	492,782	432	617	1,597	1,118
Denton	158,037	95	202	2,232	1,049
Ellis	35,748	14	49	3,425	979
Fannin	5,705	0	7		1,083
Grayson	23,247	14	41	2,274	777
Hunt	16,959	9	23	2,576	1,008
Kaufman	26,186	9	17	3,962	2,097
Rockwall	20,812	20	33	1,358	823
Grand Total	977,722	805	1,270	18,651	9,860

Ratio of child population to pediatrician



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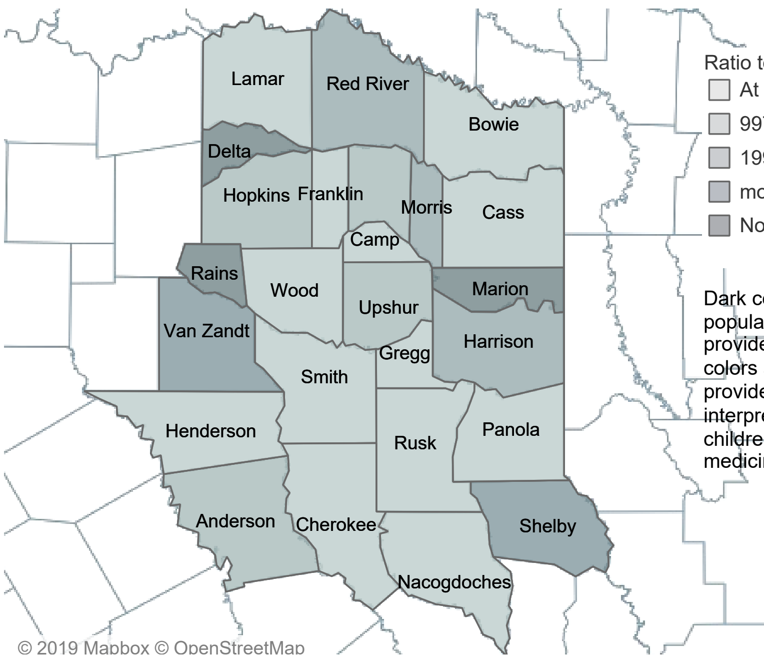
Ratio of child population to family medicine & family practice



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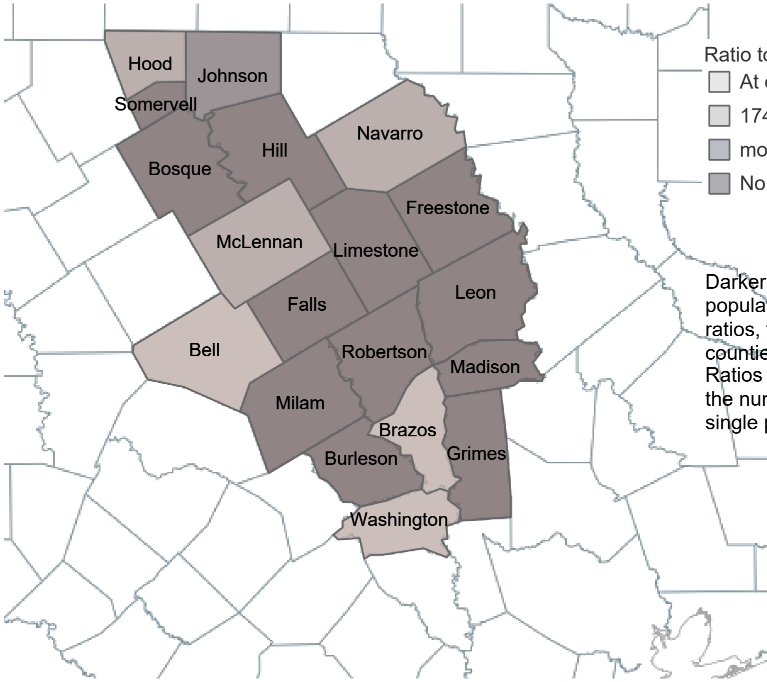
Catchment Area for The University of Texas Health Science Center at Tyler

TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Anderson	8,089	3	10	3,702	1,111
Bowie	16,275	14	33	1,599	679
Camp	2,488	1	5	3,463	693
Cass	5,002	1	11	6,802	618
Cherokee	9,626	3	16	4,457	836
Delta	874	0	0		
Franklin	1,947	0	3		842
Gregg	23,116	26	33	1,229	968
Harrison	12,564	4	6	4,216	2,811
Henderson	13,088	1	34	17,724	521
Hopkins	6,685	4	7	2,267	1,295
Lamar	8,481	6	13	1,972	910
Marion	1,349	0	0		
Morris	2,113	0	1		2,814
Nacogdoches	10,978	10	24	1,524	635
Panola	4,037	1	6	5,401	900
Rains	1,844	0	0		
Red River	1,792	0	1		2,429
Rusk	9,056	3	13	4,037	932
Shelby	4,756	0	1		6,560
Smith	40,691	31	104	1,825	544
Titus	6,927	8	8	1,197	1,197
Upshur	7,386	0	5		1,963
Van Zandt	9,630	2	4	6,461	3,231
Wood	6,470	1	19	8,672	456
Grand Total	215,264	119	357	76,549	32,945

Ratio of child population to pediatrician



Ratio to Pediatricians
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- 1743.7 to 3487.2
- more than 5230.8
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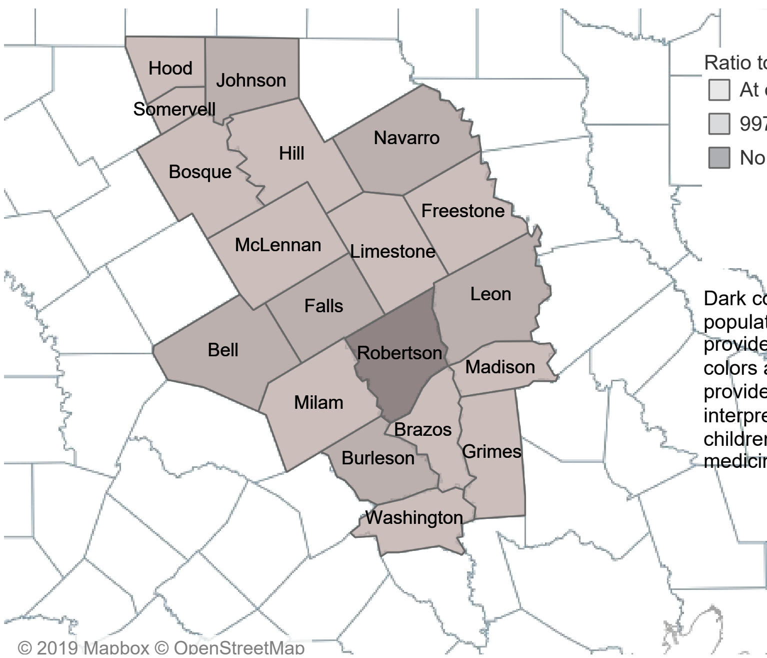
Ratio of child population to family medicine & family practice



Ratio to Family Medicine
- At or below 997.18
- 997.19 to 1994.36
- No Family Practice

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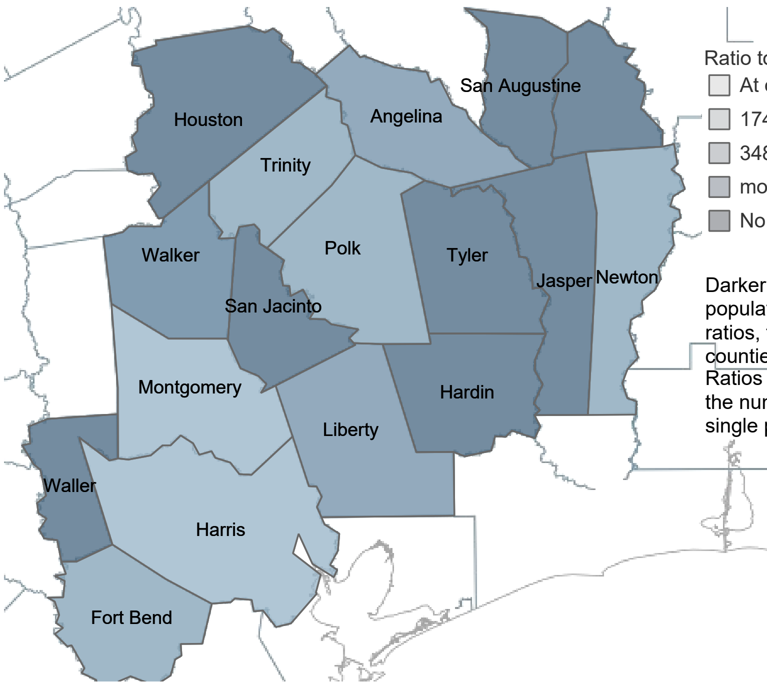
Catchment Area for Texas A&M University System Health Science Center

TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Bell	68,474	81	89	1,216	1,107
Bosque	3,000	0	6		672
Brazos	32,769	34	102	1,373	458
Burleson	2,941	0	4		1,020
Falls	2,566	0	2		1,807
Freestone	3,384	0	5		905
Grimes	4,673	0	10		637
Hill	6,343	0	10		850
Hood	9,489	5	14	2,581	922
Johnson	33,105	8	31	5,568	1,437
Leon	2,831	0	2		1,943
Limestone	3,792	0	12		439
Madison	2,272	0	6		509
McLennan	45,128	29	119	2,168	528
Milam	4,607	0	7		884
Navarro	9,431	5	13	2,628	1,011
Robertson	3,017	0	0		
Somervell	1,567	0	9		224
Washington	5,582	5	16	1,524	476
Grand Total	244,971	167	457	17,057	15,826

Ratio of child population to pediatrician



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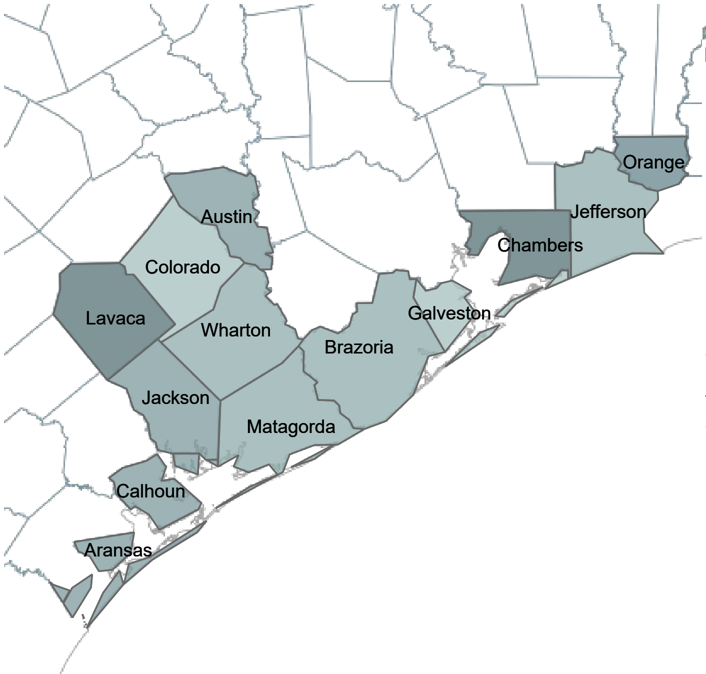
Ratio of child population to family medicine & family practice

Dark colors are worse child population to Family Medicine provider ratios. The darkest colors are counties without a provider. The ratio can be interpreted as the number of children to a single family medicine provider.

Catchment Area for Baylor College of Medicine & The University of Texas Health Science Center at Houston

TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Angelina	16,329	6	32	3,713	696
Fort Bend	161,851	113	181	1,916	1,196
Hardin	10,330	0	6		2,343
Harris	896,802	971	1,090	1,289	1,148
Houston	3,386	0	5		920
Jasper	6,402	0	12		718
Liberty	16,645	5	11	4,574	2,079
Montgomery	115,580	101	179	1,542	870
Newton	2,101	1	2	2,782	1,391
Polk	7,375	4	11	2,522	917
Sabine	1,459	0	3		661
San Augustine	1,207	0	2		814
San Jacinto	4,593	0	4		1,549
Trinity	2,172	1	1	2,954	2,954
Tyler	3,149	0	4		1,046
Walker	7,807	1	15	10,927	728
Waller	9,371	0	3		4,299
Grand Total	1,266,559	1,203	1,561	32,219	24,329

Ratio of child population to pediatrician



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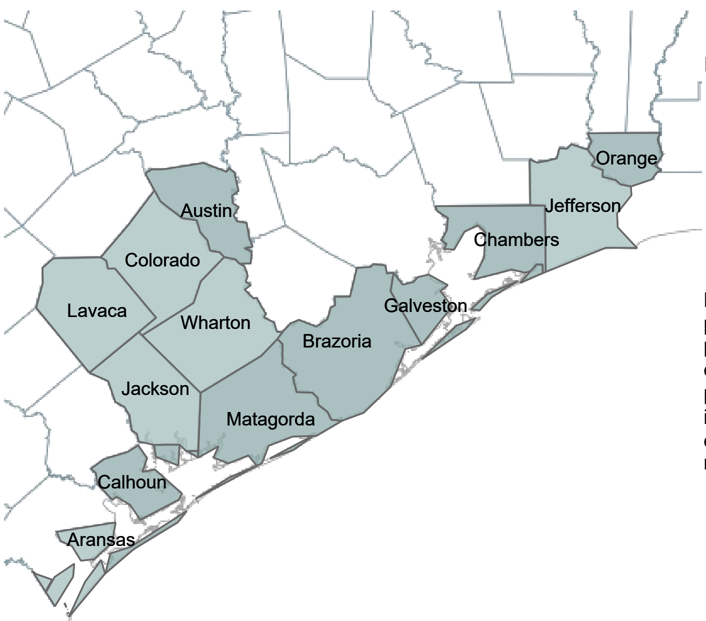
Catchment Area for University of Texas Medical Branch at Galveston

TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Aransas	3,031	1	7	4,172	596
Austin	5,361	2	4	3,565	1,782
Brazoria	72,180	56	75	1,749	1,306
Calhoun	3,791	1	5	5,217	1,043
Chambers	8,879	0	6		1,981
Colorado	3,474	3	11	1,613	440
Galveston	60,357	47	80	1,742	1,024
Jackson	2,762	1	7	3,784	541
Jefferson	43,453	27	66	2,266	927
Lavaca	3,555	0	11		432
Matagorda	6,701	4	7	2,331	1,332
Orange	15,039	3	15	6,921	1,384
Wharton	7,903	4	11	2,688	977
Grand Total	236,486	149	305	36,048	13,765

Ratio of child population to family medicine & family practice



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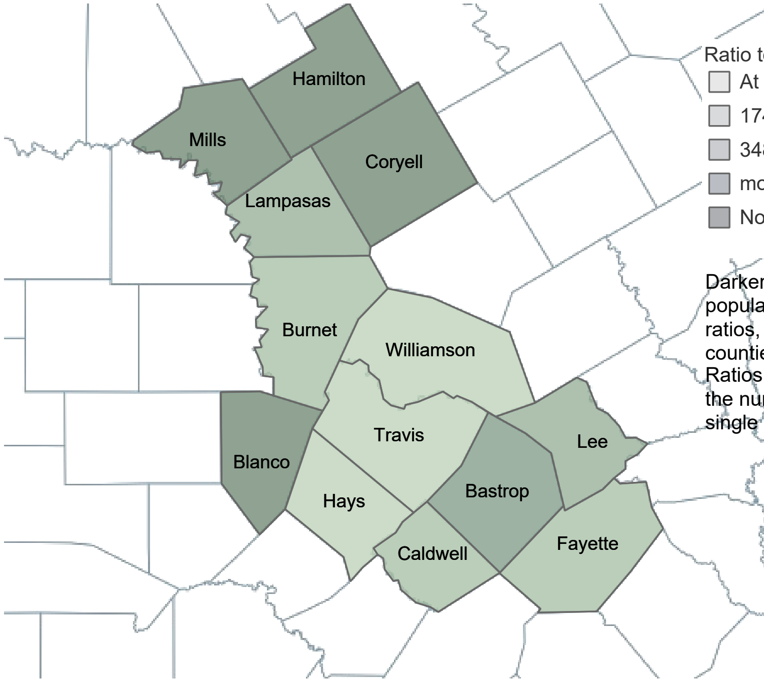

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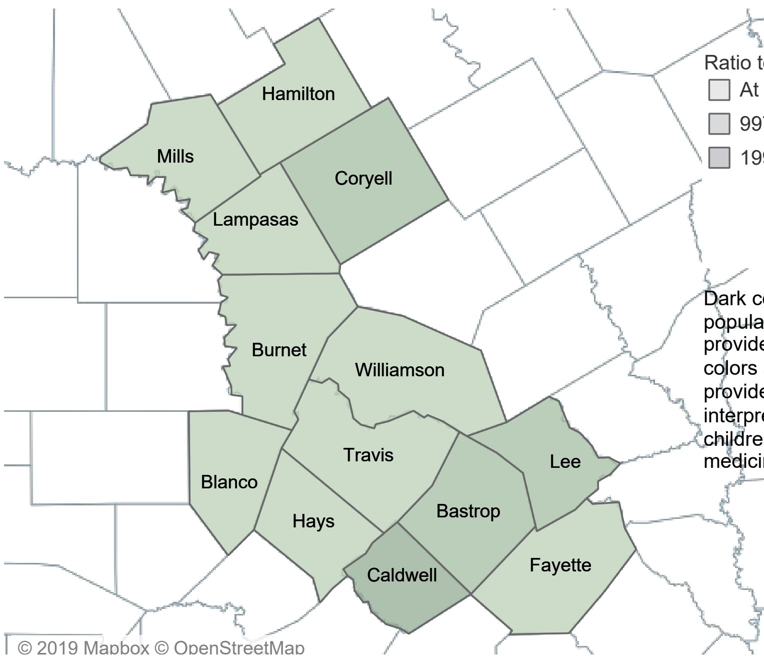
Ratio of child population to family medicine & family practice



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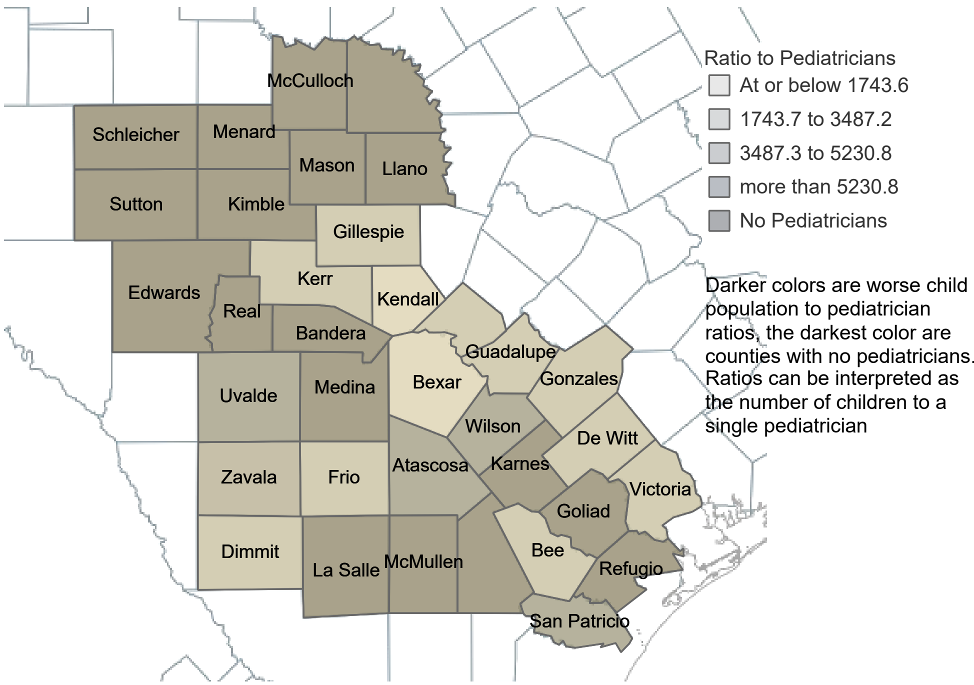
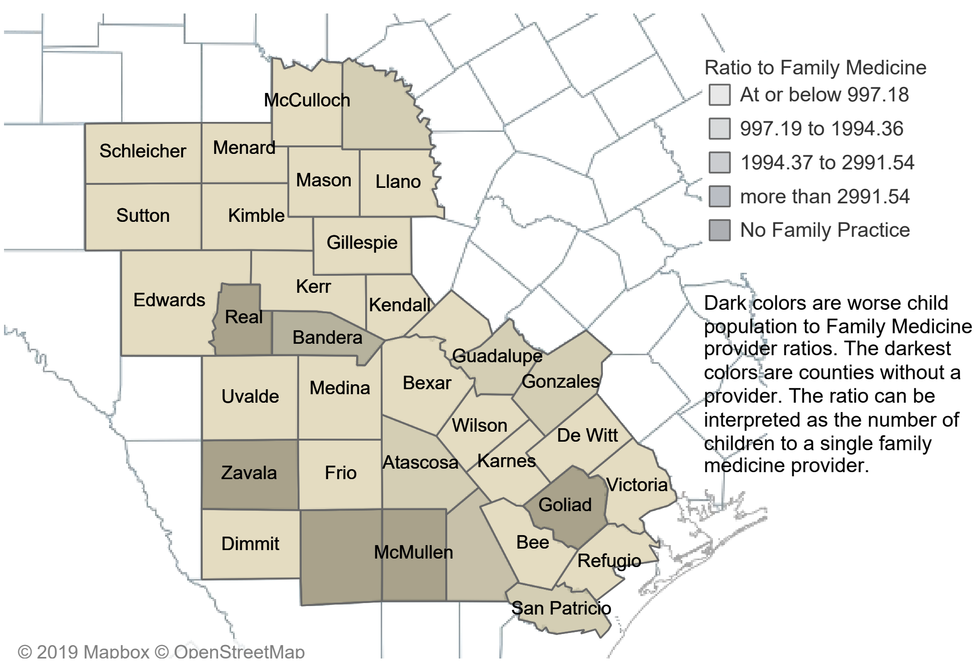
Catchment Area for Dell Medical School at The University of Texas at Austin

TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Bastrop	16,195	3	17	7,372	1,301
Blanco	1,624	0	4		534
Burnet	7,509	5	13	2,034	782
Caldwell	7,544	3	5	3,434	2,061
Coryell	11,945	0	15		1,137
Fayette	3,841	2	11	2,556	465
Hamilton	1,359	0	10		187
Hays	37,276	33	56	1,551	914
Lampasas	3,540	1	8	4,692	587
Lee	2,760	1	2	3,750	1,875
Mills	785	0	2		504
Travis	192,290	257	429	1,053	631
Williamson	108,421	103	166	1,410	875
Grand Total	395,089	408	738	27,853	11,852

Ratio of child population to pediatrician



Ratio of child population to family medicine & family practice



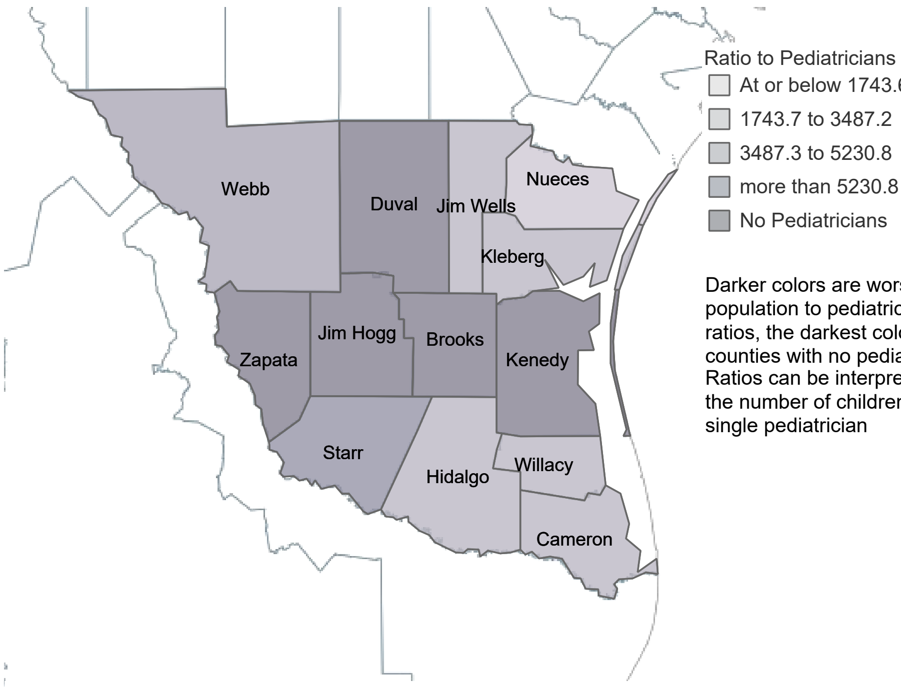
Catchment Area for The University of Texas Health Science Center at San Antonio

TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Atascosa	10,054	2	13	6,863	1,056
Bandera	2,863	0	1		3,812
Bee	4,968	2	9	3,432	763
Bexar	365,971	357	546	1,422	930
Comal	25,044	13	54	2,590	624
Dewitt	3,253	2	9	2,264	503
Dimmit	2,221	1	4	2,996	749
Edwards	311	0	1		436
Frio	3,311	2	7	2,287	653
Gillespie	4,008	2	16	2,675	334
Goliad	1,196	0	0		
Gonzales	4,096	2	5	2,811	1,124
Guadalupe	30,759	15	25	2,735	1,641
Karnes	2,406	0	5		669
Kendall	8,185	7	23	1,501	457
Kerr	7,328	3	19	3,354	530
Kimble	576	0	2		383
La Salle	1,060	0	0		
Live Oak	1,764	0	1		2,420
Llano	2,405	0	8		420
Mason	649	0	1		895
McCulloch	1,349	0	6		295
McMullen	107	0	0		
Medina	8,687	0	12		979
Menard	287	0	1		378
Real	432	0	0		
Refugio	1,144	0	3		532
San Patricio	12,998	1	13	17,900	1,377
San Saba	906	0	1		1,218
Schleicher	594	0	1		744
Sutton	656	0	1		896
Uvalde	5,301	1	13	7,260	558
Victoria	16,983	13	31	1,795	753
Wilson	9,032	1	17	12,048	709
Zavala	2,587	1	0	3,506	
Grand Total	543,491	425	848	77,436	26,837

Catchment Area for The University of Texas Rio Grande Valley School of Medicine

TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Brooks	1,423	0	1		2,013
Cameron	94,182	68	59	1,890	2,179
Duval	2,003	0	0		
Hidalgo	204,636	127	182	2,220	1,549
Jim Hogg	1,190	0	0		
Jim Wells	8,280	4	10	2,837	1,135
Kenedy	103	0	0		
Kleberg	5,424	4	8	1,885	943
Nueces	64,544	84	132	1,059	674
Starr	14,930	4	10	5,304	2,121
Webb	64,955	22	40	4,129	2,271
Willacy	3,707	2	5	2,544	1,018
Zapata	3,413	0	0		
Grand Total	468,790	315	447	21,868	13,902

Ratio of child population to pediatrician



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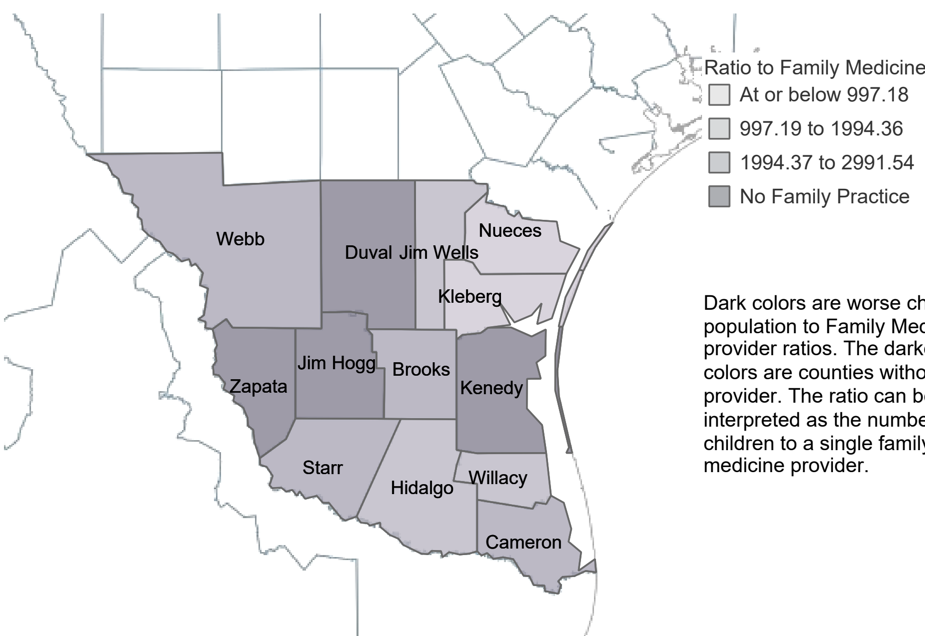
Ratio of child population to family medicine & family practice



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CPAN Workgroup Update: October 28, 2019

Laurel L. Williams, DO

Sarah L. Martin, MD

CPAN Workgroup


MAKING GOOD TACTICAL PLANS
STRATEGY
TACTICS
PLAN
Study.com

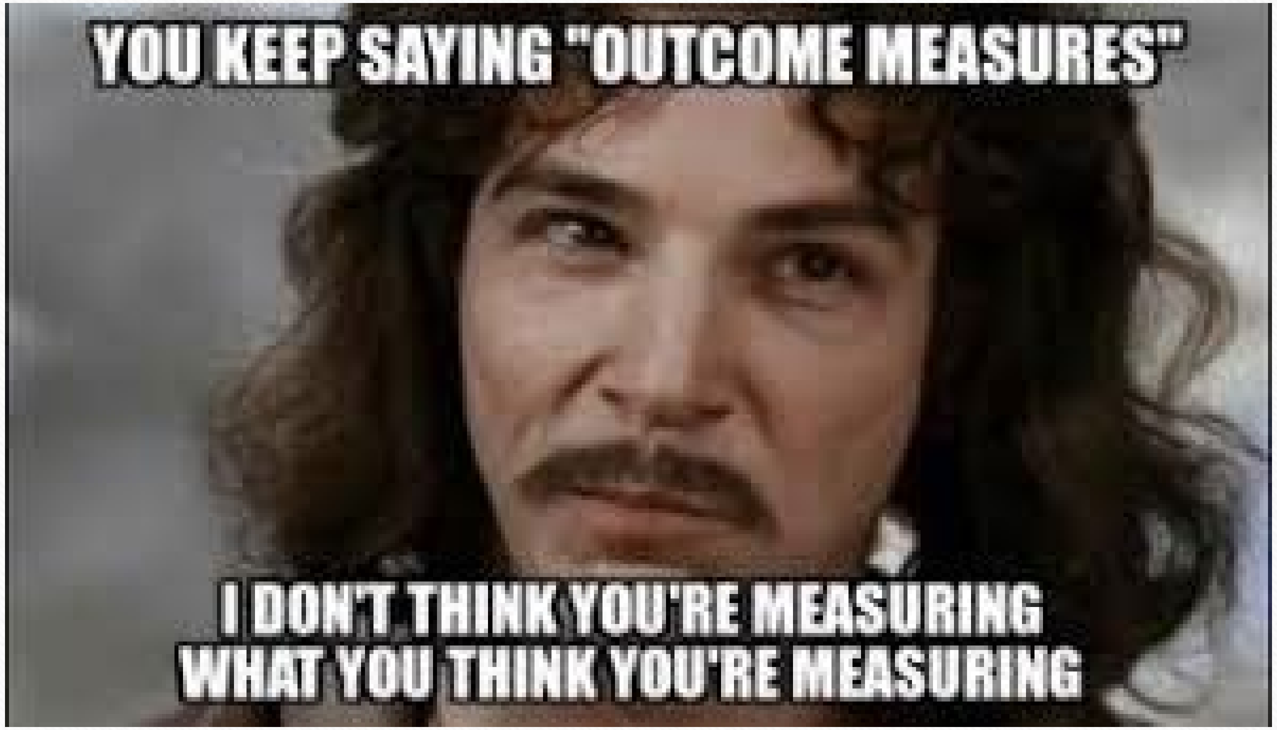
Thanks to our Workgroup Team!

- We have met a total of 7 times since the consortium formed
- We have two end user groups engaged in the work group, Texas Pediatric Society- Nhung Tran, MD and Tom Banning, Texas Academy of Family Physicians. Dr. Tran especially has been extremely helpful
- The following represents the workgroup updated recommendations to the consortium

Outline

- CPAN Finalized Metrics
- Central Hub Outline + Budget; Individual Hub Budgets
- Telephone System
- Data Collection

CPAN Metrics



Metrics

- Finalized metrics- per recommendations from last consortium meeting
  - Fewer metrics
  - Still tracking a lot of data but not all are for metrics
- Phone being answered
  - First call within 5 minutes
  - For the PCP to get assistance within 30 minutes


ONE RING
TO RULE THEM ALL
imgflip.com

Central Hub Costs

- Central Project Coordinator (thru Lakey team)
  - Write Reports, Analysis
- Central Website (thru Lakey team)
- Marketing to share statewide
- Educational Content for Website to be developed thru Workgroup
- State-wide Telephone System
- State-wide Data Management System
- Medical Director (recommended 0.4 FTE)
  - Selection process TBD by Consortium??

Proposed CPAN Central Budget

Central CPAN Year 1					
Title	Responsibility	Qty	Base	Fringe	Total
Asst/Assoc Prof	Medical Director	0.40	$ 250,000	25%	$ 125,000.00
Admin	Proj Coordinator	1.00	$ 65,000	30%	$ 84,500.00
Admin	Reporting Analyst	1.00	$ 80,000.00	30%	$ 104,000.00
Sec	*Admin Assistant*	0.50	$ 50,000	30%	$ 32,500.00
					$ -
		Subtotal Salary			$ 346,000
Item Description		Qty	Unit	Amt Per Unit	Total
BUILD Data Mgmt Platform		1		$ 150,000	$ 150,000.00
Marketing		1	Yr	$ 50,000	$ 50,000.00
Printing		1	Yr	$ 20,000.00	$ 20,000.00
Phone system		1	Yr		$ -
Web Presence		1	Yr	$ 20,000.00	$ 20,000.00
		Subtotal SSO			$ 240,000.00
Central CPAN Year 1					**$ 586,000**

Central CPAN Year 2					
Title	Responsibility	Qty	Base	Fringe	Total
Asst/Assoc Prof	Medical Director	0.40	$ 250,000	25%	$ 125,000.00
Admin	Proj Coordinator	1.00	$ 65,000	30%	$ 84,500.00
Admin	Reporting Analyst	1.00	$ 80,000.00	30%	$ 104,000.00
Sec	*Admin Assistant*	0.50	$ 50,000	30%	$ 32,500.00
					$ -
		Subtotal Salary			$ 346,000
Item Description		Qty	Unit	Amt Per Unit	Total
BUILD Data Mgmt Platform					
Marketing		1	Yr	$ 25,000	$ 25,000.00
Printing		1	Yr	$ 20,000.00	$ 20,000.00
Phone system		1	Yr		$ -
Web Presence		1	Yr	$ 20,000.00	$ 20,000.00
		Subtotal SSO			$ 65,000.00
Central CPAN Year 2					**$ 411,000**

Proposed Individual Hub Costs

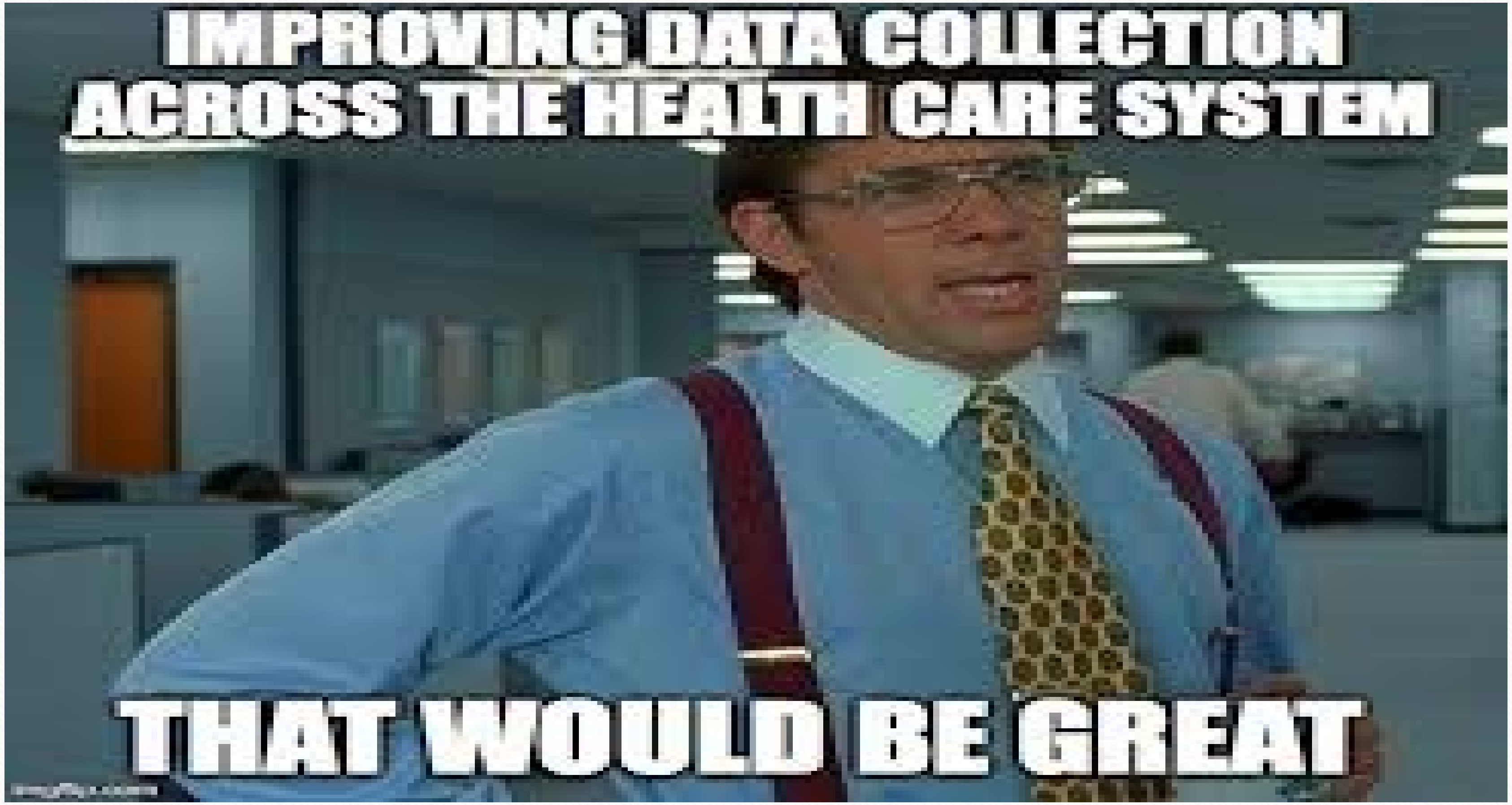
Sum of Cost	Column Labels						
	Y1		Y1 Total	Y2		Y2 Total	Grand Total
Row Labels	Salaries	SSO		Salaries	SSO		
BCM	$814,950	$429,480	$1,244,430	$1,079,025	$252,325	$1,331,350	**$2,575,780**
Dell	$662,475	$270,298	$932,773	$964,975	$297,248	$1,262,223	**$2,194,996**
TAMU	$705,150	$248,930	$954,080	$693,450	$217,860	$911,310	**$1,865,390**
TTUHSC	$781,800	$291,630	$1,073,430	$918,550	$258,910	$1,177,460	**$2,250,890**
TTUHSC ELP	$450,000	$199,500	$649,500	$800,000	$202,500	$1,002,500	**$1,652,000**
UTHSCH	$1,035,350	$254,200	$1,289,550	$1,356,950	$230,700	$1,587,650	**$2,877,200**
UTHSCSA	$847,450	$231,815	$1,079,265	$1,093,550	$211,780	$1,305,330	**$2,384,595**
UTHSCT	$452,000	$181,090	$633,090	$600,450	$154,365	$754,815	**$1,387,905**
UTMB	$744,100	$250,400	$994,500	$994,525	$228,125	$1,222,650	**$2,217,150**
UTRGV	$939,750	$381,040	$1,320,790	$1,252,250	$173,740	$1,425,990	**$2,746,780**
UTSW	$1,291,502	$404,755	$1,696,257	$2,587,193	$549,735	$3,136,928	**$4,833,185**
Grand Total	**$8,724,527**	**$3,143,138**	**$11,867,665**	**$12,340,918**	**$2,777,288**	**$15,118,206**	**$26,985,871**


THAT'S RIGHT, DEAR.
OUR ANCESTORS
HAD TAILS.

Telephone System

- Review of needs for phone
  - *1 Number that links all Individual Hubs- How big a PRIORITY IS THIS ???*
  - Roll over to other hub if needed
  - Data collection (number of calls, dropped calls, ave. length of call
  - Phone equipment vs. Computer Based Calls
  - Equipment at local level- costs to co in local hub budgets
- 8x8 Phone System-
  - Cannot do one number for entire state
  - Costs may be lower
- Lantana Phone System
  - Can Do one number for entire state
  - Costs may be higher as a result


I FIND YOUR LACK OF QUALITY
DISTURBING
memegenerator.net


IMPROVING DATA COLLECTION
ACROSS THE HEALTH CARE SYSTEM
THAT WOULD BE GREAT

Data Management System

Year 1	RedCap	Qualtric	Trayt
Personal Costs	$ 782,000.00	$ 269,000.00	$ 100,000.00
System Build Year 1	$ -		$ 150,000.00
Data Storage/License/Tech Support	$ 130,045.00	?	$ 180,000.00
Data Analysis	$ 104,000.00	$ 104,000.00	
Connection to TCHATT	No	No	$ 40,000.00
Patient Engagement	No	No	Yes
Estimated costs	$ 1,016,045.00	$ 234,000.00	$ 430,000.00

Year 2	RedCap	Qualtric	Trayt
Personal Costs	$ 782,000.00	$ 269,000.00	$ 100,000.00
Data Storage/License/Tech Support	$ 130,045.00	?	$ 180,000.00
Data Analysis	$ 104,000.00	$ 104,000.00	
Connection to TCHATT	No	No	Yes
Patient Engagement	No	No	Yes
Estimated costs	$ 1,016,045.00	$ 373,000.00	$ 280,000.00

Qualtric does not give out pricing without starting a quote- so the pricing will go up for Qualtric

Trayt storage and tech support 15k per hub per 100,000 lives

Trayt one time cost to connect CPAN and TCHATT- hubs that connect costs 20k per year

RedCap and Qualtric cannot do patient engagement which will provide an unparalleled method to assess for outcomes to CPAN


SOOOOO...
ANY QUESTIONS?

TCHATT WORK GROUP DISCUSSION

Budget, Metrics, Next Steps

TCHATT WORK GROUP DISCUSSION

12 HRIs submitted budgets to the Presiding Office of the TCMHCC.

4 HRIs will be expanding existing programs as soon as funding is available.

7 HRIs will begin a planning phase with additional funding requested for programming to begin in the 2020-2021 school year.

The total ask in for the budget inclusive of both years is $25-30 million

There will need to be additional funding to further expand this programming in the future.

The first goal is to have all Senate districts included.

BUDGET DISCUSSION POINTS

1. 20 months v. 24 months
2. What can be purchased in the 1st year to offset 2nd year costs?

METRICS DISCUSSION POINTS

1) Number of school districts served

2) Texas Senate regions of school districts served

3) Number of schools served

4) Number of students able to access care (covered lives)

5) Number of students referred for specialized child and adolescent psychiatry evaluation

6) Number of students referred for longer term ongoing care (to outside services)

7) Year-end data from partner schools for their total number of students (not just students in the TCHATT program):

a. citations issued for Class C misdemeanor,
b. arrests,
c. incidents of uses of restraint,
d. change in school environment to juvenile justice alternative education,
e. change in school environment to disciplinary alternative education,
f. placement in in-school suspension,
g. placement in out-of-school suspension,
h. incidents of expulsion,
i. unexcused absences,
j. referrals to juvenile court for truancy.

TCHATT WORK GROUP NEXT STEPS

Development of Resource Guide

Participation in TEA/ESC development of Referral Programs List

RESOURCE GUIDE DOCUMENTS

Orientation materials for parents/families/student regarding purpose, format, and process of TCHATT services: Nidia Heston, Danielle Wesley

Marketing to schools (panel presentations, one pagers, etc): Julie Wayman, Danette Castle

Contract/MOUs: Danielle Wesley, Alex Vo

Informed Consent: Alex Vo, Danielle Wesley

Information sharing/information release documents: Julie Wayman, Nidia Heston

Referral Procedures (including coordination with any current clinician): Monica Thyssen, Nidia Heston, Danette Castle will talk with Lela from Children's Special Interest Group, Julie Wayman will identify a TEA rep to contribute

Guidelines for billing 3rd party insurance: Monica Thyssen

Ryan Haight Act: Sarah Wakefield, Karen Wagner

Risk stratification and crisis protocol: Sarah Wakefield, Karen Wagner

CONTINUED QUESTIONS

Work group members agreed that TCHATT services should not exclude students who are already receiving mental health care services. This would put an unfair burden on schools to decide what students are receiving adequate services. There was clear agreement that there should be a mandate and guideline for coordination with existing clinical service providers with parent approval.

Work group members discussed and agreed that there should be a process for occasional exceptions for continued care longer term that 2 months if there is no available resource to refer in order to avoid abandonment/ethical violations and potential medical board violations. Alex and Sarah will continue discussion with Dr. Lakey regarding this for further Consortium discussion.

Community Psychiatry Workforce Expansion

		FY 2020-2021					
HRI	Comment	Faculty FTE	Faculty Costs	Resident FTE	Resident Costs	Other costs	SUBTOTAL
Baylor		0.50	$ 148,875	0.00	$ -	$ 6,500	$ 155,375
TAMU		1.00	$ 379,500	2.00	$ 160,000	$ -	$ 539,500
Texas Tech El Paso		0.50	$ 189,750	1.00	$ 80,000	$ 6,000	$ 275,750
Texas Tech Lubbock	Planning only in Year 1, no funds needed for residents	0.00	$ 79,950	0.00	$ -	$ 34,252	$ 114,202
UNT	Funds general residents, 3 days a week at LMHA seeing adults, child done at other UNT sites	1.00	$ 329,625	2.00	$ 160,000	$ -	$ 489,625
UT Health Houston		2.00	$ 759,000	4.00	$ 320,000	$ 38,258	$ 1,117,258
UT Health San Antonio		1.75	$ 664,125	3.50	$ 280,000	$ 20,000	$ 964,125
UT RVG		2.00	$ 763,000	4.00	$ 310,000	$ 75,400	$ 1,148,400
UT Tyler		1.00	$ 379,500	2.00	$ 160,000	$ 13,500	$ 553,000
UTMB		1.00	$ 378,456	1.00	$ 73,193	$ 11,450	$ 463,099
UTSW		1.00	$ 362,096	2.00	$ 193,076	$ 90,284	$ 645,456
		11.75		21.50			**$ 6,465,790**

FY 2021-2022					
Faculty FTE	**Faculty Costs**	**Resident FTE**	**Resident Costs**	**Other costs**	**SUBTOTAL**
0.50	$ 148,875	0.00	$ -	$ 6,500	$ 155,375
1.00	$ 379,500	2.00	$ 160,000	$ -	$ 539,500
1.00	$ 379,500	2.00	$ 160,000	$ -	$ 539,500
0.50	$ 149,500	1.00	$ -	$ 83,401	$ 232,901
1.00	$ 329,625	4.00	$ 320,000	$ -	$ 649,625
2.00	$ 759,000	4.00	$ 320,000	$ 38,258	$ 1,117,258
1.75	$ 664,125	3.50	$ 280,000	$ 20,000	$ 964,125
2.00	$ 763,000	4.00	$ 310,000	$ 75,400	$ 1,148,400
1.00	$ 379,500	2.00	$ 160,000	$ 13,500	$ 553,000
1.00	$ 378,456	2.00	$ 146,385	$ 11,450	$ 536,291
1.00	$ 362,096	2.00	$ 193,076	$ 66,103	$ 621,275
12.75		26.50			**$ 7,057,250**

HRI	LMHA	Youth Population	LMHA Child Caseload	Populations with SED	Faculty FTE 20-21	Resident FTE 20-21	Faculty FTE 21-22	Resident FTE 21-22
Baylor	Harris Center	896,802	5,398	62,988	0.50	0.00	0.50	0.00
TAMU	MHMR Brazos	54,085	472	3,805	1.00	2.00	1.00	2.00
Texas Tech El Paso	Emergence	164,964	1,434	12,545	0.20	0.33	0.33	0.66
Texas Tech El Paso	Alivana	na	na	na	0.15	0.33	0.33	0.67
Texas Tech El Paso	El Paso Child Guidance Center	na	na	na	0.15	0.34	0.33	0.67
Texas Tech Lubbock	TBD	na	na	na	0.00	0.00	0.50	1.00
UNT	Tarrant MHMR	402,548	2,568	27,075	1.00	2.00	1.00	4.00
UT Tyler	Andrews Center	72,597	1,058	4,979	1.00	2.00	1.00	2.00
UTH	Harris Center	896,802	5,398	62,988	1.00	2.00	1.00	2.00
UTH	Texana	194,661	1,241	12,355	1.00	2.00	1.00	2.00
UTMB	Gulf Coast Center	132,537	474	8,543	1.00	1.00	1.00	2.00
UTRGV	Coastal Plains	39,994	995	3,111	0.50	1.00	0.50	1.00
UTRGV	Nueces Beh Health Center	64,544	661	4,719	0.50	1.00	0.50	1.00
UTRGV	Tropical Texas	302,525	6,560	23,753	1.00	2.00	1.00	2.00
UTSA	Gulf Bend Center	32,684	296	2,379	0.25	0.50	0.25	0.50
UTSA	Hill Country	116,560	1,560	8,010	0.50	1.00	0.50	1.00
UTSA	CHCS	365,971	2,590	25,690	1.00	2.00	1.00	2.00
UTSW	Metrocare	492,782	12,867	34,363	1.00	2.00	1.00	2.00
					11.75	21.50	12.75	26.50

Metrics

- Process metrics

  - FTE of faculty and residents assigned to the LMHA or community agency
  - Number of visits seen per quarter
  - Number of unique patients seen per quarter
  - Ratio of child/total patients seen
  - Change in child/adolescent waitlist to get services

- Outcome Metrics

  - A long term outcome would be the number of residents who rotate through the LMHA who become LMHA psychiatrists
  - There was a discussion of what type of simple clinical outcome measures (rating scales) could track improvement in the clients. It was decided to ask the Consortium if the research Workgroup could address this issue. There was also a discussion as to what data the LMHA's are already gathering that might be harnessed for this purpose.