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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

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I. Call to order and welcome

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

II. Roll call

30 Executive Committee members attended. See Appendix I. Luanne Southern introduced as new Executive Director for TCMHCC in order to fulfill UT System Administration's oversight role.

III. Review and approve minutes from October 4th meeting

The minutes were reviewed.

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

Question raised whether a member of the executive committee would want to be on the coordinating council. Council meets once a month and sometimes has telephone meetings. Dr. Newlin volunteered.

➔ **Dr. Wakefield nominated Dr. Newlin to be the TCMHCC Representative on the Statewide Behavioral Health Coordinating Council and Dr. Williams seconded. The nomination was unanimously approved.**

Discussed fact that Dr. Lakey and/or the new Executive Director, Luanne Southern, could participate in meetings. However, when multiple entities from one agency/body are present and voting occurs, the agency only gets one vote.

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

No closed session was held.

VII. Workgroup discussions

Overall Budget

Key Discussions:

- Need to keep year 2 at around $50M in ongoing costs.
- Discussed proposed quarterly distribution approach. Issue raised around needing funds up front in order to get boots on the ground right away. Committee was assured that institutions will get the money they need to move forward on the initiatives.
- Discussed fact that year 1 will be 8 months at most. Budgets should reflect the fact that work won't begin until part-way through the year.
- Discussed that central costs (like the Hub) are not built into project budgets.
- Discussed process for next year's budget. Next session the Consortium will be held accountable for the work done, will participate in the legislative session, and the Legislature will decide on how much money to put into the Consortium. The expectation is that going into the next session the Consortium will lay out areas to expand and a budget decision will be made in May. The hope is that we provide added value to the State & they build us into the base budget.

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:

- Reviewed metrics. Had high targets initially & these were pulled back somewhat. →**Dr. Tamminga made motion to approve metrics. Dr. Wagner seconded. Metrics unanimously approved.**
- Discussed having a central website. Question raised whether there would be educational materials on the site for pediatricians that will help them with their practice. Suggestion made to look at the CAP website as it already has toolkits for pediatricians.
- Discussed what costs need to be included in the Hub budget – Medical director, website development, telephone system, data management system, statistical support, education, printing, etc.
- Discussed UT System's role: coordinating activities, pulling reports together, some central marketing.
- Discussed role of the Central Hub. Suggestion made to develop a workflow diagram to depict the relationship between the individual hubs and the central

hub. Individual hubs will coordinate with someone within the central hub and the central hub will ensure alignment and help resolve issues when they arise.

- Work is ongoing to get more comprehensive quotes for a central phone system and a data management system. Group is mindful that institutions may have their own systems and is thinking about how to get around this.
- Statistical support role within the budgets was discussed. If a decision is made to not have this as a central role, institutions may need to rethink their submitted budgets.
- More work needs to be done to define central responsibilities vs individual hub responsibilities. While everyone will want to do their own thing, it will be important to harmonize practice across the State.
- Discussed medical director role and allocation. A 40% allocation (.4 FTE) was discussed as a year 1 allocation that might go down to .2 or .3 after initial rollout.

➔ **Motion made by Dr. Podawiltz to have joint TCHATT / CPAN Medical Director to provide overall medical guidance. Dr. Liberzon seconded.**

- Discussed people's views on the importance of having a single telephone number. Massachusetts has separate numbers. A single number would help with marketing. Goal is to have people enrolled & associated with correct hub. Once past enrollment, the single number is no longer required. When they ring in, if they are registered, they will be automatically connected to the correct hub. Question was raised how people calling from cell phone numbers that don't reflect their location would be handled. This will need to be addressed with the Vendors. Once registered it shouldn't be a problem but may be a problem with the initial call. Could route calls from one hub to another if one hub was busy. Discussed that group may want to reach out to the Texas Poison center as they have a hub.
- Discussed requirement to go out for bids when procuring the telephone system. Requirements will need to be defined. It's unlikely that bids will be back by the November deadline, so will need to set aside sufficient funds when budgeting.
- Discussed need for a central database. Have looked at several options and estimate that Trayt could meet needs, but more discussions on the data analysis piece are needed. Like the telephone system, requirements need to be design and a formal procurement process will need to be followed.

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:

- Discussed Metrics:
  - 7 metrics were displayed. The first 6 have been there since the beginning. The 7th is information all schools (not just those participating in TCHATT) are now statutorily required to collect. They could potentially be used to help assess the program effectiveness. It was noted, however, that it's

possible that referrals at schools outside of the TCHATT schools will also go up as a result of increased awareness.

- ‗ Time from referral to being seen was discussed. Would want to look at time between when the school calls TCHATT & TCHATT contacts student.
- ‗ Need metric of students referred at all & then those that saw child psychiatrist
- ‗ Discussed the need for a measure that show how kids are being helped – grades, participation, absences, graduation rates. The problem is that these are all influenced by a number of different factors; TCHATT being only one of these.
- ‗ Number 5 - psychiatric evaluation by TCHATT. Discussed question of what if the psychiatric evaluation is not done by TCHATT. 5 & 6 could be how many students sent for evaluations (inside & outside). Number of students referred for evaluation, type of evaluation and provider type.
- ‗ Action Item: Workgroup to review metrics 5 & 6 against provided feedback and come back with final version next meeting for approval.
- Discussed the development of a resource guide to unify the existing programs & help facilitate those in the planning phases.
- SB11 direct that all schools have some way to assess & refer children that are of concern to them. TEA is developing a resource list & want to add TCHATT. The question was raised as to whether or not each different TCHATT site should be added or whether it should be added as a single resource. Discussed that expectations need to be managed around the program. It is in development and will not be in every school district.
- HB19 - allows for the provision of more training; there will be work with education training centers. Will have contract with school districts. They can add that to their list of things they're talking to the schools about.
- Question was raised whether there is a budget restriction for TCHATT. The group felt that if an institution can support more schools, then it should estimate for this and if cuts are required to stay within the overall budget, the Consortium should make this decision.
<<Action Item: Institutions to reassess their capacity and increase their budgets if they feel they can take on more schools.>>
- In year 1 only 4 programs can start. Year 2 is more reflective of what can be done. There was concern around how quickly programs can spin up given the number of factors outside of their control (legal, HR, available providers, school interest, etc.)
- Many of the hubs can start off with psychologist, social services, could have physicians split - be collaborative. Could start off with pieces in place that are consistent with what stakeholders want.
- Statistical support - discussion on whether this is a central budget cost or not. Discussed that the evaluation component is what will happen in the central budget.

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:

- Those institutions working with multiple centers need to prioritize.
- Another funding stream through the THECB is available - can fund residents through this if we have budget limitations.
- Most EC members thinking of having residents doing child rotation.
- Could be discussion if limited to 1 attending faculty. Should maximize spending but need granularity - faculty members for clinical service. How will they access other available GME dollars?
- Discussed schedule in budgets.

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

Key Discussions:

- Discussed budget for those fellows starting in Y2 that need to be funded in Y3. Fellowships are a two-year financial commitment and will need to ensure the funds are there to cover the lifecycle of the fellowship. There was concern that institutions would not be able to move forward with the program without this commitment.
  <<Action item: Need legal analysis on whether fellowship funds can be encumbered this biennium to cover the full cost of fellowships.>>
- Question was raised regarding how many slots will be added through the program. Those with planning grants will need to project what slots they expect. Need to know how realistic this is. Currently estimating 19 additional fellows will be added.

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.

Key Discussions:

- The research initiative is secondary to clinical initiatives.
- Layout of research: Group will look to see what the important needs in the state are with regards to particular topics. The projects will be organized around a network. Lead site & network sites would develop a research project that's around healthcare delivery. Group thought they could set up 1 network for $5 million or 2 for $10 million.
- Two levels of funding: 1 for nodes - every node would get some research assistance. Hub would have richer resources - not just for hub, but to apply those resources to the research work of the network. Data, statistical analysis, training.

- Unlike the other initiatives, the solutions are not pre-defined, making it difficult to estimate costs. There's a risk that if a budget is allocated the research will have to be constrained in some way to fit that budget and make it less than optimal. Discussed that in this instance, the budget can't be granular and further details may need to be shared with the LBB at a later date, once the research projects are further refined.
- Research hubs could be used by other networks and programs. The idea is to tap into a wide variety of expertise at nodes to enrich the whole network. Data would belong to the network and not just to most experienced institution in the network.
- Research areas of depression and childhood trauma were discussed. Network would sit down & propose a question to be addressed.
- The research must not use CPAN & TCHATT identified data, and these programs cannot be used as a means to recruit research subjects.
- Discussed the fact that the bill wanted to target high risk children. An idea was raised of looking at what children going into the criminal justice system might have in common. Another idea was raised regarding screening for depression in schools. There was concern this project could run into TCHATT, which cannot happen. There must be a wall between any research done & the programs being executed by the TCMHCC.
- Discussed research reviewers. Dr. Lakey emphasized that he doesn't want small peer-reviewed projects. Target would be to get 2 to 3 outcome-based research projects that can be done as a network. Community health services research that identifies how we can improve the coordination of care in Texas is what's needed.
- Some potential ideas discussed included:
  - Who needs care, reasons they're not getting it - stratify.
  - How do you get better screening? How do you integrate into primary care, screen in college & get to services?
  - Screening for trauma - pediatricians aren't taught to screen for trauma. Don' have a lot of information on how to find kids early & what to do about it to change trajectory. Screening aspect & how to teach pediatricians on how to screen would be great focus.
  - Emotion regulation – suggestion made to look at this instead of trauma.
- Research expenditures discussed. Discussed having 2 nodes with $2.5M/year. Could build infrastructure in year 1 for budgeting purposes to maximize year 1 expenditure.
- **<<Action Item: For year 1, look at expenditures that are appropriate to set up node capacity to set up research.>>**
- → **Dr. Podawiltz moved to adopt the hub/node model. Dr. Ibrahim seconded.**

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

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 Mental Health 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 Council of Community Centers	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	✓					