

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

June 23, 2020

10:00 AM – 3:00 PM

Minutes

The meeting will be live streamed on YouTube at the following link:

<https://www.youtube.com/channel/UCSQqlc7NFQEGISPQs6Ar7IA>

Call In: Phone – (346) 248-7799, Webinar ID – 919 5778 4517, Participant ID - #, Password -- 699807

I. Call to order and roll call

- Dr. Lakey, presiding officer of the Consortium, called the meeting to order.
- 33 Executive members were in attendance. See attached attendance for full list of attendees.

II. Review and approve the following item:

a. Minutes from May 15, 2020 Executive Committee meeting

- **Motion made by Dr. Podawiltz to approve minutes. Motion seconded by Dr. Tamminga. Minutes unanimously approved.**

III. Updates on the following activities associated with implementation of the TCMHCC. The full Executive Committee may review, receive and/or provide information and/or make recommendations from the items discussed and take appropriate action.

a. Presentation of logo for TCMHCC Initiatives

- Daniel Oppenheimer presented the logo that the workgroup approved.
- A Google Drive folder has been set up and has various files available for download.
- Daniel informed the group that materials are being added to Canva for institutions' use. Canva allows users to drag and drop elements to customize communication materials. He expects it to be finished in a few weeks' time.

b. Program Evaluation of TCMHCC by University of Texas at Austin

- Dr. Molly Lopez outlined upcoming work:
 - An evaluation position will be posted in next few days.
 - Plan to focus on developing logic models next. These will be used as the basis for the evaluation plan.
 - Will have a draft evaluation plan complete in the next few weeks.
 - Will do some definitional work around metrics to ensure that across the HRIs everyone is using the same framework on what those metrics mean.

c. External Evaluation of TCMHCC

- Nagla Elerian provided an update on the RFP that's being put together for the external evaluation work:
 - Targeting the last days of June to beginning of July to have the RFP go out.
 - Looking at only releasing it for a few weeks.
 - Will be limited to Texas institutions. Medical schools involved in the Consortium will not be eligible to apply. A school of public health at one of the institutions, as an example, would be eligible. Another institution that's not under the medical school would be eligible.
 - The question was raised whether peers & consumers would be involved in the process or the activities. Nagla indicated that for the internal evaluation, there have been discussions about looking at the processes and conducting a survey related to how the activities and meetings and processes are being conducted & how to improve on that. For the external evaluation, the institution awarded the work will look at the infrastructure & workings of each initiative & this would include looking at the involvement of community & stakeholders.

d. High level status of the implementation of the following TCMHCC initiatives:

i. Community Psychiatry Workforce Expansion (CPWE)

- Dr. Pliszka provided an update on the CPWE. Progress is being made in filling FTEs across centers.
- A document was presented regarding metrics. Dr. Pliszka stated that sites will focus on capturing data that's readily available. He reviewed 6 tracking metrics and 2 performance metrics.
- Dr. Pliszka indicated that LMHAs use the Texas Child and Adolescent Needs & Strengths assessment (CANS) – at baseline & every 90 days. As LMHAs/CPWE sites come online a mechanism for collecting CANS data will be established.
- Question raised: considering this is a workforce initiative, will the group track the diversity of the workforce? Dr. Pliszka will add that to Metric number 1.
- Danette Castle suggested that the group also capture patient diversity for future use, though she didn't think it was necessary to add it to the metrics at this point in time.

ii. Child and Adolescent Psychiatry (CAP) Fellowships

- Dr. Newlin provided an update:
 - Baylor expanded by 2 & planning to do so again in upcoming match.
 - Partnership between TAMUHSC & BSW which is moving forward with plans to add one more child fellow in upcoming match.
 - TTUHSC is making good progress on planning grant. Not yet accredited but they anticipate that moving forward. Have some promising recruitments for board certified faculty. Anticipate launching in July 2021, adding 2 additional child fellowship spots.
 - TTUHSCEP has received GME & ACGME approved expansion to 6 fellows. Adding additional educational resources to their program. Getting good high-level support.
 - UTHSCH is planning to expand & well under way with applications for expansions with ACGME.

- UTHSCSA is also planning to expand by one this year.
- UTHSCT is working on their planning grant, as anticipated.
- UTRGV – working to expand with their application with the ACGME.

IV. Updates regarding implementation of TCMHCC Research Initiative, including opportunities, challenges, questions and milestones achieved. The full Executive Committee may review, receive and/or provide information and/or make recommendations from the items discussed and take appropriate action.

a. Update on status of Participating Institution Agreement Amendments

- Luanne Southern provided an update:
 - Amendments to PIAs have gone out to those institutions that have provided their node budgets.
 - UTHSCSA’s PIA Amendment has been fully executed.
 - BCM’s signed amendment has been received back & is being routed for signature at UTS.

b. Discussion of process for submission of proposals for allocation of remaining funds

c. Open discussion regarding research initiative

- Dr. Nemeroff provided an update on the Childhood Trauma network:
 - Network meeting held with all nodes to go over protocol. The protocol is virtually done.
 - Dr. Escamilla will be chairing the acculturation, ethnicity & patient advocacy committee & helping with training. He has also been helping getting translations for rating scales that weren’t available in the Spanish language.
 - Dr. Liberzon is member of Protocol committee & will also chair a committee that will look at add on projects & additional grant submissions based on the network. Dr. Soares is also a part of this committee.
 - A statistician from Texas A&M has been brought on board for statistical expertise.
 - Intend to have monthly network meeting & bi-weekly hub meetings.
 - Patient advocacy members have been terrific in terms of providing input.
 - Hoping to launch sometime in August.

- Dr. Trivedi provided an update on the Childhood Depression network:
 - Have engaged with the nodes and meeting regularly to finalize the protocol.
 - The protocol is almost ready to go to the IRB. UTSW will take responsibility of organizing the central IRB.
 - Want to ensure that once a child is identified, the clinical side delivers elevated care. Dr. Storch & Wakefield will be chairing the Measurement-based Care Committee & organizing the training.
 - A lot of work is going on in the background, 54:30 setting up the data architecture, databases, creating reviewable dashboards, etc. so can monitor.
 - Dr. Wakefield raised issue about status of the existing reciprocal IRB agreement, which expires at the end of the month, and whether it’s been extended. Would need

single agreements between UTSW IRB & other HRIs if the agreement wasn't extended. Dr. Lakey noted that UTSW was looking at another shared IRB and internal conversations were going on regarding them being part of other shared IRB system. David Lein added that he didn't think the two were mutually exclusive. UTSW will determine how to proceed.

<<Action Item: David Lein to provide contact details to Dr. Tamminga so she can follow up regarding UTSW IRB agreement and whether they plan to sign off on the extension.>>

- At the last meeting, UNTHSC had indicated that they wouldn't be able to participate in the research. That left around \$380K that wasn't allocated for specific projects. Dr. Lakey had committed that they would be transparent on how they allocate the dollars. He asked that Dr. Chassay let the group know if something had changed.
- Dr. Lakey suggested that an email get sent out with a template to get ideas on how funds might be spent to make the research initiative successful. Will bring that back to next meeting & have a discussion & final vote in August. Dr. Lakey confirmed that the dollars should be used to improve the research hubs & networks.
- Dr. Martinez commended the research group involve peers & consumers. He recommended using the peer consumer group for the other initiatives. Several members of the group felt that a separate advisory group should be used to keep a clear demarcation between research and the initiatives.
- Dr. Lakey suggested that Luanne work with those that would like to be involved, to document the proposed structure, roles & responsibilities, and how the groups would interact. Will come back to the Executive committee next or subsequent meeting to discuss & get approval. Drs. Martinez, Keller, Trivedi and Blader volunteered to participate.

<<Action Item: Email Luanne Southern if you'd like to be involved in Peer Consumer Group work>>

<<Action Item: Luanne to work with group to define proposed structure, roles & responsibilities, etc. for a peer & consumer advisory committee that would interface with CPAN and TCHAT>>

- Dr. Wakefield suggested pulling in representatives that were involved in the earlier workgroups into the peer and consumer advisory committee.

V. 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

VI. 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) relating to implementation of the COSH, and/or information provided by HRIs relating to Child Psychiatry Access Network (CPAN) and Texas Child Health Access Through Telemedicine (TCHAT). The full Executive Committee may review, receive, and/or provide information and/or make recommendations from the items discussed and take appropriate action.

a. Update on implementation of CPAN

- Dr. Williams showed a rendering of a magnet that Daniel Oppenheimer's group put together. Would like to use this as part of the communication plan for CPAN. Still in the planning phase for this. Have some other ideas around stickers & mouse pads as well.
- Over 900 people have enrolled in CPAN across the state of Texas, around 106 practices.
- Have had 50 calls since go live – around 3-5 per day from across the state, with some repeat callers.
- Dr. Tran has been brought on board as a PCP consultant for the COSH. She is involved in the COSH's daily calls a few times a week and is helping think through communication strategies & processes to better engage with PCPs and get them excited about the service.
- Working with Molly and Tracey at UT Austin on customer satisfaction survey, which is a part of the metrics. Close to having this complete. For now, will send out a survey link after someone has called to ask for help. Will eventually add on an annual survey. Right now, very interested in knowing how people are feeling about the service. Will want to send it out quickly after call to see if the call was helpful.
- Working on different strategies to communicate about CPAN across TX. Plan on creating a video presentation that can be send out which will have Dr. Tran representing PCPs, and potentially Dr. Williams or others.
- Had preliminary discussion with Dr. Lakey's team about using social media. Currently working through BCM's policies & procedures.
- Working through a contract with Texas Pediatric Society (TPS) so they can send out information to PCPs through their newsletter. Meeting with Family Practice Society and reaching out to NP/PA State Associations too. Also talking with large insurance teams across Texas. Met with two different ones to date - Etna & Texas Children Health Care Plan. They're excited to share with their in-network providers.
- A suggestion was made to tap into the health foundations across Texas to get the word out.
- Dr. Williams communicated that when they're able to reach a PCP directly to get them to enroll from a cold call, they're excited about the product & want to enroll. They're trying to determine how best to get to the PCP.
- The COSH has individual monthly meetings with each CPAN HRI to help them work through issues. They will also have a monthly state-wide meeting to continue collaboration across the state.
- Dan's team is poised & ready to build out the website that the consortium already has. Want to have a portal so PCPs can enroll without having to talk to anyone but will need to coordinate with Trayt on this.
- The COSH has looked at website for other CPANs across the country and MCPAP has been identified as a good website to emulate.
- Will begin a sprint soon to start developing content for the website. Will ask the teams across the state to take small pieces of the website & work on content for that page, bringing it back to the wider CPAN group for review. The question asked whether it needs to come back to Executive Committee to approve. Dr. Lakey felt that a vote wouldn't be needed; just keep the Consortium informed. Dr. Williams confirmed that she would like

to have information ready by the August meeting. There was consensus that the workgroup should be empowered to make decisions.

- Dr. Newlin suggested that another way to engage PCPs could be done by offering CME credits and maintenance of certification (MOC) points via project ECHO. ECHO could be offered by each HRI but materials could be shared. Would need to work out who the organization would be that would provide the CMEs. Would also need to identify who would offer MOC. UNTHSC has an organization called PACE. They've been doing trainings nationwide for last 15 years. They would be a good resource. <<Action Item: Dr. Williams to investigate how to become a CME provider for MOC.>>

b. Update on implementation of TCHAT

- A survey was done with HRIs about how they're pulling together their TCHAT teams. Most teams are operating in a similar way.
 - Most people are using school personnel as unpaid liaisons that the HRI will collaborate with.
 - Most of the referral process is coming through a form that's been created. Trying to standardize the form with some customization by team. Some are using a web process. BCM is using an email.
 - There's a little variability around who schedules the appointment. It's mostly the HRIs, though some school members are scheduling. As moving through COVID, believe this piece may need to change if the kids are not on campus.
- Looking at how HRIs are getting kids in for appointments, coordination & triage is happening on the HRI side. A few teams have an additional step of having a team meeting before an appointment is scheduled. The teams are getting information from school, information from the family and based on an algorithm sending the child for an appointment with the right team member in their HRI. Many do same-day appointments. Others are within 3 days, but this is also based on family preference. The vast majority are using language lines they have through their affiliate or HRI, where needed. Some are looking to purchase an embedded telecommunication / language line.
- Working on a state-wide referral system (Welnity). Jennifer Evans is working with each HRI to get resources loaded. Welnity is a providers only database. The more teams that provide mental health services in Texas that participate, the more informed we can be. The system has processes in place to help keep info up to date. Will be asking about what insurance they take.
- Looking at outcomes and what team members are already doing from a measurement-based care perspective, there is a fair amount of synergy. There's a meeting scheduled for this Friday to discuss with all of the HRIs and see if the group can land on a set of measures that all agree to use. Dr. Keller felt that the same instruments should be used for both the research side and the clinical side so there's alignment on standard protocols for program evaluation and oversight. Several members promoted SNAP-IV over the Vanderbilt Assessment scale.
- A concern was raised about having a patient complete a battery of measures during a crisis. It was discussed that something different might be done for a same-day (urgent) appointment. Dr. Wakefield indicated that she hadn't had an issue with getting patients

to fill in measures, and that most will complete them, whether in crisis or not. However, she suggested that the questions should be limited to those things that will be helpful clinically as an assessment & triage tool, as additional measures can be captured later.

<<Action Item: Dr. Williams to add this to the conversation to be held on Friday.>>

- Danielle Wesley and Dr. Wakefield both indicated they had positive experiences with their triage process and offered to share their experiences with the group. Dr. Wakefield indicated that they use it to help integrate trainees into the process and touted it as a great learning experience. Dr. Williams indicated that this is something they could share within the TCHAT meetings.
- TCHAT will have individual HRI meetings & monthly meeting.

c. Designation of new chair for COSH Data Management Workgroup

- The Data Governance Committee met on May 14th, 2020. Dr. Deslatte was elected Chair, and Dr. Pliszka Vice Chair for the group. Unfortunately, Dr. Deslatte was pulled to do something else. A new Chair will need to be appointed.
- **<<Action Item: Molly Lopez & Tracey Levins to be added to the workgroup, in addition to Dr. Patriarca who volunteered at the last meeting .>>**
- **<<Action Item: Anyone who would like to volunteer to Chair the workgroup, or would like to be involved, should get in touch with Dr. Williams>>**

d. Updates regarding other COSH related items identified by the Baylor College of Medicine and members of the Executive Committee

- Dr. Williams provided an update on the telecommunications system:
 - Phone number is up & running.
 - The contract with Lantana is at the last step.
 - The interim triage system is working. When someone dials the phone number it rings to Baylor. They have a system with all HRIs that are stood up; if a call comes in for one of them they transfer the call to an internal number for that HRI.
 - Lantana has assigned a Project Manager (PM). The PM will meet with each HRI, understand their needs and work to get them up & running once the contract is signed. Hardware will be purchased through HRI budget but all other costs will run through the COSH.
- Dr. Williams provided an updated on the data management system:
 - They're currently working on getting BAAs in place. Worked out a larger agreement with Cristina Blanton (from UT System) so hopefully all of the UT teams will be able to quickly sign on. Had communications between BCM & non-UT team compliance teams. Targeting to have BAAs in place by end of month.
 - Have daily calls with the Trayt team. They're working through the first part of project. Have PCP enrollment in place at BCM. Once NDAs are in place, HRIs can start using PCP enrollment part of product. Need BAAs in place before they can use the second part.
 - Working to get Trayt contract in place. Estimate another 6-8 weeks to get it done.
 - Met with IT teams & compliance teams across the HRIs on May 26th where Trayt when through their platform, security & technical elements. A video of this is available.

- UTHSCH is currently conducting a risk assessment on the Trayt product.

VII. Discuss, consider and approve recommendations regarding the potential dissolution of one or more of the following TCMHCC Workgroups: TCHAT, CPAN, CPWE, Research and CAP Fellowships. The full Executive Committee may review, receive and/or provide information and/or make recommendations from the items discussed and take appropriate action.

a. Open discussion on the potential dissolution of one or more of the following TCMHCC workgroups: TCHAT, CPAN, CPWE, Research and CAP Fellowship.

- Went through current workgroups to assess whether work group was still needed:
 - **TCHAT & CPAN** – now have the COSH and a Data Advisory group for the COSH. Are these workgroups still needed? Dr. Wakefield felt that some of the members (end-user, lived experience members) should be redistributed, for example into the Peer & Consumer Workgroup. Some of those that have experience in the programs can provide high level consultative information. However, she didn't feel representation is needed at HRI level since that will be included in COSH meetings. Dr. Williams concurred and felt that as long as those members that didn't sit at the HRI were brought in as needed.
 - The question was raised about how LMHAs would be brought into the conversation. Several members felt that perhaps a separate advisory group might be needed, outside of the executive committee, to ensure the thought leadership portion of the previous workgroups isn't lost.
 - **<<Action Item: Dr. Williams to work with Luanne on a model to ensure the COSH has what it needs, including potentially an entity outside of it to handle policy. Bring back to next meeting to formalize.>>**
 - **CPWE** – Metrics are still outstanding. Need to define metrics and work out how they'll pull in them in. For instance, will Trayt be used? Will there be a need for the LMHA representatives guiding the academic members? Dr. Pliszka felt perhaps the workgroup should continue for a few more months. Others agreed that more time is needed before disbanding. A suggestion was made to include the head of medical directors for the LMHAs to enhance the work that's being done.
<<Action Item: Danette Castle will reach out to the medical directors for the LMHAs.>>
<<Action Item: Dr. Pliszka to invite Dr. Suwanee in HHSC to workgroup and schedule regular meetings, identify critical tasks and bring back to Executive Committee.>>
 - **Fellowship Workgroup** – Dr. Newlin didn't believe the workgroup was needed anymore. Dr. Newlin will remain point person. Those that have a planning grant might appreciate help from others that have gone through that process. Dr. Newlin happy to connect people as needed.
 - **Research** – Dr. Tamminga felt the research workgroup wasn't needed at the present time, though it may need to be pulled back together at a later date. There was some discussion about whether additional oversight was needed over the two networks. Given the short duration of the study, it was felt the research workgroup could step

back until the end of the study, when it will be necessary to think about what else the group might want to do and help steer the group in a different direction. It was felt that maybe the workgroup needs to evolve to more of an advisory / steering committee type role and perhaps broaden the membership to better fulfill the role. After some discussion it was decided to put the current workgroup on hold. The two network leads will take turns reporting out progress to the Executive Committee and the Committee can determine if additional groups or actions are needed.

<<Action Item: Dr. Nemeroff to provide an update on the Trauma Network's progress at the next Executive Committee Meeting.>>

- Dr. Escamilla provided an overview of the Committee Dr. Nemeroff asked him to lead, to inform the work of the trauma network. The committee is tasked to help get Spanish translations ready & tested and also looking at questions such as can we broaden to two other languages. The group is working on specifics on acculturation measures. Would like someone to represent the African American community. Danielle Wesley indicated that she would be happy to assist.

VIII. Discuss, consider, and if appropriate, approve information and updates regarding TCMHCC FY 2020 and FY 2021 planning and budgets. The full Executive Committee may review, receive, and/or provide information and/or make recommendations from the items discussed and take appropriate action.

a. Information from THECB regarding FY 20-21 planning and budgets, including information regarding the authorized use of unspent 2020 funds in the 2021 fiscal year

- Stacey Silverman confirmed that any unspent funds will roll over into the next fiscal year. The institutions have Unexpected Balance (UB) Authority from year 1 to year 2 only. Institutions have flexibility to move 10% without approval. If above 10%, just need to document it.
- Dr. Lakey cautioned that although funds can roll from year one to year two, HRIs must be careful to not increase year 2 obligation beyond what's already been obligated. Funds can be used for one-off costs.
- Dr. Vo requested that System to send out a note to everyone with regards to UB authority & what they can or cannot do so it can be forwarded to the financial groups so nothing is misrepresented. **<<Action Item: Dr. Lakey to work with Luanne, David Lein & Stacey and put something together regarding UB Authority, being careful regarding obligations going into Year 3, ability to transfer funds, etc.>>**

b. Discussion regarding FY 2021 budget priorities as represented in the TCMHCC Implementation Plan

- Dr. Lakey discussed that we put in the LBB report that we would flex funds between institutions if we saw additional needs, with a priority towards TCHAT. Lashelle will send out a template to the HRIs to identify what you think your expenditure will be, what your priorities might be, so come August it can be reviewed and approved by the Executive Committee.

- Dr. Lakey confirmed that the process will be very transparent and dollars will not be allocated on a first come first served basis.
- Luanne recommended that criteria be developed to help guide the reallocation of the funds and welcomed input from the Executive Committee members.
- Dr. Lakey added the caveat that dollars cannot be moved from services to research.
- Luanne noted that the LBB would need to be notified of the changes.

c. Timeline for submission of final FY 2020 budget documents

d. Timeline for submission of proposed 2021 budgets

- HRIs should submit proposed budgets by end of July so dollars can be consolidated and reported back to the Executive Committee for an August decision.

e. Open discussion regarding FY 20 - 2021 planning and budgets

- Dr. Podawiltz indicated that one of the problems he ran into was that he put FTEs into his budget, but in actuality there could be multiple people's time allocated into that FTE account. He requested help interfacing with his finance people. Lashelle and Luanne indicated they're happy to assist.

IX. Adjournment

Next meeting To Be Determined

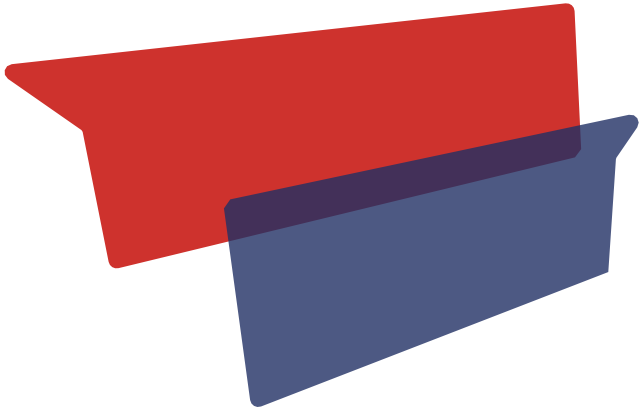
#	Institution/ Organization	Name	Attended?	After Lunch
			Yes/No	Yes/No
1	Baylor College of Medicine	Wayne Goodman, MD	Y	Y
2	Baylor College of Medicine	Laurel Williams, DO	Y	Y
3	Texas A&M University System Health Science Center	Israel Liberzon, MD	Y	Y
4	Texas A&M University System Health Science Center	R. Andrew Harper, MD	Y	Y
5	Texas Tech University Health Sciences Center	Sarah Wakefield, MD	Y	Y
6	Texas Tech University Health Sciences Center	Nancy Trevino, PhD	Y	Y
7	Texas Tech University Health Sciences Center at El Paso	Peter Thompson, MD	Y	Y
8	Texas Tech University Health Sciences Center at El Paso	Sarah Martin, MD	Y	Y
9	University of North Texas Health Science Center	Alan Podawiltz, DO, MS	Y	Y
10	University of North Texas Health Science Center	Mark Chassay, MD, MBA	Y	Y
11	Dell Medical School at The University of Texas at Austin	Charles B Nemeroff, MD, PhD	Y	Y
12	Dell Medical School at The University of Texas at Austin	Stephen Strakowski, MD	Y	
13	The University of Texas M.D. Anderson Cancer Center	Daniel Tan, MD		
14	The University of Texas M.D. Anderson Cancer Center	Rhonda Robert, PhD	Y	
15	The University of Texas Medical Branch at Galveston	Karen Wagner, MD, PhD	Y	Y
16	The University of Texas Medical Branch at Galveston	Alexander Vo, PhD	Y	Y
17	The University of Texas Health Science Center at Houston	Jair Soares, MD, PhD	Y	Y
18	The University of Texas Health Science Center at Houston	Elizabeth Newlin, MD	Y	Y
19	The University of Texas Health Science Center at San Antonio	Steven Pliszka, MD	Y	Y
20	The University of Texas Health Science Center at San Antonio	Joseph Blader, PhD	Y	Y

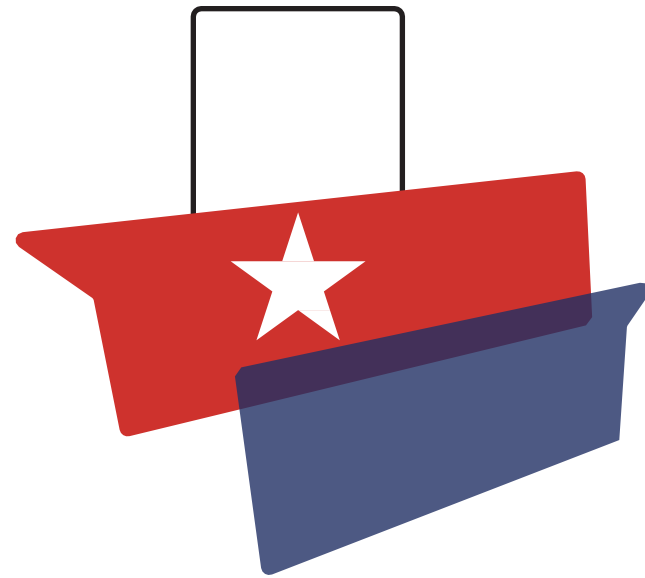
#	Institution/ Organization	Name	Attended?	After Lunch
			Yes/No	Yes/No
21	The University of Texas Rio Grande Valley School of Medicine	Michael Escamilla, MD	Y	Y
22	The University of Texas Rio Grande Valley School of Medicine	Michael Patriarca	Y	Y
23	The University of Texas Health Science Center at Tyler	Jeffery Matthews, MD	Y	Y
24	The University of Texas Health Science Center at Tyler	Brittney Nichols, MBA, LPC-S	Y	Y
25	The University of Texas Southwestern Medical Center	Carol Tamminga, MD	Y	Y
26	The University of Texas Southwestern Medical Center	Hicham Ibrahim, MD	Y	
27	Health and Human Services Commission - mental health care services	Sonja Gaines, MBA		
28	Health and Human Services Commission - mental health facilities	Mike Maples	Y	
29	Texas Higher Education Coordinating Board	Stacey Silverman, PhD	Y	Y
30	Hospital System	Danielle Wesley	Y	Y
31	Non-profit - Meadows Policy Institute	Andy Keller, PhD	Y	
32	Non-profit - Hogg Foundation	Octavio Martinez, Jr., MPH, MD	Y	Y
33	Non-profit - Texas Mental Health Counsel	Danette Castle	Y	Y
34	Administrative Contract – University of Texas System	David Lakey, MD	Y	Y
35	Other – Hospital System Representative	James Alan Bourgeois, OD, MD	Y	Y

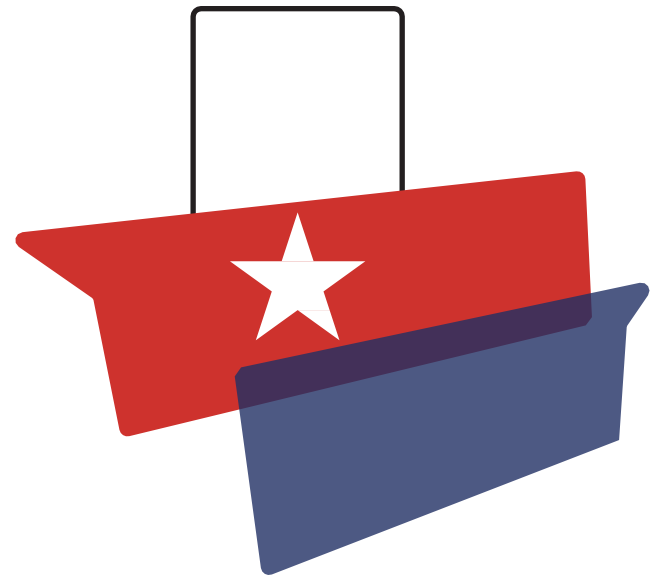
TCMHCC Logo Design













tcmhcc

Texas Child Mental Health Care Consortium



tcmhcc

Texas Child Mental Health Care Consortium



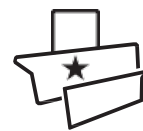
THE UNIVERSITY *of* TEXAS SYSTEM
FOURTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.



TCHATT
Texas Child Health Access
Through Telemedicine



CPAN
Child Psychiatry
Access Network



tcmhcc
Texas Child Mental Health Care Consortium

THE UNIVERSITY OF TEXAS SYSTEM



tcmhcc
Texas Child Mental Health Care Consortium

[ABOUT](#) [INITIATIVES](#) [MEETINGS](#) [RESOURCES](#)

Texas COVID-19 Mental Health Support Line (833) 986-1919 | Mental Health Resources for Families

Texas Child Mental Health Care Consortium (TCMHCC)

**All Texas children and adolescents will
have the best mental health outcomes
possible.**

(888) 901-CPAN (2726)

Primary care providers can access the Child Psychiatry Access Network (CPAN) for assistance with behavioral health care for their child and adolescent patients.

The Texas Child Mental Health Care Consortium (TCMHCC) is dedicated to enhancing the state's ability to address the mental health care needs of its children and adolescents through collaboration with health-related institutions of higher education.

New

My Drive

Shared with me

Recent

Starred

Trash

Storage (85% full)

85.1 GB of 100 GB used

Buy storage

Shared with me > TCHMCC Promotional Materials > CPAN Materials > CPAN Flyers

Files



Child Psychiatric Access Network (CPAN)

CPAN is a network of child psychiatry access centers that provides child and adolescent behavioral health consultation services and training opportunities for pediatricians and primary care providers.

HOW TO ENROLL: Call 800-985-8101 or visit www.cpan-tx.org

PARTNER: Partnering with primary care physicians and pediatricians across the state of Texas.

SUPPORT: Rapid access to mental health support from a multi-disciplinary team, including child psychiatry.

Why CPAN? Children are more likely to see a primary care physician or pediatrician when they are experiencing challenges with their behavior. Practice development of child psychiatrists. There is no waitlist for services.

How does CPAN Work? The network is composed of 13 academic health related institutions across the state of Texas.

PDF cpan-generic.pdf



Child Psychiatry Access Network (CPAN)

What is CPAN?

- One factor to consider in the pediatric care you seek with the mental health concerns.
- Having a child diagnosed is not a bad thing, but you do, they are the services counting.
- The Texas Legislature funded CPAN to offer you free consultation and ongoing education to help improve the quality of care you are able to offer patients with mental health concerns.

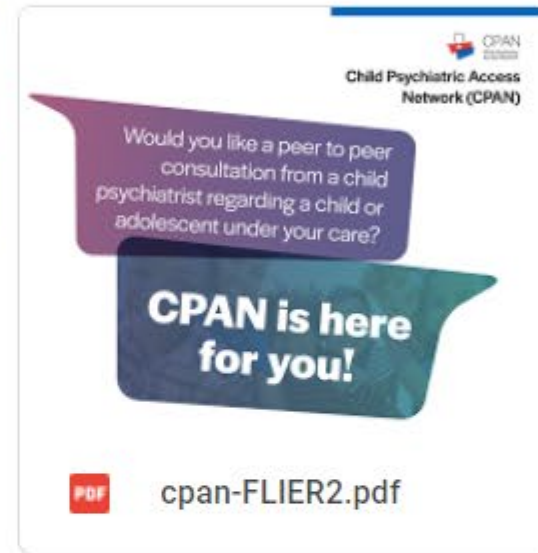
What Free Services Does CPAN Offer?

- Telephone clinical consultation during business hours with child psychiatrists or mental health clinicians.
- Care coordination for children with referrals to community mental health services.
- Continuing professional education designed for pediatric primary care providers.

What are the Goals of CPAN?

For additional primary care providers. Prompt access to child psychiatrists for phone consultation or in-person.

PDF CPAN Flier Rebrand.pdf

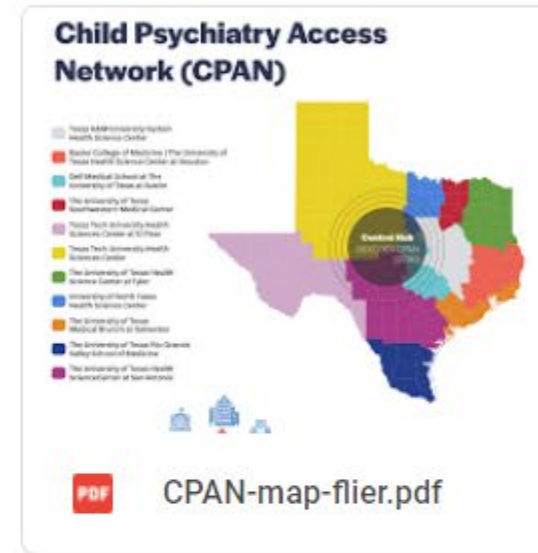


Child Psychiatric Access Network (CPAN)

Would you like a peer to peer consultation from a child psychiatrist regarding a child or adolescent under your care?

CPAN is here for you!

PDF cpan-FLIER2.pdf



Child Psychiatry Access Network (CPAN)

CPAN is a network of child psychiatry access centers that provides child and adolescent behavioral health consultation services and training opportunities for pediatricians and primary care providers.

PDF CPAN-map-flier.pdf

https://drive.google.com/drive/folders/1_6NYsF1h24vZofDWtl7ymDcsVGj9-MIY?usp=sharing



Child Psychiatry Access Network (CPAN)

What is CPAN?

- One-fourth to one-third of the pediatric cases you see each day involve mental health concerns.
- You may not feel adequately trained to address these issues and, even if you do, they can be very time-consuming.
- The Texas Legislature funded CPAN to offer you free consultation and continuing education to help improve the quality of care you are able to offer pediatric patients with mental health concerns.

What Free Services Does CPAN Offer?



Telephonic clinical consultation during business hours with a child psychiatrist or mental health clinician.



Care coordination for assistance with referrals to community mental health services.



Continuing professional education designed for pediatric primary care providers.

What are the Goals of CPAN?

- For individual primary care providers: Prompt access to a child psychiatrist for phone consultation on medication questions, including follow-ups
- For practices that have behavioral health clinicians: Expert consultation on difficult cases
- For pediatric health homes: Help to fully incorporate behavioral services into the practice through access to a child psychiatrist
- For patients needing specialized care: Help to identify resources for evaluation and ongoing care

How does CPAN Service Work?

Register by phone or email



When you want help, call us to speak with a pediatric psychiatrist or mental health clinician (*service is available starting May 7, 2020*)

We will let you know when free CMEs are available to you



Child Psychiatric Access Network (CPAN)

CPAN is a network of child psychiatry access centers that provides child and adolescent behavioral health consultation services and training opportunities for pediatricians and primary care providers.



HOW TO ENROLL:

Call us at 1-888-901-CPAN (2726) #8 or enroll online at: go.uth.edu/CPAN



PARTNER

Partnering with primary care physicians and pediatricians across the state of Texas!



SUPPORT

Rapid access to mental health support from a multidisciplinary team, including child psychiatry.

Why CPAN?

Children are more likely to see a primary care physician or pediatrician when they are experiencing challenges with their behavior.

Due to a shortage of child psychiatrists, there is a need to expand access to care with innovative solutions. CPAN connects child psychiatrists with primary care providers to help address mental health concerns.

CPAN takes a peer learning approach to providing care for children and adolescents with behavioral health needs.

Enrolling is quick and easy. Complete the enrollment provider form, submit, and you are officially enrolled.

How does CPAN Work?

The network is composed of 13 academic health related institutions across the state of Texas.

Upon enrollment, your facility will be assigned a primary hub within your region.

Our goal is to return your call within 30 minutes or less.

What can you expect as a participating Provider?

CPAN is a FREE peer to peer consultation service.

CME opportunities are available for family physicians and pediatricians.

Facilitated referrals to reliable mental health providers in your community



tcmhcc

Texas Child Mental Health Care Consortium



THE UNIVERSITY of TEXAS SYSTEM
FOURTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.



What is TCHATT?

Texas Health Child Access Through Telemedicine, or TCHATT, creates legislatively funded telemedicine programs for identifying and assessing mental health needs and providing access to mental health services in schools. It provides telemedicine or telehealth programs to school districts to help identify and assess the behavioral health needs school districts to help identify and assess the behavioral health needs of children and adolescents and provide access to mental health services.

When to use TCHATT

Call TCHATT any time behaviors are seen or reported that have you concerned for a student's mental health.

How to use TCHATT

1



Share your concern with your school's designated TCHATT liaison, or refer the student to your school's designated TCHATT liaison

2



The school TCHATT liaison will ensure required consent forms have been signed by the appropriate party (i.e., student, parent, guardian). If the parent/guardian agrees to TCHATT, the liaison will collect some basic information to share with TCHATT.

3



The school TCHATT liaison then calls TCHATT

Designated TCHATT Liaison

Your school campus will designate a single referral designate a single referral coordinator, with a designated alternate, to handle all referrals to TCHATT.

***** The student's parent/guardian must give consent for the student to participate in the session with a TCHATT mental health specialist.*****

***** TCHATT mental health specialists can see the student for up to four telemedicine visits. *****

When a Student is in Crisis

Your school will work with us together to create a crisis protocol that meets the needs of both TCHATT and your district safety plan.

When the School TCHATT Liaison Calls TCHATT

A coordinator at TCHATT promptly reviews the referral information that you provide to help decide next steps, including:

- For urgent issues, further screening via telemedicine will be scheduled with the most appropriate TCHATT mental health specialist.
- For less urgent issues, we will schedule an assessment of the mental health needs. After a TCHATT Encounter

TCHATT staff may refer the student to:

- A local pediatric psychiatrist or other mental health professional
- A local pediatrician with support from pediatric psychiatry faculty
- The local mental health community center

Join Us

To join TCHATT, please call us. Our next steps will include gathering point of contact information and signing an Memo of Understanding.



TCMHCC Quick Facts

"The Texas Child Mental Health Care Consortium is established to: (1) leverage the expertise and capacity of the health-related institutions of higher education ... to address urgent mental health challenges and improve the mental health care system in this state in relation to children and adolescents; and (2) enhance the state's ability to address mental health care needs of children and adolescents through collaboration of the health-related institutions of higher education."

 **\$99M**

86th Texas Legislature, SB 11: \$99 million for the 2020-21 biennium.

 **50%**

Half of all mental health conditions manifest by age 14.

 **75%**

75% of lifetime cases of mental health issues present by young adulthood.

- **Parents remain in charge** of all treatment decisions. The legislation explicitly prohibits mental health care services from being provided to a child younger than 18 unless the parent, legal guardian, or caretaker of the child provides written consent.
- **Executive Committee** composed of representatives from the 13 state-funded health-related institutions of higher education in Texas as well as from HHSC, Texas Higher Education Coordinating Board, UT System, Meadows Mental Health Policy Institute, Hogg Foundation for Mental Health, and Texas Council of Community Health Centers
- **Child Psychiatry Access Network (CPAN)**: provides telehealth-based consultation and training to pediatricians to assist them with identifying and treating mental health issues in their patients. The budget for CPAN over the biennium is \$26 million.
- **Texas Child Health Access Through Telemedicine (TCHATT) program**: provides in-school behavioral telehealth care to at-risk children and adolescents. The budget is \$37 million.
- **Community Psychiatry Workforce Expansion (CPWE)**: Providing full-time psychiatrists to serve as academic medical fellowship positions at the health-related institutions. The budget is \$4.6 million.
- **Research program**: will focus on peer reviewed health systems research, conducted collaboratively through networks and targeted at high priority areas affecting children and adolescents. The TCMHCC expects to spend up to \$10 million on these activities.
- As the **Centralized Operations Support Hub (COSH)**, Baylor College of Medicine will: establish and manage a centralized communications system and a centralized data management system.
- **UT System** serves as the administrative support entity for the Consortium.
- **Website**: <https://utsystem.edu/pophealth/tcmhcc>
- **Contact**: Luanne Southern, Executive Director, Texas Child Mental Health Care Consortium, lsouthern@utsystem.edu

- Templates
- Uploads
- Photos
- Elements
- Text
- Videos
- Bkground
- All your de...
- Logos
- Folders
- More



Animate

Editing ✕

To edit an element, click on it. A toolbar will appear above.

Next

Child Psychiatric Access Network (CPAN)

CPAN is a network of child psychiatry access centers that provides child and adolescent behavioral health consultation services and training opportunities for pediatricians and primary care providers.

HOW TO ENROLL: Call us at 1-888-901-CPAN (2726) #8 or enroll online at: go.uth.edu/CPAN

PARTNER Partnering with primary care physicians and pediatricians across the state of Texas!

SUPPORT Rapid access to mental health support from a multidisciplinary team, including child psychiatry.

Why CPAN?
Children are more likely to see a primary care physician or pediatrician when they are experiencing challenges with their behavior.
Due to a shortage of child psychiatrists, there is a need to expand access to care with innovative solutions. CPAN connects child psychiatrists with primary care providers to help address mental health concerns.
CPAN takes a peer learning approach to providing care for children and adolescents with behavioral health needs.
Enrolling is quick and easy. Complete the enrollment provider form, submit, and you are officially enrolled.

How does CPAN Work?
The network is composed of 13 academic health related institutions across the state of Texas.
Upon enrollment, your facility will be assigned a primary hub within your region.
Our goal is to return your call within 30 minutes or less.

What can you expect as a participating Provider?
CPAN is a FREE peer to peer consultation service.
CME opportunities are available for family physicians and pediatricians.
Facilitated referrals to reliable mental health providers in your community

+ Add a new page

HRI	Site	Faculty FTE	Resident FTE	Start Date	Description
UT Health San Antonio	Center for Health Care Services	1.0	2.0	7/1/2020	Faculty cover one day each, 2 CAPs present on M, W, Th, Fri
	Gulf Bend Center	0.50	1.0	7/1/2020	Pending recruitment of Faculty
	Hill Country Mental Health and Developmental Disabilities	0.25	0.5	7/1/2020	Pending recruitment of Faculty
UT Health Houston	Texana	1.00	0.3-0.4	9/1/2020	
	Harris Center	0.70	1.0	6/1/2020	
Baylor	Harris Center	0.5	0.4	7/1/2020	8 CAPS do one-half day(0.1) for 6 months each
Texas Tech El Paso	Aliviane	0.2	0.6	7/1/2020	SUD IOP/Methadone/Buprenorphine- will learn therapy and meds
	El Paso Child Guidance Center	0.2	1.8	2/1/2020	Trauma Focused Rotation/ Therapy and meds
	Emergence Health Network	0.6	0.6	9/1/2020	LMHA Adolescent Clinic and First Episode Psychosis Clinic
Texas A & M	Brazos Valley MHMR	1	2	20-Aug	Faculty recruited for August start. Resident placement pending.
UT Southwestern	Metrocare	1	0.2	7/1/2020	Pending recruitment of Faculty, ability of residents to be on site due to COVID-19
UTMB	Gulf Coast Center	0.50	0.5	9/1/2020	Faculty and resident at Center 2 days/week
UNT	Tarrant MHMR/JPS - Local Commitment Alternative	0.10	1.00	October, 2016	Faculty cover every day, Gen Res M, T, W, Th (Mini State Hospital)
	Tarrant MHMR - Pine Street Substance Abuse Program		0.67	October, 2016	Closed - Faculty working from home (1 resident/month for 8 residents)
	Tarrant MHMR - Billy Gregory Detox Center		0.05	October, 2016	Closed to all trainees
	Tarrant MHMR - IDD Clinic		0.05	October, 2016	Closed - Faculty working from home
	Tarrant MHMR - Tarrant County Jail		0.10	October, 2016	Closed to all trainees
	Tarrant MHMR - Early Childhood Intervention		0.05	October, 2016	Closed - Faculty working from home
	Tarrant MHMR - Child and Adolescent Services		0.50	October, 2016	Closed - Faculty working from home
	Tarrant MHMR - Care House Adolescent Crisis Respite		0.05	October, 2016	Closed to all trainees
	Tarrant MHMR - The Youth Center		0.05	October, 2016	Closed to all trainees
	Tarrant MHMR - ACT/IST Team		0.10	October, 2016	Closed to all trainees
	Tarrant MHMR - Homeless Clinic		0.05	October, 2016	Closed to all trainees
	Tarrant MHMR - Men's and Women's Crisis Residential Units		0.05	October, 2016	Closed to all trainees
	Tarrant MHMR - Liberty House Veteran's Program		0.05	October, 2016	Closed to all trainees
UTRGV					
Texas Tech Lubbock	Star Care Specialty Health System - Local Mental Health Authority w	0.2	0	3/1/2020	Faculty (faculty member, RTD, chair) time allocated to development of project with LMHA
		0.25	0.5	7/1/2020	Child and Adolescent Psychiatry assessment and medication management with collaboration for wrap-around services with LMHA staff and clinicians
		0.25	0.5	9/1/2020	First Episode Psychosis Clinic with LMHA wrap-around services from novel LMHA funding and assessment and medication management piece by academic team
UT Tyler					

Community Psychiatry Workforce Expansion (CPWE) Project Metrics

1.1 TRACKING METRICS

#	List of Metrics to Assess Project Reach (Original)	Revised Operational
1.	Number of faculty and residents assigned to the LMHA or community mental health provider	Number of faculty and residents assigned to the LMHA or community mental health provider
2.	Number of patient visits	See E/M services attachment
3.	Number of unique patients seen	See E/M services attachment
4.	Ratio of children to total patients seen	Ratio of children to total patients seen
5.	Changes in child/adolescent wait lists to obtain services	Time between Intake (Psychiatric referral) and appointment with prescriber
6.	Number of patients seen that were initially contacted through CPAN or TCHAT	Patients from the HRI's own CPAN and TCHAT program that they transferred to their own CPWE program

1.2 PERFORMANCE METRICS

#	Metrics to Evaluate Performance / Contribution to Desired Outcomes (Original)	
1.	Number of residents who rotate through the LMHA or community mental health provider who work in the public mental health system after completing their residencies.	Long term
2.	Clinical outcome measures (rating scales) showing improvement of clients.	Use scores from the Texas Child and Adolescent Needs and Strengths (Texas CANS 2.0) which are routinely gathered by LMHAS

Summary

Office of Decision Support (ODS) received a request to identify and recommend the most efficient and time sensitive method of collecting the delivery of medical services by a provider under supervision as a resident and the resident referral source. The services provided are the evaluation and management services. The evaluation and management services are identified as Diagnostic and Evaluation, Evaluation and Management and Evaluation and Management Home Services.

CMBHS

CMBHS is one of the applications considered to obtain the necessary data to identify the medical services provided by a resident. This would be coordinated in conjunction with MBOW as the data tables are shared by both applications. The MHAs batch encounters to MBOW and not to CMBHS. The two fields that have been discussed in CMBHS are:

- Server Type:
 - Creating a new server type that is shared by CMBHS and MBOW
- Referral Source:
 - The referral source is a data field in the ANSA/CANS assessments and they are completed quarterly, bi-annually or when there is a significant change.
 - This would not be a good method to collect data on the provider.
 - Data collected in this field is client related and not provider related.

MBOW

MBOW does import data from CMBHS and so a combination of obtaining the desired data form both applications will need to occur. There were three MBOW encounter data fields discussed:

- Procedure Codes with a modifier:
 - Using the Evaluation and Management codes with a specific Modifier to indicate that it is a service provided by a resident. HHSC would need to confirm with the MHAs the credentials that are being submitted in order to be able to identify the specific individual.

- There are two modifiers in HCPCs:
 - Modifier GC: Service Definition: This service has been performed in part by a resident under the direction of a teaching physician
 - Modifier GE: Service Definition: This service has been performed by a resident without the presence of a teaching physician under the primary care exception
 - Exhausting the limit of eight characters with a modifier string:
 - In a preliminary research of the E&M procedure codes it does not appear the eight-character limit would be a concern. This appears to be the best solution to identify services provided by a resident.
 - Attached is an excel spreadsheet with the Evaluation and Management Procedure codes on the first tab and on the second tab the E&M procedure codes with the modifier Count.
- Server Type:
 - MHAs batch one server code and one server type for each encounter.
 - MHAs may be batching the Supervising MD server code and server type – additional investigation would need to be completed to ensure HHSC knows which credentials are being batched.
- Service Identifier:
 - Resident Credentials: This field could be used to obtain the resident credentials – Generally it is used to capture client related information not provider information.
 - Referral Source: This field could be used to obtain the referral source – Generally it is used to capture client related information not provider information.

Institution	CPWE
BCM	On track
TAMHSC	On track
TTUHSC	On track
TTUHSC EP	On track
UNTHSC	Off track
UTHSCH	On track
UTHSCSA	Experiencing Issues
UTHSCT	On track
UTMB	On track
UTRGV	On track
UTSW	Off track

Program Budget
\$7.99M

of Completed Milestones
41

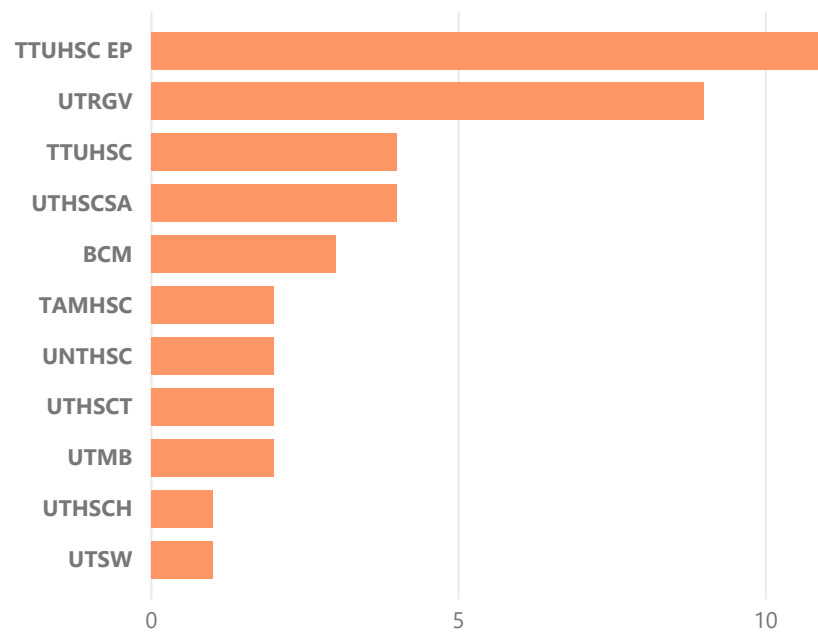
Transfers to Date
\$1.66M

of Milestones Remaining
190

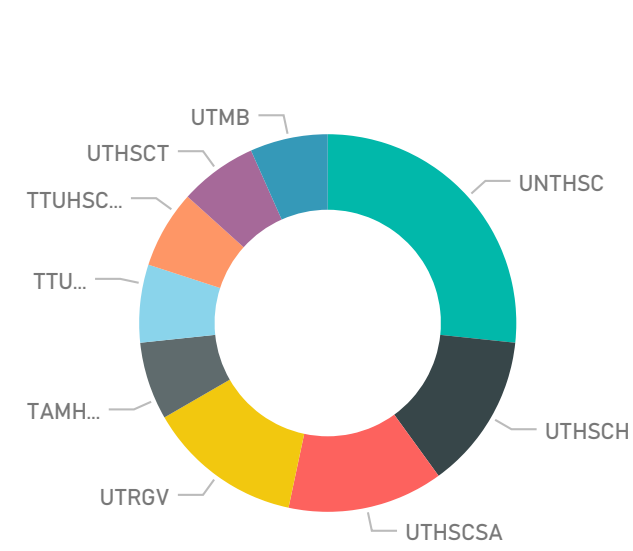
Reported Spend to Date
\$796.48K

of Open Issues
8

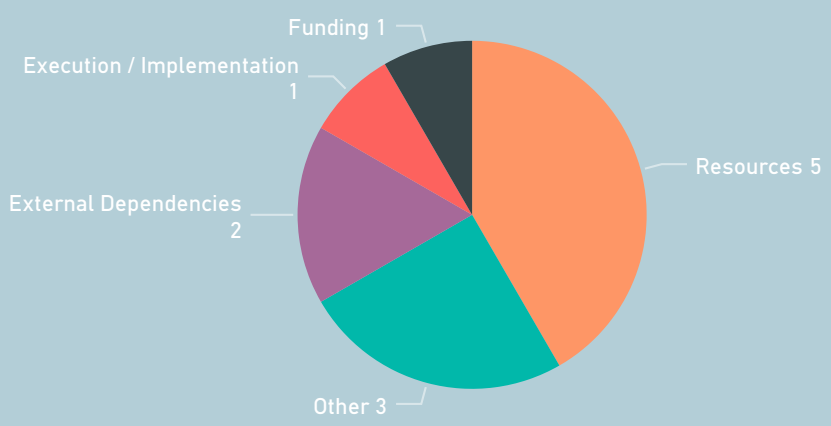
Completed CPWE Milestones by Institution



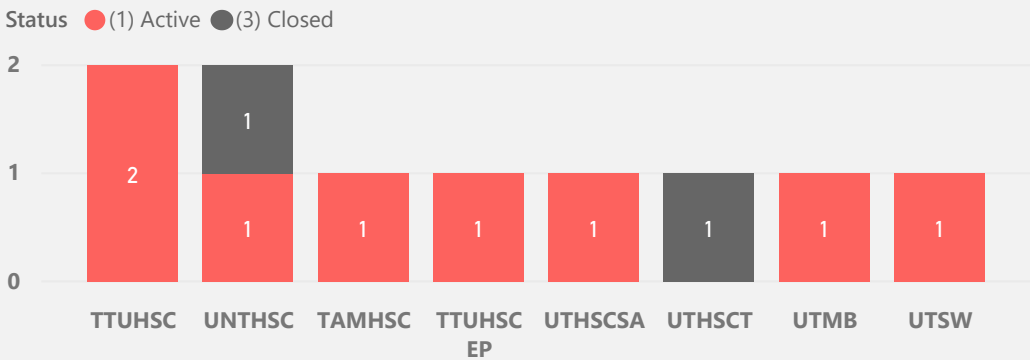
Late Milestones By Institution



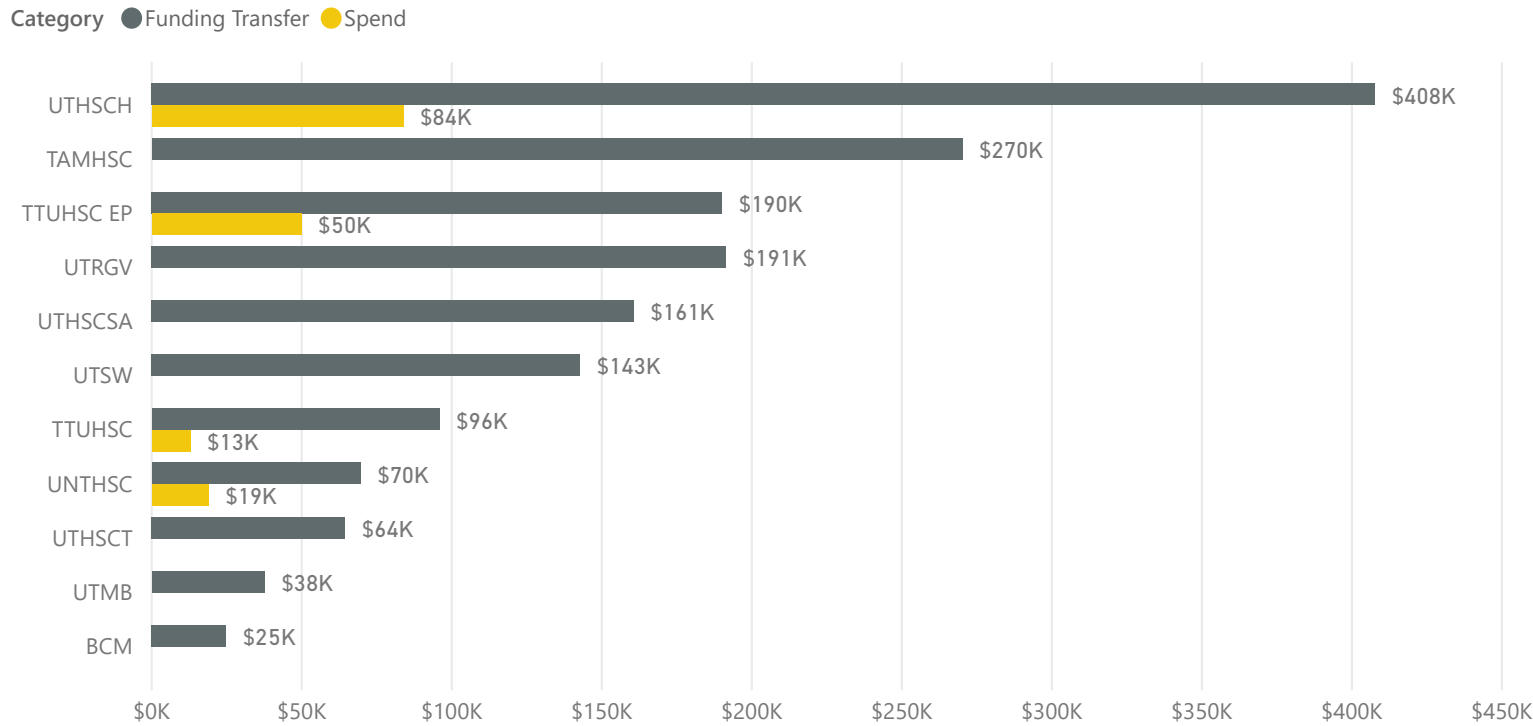
Active Risks By Category



Issues by Institution



CPWE Budgets



Issue Details

Institution	Title	Description of Issue	Action(s) Being Undertaken to Resolve Issue
TAMHSC	COVID-19 impacting access to stakeholders, impacting schedule	COVID-19 is impacting access to key stakeholders, which in turn is impacting the project schedule.	Attempting to communication using electronic means.
TTUHSC	COVID-19 impacted partner availability and delayed some tasks	LMHA's crisis planning for pandemic resulted in delays in meetings focused on the CPWE project. This has delayed the completion of some tasks and is a risk to the project schedule.	Working diligently on getting things in place to facilitate collaboration ASAP.
TTUHSC	Hiring freeze impact to project schedule	We are currently in a hiring freeze because of the COVID-19 pandemic. This could delay our overall project schedule if not addressed.	We are currently speaking with our HR and presidential staff to state the importance of this project and how it is mission critical.
TTUHSC EP	COVID-19 impacting rotation start	Hiring has been slow, so one rotation will likely not start until at least September 2020, as opposed to July as we planned.	Virtual interviewing of new faculty, virtual CFAPTA meeting.
UNTHSC	COVID-19 Impacting Planned Clinical Rotations	Due to the COVID-19 pandemic, MHMR is not currently seeing patients in person except at one site that operates as a "mini state hospital," so residents are not able to participate in clinical rotations as planned.	Dr. Nati with MHMR of Tarrant County reports that rotations could possibly begin at the end of July or early August. Contracts are already in place and can easily be amended.
UTHSCSA	Shortage of child psychiatrists impacting ability to expand	Without additional child psychiatrists, it will be difficult to expand to sites outside of Bexar County.	Continuing to recruit.
UTMB	COVID-19 Impacts to Partner Operations	Due to the global health crisis of COVID-19 project could be delayed as the result of operational decisions made by Gulf Coast Center.	Planning for service delivery via telehealth.
UTSW	LMHA partner focused on COVID-19 response delaying contracting	Like all clinical providers, Metrocare is focused on ensuring that existing patients can be effectively managed while sheltering in place; this particular project is less of a priority at this point in time. This will likely result in delays in putting an agreement in place with the LMHA.	

Risk Details

Institution	Title	Description
TAMHSC	Hiring freeze could impact project schedule	A hiring freeze has been instituted at the institution across the board.
TAMHSC	Inter-Institution agreement could be delayed, impacting project schedule	Inter-institutional agreements between TAMU and Brazos Valley MHMR may be delayed
TTUHSC EP	Hiring freeze could impact LMHA rotation start	The hiring freeze could delay the start of our LMHA rotation, but the other two will likely be able to start on time regardless.
UNTHSC	Contracting takes longer than expected, delaying schedule	Legal agreements take longer than expected to put into place.
UNTHSC	Delays in establishing LMHA rotations impact schedule	It takes longer than expected to establish rotations at the LMHA / community mental health provider site.
UNTHSC	Medical Director recruitment takes longer than expected	It takes longer than expected to find and place a faculty member into the medical director role at the LMHA / community mental health provider site.
UTHSCSA	COVID-19 limits travel and outreach for recruitment purposes	The inability to travel & network could impact the ability to recruit needed resources for the project.
UTHSCSA	Difficulties in recruiting needed child psychiatrists impact scope or schedule	There is a shortage of Child Psychiatrists nationwide and this project is still seeking to fill 2 positions needed for Gulf Bend and Hill Country.
UTSW	COVID-19 impacts recruitment efforts	Potential clinical provider recruits are focusing on current job responsibilities and are less available to consider outside opportunities due to COVID 19.

Late CPWE Milestones

Institution	Milestone	Target Date
UTMB	GME Approval for Gulf Coast Center as a Training Site for General Psychiatry Residents Received	February 2020
UTHSCSA	M1: Legal agreement established between institution & LMHAs / community health providers	March 2020
TTUHSC	M1: Legal agreement established between institution & LMHA / community health provider	March 2020
UTRGV	M3: Legal Agreement established between institution & Coastal Plains	March 2020
UNTHSC	M1: Legal agreement established between institution & LMHA / community health provider	April 2020
UNTHSC	M2: Medical Director placed within LMHA / community health provider facility	April 2020
UTRGV	M29: Medical Director Placed within Border Region Behavioral Health Center	April 2020
UNTHSC	M3: Rotations established at LMHA / community health provider's facility	April 2020
UTSW	M5: FY20 Q2 Progress Report Complete	April 2020
UTHSCH	M1: Legal agreement established between institution & Harris Center	April 2020
TTUHSC EP	M11: First residents start rotations at Alivana	April 2020
UTHSCH	M2: Legal agreement established between institution & Texana	April 2020
UNTHSC	M4: First residents start rotations at LMHA / community health provider's facility	April 2020
UTHSCT	M1: Legal agreement established between institution & LMHA / community health provider	April 2020
UTHSCSA	M8: First residents start rotations at CHCS	May 2020
TAMHSC	M1: Legal agreement established between institution & LMHA / community health provider	May 2020



Recently Completed CPWE Milestones

Institution	Milestone	Completed
BCM	M3: Rotations established at LMHA / community health provider's facility	April 2020
TTUHSC	M2: Medical Director placed within LMHA / community health provider facility	June 2020
TTUHSC	M3: Rotations established at LMHA / community health provider's facility	June 2020
TTUHSC EP	M1: Legal agreement established between institution & Emergence	May 2020
TTUHSC EP	M12: First residents start rotations at El Paso Child Guidance Center	March 2020
TTUHSC EP	M2: Legal agreement established between institution & Alivana	May 2020
TTUHSC EP	M3: Legal agreement established between institution & El Paso Child Guidance Center	March 2020
TTUHSC EP	M5: Medical Director placed within Alivana	May 2020
TTUHSC EP	M6: Medical Director placed within El Paso Child Guidance Center	March 2020
TTUHSC EP	M7: Rotations established at Emergence	May 2020
TTUHSC EP	M8: Rotations established at Alivana	May 2020
TTUHSC EP	M9: Rotations established at El Paso Child Guidance Center	March 2020
UTHSCSA	M2: Medical Director placed within CHCS	May 2020
UTHSCSA	M5: Rotations established at CHCS	March 2020
UTRGV	M1: Legal Agreement established between institution & Tropical Texas	April 2020
UTRGV	M11: Rotations Established at Coastal Plains	June 2020
UTRGV	M30: Rotations Established at Nueces Center for Mental Health and Intellectual Disabilities	May 2020
UTRGV	M31: Rotations Established at Border Region Behavioral Health Center	May 2020
UTRGV	M4: Medical Director Placed within Tropical Texas	March 2020
UTRGV	M5: Rotations Established at Tropical Texas	March 2020
UTRGV	M7: Year 1 Residents Start Rotations at Tropical Texas	January 2020

Upcoming CPWE Milestones

Institution	Milestone	Target Date
UTSW	M1: Legal agreement established between institution & LMHA / community health provider	July 2020
UTHSCSA	M10: First residents start rotations at Gulf Bend	July 2020
UTRGV	M12: Year 1 Residents Start Rotations at Coastal Plains	July 2020
BCM	M2: Medical Director placed within LMHA / community health provider facility	June 2020
TAMHSC	M2: Medical Director placed within LMHA / community health provider facility	June 2020
UTHSCT	M2: Medical Director placed within LMHA / community health provider facility	July 2020
UTHSCSA	M3: Medical Director placed within Hill Country Mental Health	July 2020
UTHSCT	M3: Rotations established at LMHA / community health provider's facility	July 2020
UTSW	M3: Rotations established at LMHA / community health provider's facility	July 2020
UTRGV	M32: Year 1 Residents Start Rotations at Nueces Center for Mental Health and Intellectual Disabilities	July 2020
UTRGV	M33: Year 1 Residents Start Rotations at Border Region Behavioral Health Center	July 2020
BCM	M4: First residents start rotations at LMHA / community health provider's facility	July 2020
TAMHSC	M4: First residents start rotations at LMHA / community health provider's facility	July 2020
TTUHSC	M4: First residents start rotations at LMHA / community health provider's facility	July 2020
UTHSCT	M4: First residents start rotations at LMHA / community health provider's facility	July 2020
UTHSCSA	M4: Medical Director placed within Gulf Bend Center	July 2020
UTHSCH	M4: Medical Director placed within Texana	July 2020
UTHSCH	M5: Rotations established at Harris Center	July 2020
UTHSCSA	M6: Rotations established at Hill Country Mental Health	July 2020
UTHSCH	M6: Rotations established at Texana	July 2020
UTHSCH	M7: First residents start rotations at Harris Center	July 2020
UTHSCSA	M7: Rotations established at Gulf Bend Center	July 2020
UTHSCH	M8: First residents start rotations at Texana	July 2020
UTHSCSA	M9: First residents start rotations at Hill Country Mental Health	July 2020

Status	Institution	Completed	In Progress
✔	BCM	Harris Center rotation schedule completed.	Contract for Sylvia Musquiz, MD to be the 50% FTE supervisor for the newly developed rotation currently going thru grants/contract process at BCM.
✔	TAMHSC	Project psychiatrist signed as a new TAMU hire.	Negotiations with Brazos Valley MHMR underway.
✔	TTUHSC	Multiple TTUHSC Psych Dept Chair, LMHA CEO, LMHA behavioral health director meetings re: new LMHA first episode psychosis program funding and how these wrap around services would benefit collaboration with psychiatry for diagnostic assessments and medication management. Identification of faculty member interested in this project and revision of faculty member schedule to facilitate supervision and direction of this program. Discussion between TTUHSC Psych Dept Chair, LMHA CEO, and TTUHSC CAP faculty re: collaboration to increase capacity of children seen at LMHA. Moved existing faculty who will be site director onto fund for work designing program.	Working on MOU with LMHA to send residents to the outpatient clinic.
✔	TTUHSC EP	Signed MOUs with three community Mental Health Organizations Hired supervisors for all of these new community rotations (some of this was internal transfer). Wrote goals and objectives for the rotations. One rotation has already started.	One of the rotations will start in July 2020. The final rotation will start in September or October 2020.
✘	UNTHSC	No progress this quarter.	Legal agreements are already in place at multiple sites and can easily be amended. Tarrant County MHMR continues to have only distance provider patient sessions. Rotations have been identified, but are delayed due to the pandemic. Jail has currently been taken off the list of sites due to COVID spread in the jail.
✔	UTHSCH	PLA updated between UTHSCH & Harris Center and between UTHSC and Texana Center. CPWE workgroup identified the CANS as the most likely metric common to all LMHAs. UTHSCH will track referrals to LMHAs from TCHATT. COSH will track referrals to LMHA from CPAN. Medical Directors placed at Harris Center and Texana Center.	The rotation schedule at Harris Center is a shared schedule between PGIII residents who are developing a child focused continuity clinic rotation (new) and our child psychiatry fellows who obtain their school-based clinic experience (ACGME requirement) as well as exposure to working in an LMHA setting. More recently, we have also started a discussion about moving their 2-year continuity clinic off-site to the LMHAs as well. The rotation schedule at Texana Center is exciting in that this is a completely new addition to our training program. The rotation is exclusive to our child fellowship training program.
!	UTHSCSA	Rotations at CHCS finalized.	EMR training and credentialing at CHCS in process.
✔	UTHSCT	Project team has met internally to discuss timeline and rotation schedule of psychiatry residents. Two psychiatrists have joined the CPWE team to supervise psychiatry residents at the LMHA/Andrews Center.	Finalization of program schedule and meetings with the Andrews Center to finalize logistics underway.
✔	UTMB	Draft Legal agreement has been sent to Gulf Coast Center, the local Mental Health Authority for program to begin on September 1, 2020.	Approval from Graduate Medical Education office as a training site for General Psychiatry residents. is pending Finalization of legal agreement between Gulf Coast Center and UTMB in progress.

Status	Institution	Completed	In Progress
	UTRGV	UTRGV residents continue to conduct onsite services as well as expanded services with Tropical Texas-LMHA. To further the relationship with our community partner, Tropical Texas, we have initiated a monthly leadership call to remain aligned and effective, build stronger relationships, resolve issues, and communicate in real time. Additionally, we agreed with Tropical Texas' request to participate in Grand Rounds. Telepsychiatry resident rotation schedules for rural county LMHA's have been completed. 1st draft of MOU's with rural county LMHA's have been completed and will be forwarded for review and finalization.	Leadership meetings continue with two rural county LMHA's: Nueces Center for Mental Health and Intellectual Disabilities and Coastal Plains Community Center for offsite Tele-psychiatry services, focusing on resident rotation schedules, testing of IT systems, and finalizing MOU agreement between our organizations. An additional rural county LMHA: Border Region Behavioral Health, has been identified and contacted for interest in the CPWE initiative, and established an ongoing monthly meeting to determine/finalize scheduling, IT, and MOU. All three rural county LMHA's continue to express interest, excitement, and enthusiasm for tele-psychiatry services related to the CPWE Initiative.
	UTSW	No tasks/activities completed on this project .	Conversations w/ Metrocare continue. They are interested in participating; however, they have asked to see a list of the metrics they will be asked to report on before they can finalize an agreement with UTSW. Initial candidate has taken another position; recruiting is ongoing.

Institution	CAP Fellowships
BCM	On track
TAMHSC	On track
TTUHSC	Experiencing Issues
TTUHSC EP	On track
UTHSCSA	On track
UTHSCT	On track
UTRGV	On track
UTSW	On track

Program Budget
\$3.73M

of Completed Milestones
42

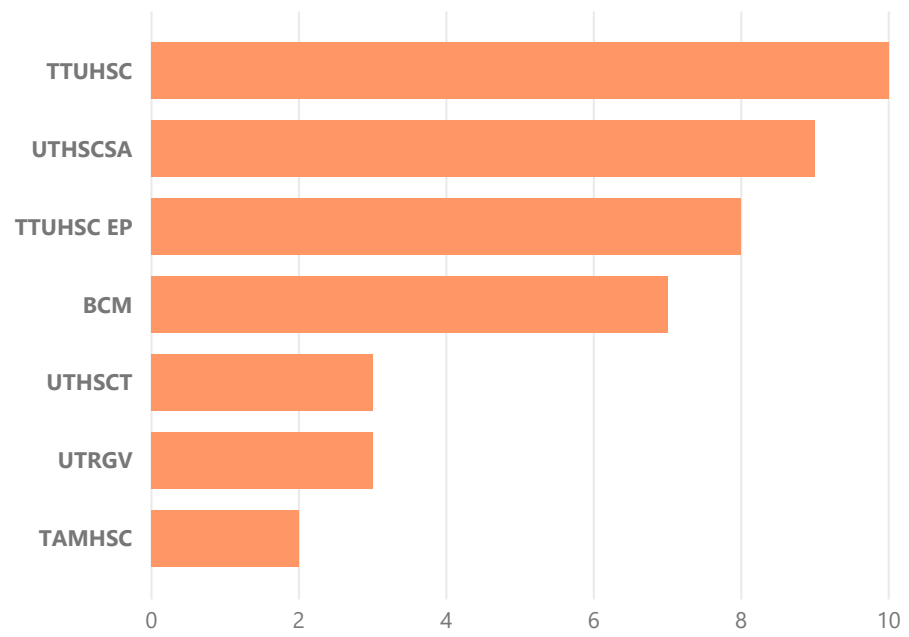
Transfers to Date
\$1.13M

of Milestones Remaining
103

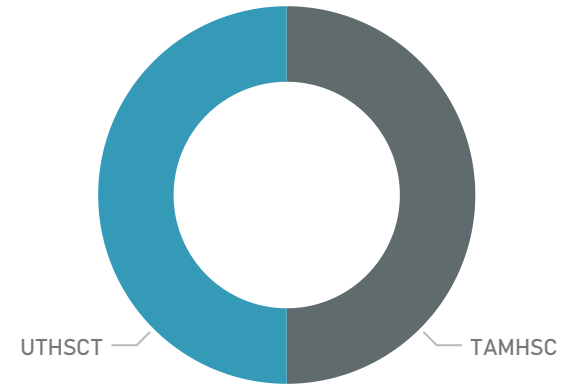
Reported Spend to Date
\$1.21M

of Open Issues
4

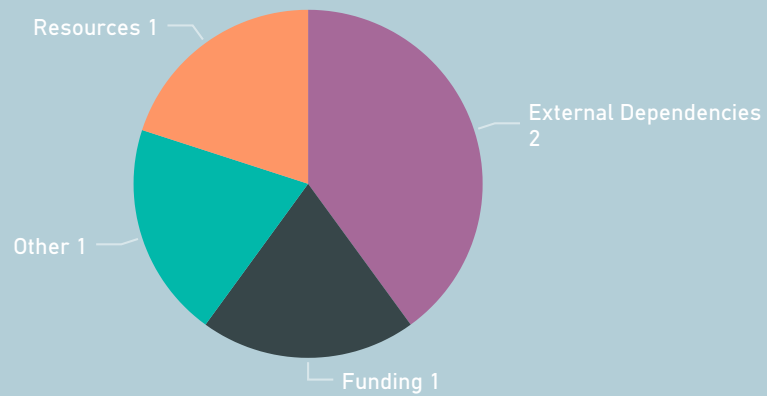
Completed CPWE Milestones by Institution



Late Milestones By Institution

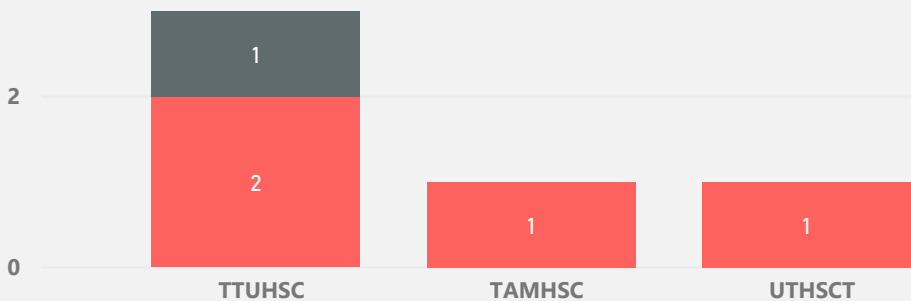


Active Risks By Category



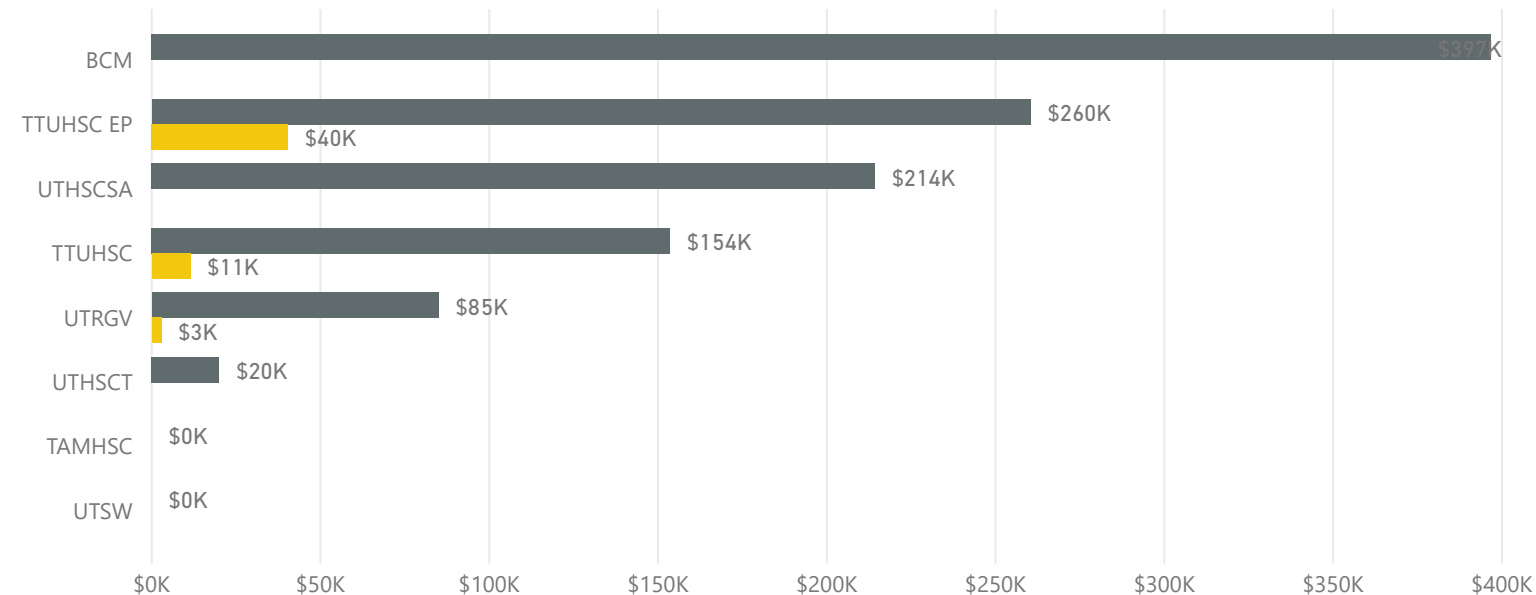
Issues by Institution

Status ● (1) Active ● (3) Closed



CAP Fellowship Budgets

Category ● Funding Transfer ● Spend



Late CAP Fellowship Milestones

Institution	Milestone	Target Date
UTHSCT	M2: Child Fellowship Training Program Core staff hired	April 2020
TAMHSC	M1: New CAP Fellowship positions submitted to ACGME	April 2020

Recently Completed CAP Fellowship Milestones

Institution	TaskName	TaskFinishDate
UTHSCSA	M6: New FY20 CAP Fellowship Position matched	January 2020
BCM	M6: New FY20 CAP Fellowship positions matched	January 2020
TTUHSC	M1: Child Fellowship Training Program Core staff hired	January 2020
TTUHSC	M2: New Child Fellowship Training Program Developed	January 2020
TTUHSC	M5: New Child Fellowship Training Program Submitted to DIO for GME approval	January 2020
TTUHSC EP	M6: New FY20 CAP Fellowship positions matched	January 2020
TTUHSC	M9: New CAP Fellowship positions submitted to DIO for GME approval	January 2020
TTUHSC	M10: New CAP Fellowship positions GME Approved	January 2020
TTUHSC	M6: New Child Fellowship Training Program GME Approved	January 2020
TTUHSC	M3: New Child Fellowship Training Program Submitted to ACGME for approval	January 2020
TTUHSC	M7: New CAP Fellowship positions submitted to ACGME	January 2020
UTHSCT	M1: New Child Fellowship Training Program Submitted to DIO for GME approval	March 2020
UTHSCSA	M7: New FY20 CAP Fellow starts in program	May 2020
TAMHSC	M4: New CAP Fellowship positions GME approved	May 2020
UTRGV	M3: Child Fellowship training program core staff hired	May 2020

Upcoming CAP Fellowship Milestones

Institution	TaskName	TaskFinishDate
BCM	M9: FY20 Q3 Progress Report Complete	June 2020
TAMHSC	M9: FY20 Q3 Progress Report Complete	June 2020
TTUHSC EP	M8: New FY21 CAP Fellowship positions submitted to NRMP	July 2020
BCM	M7: New FY20 CAP Fellows start in program	July 2020
TTUHSC EP	M7: New FY20 CAP Fellows start in program	July 2020
UTHSCT	M7: FY20 Q3 Progress Report Complete	June 2020
TAMHSC	M5: New CAP Fellowship positions submitted to NRMP	June 2020
UTRGV	M4: New Child Fellowship Program Developed	August 2020
TAMHSC	M3: New CAP fellowship positions submitted to DIO for GME approval	June 2020
UTRGV	M2: FY20 Q3 Progress Report Complete	June 2020
TTUHSC	M15: FY20 Q3 Progress Report Complete	June 2020
UTHSCSA	M12: FY20 Q3 Progress Report Complete	June 2020
TTUHSC EP	M12: FY20 Q3 Progress Report Complete	June 2020
TTUHSC	M11: New CAP Fellowship positions submitted to NRMP	June 2020
TAMHSC	M2: New CAP Fellowship positions approved by ACGME	June 2020

Issue Details









Institution	Title	Description of Issue	Action(s) Being Undertaken to Resolve Issue
TAMHSC	COVID-19 impacting access to stakeholders, impacting schedule	COVID-19 is limiting access to key stakeholders and impacting schedule.	Attempting to use electronic communication means.
TTUHSC	2 of 3 core faculty not BC	Received a citation affecting accreditation as a result of 2 of 3 core faculty not being Board Certified.	Both child faculty not Board Certified in CAP registered for specialty board this September. In talks with 3 additional possible core faculty candidates who are already Board Certified.
TTUHSC	Program not accredited	Program was not accredited. As a result, will not participate in fall 2020 recruitment.	Met with institutional GME DIO and department residency director regarding action items in response to citations. Agreed major citation is lack of Board Certified faculty. Plan is to re-submit at next chance (Nov 19, 2020) for accreditation.
UTHSCT	Resource constraints impacting program development	Shortage of available time and effort of Program Manager due to growth of existing AGME Psych programs is impacting program development.	Need to identify staff assistance for program development. Looking at alternative staff to apply 20-25% time & effort to project.

Risk Details

Institution	Title	Description
UTRGV	Potential state budget cuts	Precise impact of potential state budget cuts on progress with project milestones is unclear.
TTUHSC EP	Recruitment risk for next year's fellows due to COVID-19	Applicants for next year's class may be reluctant to travel to interviews.
UTSW	Risk that not all slots will be filled due to shortage of applicants	There are fewer applicants to Child Psychiatry program nationally than available positions; there is a risk that due to the shortage of applications, not all slots could be filled.
TTUHSC	Risk that successful program accreditation application is further delayed	Risk that TTUHSC will not hire additional BC CAP faculty, results from board in September will not be back by application deadline, or faculty do not pass board, resulting in an inability to reapply for program accreditation by November 2020.
UTHSCT	Risk to project rotation sites	Closure of the UTHET Behavioral Health Center psychiatric hospital has resulted in temporary closure of UTHET Child/Adolescent inpatient units and IOP Program. Potential impact is the possible reduction of rotation sites for the fellowship.

CAP Fellowships Project Updates By Institution

FY20-Q3 Update - Covers March 2020-May 2020

Status	Institution	Completed	In Progress
	BCM	Located new staff member for the 30% FTE for the Child Fellowship Coordinator. Completed onboarding of new fellows.	N/A. The fellowships are due to start July 1, 2020.
	TAMHSC	Recruitment of additional faculty to participate in CAP fellowship educational program completed.	ACGME approval of CAP fellowship complement increase pending.
	TTUHSC	Moved current faculty to fund for time spent working on the fellowship application. Submitted application for accreditation and received decision letter from ACGME.	Hiring fellowship coordinator; have interviewed for position. Working with institutional GME to recruit board certified child and adolescent psychiatrist. Working on PSAs for additional rotation sites for child fellowship. Developing integrated and collaborative child relational health unit.
	TTUHSC EP	As of July 1, 2020- all fellows will start and our expanded program will be full to include the two expansion positions that were created by SB11, for a total of 6 fellows.	Onboarding of the residents is almost complete and we are set for the new fellows to start on Jul 1, 2020
	UTHSCSA	Rotation schedule finalized. Our complement of fellows is now fully expanded to 10 (5 slots per year). For the CAP 2020-2021 year, we will have a total of nine (9) fellows- 5 CAPI's and 4 CAP II's. One of the CAP II's is a transfer from another program. Thus, starting in July 2020, we will be funding 2 CAPS from the Consortium funds.	N/A
	UTHSCT	Project team has met to review project timeline, milestones, and roles of existing team members for coming months. Project team has reviewed available time and effort of current staff and identified a need for additional support from a Program Coordinator / Assistant. Project team has reviewed the impact of clinical operation system mergers and changes to potential fellowship rotations.	Development of the PIF is in progress. Also working to identify staff to assist with additional UTHSCT Psychiatry ACGME activities including the Child and Adolescent Psychiatry Fellowship.
	UTRGV	During FY20-Q3, completed the hiring of core program staff ahead of scheduled milestone. The new Program Director and Program Coordinator have established weekly meetings for the ongoing development and drafting of the fellowship application. Additionally, established weekly progress meetings with UTRGV GME Director of Accreditation and Program Development, with an open-door policy for discussions and impromptu meetings related to the fellowship application. Core program staff will continue to meet regularly with UTRGV TCMHCC Director and Program Manager to review progress, review milestones, address additional issues, and determine adequate plan of action(s).	During FY20-Q4, we are currently working towards; completing ACGME CAP application materials, obtaining approval from UTRGV SOM GME to submit application and all corresponding documents to ACGME, obtaining program approval, and beginning next phase of program development. Program Director will continue to network with existing fellowship programs, as well as develop additional university and community-based relationships, that will serve as the foundation for teaching and training in the program.
	UTSW	No tasks completed in Q1 for this project.	N/A

“THE COSH REPORT”

- Laurel L. Williams, DO
- Jennifer Evans



THE NEVERENDING 2020



PROGRESS REPORT:

- Telecommunications
- Data Management
- CPAN
- TCHATT
- State Wide Referral System



TELECOMMUNICATION



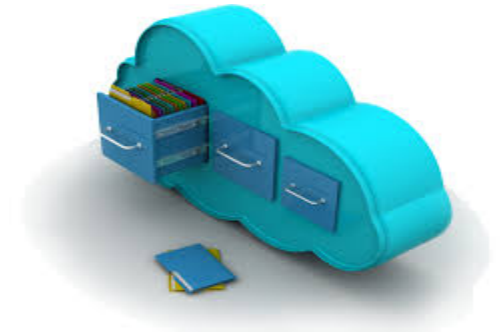
- ***1 888 901 CPAN (2726)- IT WORKS!***
- Contract at last step
- Interim Triage System Working Well
- Lantana Project Manager Assigned
- Once contract signed each HRI can be outfitted in 6-8 weeks (*)
 - PM meet with HRI Telecom and CPAN Team
 - Decide on needed software, hardware
 - Purchase, install
 - Training on Lantana to each HRI

DATA MANAGEMENT



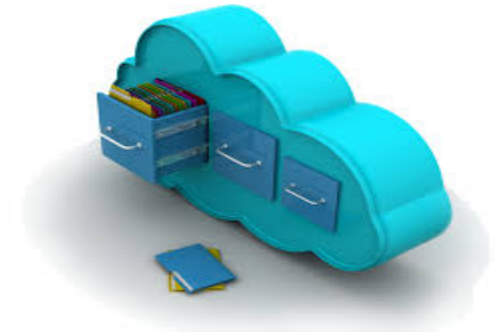
- BAA Master Agreement in Progress-
 - 3 of the 12 HRIs have them complete
 - Reminder sent out last Friday
- Trayt PCP enrollment form online at BCM
 - All HRIs will NDA signed can get Trayt to start using if approved by the HRI
- RedCap PCP enrollment form all others (*)
- Daily Trayt Calls
 - Manage PCP calls- arrival mid-July
- Weekly COSH and TCMHCC Business Operations Meeting

DATA MANAGEMENT



- COSH working with BCM and Trayt to Get Contract Written –estimated time to completion 6-8 weeks
- COSH meeting with all HRI IT/Compliance Teams to review TRAYT SPECS for May 26, 2020
 - Zoom meeting recorded available
 - Follow-up to meeting with individual Teams as needed
 - UT Houston completing their Trayt review

DATA MANAGEMENT



- Data Governance Committee Met May 14, 2020
- Chair and Vice Chair for the group was Daniel D and Steven P respectively
- Team members: Laurel W, Andy H, Sonja G, Alan P, Alex V, Jennifer E, Lashelle I, Octavio M
- Needs Today:
- To assign new Chair- Daniel is moving roles
- Consider: Add external team that is reviewing TCMHCC- Molly Lopez and Tracey Levins

CPAN: IN PROGRESS



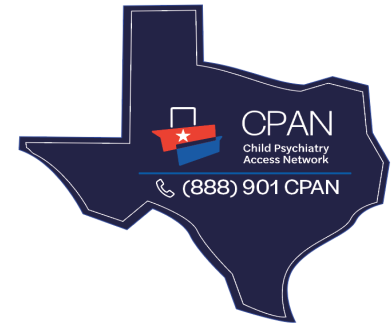
- 909 (106 practices)PCPs enrolled since go-live
- 50 Total Calls since go-live
- COSH Contract in the works for PCP Consultant; Dr. Nhung Tran- she is now on BCM COSH Daily Calls 3 times per week
- Completing CPAN Customer Satisfaction Survey- informal process PCP very pleased

CPAN: IN PROGRESS



- Working on Communication Strategies
 - Video Presentation with CPAN and Dr. Tran
 - Social Media (Facebook, Linkdin)
 - Contract with TPS possibly Family Practice and NP/PA State Associations (email lists)
 - Insurance/Medicaid Teams
 - Met with 2 to Date
 - Meeting with all Medicaid Teams: July 27, 2020
- Scheduled Monthly CPAN Meetings (Individual)
- Scheduled Monthly State-Wide Meetings

CPAN NEXT STEPS



- CPAN Website
 - Contract team to create website-possibly Trayt for PCP enrollment web logic (discuss)
 - Reviewed other CPANs
 - Decision to Model after MCPAP
 - Break-out into Teams from State CPANs:
 - 5 member maximum: Sprint within 6 weeks:
 - Video of CPAN team and Dr. Tran for Front Page
 - COVID- 19 Resources
 - ADHD
 - Anxiety
 - Depression

TCHATT UPDATE



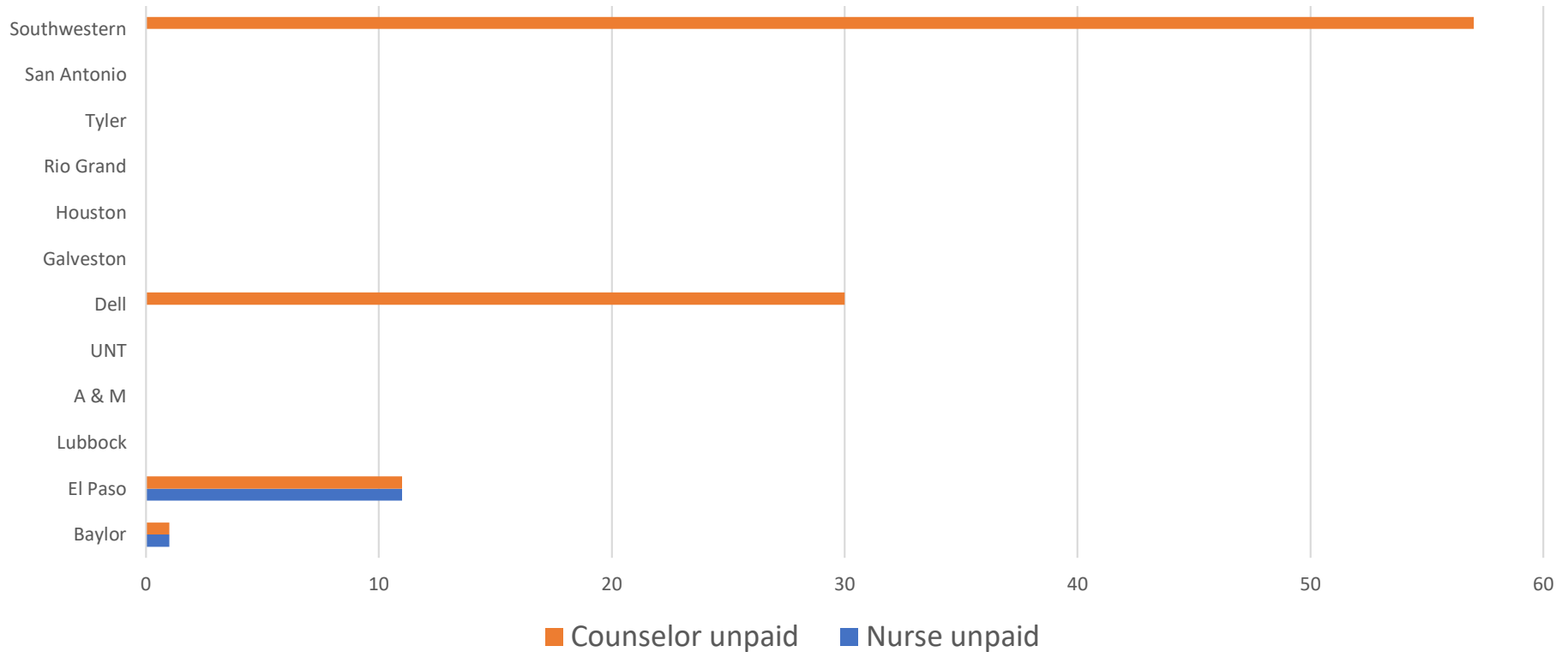
HRI	Started	# of ISDs	# of Schools	MD/DO	PhD	Therapist	NP	CHW
Baylor	yes	6	>30	2(1)	0(1)	5.7(3)	0	0
El Paso	yes	2	7	4	1	3	0	0
Lubbock	yes	63	>30	1(1)	1(1)	6 (2)	0	0
A & M	no	0(0)						
UNT	no	2		0(2.6)	0(2)	0(10)	0	0
Dell	yes	2(8)	>30	9	23	0	0	0
Galveston	no	0(8)		0(1)	0(2)	0	0	0
Houston	yes	6	>30	1	1(1)	3	2	0(40)
Rio Grand	no							
Tyler	no	0(26)		0(1.5)	0	0(5)	0	0
San Antonio	no	5	>30	1	1	2	2(1)	0
Southwestern	yes	8(32)	>30	1(1)	0(0)	3(1)	0	0

TCHATT UPDATE: SURVEY RESULTS

Me in my kid's daily zoom meeting
trying to learn second grade math



School Personnel Counselor or Nurse



TCHATT UPDATE

Me in my kid's daily zoom meeting trying to learn second grade math



TCHATT HRI	How referrals come in	Who schedules
Baylor	Web based form sent to tchatinfo@bcm.edu	BCM
El Paso	Form from school	School
Lubbock	Form from school	Combined
A & M		
UNT	Form from school	TBD
Dell	Web based form from school	School
Galveston	Form from school	UTMB
Houston	Form from school	Combined
Rio Grand		
Tyler	TBD	TBD
San Antonio	Form from school	UTSA
Southwestern	Form from school	Combined

TCHATT UPDATE



TCHATT HRIs	ASQ	PHQ9	GAD-7	SCARED	Vanderbilt	SNAP IV	M-OAS	CBCL/YSR	BASC	CSSR-R	YMRS	Youth Risk	M & FQ	Autism Sc-10	Prodromal 16	Screen 2 Brief	Patient Centered Goal
Baylor		X		X	X		X		X	X	X						
El Paso		X		X		X											
Lubbock	X	X		X	X												
A & M																	
UNT		X	X		X					X							
Dell	X	X	X	X	X		X			X							
Galveston		X	X	X	X												
Houston												X		X	X	X	
Rio Grand																	
Tyler																	
San Antonio		X		X	X		X	X									
Southwestern		X	X														X

TCHATT UPDATE

Me in my kid's daily zoom meeting trying to learn second grade math



TCHATT HRI	Triage	Scheduling of Appointment	Interpreter Services
Baylor	BCM Coordinator Phone Triage	Same Day if Urgent; Pre-schedule (set no. app per week for ISD)	Language Line
El Paso	Tech Coordinator Phone Triage	Team Consultation then Schedule	Language Line
Lubbock	Tech Therapist Phone Assessment	Team Consultation then Schedule 72 hr	App- purchase new
A & M			
UNT	UNT Coordinator Phone Triage	48 hrs	Language Line
Dell	Dell Phone Triage, intake	SameDay if Urgent; Pre-schedule	Language Line
Galveston	Triage from Referral	Within 1 week	Language Line
Houston	Houston LMSW Phone Triage	Same Day	Purchase
Rio Grand			
Tyler	TBD		
San Antonio	SA Coordinator Phone Triage	Same Day if Urgent; 72 hrs	Language Line
Southwestern	Therapist Phone intake +	24 hours if Urgent; 48 hrs	Language Line
	Weekly Staff meeting with Physician		

STATE WIDE REFERRAL SYSTEM



Welnity Project- statewide initiative to connect providers and locate appropriate services:

- All HRI current resources will be added to Welnity to use statewide.
- Welnity is a crowd sourced data base that “providers only” can join by email invitation to enroll.
- You can query Welnity with a question such as “ I need a therapist in ____ county. If the resource is already listed in the system it will show up automatically. If it is not listed, your question will go out to others registered to Welnity to answer the question.
- The goal is to work with the local mental health authorities as well as local therapists, and psychiatrists to add them to the Welnity system.
- Working with Courtney Seals Director of Mental Health Programs, Planning and Policy, (Health and Human Services Commission.) To share provider information, tracking of provider utilization, and needs for additional community resources and special programs

COSH QUESTIONS?



Baylor College of Medicine

The values below will automatically populate based on entries made in the budget tabs. Please fill in the Change Request column for any rows where there are add
**that in order to ensure any proposed year 3 budgets are sustainable, ongoing operating costs cannot exceed what is currently budgeted across the four initiative
 must be returned and cannot be transferred to another project.**

CPAN										
ID	Cost Category	FY20 Original	FY20 Forecast (Actual Expected Spend)	FY20 Expected Carry Forward	FY21 Original	FY21 Proposed New	Available Budget (FY21 Original + Carry Forward)	Original vs New Variance (FY20+FY21)	Additional Funds Needed	Expected Remaining Funds
1	Core Staff	\$ 411,708	\$ -	\$ 411,708	\$ 930,063	\$ -	\$ 1,341,771	-100%	\$ -	\$ 1,341,771
2	Admin Staff	\$ 254,583	\$ -	\$ 254,583	\$ 381,875	\$ -	\$ 636,458	-100%	\$ -	\$ 636,458
3	Technology Costs	\$ 170,133	\$ -	\$ 170,133	\$ 19,725	\$ -	\$ 189,858	-100%	\$ -	\$ 189,858
4	Other Expenses	\$ 99,480	\$ -	\$ 99,480	\$ 173,870	\$ -	\$ 273,350	-100%	\$ -	\$ 273,350
TOTALS		\$ 935,905	\$ -	\$ 935,905	\$ 1,505,532	\$ -	\$ 2,441,437		\$ -	\$ 2,441,437

TCHAT										
	Cost Category	FY20 Original	FY20 Forecast (Actual Expected Spend)	FY20 Expected Carry Forward	FY21 Original	FY21 Proposed New	Available Budget (FY21 Original + Carry Forward)	Original vs New Variance (FY20+FY21)	Additional Funds Needed	Expected Remaining Funds
5	Core Staff	\$ 636,958	\$ -	\$ 636,958	\$ 1,862,063	\$ -	\$ 2,499,021	-100%	\$ -	\$ 2,499,021
6	Admin Staff	\$ 254,583	\$ -	\$ 254,583	\$ 381,875	\$ -	\$ 636,458	-100%	\$ -	\$ 636,458
7	Technology Costs	\$ 84,847	\$ -	\$ 84,847	\$ 56,575	\$ -	\$ 141,422	-100%	\$ -	\$ 141,422
8	Other Expenses	\$ 51,271	\$ -	\$ 51,271	\$ 98,161	\$ -	\$ 149,432	-100%	\$ -	\$ 149,432
TOTALS		\$ 1,027,660	\$ -	\$ 1,027,660	\$ 2,398,673	\$ -	\$ 3,426,333		\$ -	\$ 3,426,333

CPWE									
Cost Category	FY20 Original	FY20 Forecast (Actual Expected Spend)	FY20 Expected Carry Forward	FY21 Original	FY21 Proposed New	Available Budget (FY21 Original + Carry Forward)	Original vs New Variance (FY20+FY21)	Additional Funds Needed	Expected Remaining Funds
9 Core Staff	\$ 24,563	\$ -	\$ 24,563	\$ 147,375	\$ 189,030	\$ 171,938	10%	\$ 17,092	\$ -
10 Admin Staff	\$ -	\$ -	\$ -	\$ -	\$ 550	\$ -	0%	\$ 550	\$ -
11 Resident Costs	\$ -	\$ -	\$ -	\$ -	\$ 452	\$ -	0%	\$ 452	\$ -
12 Technology Costs	\$ -	\$ -	\$ -	\$ -	\$ 66	\$ -	0%	\$ 66	\$ -
13 Other Expenses	\$ 250	\$ -	\$ 250	\$ 1,500	\$ 66	\$ 1,750	-96%	\$ -	\$ 1,684
TOTALS	\$ 24,813	\$ -	\$ 24,813	\$ 148,875	\$ 190,164	\$ 173,688		\$ 18,160	\$ 1,684

CAP Fellowships									
Cost Category	FY20 Original	FY20 Forecast (Actual Expected Spend)	FY20 Expected Carry Forward	FY21 Original	FY21 Proposed New	Available Budget (FY21 Original + Carry Forward)	Original vs New Variance (FY20+FY21)	Additional Funds Needed	Expected Remaining Funds
14 Core Staff	\$ 18,225	\$ -	\$ 18,225	\$ 18,225	\$ -	\$ 36,450	-100%	\$ -	\$ 36,450
15 Admin Staff	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ -	\$ -
16 Fellowships	\$ 370,633	\$ -	\$ 370,633	\$ 370,633	\$ -	\$ 741,265	-100%	\$ -	\$ 741,265
17 Other Expenses	\$ 7,896	\$ -	\$ 7,896	\$ 7,896	\$ -	\$ 15,792	-100%	\$ -	\$ 15,792
TOTALS	\$ 396,754	\$ -	\$ 396,754	\$ 396,754	\$ -	\$ 793,507		\$ -	\$ 793,507

Program Total \$ 18,160 \$ 6,662,962

ditional funds needed or expected remaining funds. **Please note**
s. Please also note that funds for any unfilled CAP Fellowships

**Change Request for Remaining Funds & Additional Funds
Needed**

For example: Move between cost categories, move
between projects, return funds. Provide specifics of
request and justification

Example (remove/replace): Move \$100,000 of remaining
funds from ID-1 to ID-5. Hiring freezes delayed ability to
recruit staff in Year 1, reducing salaries paid; funds are no
longer needed.

**Change Request for Remaining Funds & Additional Funds
Needed**

For example: Move between cost categories, move
between projects, return funds. Provide specifics of
request and justification

Example (remove/replace): Receive \$100,000 of
additional funds needed from ID-1. Additional funds
needed to increase available psychiatrists and expand
number of schools served by 5.

Change Request for Remaining Funds & Additional Funds Needed

For example: Move between cost categories, move between projects, return funds. Provide specifics of request and justification

Change Request for Remaining Funds & Additional Funds Needed

For example: Move between cost categories, move between projects, return funds. Provide specifics of request and justification

TCHATT Personnel

TCHATT HRI Personnal	Started
Baylor	yes
El Paso	yes
Lubbock	yes
A & M	no
UNT	no
Dell	yes
Galveston	no
Houston	yes
Rio Grand	no
Tyler	no
San Antonio	no
Southwestern	yes

School Personnel

TCHATT School Personnel	Nurse Unpaid
Baylor	1
El Paso	11
Lubbock	0
A & M	
UNT	
Dell	0
Galveston	
Houston	0
Rio Grand	
Tyler	
San Antonio	0
Southwestern	0

TCHATT Referral Process	How referrals come in
Baylor	Web based tchatinfo@bcm.edu
El Paso	Form from school
Lubbock	Form from school
A & M	
UNT	Form from school
Dell	web based form from school
Galveston	Form from school
Houston	Form from school
Rio Grand	
Tyler	TBD

San Antonio	Form from school
Southwestern	Form from school

TCHATT Measures

TCHATT Measures	ASQ
Baylor	
El Paso	
Lubbock	X
A & M	
UNT	
Dell	X
Galveston	
Houston	
Rio Grand	
Tyler	
San Antonio	
Southwestern	

TCHATT Triage Process

TCHATT Triage Process	Triage
Baylor	BCM Coordinator Phone Triage
El Paso	Tech Coordinator Phone Triage
Lubbock	Tech Therapist Phone Assessment
A & M	
UNT	UNT Coordinator Phone Triage
Dell	Dell Phone Triage, intake
Galveston	Triage from Referral
Houston	Houston LMSW Phone Triage
Rio Grand	
Tyler	TBD
San Antonio	SA Coordinator Phone Triage
Southwestern	Therapist Phone intake + Weekly Staff meeting with Physician

ISD	Schools	MD/DO	PhD
6	>30	2(1)	0(1)
2	7	4	1
63	>30	1(1)	1(1)
0(0)			
2	#	0(2.6)	0(2)
2(8)	>30	9	23
0(8)	#	0(1)	0(2)
6	>30	1	1(1)
0(26)	#	0(1.5)	0
5	>30	1	1
8(32)	>30	1(1)	0(0)

Counselor Unpaid
1
11
0
30
0
0
57

Who schedules
BCM
School
Combined
TBD
School
UTMB
Combined
TBD

UTSA
Combined

PHQ9	GAD-7	SCARED	Vanderbilt
X		X	X
X		X	
X		X	X
X	X		X
X	X	X	X
X	X	X	X
X		X	X
X	X		

Scheduling of appointments	Provider Type	Interpreter Services
Same Day if Urgent; Pre-schedule (set no. app per week for ISD)	T, P, Both	Language Line
Team Consultation then Schedule	T,P, Both	Language Line
Team Consultation then Schedule 72 hr	T, P, Both	App- purchase new
48 hrs	T,P,Both	Language Line
SameDay if Urgent; Pre-schedule	T,P,Both	Language Line
Within 1 week	Both	Language Line
Same Day	T,P,Both	Purchase
Same Day if Urgent; 72 hrs	T,P, Both	Language Line
24 hours if Urgent; 48 hrs	Therapist prima	Language Line

Therapist	NP	CHW
5.7(3)	0	0
3	0	0
6 (2)	0	0
0(10)	0	0
0	0	0
0	0	0
3	2	0(40)
0(5)	0	0
2	2(1)	0
3(1)	0	0

Institution	TCHATT
BCM	On track
Dell	On track
TAMHSC	On track
TTUHSC	On track
TTUHSC EP	On track
UNTHSC	Experiencing Issues
UTHSCH	On track
UTHSCSA	On track
UTHSCT	On track
UTMB	Experiencing Issues
UTRGV	On track
UTSW	On track

Program Budget
\$37.17M

of Completed Milestones
79

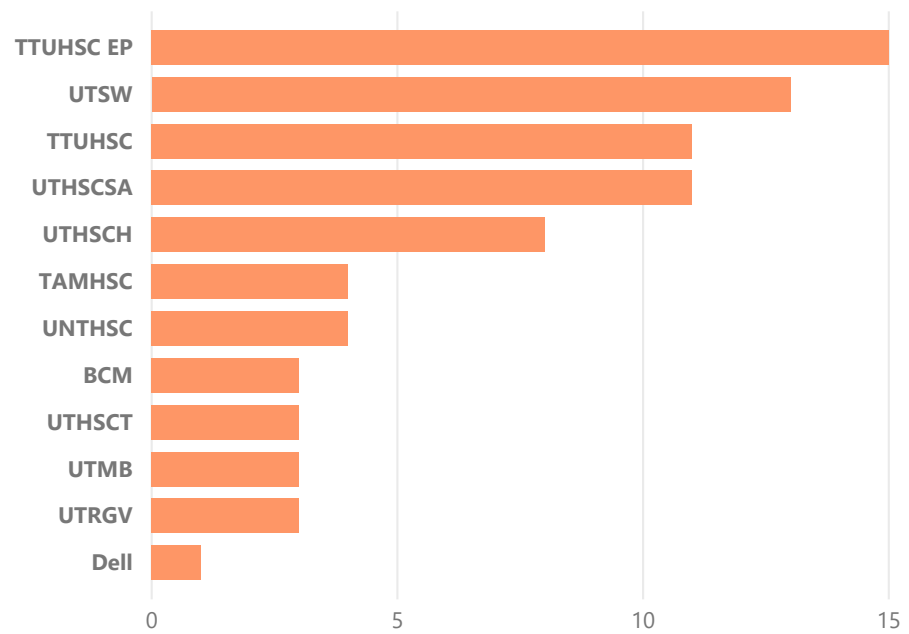
Transfers to Date
\$11.71M

of Milestones Remaining
414

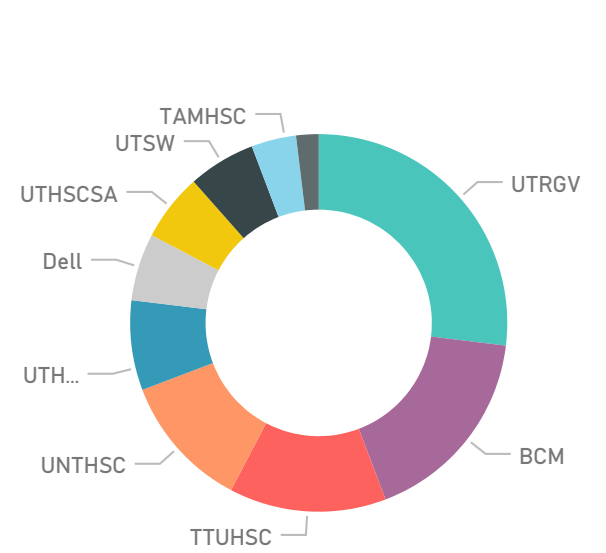
Reported Spend to Date
\$1.16M

of Open Issues
14

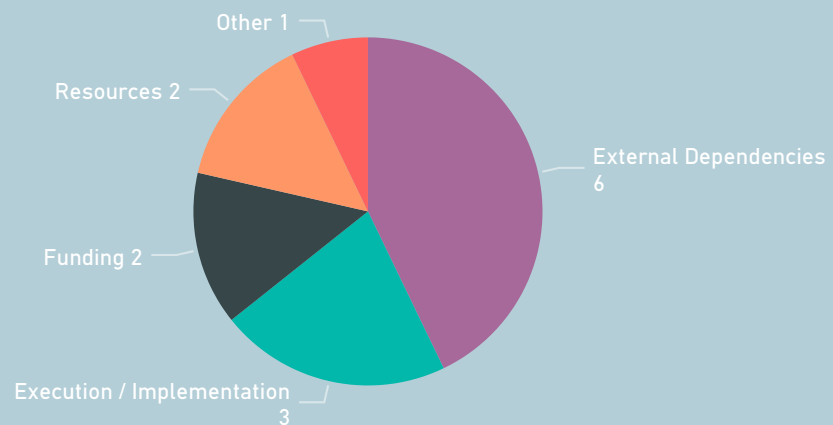
Completed TCHATT Milestones by Institution



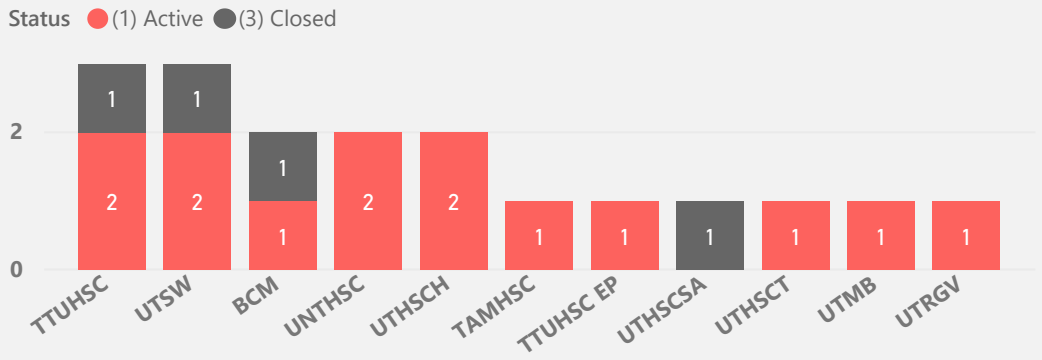
Late Milestones By Institution



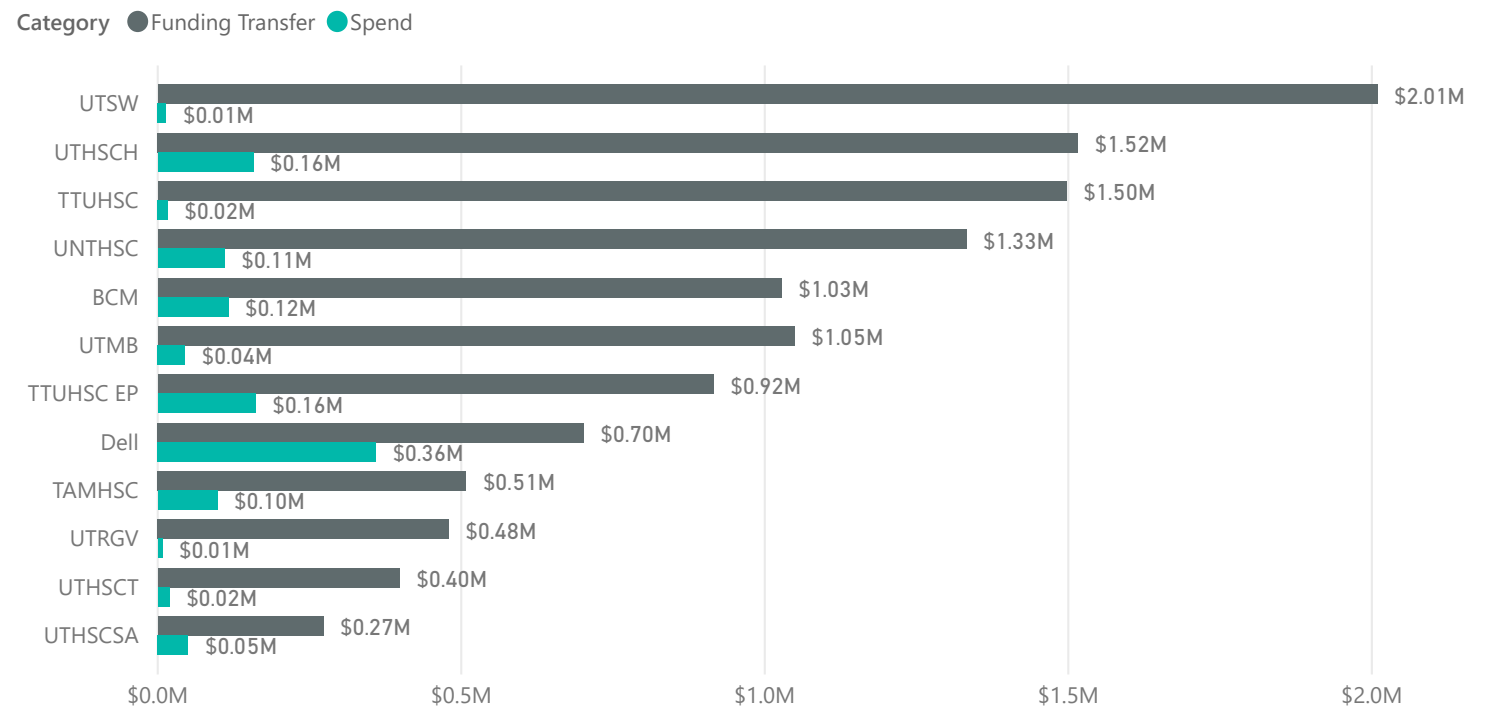
Active Risks By Category



Issues by Institution



TCHATT Budgets



Issue Details

Institution	Title	Description of Issue	Action(s) Being Undertaken to Resolve Issue
BCM	Service delivery change needed as a result of COVID-19	COVID-19 is causing delays and changes in the project delivery.	Changing approach to allow for youth to receive services in home after school referral.
TAMHSC	COVID-19 impacting access to stakeholders, impacting schedule	COVID-19 is impacting access to key stakeholders and as a result, impacting schedule.	Attempting electronic means of communication.
TTUHSC	COVID-19 impacts on school resources/availability	Meetings to discuss TCHAT services were postponed while schools focused on more immediate needs resulting from the pandemic. This has impacted the project timeline.	Working diligently on advancing communication with schools.
TTUHSC	Difficulty recruiting required faculty	Difficult recruitment of additional child psychiatrist during economic crisis due to pandemic and oil/gas economy. Have interviewed multiple child psychiatrists who have reported sole reason for not joining practice is concern re: stability of academic practice during down turn in economy as reported on the news. This has resulted in less robust list of CAP for coverage of program and more stress on current CAPs for running of multiple programs.	Continue to attempt traditional recruitment into our department. Reached agreement with regional department chair re: ability dedicate some additional time for CAP to TCHAT coverage.
TTUHSC EP	Hiring Freeze due to COVID 19 Epidemic	Unable to hire all staff according to the original timeline as a result of the current hiring freeze in place at the institution.	Continuing with hiring, just at a slower pace due to the necessity of gaining special approval.
UNTHSC	COVID-19 impact to resource availability for project work	COVID-19 pandemic response has diverted staff and resources; normal operations have been disrupted due to social distancing measures. As a result, target dates for early milestones may be delayed.	Posting/hiring is in progress. Schedule for FY20 Q4 will be compressed to bring schedule back on track by FY21 Q1.
UNTHSC	School closures from COVID-19 impacting rate of school sign ups	School campuses have been closed due to the pandemic, and school staff have not responded to initial outreach attempts. As a result, identification of specific school campuses for participation in TCHAT is taking longer than expected.	Attempting new strategy by going through school-based clinics to discuss TCHAT with school principals before talking to superintendents.
UTHSCH	COVID-19 school closures impacting TCHAT service rollout	Schools have been closed as a result of the current COVID-19 outbreak. Kids are not in school and return to school is unknown. TCHAT was originally intended to offer services within schools. As a result of school closures, services will either be delayed or the way the services are delivered needs to change.	We would like to request permission from TCMHCC to be allowed to serve kids who are attending online school associated with ISDs with whom we are contracting through TCHAT.
UTHSCH	Hiring Freeze impacting resource recruitment	UTHSCH enacted a hiring freeze following COVID-19's arrival in Houston and the shelter in place orders. As a result, one pending offer for a MHNP was rescinded. In addition, on-site community health workers are not being hired due to the uncertainty remaining around when children will return to school and staff will return to work.	
UTHSCT	COVID 19 disruption to normal ISD operations	Due to the COVID 19 pandemic, conference calls with the schools were canceled and it is unclear if these will resume before the end of the school year. In addition, it is unclear what impact this will have on the 20 – 21 school year.	Reaching out to school staff members and attempting to set up meetings through phone or an online meeting platform.
UTMB	COVID-19 causing delay to project		
UTRGV	EMR Integration timeline extended	TCHAT integration with athena Electronic Medical Record (EMR) to record non-billable services and electronically-prescribed medications for TCHAT could take 2-3 months to complete.	Working with UTRGV IT Systems and athena to implement EMR integration.
UTSW	School equipment needed for hard-hit ISDs to enable service provision	A request for an increase to a budget line is needed to allow for an increase in IT equipment for use by TCHAT staff and to supply hard-hit ISDs with funds to equip schools with laptop to dedicate for use as telemedicine equipment. Costs would require a reallocation of funding lines but not an increase in our total budget.	Request is being drafted for submission to executive committee.
UTSW	Scope increased resulting in need for additional staff	Once all MOUs are signed, we will be serving a larger total number of schools than anticipated. As such, we are including psychiatry resident (1 FTE) and child psychiatry fellow (~.5 FTE) rotation in our TCHAT budget to accommodate the anticipated increased demand for clinician services. However, we have delayed the hire of CHWs and we were late hiring several clinical staff due to COVID-19. Expect costs on project to increase by approximately \$133,500.	Plan is to start rotation July 2020.

Risk Details

Institution	Title	Description
UNTHSC	Contract execution takes longer than expected, impacting project timeline	Contracts take longer than expected to execute between TCHATT and participating schools, delaying the overall project schedule and reducing the number of schools offering TCHATT services within the project timeline.
Dell	COVID-19 could impact ISD staff availability	COVID-19 pandemic could impact the availability of ISD staff to respond to TCHATT recruitment efforts, review and execute contracts, facilitate trainings and technology installation, etc.
Dell	COVID-19 could impact service delivery model	Due to COVID-19, ISDs in Dell Med catchment area have not released a plan for distance versus in-person education for fall of 2020-2021.
UTRGV	COVID-19 impacts on-campus operating model resulting in scope & schedule changes	Our Brownsville ISD (BISD) and McAllen ISD (MISD) programs are campus-based TCHATT models. To date, neither ISD has provided guidance regarding the impact of the pandemic on 2020-2021 school operations.
UTSW	Fall school closures impact service delivery	School closures due to COVID-19 pandemic response in Fall 2020 could impact the service delivery model.
TAMHSC	MOU delays impact schedule	There is a risk the MOU will not be in place with initial schools by the agreed upon deadline, as the MOU is awaiting approval of our legal department.
UTMB	Potential COVID-19 impacts to service delivery model	There is an ongoing risk of service delay due to uncertainty of the COVID-19 crisis.
UTHSCT	Recruitment difficulties delay project schedule	There is still concern for recruiting other personnel within the current pandemic environment within the desired time period. In addition, it is possible that an increase in COVID 19 cases could impact ISDs in the upcoming school year.
UNTHSC	Recruitment issues impact project schedule	It takes longer than expected to recruit the core staff needed to set up the project and offer services resulting in a slip of all downstream activities in the project.
TTUHSC EP	Risk of not hitting school recruitment targets	Due to COVID 19, school districts are not as responsive to adding a new program.
UTHSCSA	School closures in the fall impact service delivery model	If schools close in the fall due to COVID-19, this could impact the scope / approach that needs to be taken to continue offering services.
UNTHSC	School takeup of services lower than expected	The number of schools interested in partnering is lower than expected related to pandemic or other factors.
UNTHSC	Service rollout delayed due to longer than expected operational set up	It takes longer than expected to develop TCHATT operating procedures and protocols than expected, delaying rollout of services.
UTMB	Summer break results in lower than anticipated referrals	There is a risk that the schools will be unable to generate referrals due to school staff being on summer break. We will continue to contact target ISDs.

Late TCHATT Milestones

Institution	Milestone	Target Date
UTRGV	M2: MOUs in place with 25% of target schools	January 2020
UTSW	M15: TCHATT technical infrastructure in place at 25% of target schools	January 2020
UTRGV	M3: Core TCHATT staff hired	February 2020
UTSW	M16: TCHATT training complete at 25% of target schools	February 2020
UTSW	M13: FY20 Q2 Report Complete	March 2020
BCM	M1: Core TCHATT Staff Hired	March 2020
UTHSCH	M1: Core TCHATT Staff Hired	March 2020
UTHSCT	M1: Core TCHATT staff hired (Program Manager)	March 2020
TTUHSC	M10: Training Materials for TCHATT Staff Complete	March 2020
BCM	M11: Core staff trained and ready to begin service delivery	March 2020
BCM	M12: Training Materials for School Staff Complete	March 2020
TTUHSC	M12: Training Materials for School Staff Complete	March 2020
UTSW	M17: TCHATT services live at 25% of target schools	March 2020
BCM	M4: Screening Process Documentation Complete	March 2020
BCM	M5: Assessment Tool Complete	March 2020
BCM	M6: Crisis Protocol Finalized	March 2020
UNTHSC	M6: Crisis Protocol Finalized	March 2020
BCM	M7: Medicine prescribing protocol finalized	March 2020
BCM	M8: Communication Plan complete	March 2020
UTRGV	M10: Communication Plan Complete	April 2020
UNTHSC	M10: Training Materials for TCHATT Staff Complete	April 2020
UTRGV	M11: All operational procedures finalized	April 2020
TTUHSC	M11: Core staff trained and ready to begin service delivery	April 2020
UNTHSC	M12: Training Materials for School Staff Complete	April 2020
UTRGV	M12: Training Materials for TCHATT Staff Complete	April 2020
UTRGV	M13: Training materials for school staff complete	April 2020
UNTHSC	M4: Screening Process Documentation Complete	April 2020
UNTHSC	M5: Assessment Tool Complete	April 2020
UTRGV	M5: Service Delivery Process Map Complete	April 2020
UTRGV	M6: Screening Process Documentation Complete	April 2020
UTRGV	M7: Assessment Tool Complete	April 2020
UTRGV	M8: Crisis Protocol Finalized	April 2020
UTRGV	M9: Medicine Prescribing Protocol Finalized	April 2020
UTHSCSA	M15: TCHATT technical infrastructure in place at 25% of target schools	April 2020
UTHSCSA	M3: MOUs in place with 100% of target schools	April 2020
TAMHSC	M14: MOUs in Place with 25% of Target Schools	May 2020
TTUHSC	M14: MOUs in Place with 25% of Target Schools	May 2020





Recently Completed TCHATT Milestones




Institution	Milestone	Completed
UTSW	M4: Screening Process Documentation Complete	March 2020
UTSW	M5: Assessment Tool Complete	March 2020
UTSW	M6: Crisis Protocol Finalized	March 2020
UTSW	M10: Training Materials for TCHATT Staff Complete	March 2020
UTSW	M2: Target Schools, Interested in Participating in TCHATT Identified	March 2020
UTSW	M3: Service Delivery Process Map Complete	March 2020
UTSW	M9: All Operational Procedures Finalized	March 2020
TAMHSC	M2: Target schools, interested in participating in TCHATT, identified	March 2020
TTUHSC EP	M10: Training Materials for TCHATT Staff Complete	March 2020
TTUHSC	M3: Service Delivery Process Map Complete	March 2020
TTUHSC EP	M3: Service Delivery Process Map Complete	March 2020
TTUHSC EP	M1: Core TCHATT Staff Hired	March 2020
UTSW	M14: MOUs in Place with 25% of Target Schools	April 2020
UTHSCSA	M7: Crisis protocol finalized	April 2020
UTHSCT	M2: Target schools, interested in participating in TCHATT, identified	May 2020
UNTHSC	M3: Service Delivery Process Map Complete	May 2020
UTHSCSA	M4: Service delivery process map complete	May 2020
UNTHSC	M8: Communication Plan complete	May 2020
TTUHSC EP	M4: Screening Process Documentation Complete	May 2020
UTHSCSA	M5: Screening process documentation complete	May 2020
UTHSCSA	M6: Assessment tool complete	May 2020
UTSW	M1: Core TCHATT Staff Hired	May 2020
UTSW	M8: Communication Plan complete	May 2020
UTHSCSA	M11: All operational procedures finalized	May 2020
UTSW	M11: Core Staff Trained & Ready to Begin Service Delivery	May 2020
TTUHSC EP	M12: Training Materials for School Staff Complete	May 2020
UTSW	M12: Training Materials for School Staff Complete	May 2020
TTUHSC EP	M14: MOUs in Place with 25% of Target Schools	May 2020
UTHSCH	M2: Target schools, interested in participating in TCHATT, identified	May 2020
TTUHSC EP	M5: Assessment Tool Complete	May 2020
TTUHSC EP	M6: Crisis Protocol Finalized	May 2020
TTUHSC EP	M7: Medicine prescribing protocol finalized	May 2020
UTHSCH	M7: Medicine prescribing protocol finalized	May 2020
TTUHSC EP	M8: Communication Plan complete	May 2020
UTHSCH	M8: Communication Plan complete	May 2020
TTUHSC EP	M9: All Operational Procedures Finalized	May 2020

Recently Completed TCHATT Milestones

Institution	Milestone	Completed
UTHSCSA	M1: Core TCHATT Staff Hired	May 2020
UTHSCSA	M8: Medicine prescribing protocol finalized	May 2020
UTHSCSA	M9: Communication plan complete	May 2020
TAMHSC	M10: Training Materials for TCHATT Staff Complete	May 2020
TTUHSC	M1: Core TCHATT Staff Hired	June 2020
TTUHSC EP	M11: Core Staff Trained & Ready to Begin Service Delivery	June 2020

Status	Institution	Completed	In Progress
✔	BCM	MOU for Spring ISD completed. Also completed development of the TCHATT process overview and marketing tools.	MOUs for HISD, Pasadena, Sheldon, Conroe and Raul Center for Success in progress. Working on the following hires: 1 of 4 outstanding Therapist positions; 1 FTE Coordinator for TCHATT/CPAN; 1.5 FTE of Child and Adolescent Psychiatrists (TCH new hire(s) and reallocation of internal team members for a % FTE); 1 FTE Child and Adolescent Psychologist.
✔	Dell	Memorandum of Understanding document approved to share with school districts. Hired essential staff for TCHATT functioning. 4 MOUs signed: Dripping Springs ISD, Hays ISD, Leander ISD, and Copperas Cove ISD. 7 MOUs in progress: Austin ISD, Del Valle ISD, Hutto ISD, Jarrell ISD, Manor ISD, Round Rock ISD, Wimberley ISD. There are 44 schools participating in TCHATT and 74,894 student enrollments in those schools. 18 School districts were contacted to discuss implementation of TCHATT program. Made contact with LMHAs/ community health centers who serve districts where TCHATT will be implemented to create formal partnerships to support school campuses. Developed a Mental Health Resource Database with 1,850 Behavioral health providers in the database, representing 13 counties.	The following activities are in progress: ISD recruitment, Development of technical infrastructure for session scheduling and delivery, District technology needs assessments, Consent to Services Forms, School Partners List, Training Materials for School Staff, Communication Plan, Screening tool(s) and Assessment tool(s).
✔	TAMHSC	Meetings and verbal agreements with more than 50% of school districts. Completed: Flow of referral process, outline of treatment process, and GA interviews and selection. Hiring process for 5 GAs slated to start July 27, 2020.	MOU in review with legal department. The following are in progress: Program handbook, contact list for school district key personnel, community referral guide, training plans for GAs, TAMU TCHATT promotional materials, protocols for measuring program effectiveness.
✔	TTUHSC	Moved existing staff FTE for project onto fund. Met with regional department of psychiatry chair to discuss collaboration and available funding. Received initial MOUs from Ector County and Midland County ISDs. Received initial MOUs from existing CATR enrolled schools. Met with System legal counsel regarding revising MOUs into one MOU for schools. Completed communication plan and screening process. Began transition of CATR team to TTUHSC Department of Psychiatry including multiple meetings related to incorporation of TCHATT services into existing model and how MOUs should be revised to accommodate this. Meetings regarding expansion of services held with Region 17 ESC and Panhandle Behavioral Health Alliance. Meeting held with Region 14 (Abilene) regarding expansion of services and survey to schools. Developed with ESC and have had 1 - ½ day didactic on mental health. Met with 14 local & regional community organizations & leaders to discuss TCHATT.	Hiring of Director, coordinator LPC Supervisor, IT support, financial analyst, report analyst, and data manager underway. Reviewing different MOUs to update to meet State administrative code – met with internal legal team to combine and update MOUs. Computer purchasing is in progress. ½ day didactic on mental health scheduled on 6/18 through local ESC.
✔	TTUHSC EP	TCHATT Standard Operating Procedure with crisis protocol and medicine protocol finalized. Comprehensive Treatment Planning Educational curriculum for parents/guardians completed. Translation of educational curriculum and treatment planning to Spanish completed. Completed TCHATT Initial Training for school staff. Assessment tools finalized. MOUs signed with 25% of target schools. Core staff trained in delivering initial training and educational sessions.	Continue to sign MOUs with interested ISDs. Scheduling of initial training to ISDs is in progress. Continuously training staff to implement TCHATT services. Working to create website and establish social media platforms.

Status	Institution	Completed	In Progress
	UNTHSC	Service delivery process map completed. Communication Plan completed. Materials are ready to share with schools when school personnel are available.	Hiring of TCHATT core staff is in progress. Child and Adolescent Psychiatric FTE has been and is being dedicated to the TCHATT project as the project evolves. TCHATT Project Manager position is in the interview process. Recruitment for Child and Adolescent Psychiatrist(s) continues. Recruitment for SW/LPC instructors and coordinator were posted late May. Target schools have been identified, but attempts to contact them have been unsuccessful given the pandemic. Will attempt new strategy. Service delivery process map is being revised/edited to provide a virtual telehealth option for "stay at home" contingencies. Dr. Manjunath has suggestions regarding the screening process and assessment tools and is awaiting central direction for system uniformity. Crisis protocols are being developed for life threatening situations, biological crisis, and social crisis.
	UTHSCH	Service delivery process map and finalized. We have developed a screening tool for student identification and embed this tool in our referral form. In developing our TCHATT program, we researched and identified tools used to detect risk taking and violent behaviors, access to weapons, suicidal ideation and planning, mood disturbances, emergent psychosis, and pervasive developmental disorders. We developed a measurement strategy based on these domains. Our team of TCHATT clinicians and prescribers have been participating in role plays in preparation for launch, are trained in these tools, and are prepared to implement them. The child psychiatrists and mental health nurse practitioners currently engaged in the SB11 funded TCHATT program developed guidelines to follow while prescribing for patients under this new program. However, it was the consensus of the team that this should be a living document and the medical team will meet regularly to review it during the initial year of program development to re-evaluate how the current guidelines are working in terms of both patient safety and satisfaction with the care provided as these are being monitored in an ongoing continuous quality improvement process. To engage schools and increase awareness of our TCHATT program, we have developed and are implementing marketing strategies at the district and school building level.	In preparation for launch of the TCHATT program to student homes, we have developed a crisis protocol that is in keeping with best practices for telemedicine. The TCHATT Crisis Protocol will be adapted to each ISD as MOUs are finalized and services are initiated on-site at the schools which will depend on the response to COVID-19.
	UTHSCSA	Offers made to 1 Physician Assistant and 2 Nurse practitioners to start August 1. MOU completed with Harlandale ISD, Northside ISD, Northeast ISD and South San Antonio ISD. Full Procedures Manual complete.	MOU in process with San Antonio ISD. Purchase of all equipment to begin TCHATT in new school year (2020-2021).
	UTHSCT	Target schools have been identified and initially contacted. Assessment tools that will be utilized during TCHATT sessions have been identified. LPC/LCSW position descriptions are finalized and posted. Patient consent MOU agreement forms were approved by the legal department. Program specialist position has been posted. 1 full time psychiatrist has been hired to start later in the year. Additional psychiatric support identified. Contact information (email and phone numbers) specific to TCHATT have been created.	The MOU agreement forms have been approved by legal and are going through the remaining departments to be considered finalized. Identifying and developing specified training for TCHATT personnel. Identifying and developing specified training for school staff members. In process of discussing marketing aspects with Public Affairs. Finalizing scheduling process. Finalizing program operational procedures. Finalizing communication plan.

Status	Institution	Completed	In Progress
	UTMB	Reconfigured program to deliver home-based services due to COVID-19 crisis in May 2020. MOU signed with Aransas Pass ISD on March 5, 2020. Scheduled staff training with Aransas Pass ISD for June 2020. MOU signed with Aransas County ISD on May 7, 2020. Staff training completed with Aransas County ISD on May 20, 2020. Home-based services made available to Aransas County ISD in May 2020. Had follow up meeting with Director of Education Support Services and Director of Counseling at Clear Creek ISD (CCISD) on March 6, 2020. Scheduled additional meeting to discuss home-based service delivery model with CCISD in June 2020. Drafted communication plan for outreach to additional school districts in May 2020. Finalized patient registration packet in May 2020. Selected telemedicine equipment to be ordered in May 2020.	Revising MOU to reflect changes to service delivery model. Continue to finalize overall operational procedures for delivering services. Finalizing program informational flyer for Counselors, Teachers and Parents.
	UTRGV	During FY20 Q3, we completed the hiring and onboarding of key staff and developed some of the framework/protocols that will guide the implementation of TCHATT services. Key staff hired include the IT support specialist (5/18/2020) and program manager (6/18/2020). As part of the onboarding of staff, training materials for core staff including recorded presentations and webinars were developed and will be made available to future hires. Lastly, the Job Request Forms of two (2) Community Health Worker (CHW) positions were approved by UTRGV Human Resources Department. The CHWs will serve as telehealth patient site presenters at schools in the TCHATT program. Regarding protocols, the team created a service delivery process map and crisis protocol that will guide TCHATT program implementation at Brownsville ISD (BISD). These protocols will also serve to guide program implementation in other ISDs and will be tailored to the needs of each partner ISD going forward. As the team continues meeting with BISD and McAllen ISD (MISD), training needs for school staff have been identified and the team has outlined a list of training materials to cover with them. The team developed a TCHATT Communication Plan that includes: a survey to assess ISD needs and identify how TCHATT services can be best integrated into current behavioral health services, an Early Intervention and Outreach Education Survey to assess the current mental health resources and training needs and a list of TCHATT trainings and presentations for school staff that could be offered to school staff based on their responses to the ISD Early Intervention and Outreach Education Survey.	Regarding hiring, the team is working on the approval of Hiring Freeze Exemption Forms for the CHW positions and is reviewing applications and scheduling interviews for TCHATT Behavioral Health Consultant (BHC) position. Regarding an update of McAllen ISD partnership, legal counsel is in the process of reviewing the MOU for execution by MISD leadership. The UTRGV TCHATT team continues to meet bi-weekly with MISD and BISD staff to discuss the details of the partnership. The TCHATT service delivery process map and communication plans are being tailored to the needs of each district and will be presented for their review in July. The team is currently reviewing and modifying the first draft of the medication prescribing protocol to reflect the workflow and EMR integration. Further, the outline of the training materials for school staff is being tailored to the needs of each partner ISD. In addition, our team is hosting bi-weekly meetings with Region One Education Service Center (ESC) to leverage their relationships with school districts in their 8-county service area. Region One ESC will identify 1-2 additional high-priority ISDs for possible inclusion in the UTRGV TCHATT program. Receipt of Screening tools and Assessment tools in Trayt platform from the Centralized Operations Support Hub (COSH). Screenings and Assessment tools will be adapted as needed by the team.
	UTSW	Launched TCHATT services at 18 schools across 5 districts: Blue Ridge (2), Bonham (4), Lancaster (3), Quinlan (6) and Trenton (3) for a total of 37 campuses across 8 districts. Pivoted on March 17, 2020 to offer fully virtual solution to students at home to support online learning scenarios across all supported districts including online program consenting option. Secured contracts to add 60 campuses in Fall 2020: Dallas ISD (15), McKinney ISD (18 for expansion), Irving ISD (5), Duncanville ISD (2), Leonard ISD (2), Sam Rayburn ISD (2), Dodd City ISD (1), Terrell ISD (5), Carrollton Farmer's Branch ISD (7), Prosper ISD (3). Began participation in TCHATT calls with the central hub. Completed TCHATT marketing fliers in English and Spanish. Launched web-based online consenting option.	Hiring second child psychiatrist, Dr. Sabrina Browne – July 2020 start date.

Institution	CPAN
BCM	On track
Dell	On track
TAMHSC	On track
TTUHSC	On track
TTUHSC EP	On track
UNTHSC	Experiencing Issues
UTHSCH	On track
UTHSCSA	On track
UTHSCT	On track
UTMB	Experiencing Issues
UTRGV	On track
UTSW	On track

Program Budget
\$26.82M

of Completed Milestones
95

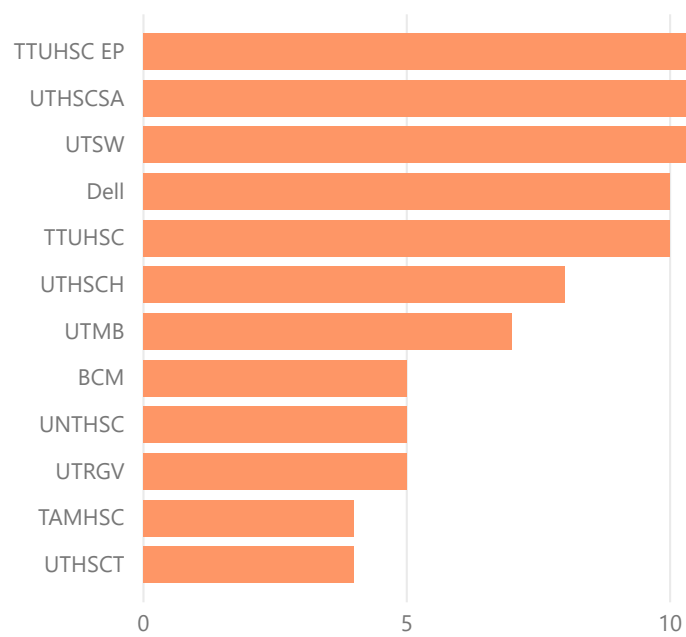
Transfers to Date
\$10.31M

of Milestones Remaining
239

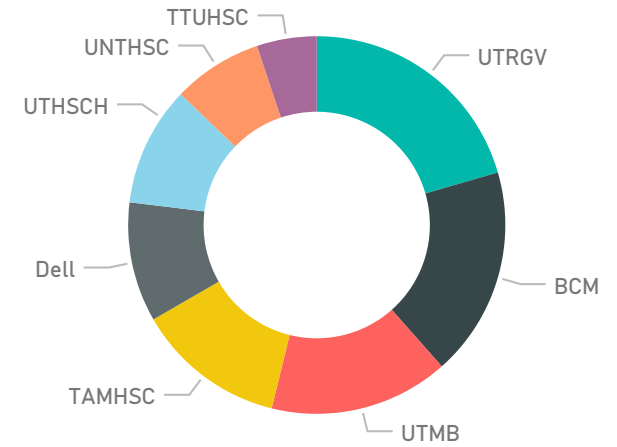
Reported Spend to Date
\$1.16M

of Open Issues
13

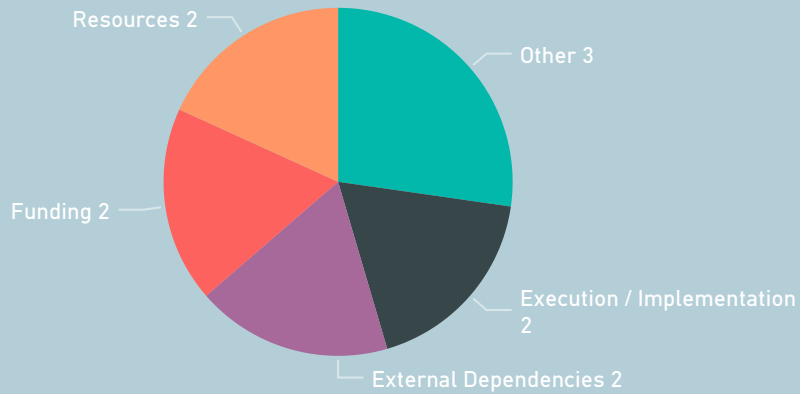
Count of Completed CPAN Milestones by Institution



Late Milestones By Institution

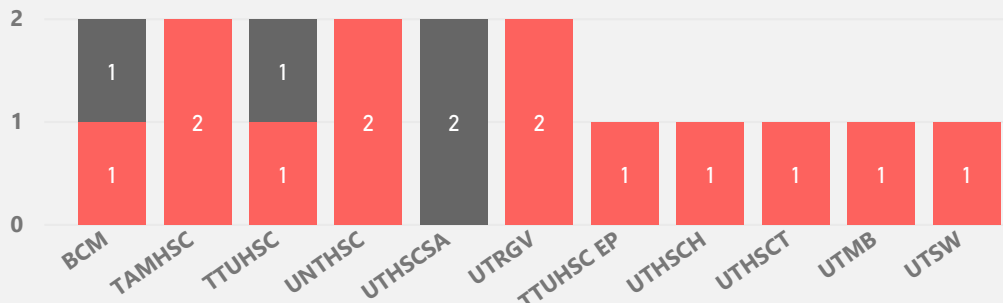


Active Risks By Category



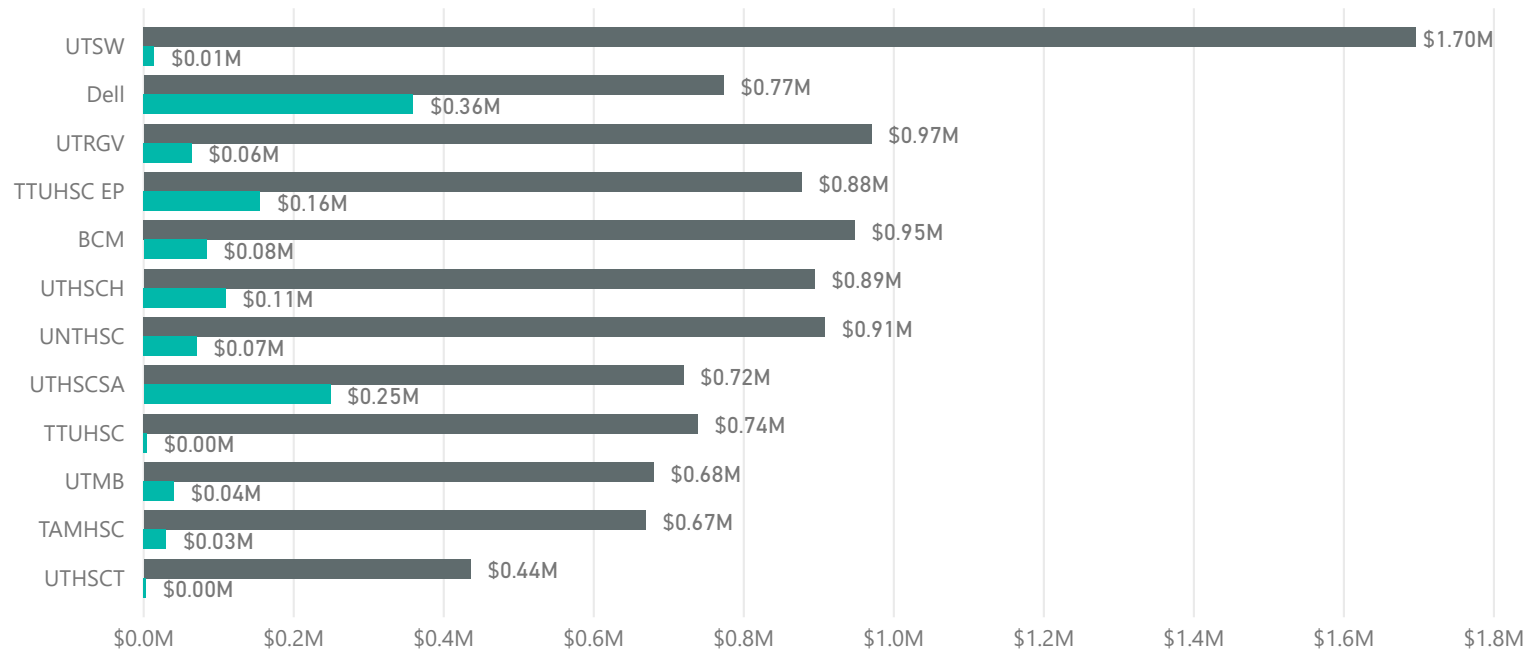
Issues by Institution

Status ● (1) Active ● (3) Closed



CPAN Budgets

Category ● Funding Transfer ● Spend



Issue Details

Institution	Title	Description of Issue	Action(s) Being Undertaken to Resolve Issue
BCM	COVID-19 impacting PCP enrollment	COVID-19 is making enrollment and engagement of PCPs more challenging.	PDSA cycles underway to work on issue.
TAMHSC	COVID-19 impacting access to stakeholders, impacting schedule	COVID-19 is impacting access to key stakeholders, which in turn impacts the project timeline.	Attempting electronic means of communication.
TAMHSC	Not able to start consultations until TAMU & BSW Agreements in place	Inter-institutional agreements between TAMU and Baylor Scott and White are taking longer than anticipated. This limits ability to start consultations at both sites as well as limits sharing of consultation information.	Leadership at both sites continue to work with respective administrative and legal offices to facilitate completion of these agreements.
TTUHSC	Experiencing difficulties recruiting an additional child psychiatrist	Difficult recruitment of additional child psychiatrist during economic crisis due to pandemic and oil/gas economy. Have interviewed multiple child psychiatrists who have reported sole reason for not joining practice is concern re: stability of academic practice during down turn in economy as reported on the news. As a result, there is a less robust list of CAP for coverage of program and more stress on current CAPs for running of multiple programs.	Continue to attempt traditional recruitment into our department. Also discussing with regional department chair ability to dedicate some additional time for CAP to CPAN coverage.
TTUHSC EP	Hiring Freeze due to Covid-19	A hiring freeze is currently in effect. As a result, we may not be able to hire all staff as quickly, which could slow recruitment of PCPs into the program.	Hiring is progressing but more slowly than anticipated. We are working with the university to get exceptions to the hiring freeze. We are implementing according to schedule, without waiting for further hires. When those employees are hired, we will integrate them as soon as possible. We are preparing all hiring actions and documents so that we will be ready to continue hiring once the emergency measures of the university have been lifted. To mitigate challenges in recruitment, we have begun developing a virtual strategic recruitment plan. We will be tracking recruitment efforts and refining our methods of recruitment along the way.
UNTHSC	COVID-19 Impact to Resource Availability for Project	COVID-19 pandemic response has diverted staff and resources; normal operations have been disrupted due to social distancing measures. Target dates for some milestones will be delayed.	Posting/hiring is in progress. Schedule for FY20 Q4 will be compressed to bring schedule back on track by FY21 Q1.
UNTHSC	Target PCPs in Rural Areas Impacted by the Pandemic	PCPs in rural areas are impacted by the pandemic and have not been readily available to discuss CPAN.	Initial enrollment will be with PCPs in large physician groups. Will strategize how to reach more rural PCPs as pandemic continues to evolve.
UTHSCH	Hiring Freeze impacting ability to bring project resources on	UTHSCH enacted a hiring freeze following COVID-19's arrival in Houston and the shelter in place orders. As a result, 3 offers for Instructor (LCSW/LMSW - Clinical) positions have been put on hold.	
UTHSCT	COVID 19 disruption to hiring/recruitment	COVID 19 caused disruption in early hiring/recruitment. We had interested psychiatrists pull out of interviewing, due to the impact COVID 19 and hesitation to move. This impacted our timeline, putting the project a couple of months behind the initial desired schedule.	Two staff members having been hired, with the Senior Program Manager starting at the end of June. We will be behind schedule, but continue to aim for the program to go live before September.
UTMB	COVID-19 delaying implementation	COVID-19 is resulting in delays in implementation due to lack of face to face visits with practices.	Will continue to utilize virtual platforms for outreach.
UTRGV	Lack of office space impacting task completion	Inadequate CPAN hub office space is resulting in delayed completion of the consultation delivery process map and operational procedures.	Developing a work-from-home protocol and procedures.
UTRGV	Staff hiring milestone completion delayed due to loss of staff member	Due to family medical illness, CPAN Program Coordinator recent hire resigned from position after training completed. This will result in a delay in meeting milestone for hire core staff.	Working with HR to quickly re-list position. Candidates to apply have already been identified.
UTSW	Market strategy delayed to say aligned with central hub resulting in reduced utilization	Delay of marketing strategy due to delays in decision regarding launch date and program collateral from the central hub. As a result, experiencing reduced utilization.	Marketing efforts are being escalated beginning in June 2020.

Risk Details

Institution	Title	Description
Dell	COVID-19 could impact ability to education PCPs on CPAN in person	COVID-19 could continue to constrain our ability to educate PCPs about CPAN in-person.
UTRGV	COVID-19 could impact project scope and/or schedule	Precise impact of the COVID-19 virus on progress with project milestones is unclear.
UTMB	COVID-19 delays to PCP outreach	The current health crisis might result in a delay in the outreach to area primary care providers.
UTHSCT	COVID-19 impacts project timeline and/or scope	There is a risk that the change in COVID 19 cases could cause unanticipated impact to the project.
UTSW	COVID-19 impacts result in lower-than-expected takeup of services	COVID-19 Pandemic Response/Shelter in Place Strategy could impact how PCPs are engaged. It is unknown whether this will impact their engagement rates and takeup of services.
UTHSCSA	COVID-19 impacts takeup of CPAN services	Pediatric needs for MH services usually rise in the month before school and early in school year. If COVID-19 hinders school opening in August, incoming call volume may be lower than anticipated.
TAMHSC	Hiring takes longer than anticipated	There is a risk the job postings could be further delayed due to slowdowns in the TAMU hiring processes.
UTRGV	Internet connectivity set up for remote employees could slightly delay go live date	Additional time may be needed to provide clinical staff with internet connectivity when working from home. Anticipate only a temporary delay, if any, to Go Live start date.
UNTHSC	Interest in CPAN is lower than expected	The number of pediatricians/PCPs interested in CPAN is lower than expected.
UTRGV	Potential state budget cuts could impact project budget	Precise impact of the cuts on progress with project milestones is unclear.
UNTHSC	Recruitment delays impact project schedule	It takes longer than expected to recruit the core staff needed to set up the project and offer services resulting in a slip of all downstream activities in the project.

Late CPAN Milestones







Institution	Milestone	Target Date
TAMHSC	M4: Service delivery process map complete	January 2020
UTRGV	M2: PCP Enrollment Process Finalized	February 2020
Dell	M1: Core staff hired	February 2020
Dell	M8: Communication Plan complete	March 2020
Dell	M8: Communication Plan complete	March 2020
UTRGV	M3: Core Staff Hired	March 2020
UTRGV	M4: Service delivery process map complete	March 2020
UTRGV	M5: Assessment tools finalized	March 2020
UTRGV	M6: Mental Health Resource Database Updated / Completed	March 2020
UTRGV	M7: All operational procedures finalized	March 2020
UNTHSC	M8: Communication Plan complete	March 2020
UTHSCH	M1: Core staff hired	April 2020
TTUHSC	M9: Training materials for CPAN Staff complete	April 2020
BCM	M1: Core staff hired	April 2020
TTUHSC	M10: Core staff trained and ready to begin CPAN service delivery	April 2020
UTRGV	M11: Core Staff Trained & Ready to Begin Service Delivery	April 2020
BCM	M3: PCP Enrollment process finalized	April 2020
UTMB	M3: PCP Enrollment process finalized	April 2020
UTMB	M4: Service delivery process map complete	April 2020
BCM	M5: Assessment tools finalized	April 2020
Dell	M5: Assessment tools finalized	April 2020
UNTHSC	M5: Assessment tools finalized	April 2020
UTHSCH	M5: Assessment tools finalized	April 2020
UTMB	M5: Assessment tools finalized	April 2020
UTHSCH	M6: Mental Health Resource Database updated / complete	April 2020
BCM	M7: All operational procedures finalized	April 2020
UTHSCH	M7: All operational procedures finalized	April 2020
BCM	M8: Communication Plan complete	April 2020
UTRGV	M9: Communication plan complete	April 2020
BCM	M10: Core staff trained and ready to begin CPAN service delivery	April 2020
BCM	M6: Mental Health Resource Database updated / complete	April 2020
TAMHSC	M9: Training materials for CPAN Staff complete	May 2020
TAMHSC	M1: Core staff hired	May 2020
UTMB	M1: Core staff hired	May 2020
TAMHSC	M10: Core staff trained and ready to begin CPAN service delivery	May 2020
UNTHSC	M3: PCP Enrollment process finalized	May 2020
UTMB	M7: All operational procedures finalized	May 2020
TAMHSC	M8: Communication Plan complete	May 2020
UTMB	M8: Communication Plan complete	May 2020

Recently Completed CPAN Milestones


Institution	Milestone	Completed
UTHSCT	M2: Target PCPs who care for children and adolescents identified	March 2020
UTRGV	M1: Target PCPs who care for children and adolescents identified	March 2020
Dell	M3: PCP Enrollment process finalized	March 2020
UTHSCSA	M2: Target PCPs who care for children and adolescents identified	March 2020
TTUHSC EP	M1: Core staff hired	March 2020
BCM	M2: Target PCPs who care for children and adolescents identified	March 2020
UTHSCSA	M3: PCP Enrollment process finalized	April 2020
UTRGV	M12: 25% of target pediatricians / PCPs engaged	April 2020
BCM	M9: Training materials for CPAN Staff complete	April 2020
UTHSCH	M10: Core staff trained and ready to begin CPAN service delivery	April 2020
TAMHSC	M2: Target PCPs who care for children and adolescents identified	April 2020
UTHSCH	M3: PCP Enrollment process finalized	April 2020
BCM	M4: Service delivery process map complete	April 2020
UTHSCSA	M5: Assessment tools finalized	April 2020
UTHSCSA	M6: Mental Health Resource Database updated / complete	April 2020
UTHSCSA	M7: All operational procedures finalized	April 2020
TTUHSC EP	M8: Communication Plan complete	April 2020
UTHSCH	M8: Communication Plan complete	April 2020
TTUHSC EP	M9: Training materials for CPAN Staff complete	April 2020
UTHSCH	M9: Training materials for CPAN Staff complete	April 2020
UNTHSC	M2: Target PCPs who care for children & adolescents identified	May 2020
UTHSCH	M2: Target PCPs who care for children and adolescents identified	May 2020
UTMB	M2: Target PCPs who care for children and adolescents identified	May 2020
TAMHSC	M3: PCP Enrollment process finalized	May 2020
UTSW	M3: PCP Enrollment process finalized	May 2020
UTHSCSA	M4: Service delivery process map complete	May 2020
TTUHSC EP	M7: All operational procedures finalized	May 2020
UTHSCSA	M8: Communication Plan complete	May 2020
Dell	M9: Training materials for CPAN Staff complete	May 2020
UNTHSC	M9: Training materials for CPAN Staff complete	May 2020
UTSW	M9: Training materials for CPAN Staff complete	May 2020
UTSW	M5: Assessment tools finalized	May 2020
TTUHSC EP	M10: Core staff trained & ready to begin service delivery	May 2020
UTSW	M10: Core staff trained & ready to begin service delivery	May 2020
UTSW	M6: Mental Health Resource Database Updated/Complete	May 2020
UTHSCSA	M9: Training materials for CPAN Staff complete	May 2020
UTHSCSA	M1: Core staff hired	May 2020

Recently Completed CPAN Milestones

Institution	Milestone	Completed
UTHSCSA	M1: Core staff hired	May 2020
UTSW	M8: Communication Plan complete	May 2020
UTHSCSA	M10: Core staff trained & ready to begin CPAN service delivery	May 2020
BCM	CPAN Services Go Live	May 2020
Dell	M11: CPAN Service Starts	May 2020
Dell	M6: Mental Health Resource Database updated / complete	May 2020
Dell	M7: All operational procedures finalized	May 2020
Dell	M10: Core staff trained and ready to begin CPAN service delivery	May 2020
TTUHSC	M8: Communication Plan complete	May 2020
Dell	M4: Service delivery process map complete	May 2020
UTSW	M1: Core staff hired	May 2020
UTMB	M10: Core staff trained and ready to begin CPAN service delivery	May 2020
UTMB	M12: 25% of target pediatricians / PCPs engaged	May 2020
UTSW	M2: Target PCPs who care for children & adolescents identified	May 2020
UTHSCH	M4: Service delivery process map complete	May 2020
UTMB	M6: Mental Health Resource Database updated / complete	May 2020
UTSW	M7: All operational procedures finalized	May 2020
UTMB	M9: Training materials for CPAN Staff complete	May 2020
UTHSCT	M1: Core staff hired	June 2020
TTUHSC EP	M12: 25% of target PCPs engaged	June 2020
UTRGV	M10: Training Materials for CPAN Staff Complete	June 2020
TTUHSC	M2: Target PCPs who care for children and adolescents identified	June 2020
TTUHSC	M5: Assessment tools finalized	June 2020
TTUHSC	M7: All operational procedures finalized	June 2020
TTUHSC	M1: Core staff hired	June 2020
TTUHSC	M12: 25% of target pediatricians/PCPs engaged	June 2020
TTUHSC	M3: PCP Enrollment process finalized	June 2020

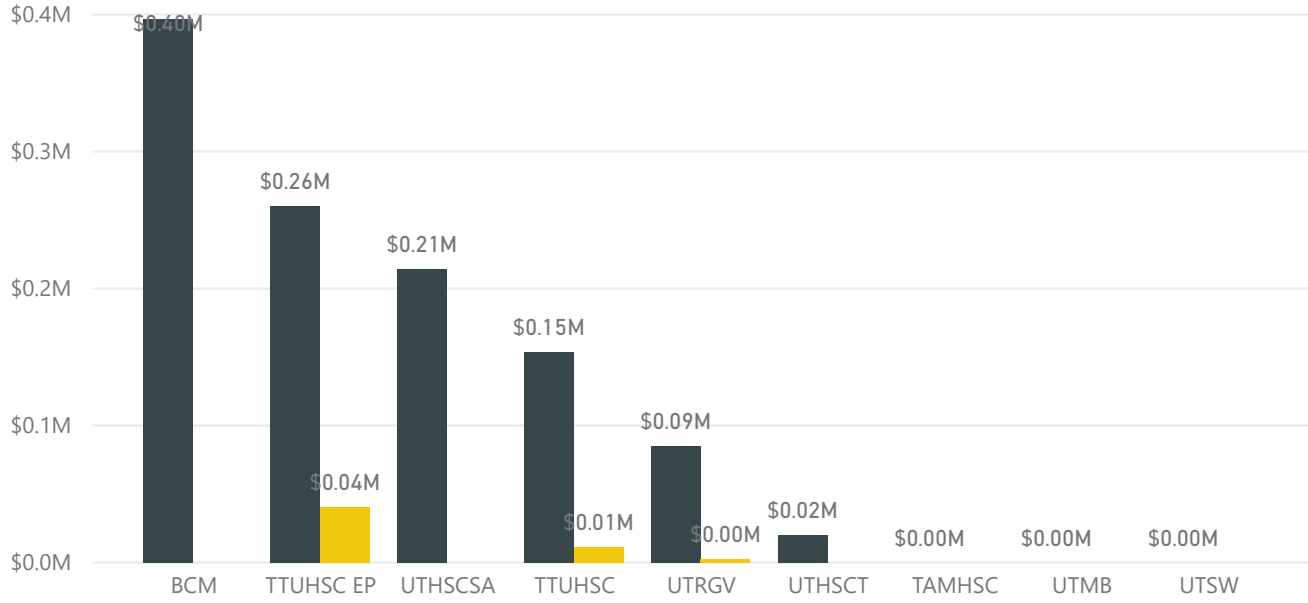
Status	Institution	Completed	In Progress
	BCM	Organized all hubs with the 1 888 901 CPAN number. CPAN started May 18, 2020.	The following activities are currently in progress: Enrollment and engagement of PCPs; Educational outreach; Trayt data management system; Lantana phone system; Hiring an additional CPAN/TCHAT senior coordinator.
	Dell	Dell Med CPAN began accepting calls from PCP's on May 18th, 2020. They contracted with Seton Ascension Connect for call answering services. They currently have 319 enrolled PCPs, 53 enrolled practices and cover 7 counties with their currently enrolled PCPs. Dell Med has provided 13 phone consultations, 8 referrals to PCPs, and served 12 unique children. Their Mental Health Resource Database has 1,850 providers in it and represents 13 counties.	PCP Recruitment is on-going. Currently working on the PCP Enrollment Process document and Communication Plan.
	TAMHSC	Regular collaboration meetings in place between TAMU and Baylor Scott and White Health. Initiated PCP recruitment efforts and initial sites signed up. Agreed on initial marketing material. Position descriptions completed. Child psychiatrist coverage schedule completed. Approval from TAMU legal for TAMU child psychiatrists to accept consultations.	BAA with TAMU and Baylor Scott and White in review with respective legal department. Marketing strategy planning continues. PCP recruitment is ongoing. Community referral guide in development. Position posting is progress.
	TTUHSC	Moved faculty and staff salaries along with fringe benefits on to the fund for time spent working on setting up CPAN. Met with director of largest pediatric group in region; awaiting compilation of information for each clinician for enrollment. Met with Panhandle Behavioral Health Alliance to describe program and set up joint marketing campaign for Panhandle region. Met with all clinicians at regional FQHC to describe program and answer questions. Awaiting compiled information for clinician enrollment. Contacted second regional FQHC to describe program. Awaiting additional questions. Met with chair of regional department of psychiatry regarding program and assistance fielding phone calls for subregion to facilitate continuity of care. Met with 15 additional key local and regional community organizations & leaders to discuss CPAN. Met with institutional compliance and legal team re: TRAYT software. NDA signed with Trayt.	The following activities are in progress: Hiring of Director - have had multiple interviews; onboarding of IT support, financial analyst, and reporting analyst; and regional presentations.
	TTUHSC EP	Training for CPAN staff completed. Completed training modules for PCPs and CPAN staff. Completed the first version of the standard operating procedure. Completed the communication plan. Recruited approximately 50 PCPs, but fell short of target. CPAN hotline open. Have received approximately 1-2 calls per day. Several educational/recruiting events are planned.	N/A
	UNTHSC	Identified target PCPs by county and city from a list provided by the COSH. Currently in the process of developing a strategic plan to enlist provider groups. Completed training materials for CPAN staff. Dr. Manjunath attended initial provider training. Elizabeth Alaniz completed initial staff training. The training for other providers and staff is available on the Baylor Box website.	Dr. Manjunath is finalizing review of assessment tools. COSH through Trayt will recommend Trayt platform assessment tools for the statewide implementation. Baylor is beta testing now. Communication plan materials for introducing the CPAN initiative are posted on the CPAN Box website and are being edited for our local application. Will need signoff by UNTHSC, Acclaim, and JPS using each institution's logos. Hiring of core staff is in progress. Child and Adolescent Psychiatric FTE has been and is being dedicated to the CPAN project as the project evolves. CPAN Project Manager position being interviewed. Recruitment for Child and Adolescent Psychiatrist(s) continues. Recruitment for SW/LPC instructors and coordinator posted late May.

Status	Institution	Completed	In Progress
✔	UTHSCH	<p>List of PCPs from Texas Counties in region assigned to our hubs now assigned between UTHSCH/BCM. Service delivery process map and communication plan completed. Engaging in the team role-plays, installation of our phone trees, and on-boarding of the final hires for our team allowed us to really think through and 'test out' the service delivery process map of our combined TCHAT/CPAN hub to determine if optimal use of resources was possible now that we are functioning as not only a combined hub where some team members are in a dual role but also some team members are operating virtually due to COVID-19. Although we are continuing to reassess the practicality of TCHAT functioning virtually we are confident CPAN will perform well as a virtual program. We are hopeful that this will continue as there is reduced overhead by sharing office space when operating at least a significant amount of time as a virtual program. Flyers and a webpage were developed to represent the UTHSCH CPAN program. Our team has used faxing, regular U.S. mail, social media linked to medical professionals (Doximity and LinkedIn), and phone calls to provide PCPs information about CPAN. CPAN assigned team members participated in the training hosted by COSH and have also engaged in bi-weekly team role plays independent of COSH.</p>	<p>The RedCap link to register PCPs for CPAN was provided by COSH. Our team of four social workers continue to identify and add clinical resources to our roster of relevant community resources. We are registered and using Welny and the AAFP social determinants of health search engine as needed in addition to our own database of known community partners that correlate with the location of our partnering PCPs, LMHAs, and ISDs. We recently hired two community health workers in June 2020 who are both familiar with pediatric primary care and who were interested in access to child mental health services. The CHWs play a vital role in supporting families and ensuring the connection to aftercare services is successful. Once school-based services begin, CHWs will provide on-site support for telepsychiatry services in schools in addition to their very important role ensuring a successful link to aftercare services. Trayt and Lantana approvals are pending and without both of these central support systems in place none of the hubs can completely finalize their operational procedures as there will be changes to all CPAN operational procedures once Trayt and Lantana are brought online. The UTHSC Houston team are working together to develop a resource library of materials cross-indexed and organized by topic. Materials are being used across CPAN and TCHAT to develop: patient or parent handouts; provider handouts; guidelines for prescribing; Project ECHO® presentations; Clinical decision-making algorithms based on the most recent review of the literature.</p>
✔	UTHSCSA	<p>Held meetings with pediatric and family medicine providers at the largest health provider organization in the region. Distributed materials and began enrollment processes.</p>	<p>Offers to hire two additional LPCs are pending candidates' response. Beginning outreach to resource settings to which we will refer patients as indicated. Expansion of PCP enrollment.</p>
✔	UTHSCT	<p>Participated in calls with the COSH team. Hired Senior Program Manager and psychiatry support. Calls with the MMHPI, receiving consultation through grant support. Presented an overview of TCMHCC initiatives with a focus on CPAN to all UT Health East Texas CEOs and family medicine/pediatric clinic managers and physicians.</p>	<p>Interviewing for a Program Specialist to provide support to Administrative Director on consortium initiatives. This staff member will assist with tracking metric data and other program deliverables. Program development in progress. Initial outreach to providers regarding upcoming program underway. Marketing plan in development with Public Affairs.</p>
⚠	UTMB	<p>Engaged 100% of UTMB Family Medicine, UTMB Department of Pediatricians and UTMB Community Based Clinics. Enrolled 100% of the UTMB Family Medicine Clinics in Galveston County. Developed CPAN marketing materials and used to promote CPAN on our UTMB external provider website. Worked with UTMB Marketing and Communications on marketing options for internal and external providers. Target list updated. Resource list updated.</p>	<p>Outreach to Community Based Clinics (CBC) at UTMB has continued. Enrollment of UTMB Pediatric practices is in progress. Partnering with UTMB Growth and Research development to engage external providers. Continue to strengthen relationships with practices already enrolled.</p>
✔	UTRGV	<p>We have hired and trained two behavioral health consultants, and in so doing, have been able to compile an onboarding process that includes training materials and presentations that will be utilized for future hires. In addition, our data manager position has been posted and our CPAN program coordinator position will be re-listed (due to recent hire resignation). Our UTRGV Pediatric Multispecialty Clinic has completed the enrollment form and enrolled seven total providers.</p>	<p>Currently, due to office space and COVID-19 issues, our CPAN team is developing operational procedures and consultation delivery process maps with the plan to work from home indefinitely. As such, we are currently executing team-wide mock-role plays and developing the technological infrastructure we need for HIPPA compliance and CPAN metrics (i.e. phone calls, correspondence, etc). The UTRGV CPAN team is awaiting Trayt deployment and training; once completed, the team will be equipped to finalize the enrollment process. In the meantime, our team is developing a referral list for our catchment area, prioritizing health clinics in high-need areas for enrollment, developing enrollment presentation materials and working with our university marketing to provide enrollees further information on our CPAN services. In addition, our behavioral health consultants are also compiling mental health psychoeducation and brief intervention resources to utilize during consults with providers. In regard to hiring, we are starting the interview process for another BHC and are awaiting applications for the data manager and program coordinator positions.</p>

Status	Institution	Completed	In Progress
	UTSW	Conducted internal mock CPAN calls on 5/14/2020 – verified phone system, RedCap and Microsoft Teams functionality was in operation. Completed CPAN training session with the central hub on 5/17/2020. Successfully launched CPAN on 5/17/2020. Completed first CPAN call on 5/27/2020. Dr. Khandheria, Psychiatrist, attended state CPAN training virtually on 5/4/2020. Met with the Children’s Health Network Outreach team to leverage the network to market CPAN to PCPs (5/20/2020).	Ongoing project meetings to implement local process for receiving phone calls, providing consultations, tracking data and enrolling PCPS. Ongoing CPAN meetings with the central hub. UTSW is currently recruiting and interviewing for additional child psychiatrist role to support the CPAN and TCHAT (Dr. Sabrina Browne, expected hire date in July 2020). CPAN marketing fliers have been developed and are slated for approval by UTSW marketing by Monday June 1, 2020.

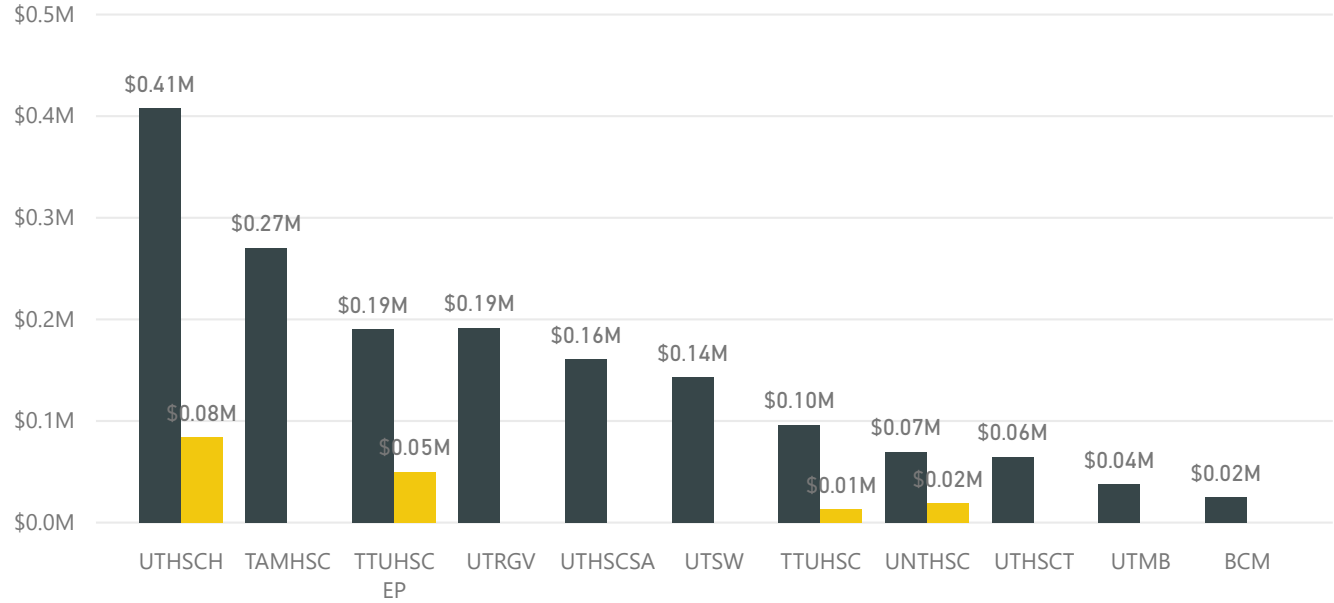
CAP Fellowship Budgets

Category ● Funding Transfer ● Spend



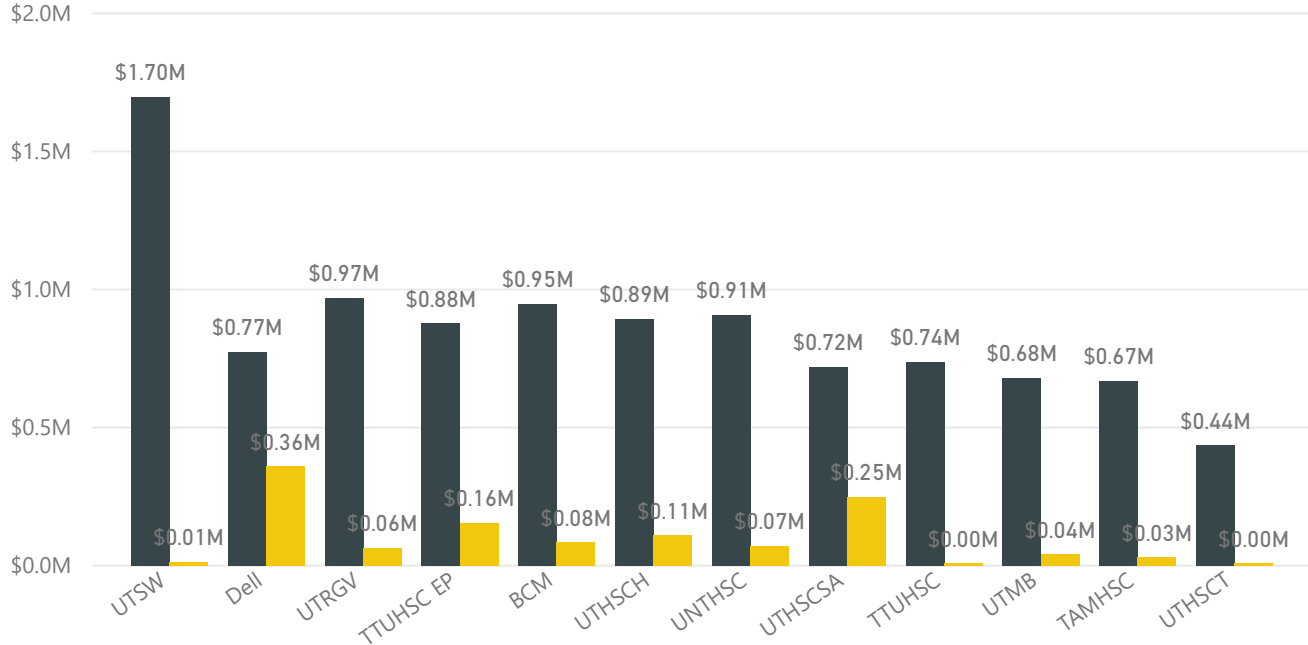
CPWE Budgets

Category ● Funding Transfer ● Spend



CPAN Budgets

Category ● Funding Transfer ● Spend



TCHAT Budgets

Category ● Funding Transfer ● Spend

