

University of Texas System
UTS Building
210 W. 7th St., Austin, TX 78701

**Convening of the
Texas Child Mental Health Care Consortium**

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

Agenda

- I. Call to order and welcome
- II. Roll call
- III. Review and approve minutes from September 12th meeting
- IV. Review work on a proposed web site for the Consortium
- V. Discussion on the process for compiling the LBB report due November 30th
- VI. Lunch (11:30-12:00)
- VII. If necessary, closed session for consultation with attorney regarding legal matters, pursuant to Section 551.071 of the Texas Government Code
- VIII. Workgroup discussions to include process of funds distribution, capacity for each institution, minimum infrastructure, unit cost, metrics to evaluate success, and identified issues. The full Executive Committee may receive recommendations from the workgroups and take appropriate action.
 - i. Child Psychiatry Access Network (CPAN): A network of child psychiatry access centers that provide consultation services and training opportunities for pediatricians and primary care providers to better care for children and youth with behavioral health needs.
 - ii. Texas Child Health Access Through Telemedicine (TCHAT): Telemedicine or telehealth programs for identifying and assessing behavioral health needs and providing access to mental health care

services, prioritizing the behavioral health needs of at-risk children and adolescents and maximize the number of school districts served in diverse regions of the state.

- iii. Community Psychiatry Workforce Expansion: One full-time psychiatrist to serve as academic medical director at a facility operated by a community mental health provider and two new resident rotation positions at the facility.
- iv. Child and Adolescent Psychiatry Fellowships: Additional child and adolescent psychiatry fellowship positions at health-related institutions.
- v. Research: Development of a plan to promote and coordinate Mental Health research across state university systems in accordance with the statewide behavioral health strategic plan.

IX. Review timelines and action items for next meeting

X. Adjournment

October 1, 2019

TO David Lakey, M.D.
Chair, Executive Committee
Texas Child Mental Health Care Consortium

FROM: Community Psychiatry Expansion Project (CPEP) workgroup (CPEP)

The Workgroup held an organizing teleconference on September 24th at 5:00 PM. The Workgroup consisted of the following members:

Name	Affiliation	Attendance
Steven Pliszka, MD, Chair of Work Group	University of Texas Health Science Center at San Antonio	Present
Sonja Gaines, MBA	Health and Human Services Commission	Present
Mike Maples	Health and Human Services Commission	Absent
Peter Thompson, MD	Texas Tech University Health Sciences Center at El Paso	Present
R. Andrew Harper, MD	Texas A&M University System Health Science Center	Present
Alan Podawiltz, DO, MS	University of North Texas Health Science Center at Fort Worth	Absent
Jeffery Matthews, MD	The University of Texas Health Science Center at Tyler	Present
Danette Castle	Non-profit - Texas Council of Community Centers	Present
Mark Chassay, MD, MBA	University of North Texas Health Sciences Center at Fort Worth	Present
Keino McWhinney, MPP	Texas Tech University Health Science Center	Present
Michael Escamilla, MD	The University of Texas Rio Grande Valley School of Medicine	Present
Vieth John, MD, MBA	The University of Texas Health Science Center at Houston	Absent

The major points of discussion were as follows:

1. Budget for community mental health center site. The workgroup agreed on the following draft budget for each site:

Academic Medical Director		
Salary	\$	300,000
Benefits (25%)	\$	75,000
Malpractice	\$	1,500
CME	\$	3,000
1 FTE	\$	379,500
CAP Residents		
Salary	\$	60,000
Benefits (25%)	\$	15,000
GME costs	\$	5,000
1FTE	\$	80,000

The estimated cost per site would be \$379,500 + 160,000 (2 residents) = \$539,000. The following caveats regarding this were discussed:

- a. A site could be utilize less than a full FTE of either the medical director or the residents.
- b. A given Health-Related Institution (HRI) may have more than one site or campus which could affiliate with a community mental health center near that site or campus.
- c. Funds for the faculty/resident will be deposited with the Psychiatry Department of the HRI, who could either place their own faculty in the center or “purchase” the services of a center psychiatrist, provided that center psychiatrist carried out the academic mission.
- d. Time spent in educational activities at the center apart from patient care will be funded by the CPEP funds.
- e. The question of any overhead costs above the \$539,000, either for the center or the HRI, was not discussed at this workforce meeting. Reasonable overhead might include supplies, costs of department administrative staff, etc. This does not include any overhead or indirect costs that the HRI itself might wish to impose. Guidance from the whole Consortium will be sought.
- f. Discussion of whether LMHA’s will bill and collect for the services of the CPEP psychiatrists and residents, as well as the disposition of such funds, will need to be resolved by the Consortium.

2. Local Mental Health Authority (LMHA) Interest

A survey was sent to all LMHA's in Texas as to whether they wished to establish an Academic Partnership or expand a current partnership. The list below shows the results; 9 programs chose not to participate.

LHMA Surveyed	Wish to Start or Expand
Andrews Center	YES
Betty Hardwick Center	YES
Bluebonnet Trails Community Services	YES
Burke	YES
Center for Health Care Services	YES
Center for Life Resources	YES
Central Counties Services	YES
Coastal Plains Community Center	YES
Community Healthcore	YES
Denton County MHMR Center	YES
Emergence Health Network	YES
Gulf Bend Center	YES
Gulf Coast Center	YES
Helen Farabee Centers	YES
Hill Country MHDD Centers	YES
Integral Care	YES
Lakes Regional Community Center	YES
LifePath Systems	YES
Metrocare Services	YES
MHMR Authority of Brazos Valley	YES
MHMR Tarrant	YES
North Texas Behavioral Health Authority	YES
Nueces Center for MHID	YES
Pecan Valley Centers for Behavioral & Developmental HealthCare	YES
PermiaCare	YES
Spindletop Center	YES
StarCare Specialty Health System	YES
The Harris Center for Mental Health and IDD	YES
Tri-County Behavioral Healthcare	YES
Tropical Texas Behavioral Health	YES
West Texas Centers	YES
ACCESS	NO
Border Region Behavioral Health Center	NO
Camino Real Community Services	NO
Central Plains Center	NO
Heart of Texas Region MHMR Center	NO
MHMR Services for the Concho Valley	NO
Texana Center	NO
Texas Panhandle Centers	NO
Texoma Community Centers	NO

3. LMHA's and potential HRI partners

The attached spreadsheet (Community Workforce MAP initial plans) and the table below lists all the LMHA's who are interested along with a potential HRI partner, subject to discussion. Also listed are the counties served by the LMHA and the population of children from data provided by the CPAN workgroup. The workgroup can use this data to assign the FTE's of faculty and residents to each HRI in future meetings.

Row Labels	A&M	BCM/UTH	DELL	SW	TTEP	TTL	Tyler	UNT	UTMB	UTRGV	UTSA	Grand Total
Andrews Center							99,568					99,568
Betty Hardwick						43,332						43,332
Bluebonnett Trails			243,367									243,367
Border Region										118,361		118,361
Burke Center		65,303					21,803					87,106
Center for Life Resources						21,105						21,105
Central Counties	128,321											128,321
CHCS											507,669	507,669
Coastal Plains									27,980		27,183	55,163
Community Healthcare							109,564					109,564
Denton MHMR								211,996				211,996
Emergence					228,000							228,000
Gulf Bend Center											44,826	44,826
Gulf Coast Center									179,838			179,838
Harris Center		1,251,684										1,251,684
Heart of Texas	88,792											88,792
Helen Farabee						70,942						70,942
Hill Country											158,530	158,530
Integral Care			270,726									270,726
Lakes Regional							39,282					39,282
Lifepath Systems				260,476								260,476
Metrocare				689,692								689,692
MHMR Brazos	75,843											75,843
N Texas BHA	13,139			133,939								147,078
Nueces Beh Health Center										88,977		88,977
Pecan Valley	109,244											109,244
Permian Basin					107,217							107,217
Spindletop Center									107,883			107,883
StarCare						83,099						83,099
Tarrant MHMR								549,063				549,063
Tri County		189,529										189,529
Tropical Texas									128,553	287,053		415,606
West Texas Centers						58,723						58,723
Grand Total	415,339	1,506,516	514,093	1,084,107	335,217	277,201	270,217	761,059	416,274	522,371	738,208	6,840,602

4. Non LMHA partners

The CPEP workgroup group will seek nominations from all the Consortium members who wish to work with a non-LMHA community mental health agency. The workgroup will then discuss these nominations and determine the number of non-LMHA agencies able to participate, as well as the qualifications of such agencies. The consensus of the workgroup is that such agencies should be allowed to participate as the budget permits.

5. External CPEP workgroup members

The workgroup nominated the following individuals to serve as External members:

- a. Daniel Gutierrez MD, Chief Medical Officer of Tropical Texas Behavioral Health
- b. Beth Lawson, CEO, StarCare Specialty Health System
- c. Carol Nati, MD, Medical Director of MHMR Tarrant
- d. Rishi Sawhney MD, Community Behavioral Health Medical Director, Texas HHSC
- e. Wayne Young, CEO of Harris Center

All of these individuals accepted their nomination.

6. Co-Chair

Andrew Harper MD was chosen as Co-Chair of the CPEP workgroup.

Action Items:

- a. Review the distribution of LMHA's and HRI on the attached spreadsheet and modify as needed. Determine the FTE's per site and estimate total budget
- b. Survey HRI's to nominate non-LMHA community mental health agencies as possible participants in CPEP.

APPENDIX: Community Workforce MAP Initial Plans.xls
Map of LMHA and counties covered in Texas

1. About This Guide

The purpose of this guide is to help people better understand mental health care in Texas. This guide provides basic information regarding the services available across the state and the organizations that can help people get connected to these resources.

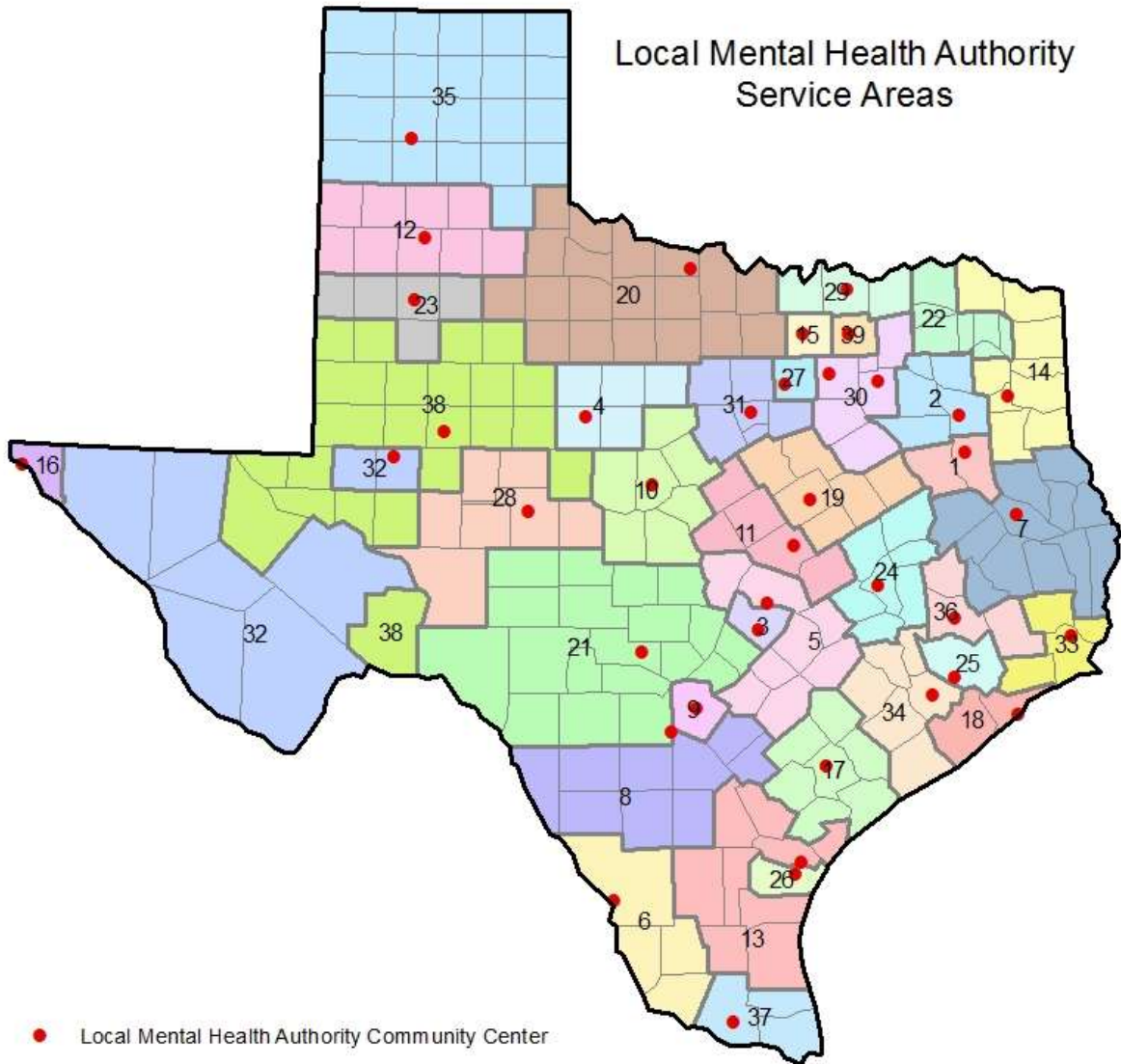
The Health and Human Services Commission thanks the Court of Criminal Appeals for providing input to ensure this guide is useful within Texas court and mental health systems.

Local Mental Health Authorities/Local Behavioral Health Authorities:

Every community in Texas is served by a Local Mental Health Authority (LMHA) or Local Behavioral Health Authority (LBHA). LMHAs/LBHAs help people understand what treatment options will address the challenges associated with their mental illness and ultimately achieve recovery. LMHAs/LBHAs provide a wide array of treatment services and support, and also connect people with resources unique to their community.

The map on page 2 helps identify the LMHA/LBHA nearest you. In addition, the Health and Human Services Commission (HHSC) website can help you identify which LMHA/LBHA serves your community. For a [complete list of LMHAs and LBHAs](#) visit <https://hhs.texas.gov/services/mental-health-substance-use>, or review [Appendix A: Local Mental Health Authorities and Local Behavioral Health Authorities](#).

- | | | | |
|----|----------------------------------------|----|-----------------------------------|
| 1 | ACCESS | 11 | Central Counties Center for MHMR |
| 2 | Andrews Center | 12 | Central Plains Center |
| 3 | Austin Travis County Integral Care | 13 | Coastal Plains Community Center |
| 4 | Betty Hardwick Center | 14 | Community Healthcore |
| 5 | Bluebonnet Trails Community Services | 15 | Denton County MHMR Center |
| 6 | Border Region Behavioral Health Center | 16 | Emergence Health Network |
| 7 | Burke Center | 17 | Gulf Bend Center |
| 8 | Camino Real Community Services | 18 | Gulf Coast Center |
| 9 | The Center for Health Care Services | 19 | Heart of Texas Region MHMR Center |
| 10 | Center for Life Resources | 20 | Helen Farabee Centers |



- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> 21 Hill Country Mental Health & Developmental Disabilities Centers 22 Lakes Regional Community Center 23 StarCare Specialty Health System 24 MHMR Authority of Brazos Valley 25 Harris Center for Mental Health and IDD 26 Behavioral Health Center of Nueces County 27 MHMR of Tarrant County | <ul style="list-style-type: none"> 28 MHMR Services for the Concho Valley 29 Texoma Community Center 30 North Texas Behavioral Health Authority 31 Pecan Valley Centers for Behavioral & Developmental HealthCare 32 Permian Basin Community Centers 33 Spindletop Center 34 Texana Center |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

35 Texas Panhandle Centers
36 Tri-County Behavioral Healthcare
37 Tropical Texas Behavioral Health

38 West Texas Centers
39 Lifepath Systems

Available Services

People do not have to wait until they are in crisis to receive help. Services are available to assist people in finding employment, finding or keeping safe housing, and getting access to medications when needed. This guide provides a description of such services. We hope this will help you better understand what an LMHA/LBHA does and how these organizations can assist you or someone you know.

For many people, a crisis causes an initial request for help from the mental health system. That is the reason LMHAs/LBHAs have a variety of services to assist people in crisis – even if they are not yet connected with care.

Some services, like the crisis hotlines and Mobile Crisis Outreach Teams (MCOT), are available in every community. Others, such as the various types of crisis facilities, have been developed by communities to meet their local needs and may not exist in every area. This guide will help you understand what options are available where you live. It also provides a description of the services and lists contact information for each provider.

Are there any openings right now?

LMHAs/LBHAs have mental health professionals available 24/7 to help people understand what kind of care they need and how they can receive services. LMHA/LBHA staff know what openings are available and what the best options are if a person has to wait. Some programs are designed for walk-ins. However, LMHAs/LBHAs work with people to ensure they arrive at the right program that has the space and staff available to meet their needs. We encourage people to reach out directly to their LMHA/LBHA when assistance is needed.

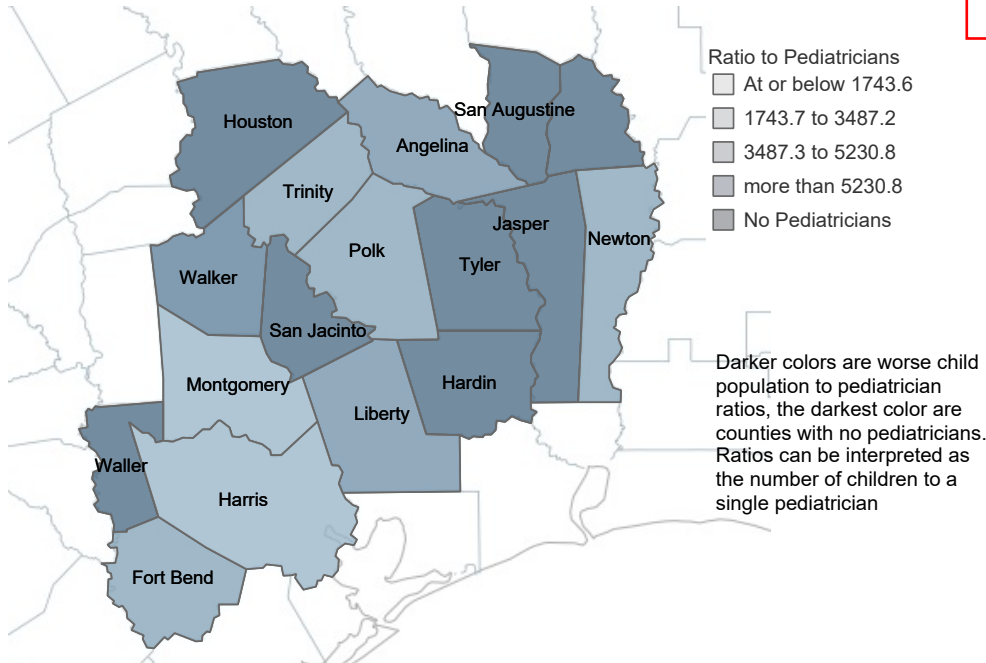
Sometimes it is more appropriate to call 9-1-1 or go directly to a hospital. For example, if an individual has hurt himself or herself, calling 9-1-1 for an ambulance or going directly to a hospital for immediate care is the most appropriate means to access services. LMHAs/LBHAs help people make the best choice possible in difficult crisis situations.

How much will services cost?

Services provided by LMHAs/LBHAs are available on a “sliding fee scale,” meaning payment for services may be greatly reduced based on a person’s income. LMHAs/LBHAs also accept most forms of insurance.

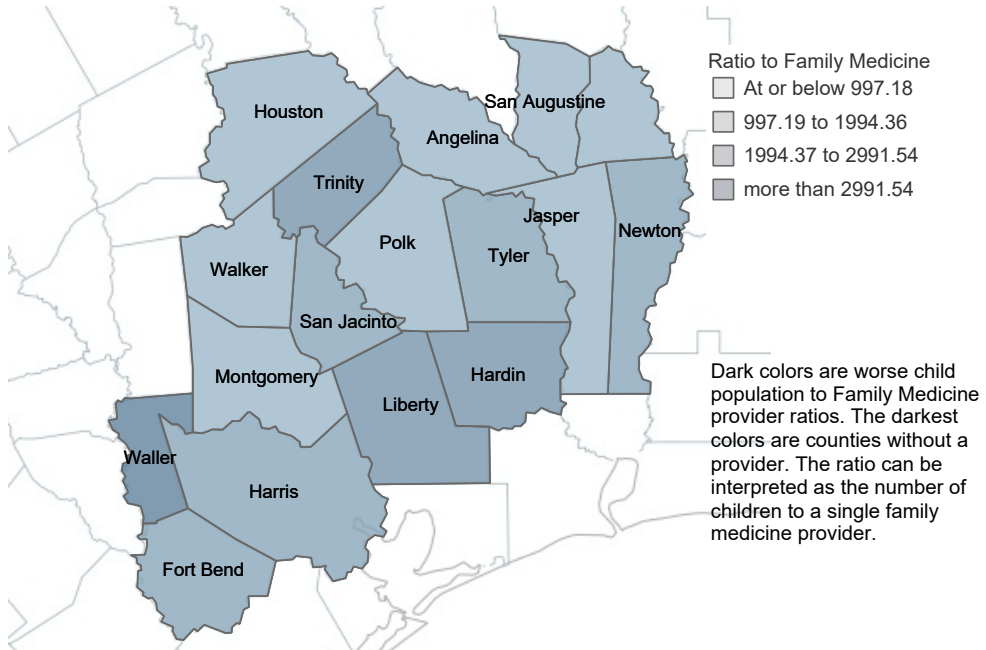
Catchment Area: Baylor College of Medicine / The University of Texas Health Science Center at Houston

Ratio of child population to pediatrician



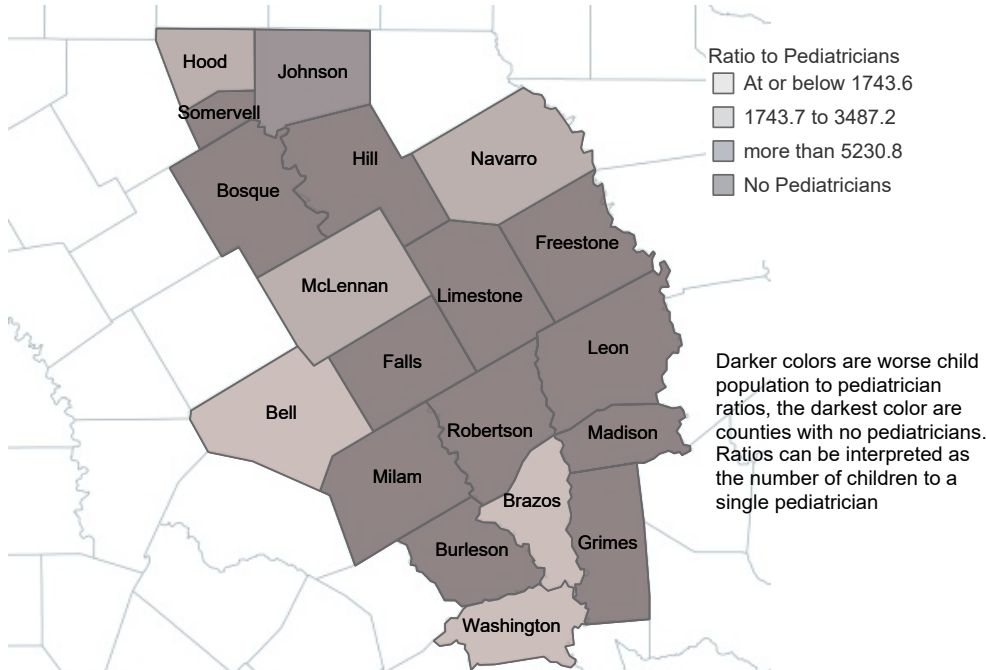
TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Angelina	16,329	6	32	3,713	696
Fort Bend	161,851	113	181	1,916	1,196
Hardin	10,330	0	6		2,343
Harris	896,802	971	1,090	1,289	1,148
Houston	3,386	0	5		920
Jasper	6,402	0	12		718
Liberty	16,645	5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

Ratio of child population to family medicine & family practice



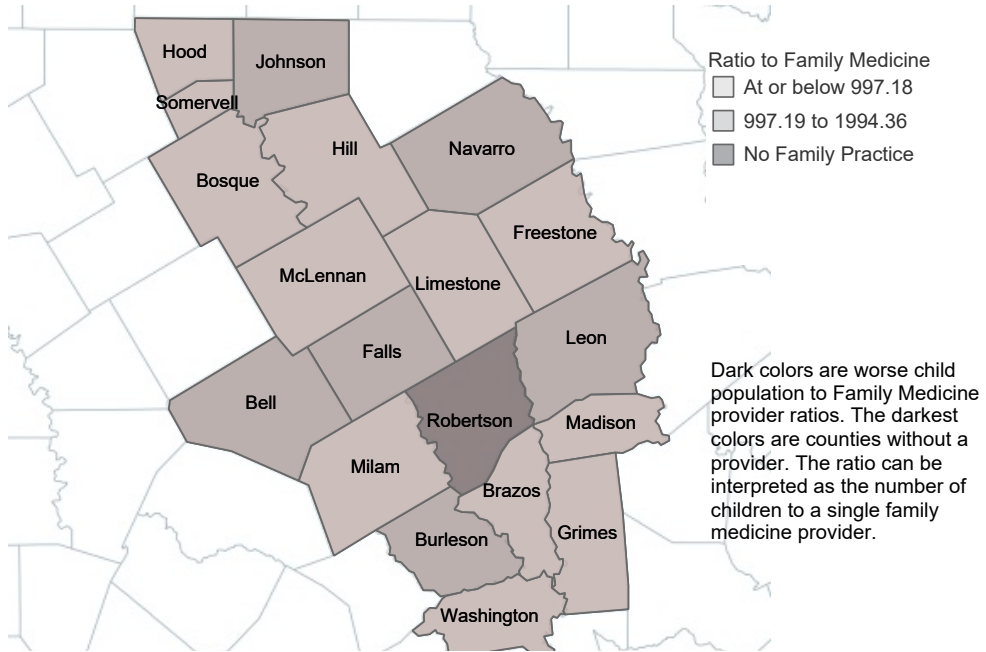
Catchment Area: Texas A&M University System Health Science Center

Ratio of child population to pediatrician



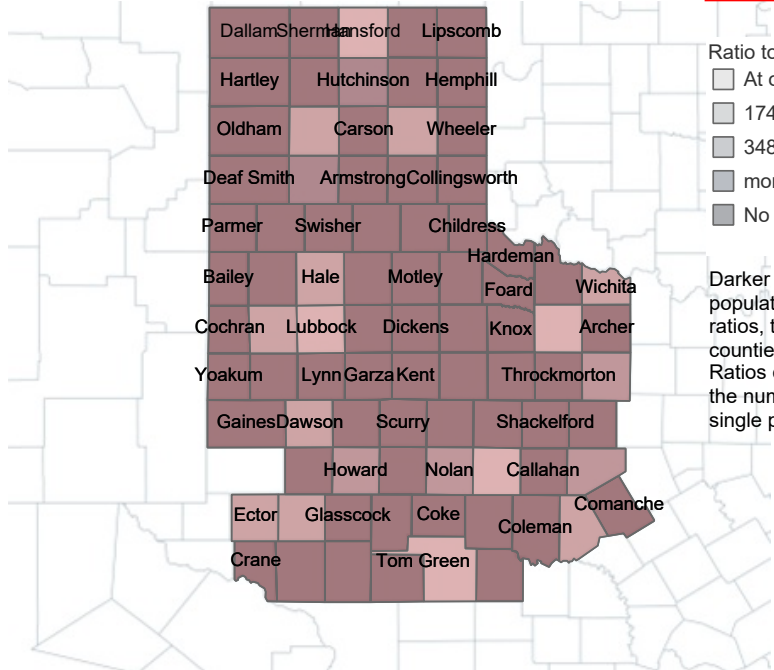
TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Bell	68,474	81	89	1,216	1,107
Bosque	3,000	0	6		672
Brazos	32,769	34	102	1,373	458
Burleson	2,941	0	4		1,020
Falls	2,566	0	2		1,807
Freestone	3,384	0	5		905
Grimes	4,673	0	10		637
Hill	6,343	0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

Ratio of child population to family medicine & family practice



Catchment Area: Part 1 Texas Tech University Health Sciences Center - Lubbock

Ratio of child population to pediatrician



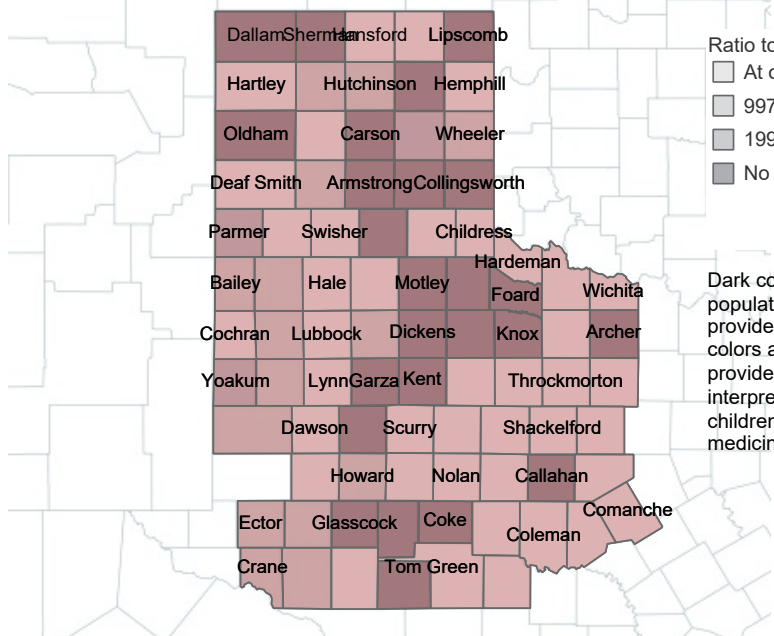
Ratio to Pediatricians

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

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

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

Ratio of child population to family medicine & family practice



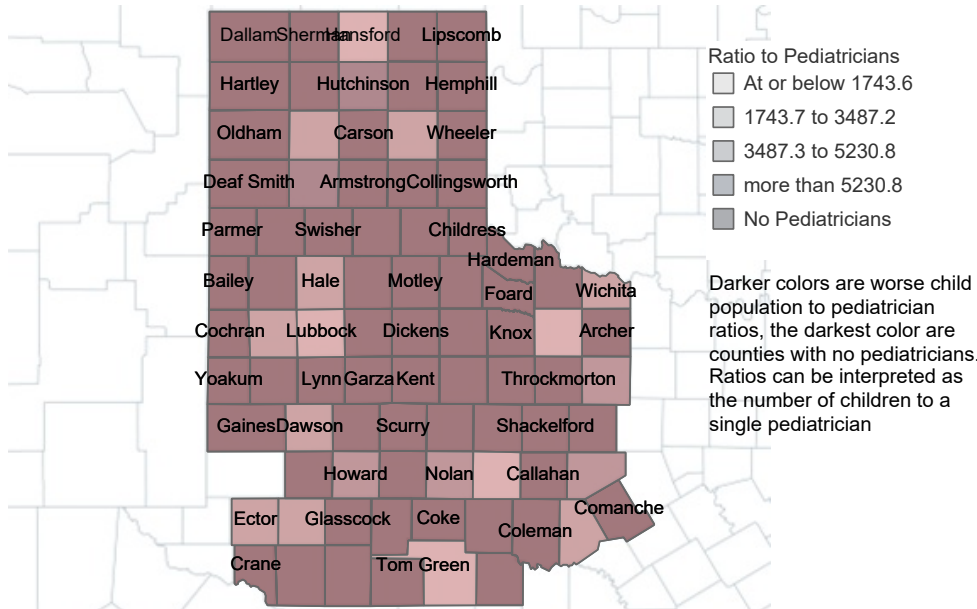
Ratio to Family Medicine

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

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

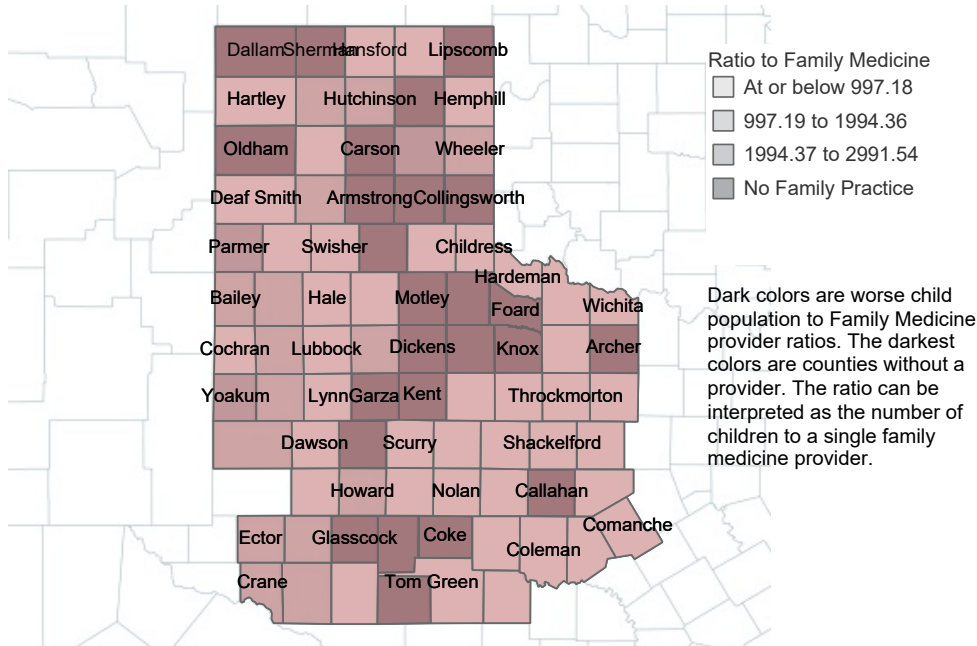
Catchment Area: Part 2: Texas Tech University Health Sciences Center - Lubbock

Ratio of child population to pediatrician



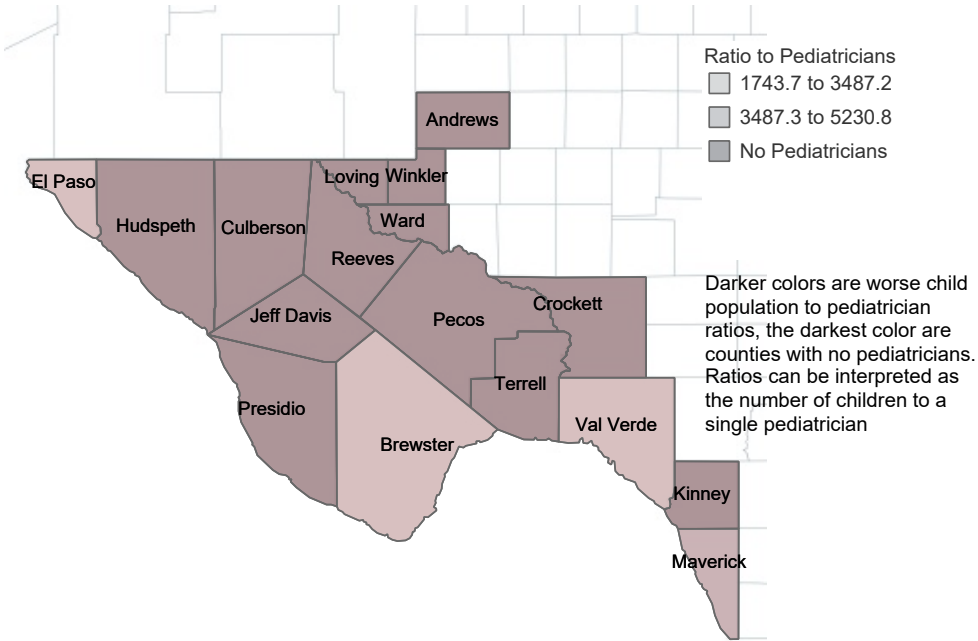
TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Howard	5,555	2	6	3,909	1,303
Hutchinson	4,008	1	4	5,443	1,361
Irion	251	0	0		
Jones	2,543	0	5		682
Kent	116	0	0		
King	57	0	0		
Knox	709	0	0		
Lamb	2,686	0	3		1,219
Lipscomb	668	0	0		
Lubbock	52,637	48	98	1,527	748
Lynn	1,162	0	3		525
Martin	1,281	0	3		596
Midland	34,010	21	27	2,346	1,825
Mitchell	1,282	0	4		438
Moore	4,732	0	6		1,146
Motley	187	0	0		
Nolan	2,792	1	7	3,855	551
Ochiltree	2,293	0	4		788
Oldham	428	0	0		
Parmer	2,030	0	1		2,820
Potter	23,535	16	45	2,053	730
Randall	23,711	5	24	6,500	1,354
Reagan	800	0	2		546
Roberts	162	0	0		
Runnels	1,767	0	6		388
Scurry	3,088	0	9		473
Shackelford	576	0	2		374
Sherman	659	0	0		
Stephens	1,534	0	5		408
Sterling	264	0	0		
Stonewall	224	0	1		303
Swisher	1,410	0	4		469
Taylor	23,884	20	39	1,699	871
Terry	2,402	0	3		1,126
Throckmorton	225	0	1		298
Tom Green	20,235	20	40	1,412	706
Upton	786	0	1		1,083
Wheeler	957	0	1		1,301
Wichita	21,290	16	58	1,854	511
Wilbarger	2,097	0	4		712
Yoakum	2,033	0	1		2,797
Young	3,234	1	15	4,331	289
Grand Total	354,139	182	567	59,018	51,868

Ratio of child population to family medicine & family practice



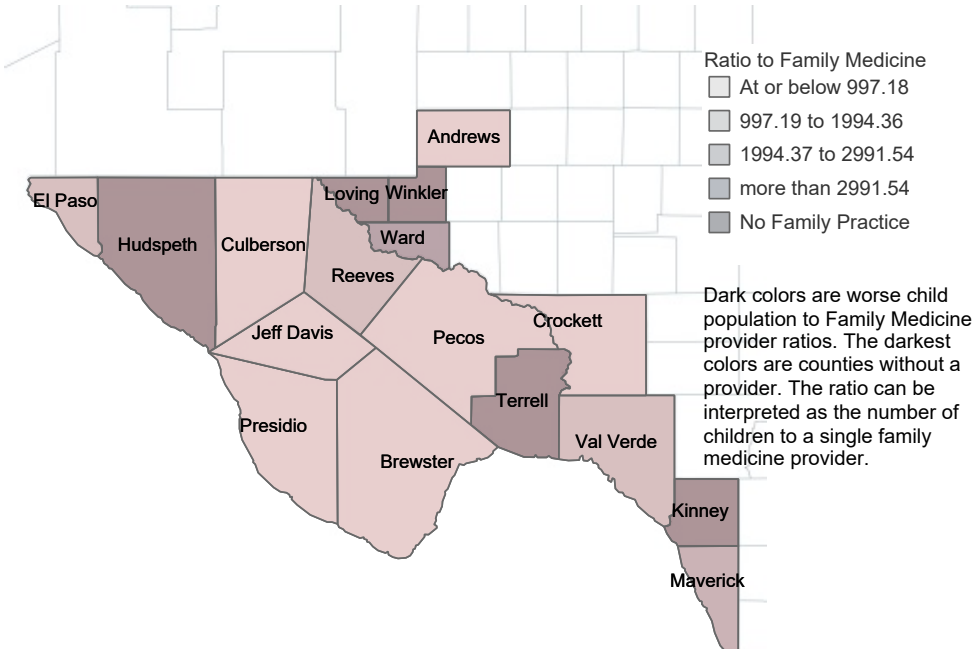
Catchment Area: Texas Tech University Health Sciences Center at El Paso

Ratio of child population to pediatrician



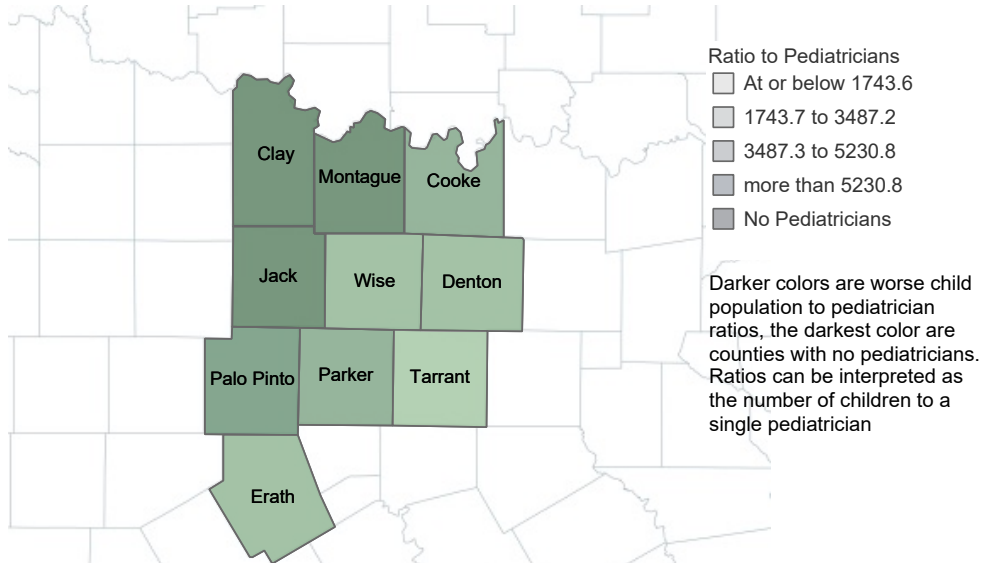
TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Andrews	4,000	0	8		696
Brewster	1,256	1	8	1,744	218
Crockett	622	0	1		857
Culberson	345	0	1		500
El Paso	164,964	112	115	2,036	1,983
Hudspeth	729	0	0		
Jeff Davis	139	0	1		174
Kinney	558	0	0		
Loving	41	0	0		
Maverick	12,850	5	7	3,649	2,607
Pecos	2,796	0	6		637
Presidio	1,281	0	3		613
Reeves	2,503	0	3		1,176
Terrell	121	0	0		
Val Verde	9,776	6	10	2,339	1,403
Ward	2,468	0	1		3,358
Winkler	1,699	0	0		
Grand Total	206,148	124	164	9,768	14,222

Ratio of child population to family medicine & family practice



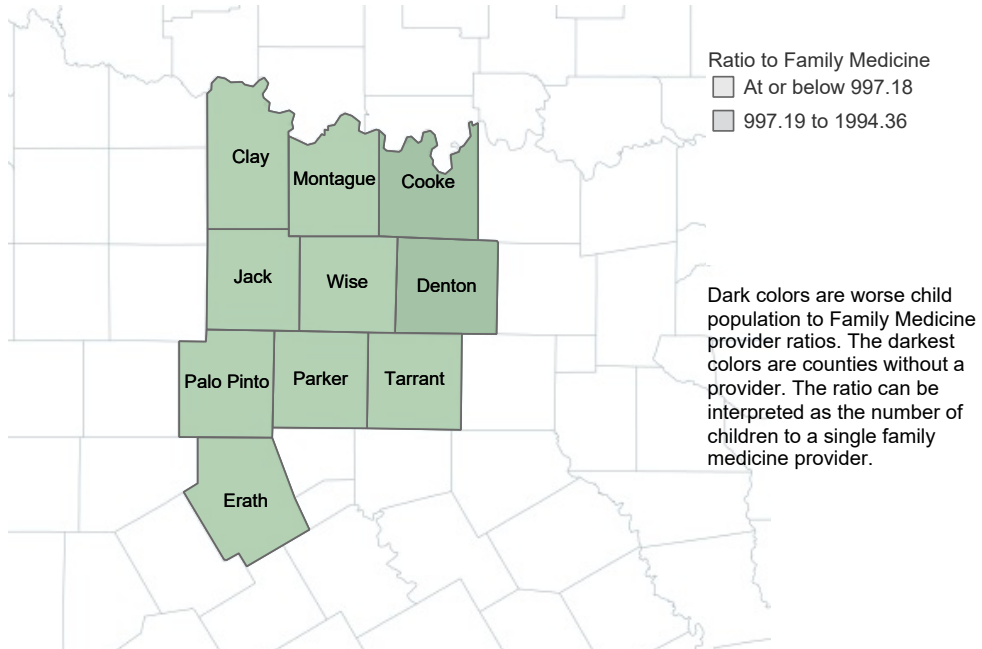
Catchment Area: University of North Texas Health Science Center

Ratio of child population to pediatrician



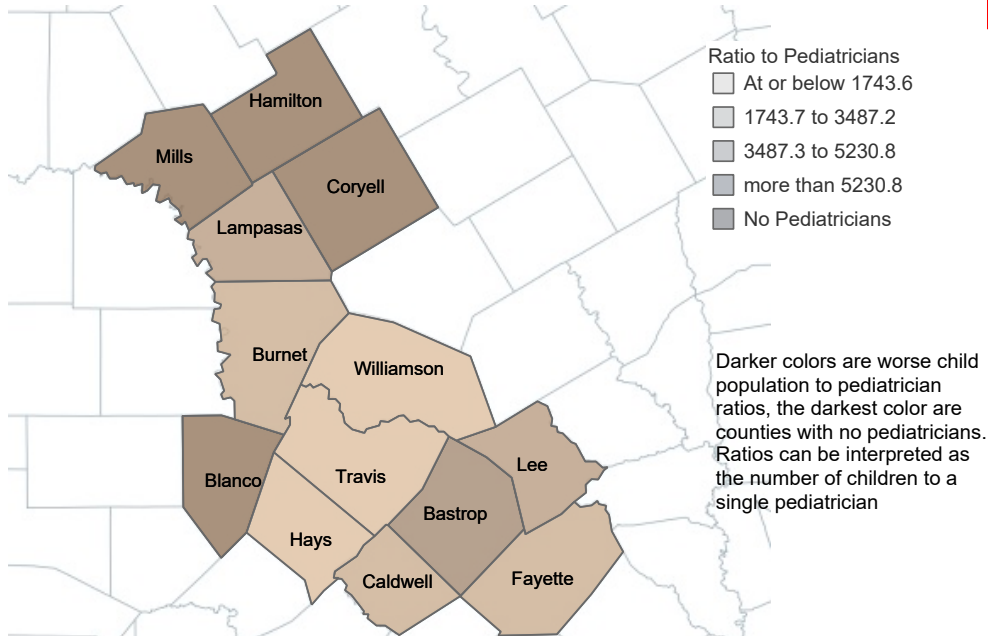
TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Clay	1,614	0	4		525
Cooke	6,907	2	9	4,843	1,076
Denton	158,037	95	202	2,232	1,049
Erath	6,292	3	11	2,902	792
Jack	1,440	0	4		481
Montague	3,279	0	5		891
Palo Pinto	4,940	1	9	6,711	746
Parker	25,666	9	41	3,818	838
Tarrant	402,548	326	602	1,684	912
Wise	12,628	5	20	3,384	846
Grand Total	623,351	441	907	25,574	8,156

Ratio of child population to family medicine & family practice



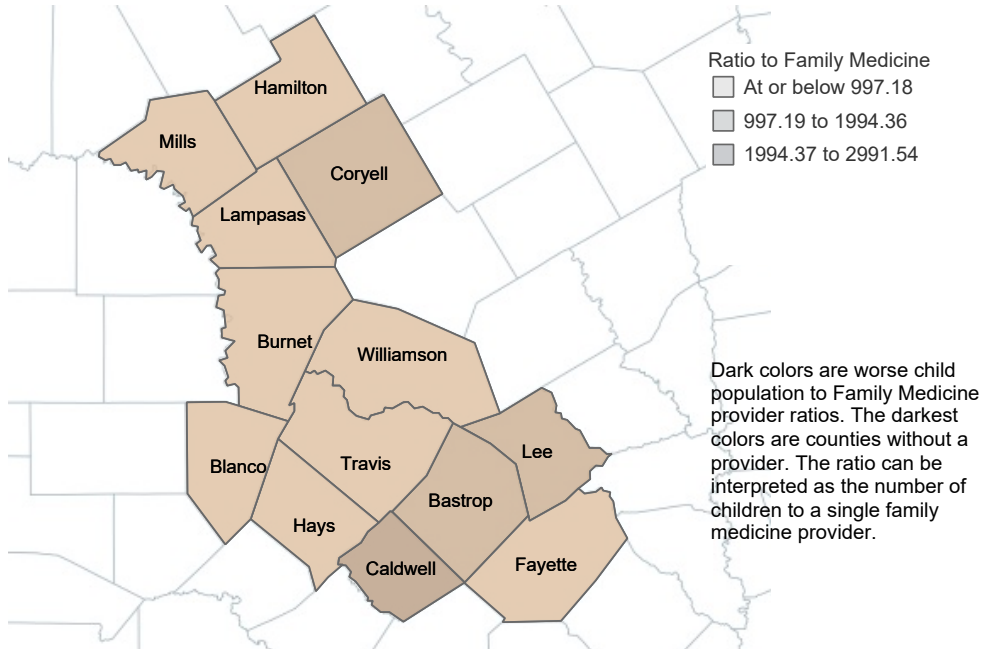
Catchment Area: Dell Medical School at The University of Texas at Austin

Ratio of child population to pediatrician



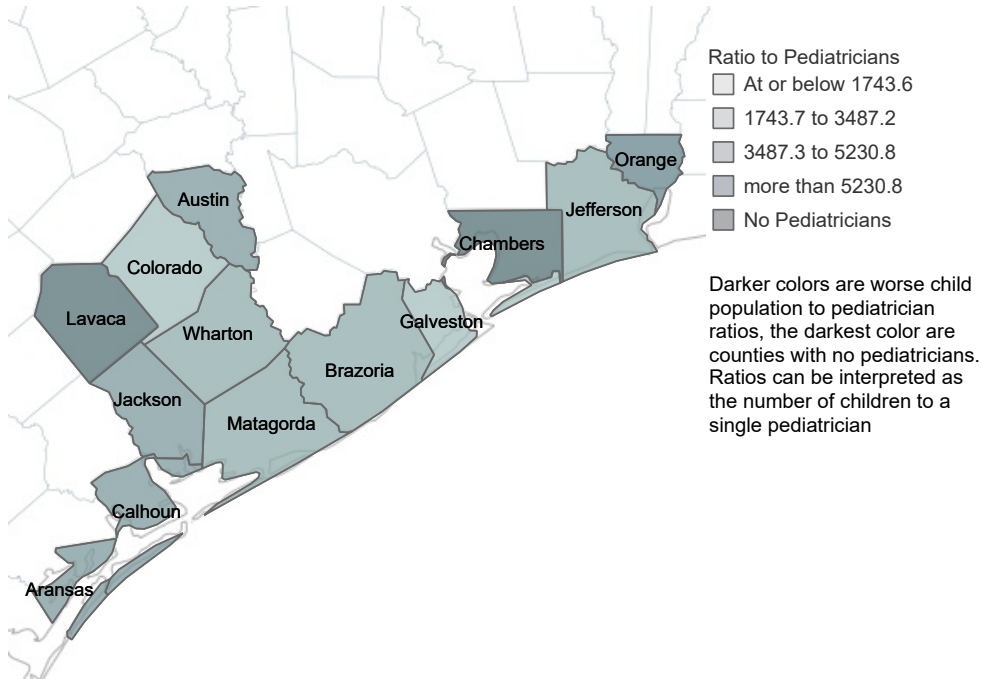
TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Bastrop	16,195	3	17	7,372	1,301
Blanco	1,624	0	4		534
Burnet	7,509	5	13	2,034	782
Caldwell	7,544	3	5	3,434	2,061
Coryell	11,945	0	15		1,137
Fayette	3,841	2	11	2,556	465
Hamilton	1,359	0	10		187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

Ratio of child population to family medicine & family practice



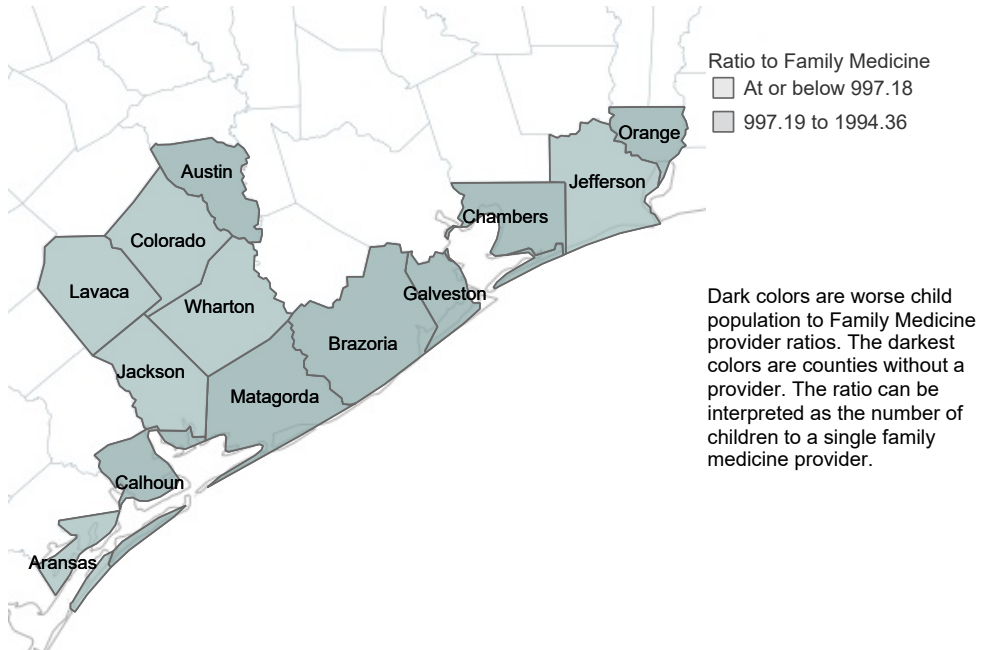
Catchment Area: The University of Texas Medical Branch at Galveston

Ratio of child population to pediatrician



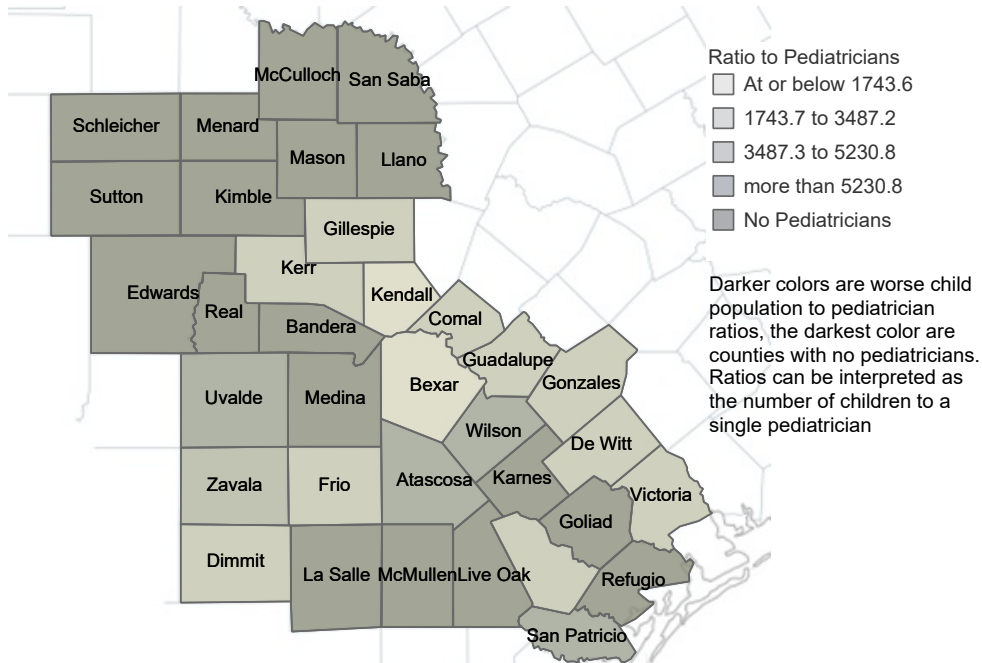
TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Aransas	3,031	1	7	4,172	596
Austin	5,361	2	4	3,565	1,782
Brazoria	72,180	56	75	1,749	1,306
Calhoun	3,791	1	5	5,217	1,043
Chambers	8,879	0	6		1,981
Colorado	3,474	3	11	1,613	440
Galveston	60,357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

Ratio of child population to family medicine & family practice



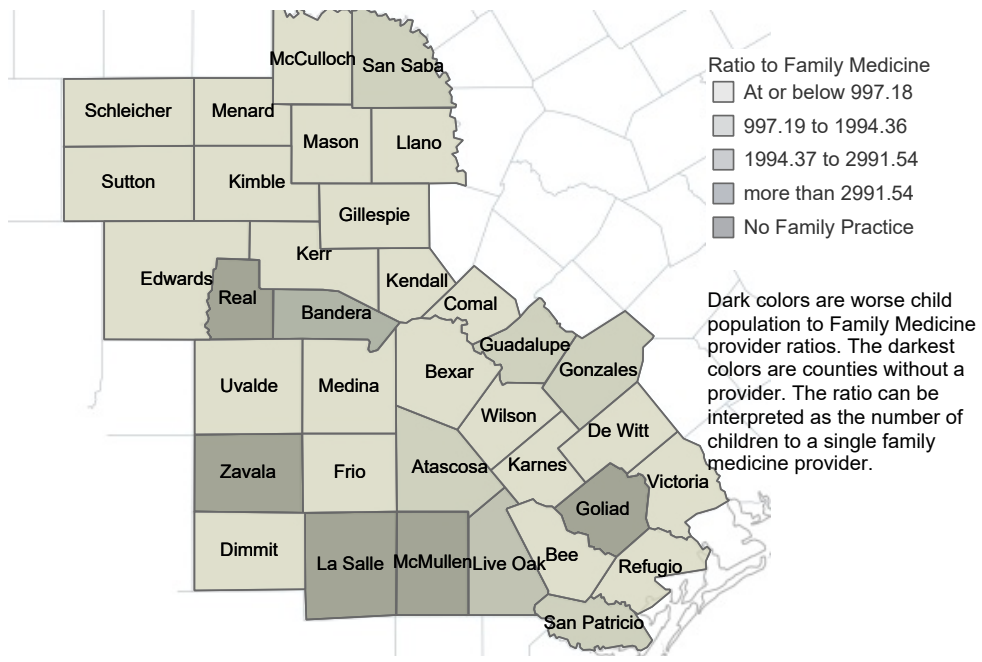
Catchment Area: The University of Texas Health Science Center at San Antonio

Ratio of child population to pediatrician



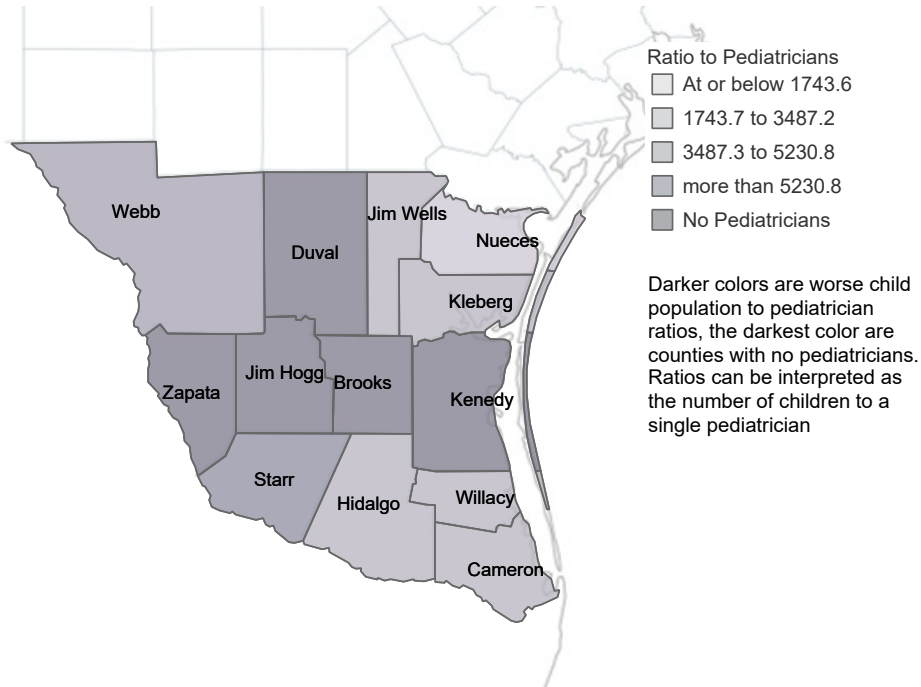
TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Atascosa	10,054	2	13	6,863	1,056
Bandera	2,863	0	1		3,812
Bee	4,968	2	9	3,432	763
Bexar	365,971	357	546	1,422	930
Comal	25,044	13	54	2,590	624
Dewitt	3,253	2	9	2,264	503
Dimmit	2,221	1	4	2,996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

Ratio of child population to family medicine & family practice



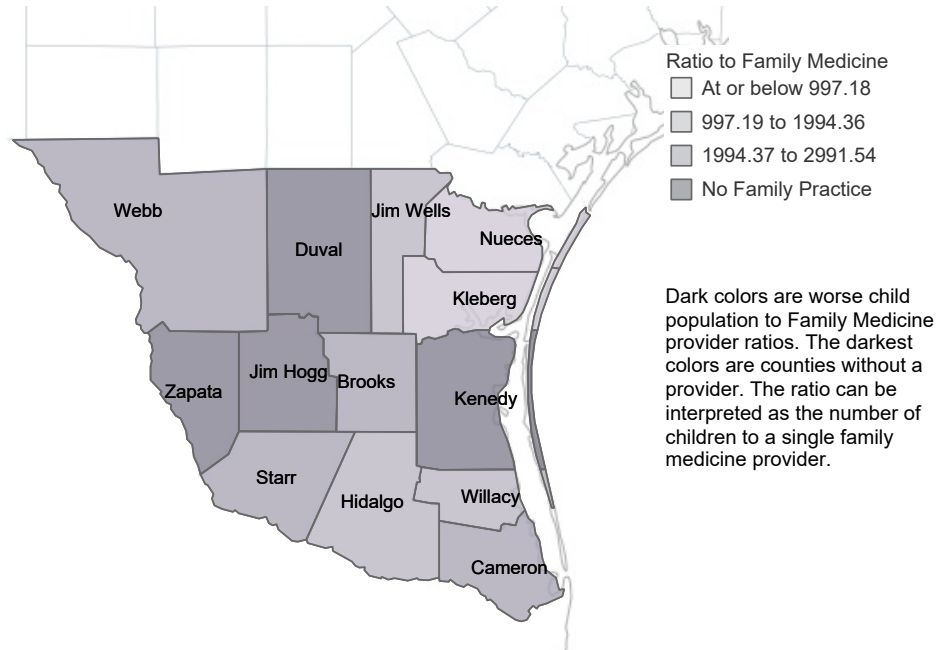
Catchment Area: The University of Texas Rio Grande Valley School of Medicine

Ratio of child population to pediatrician



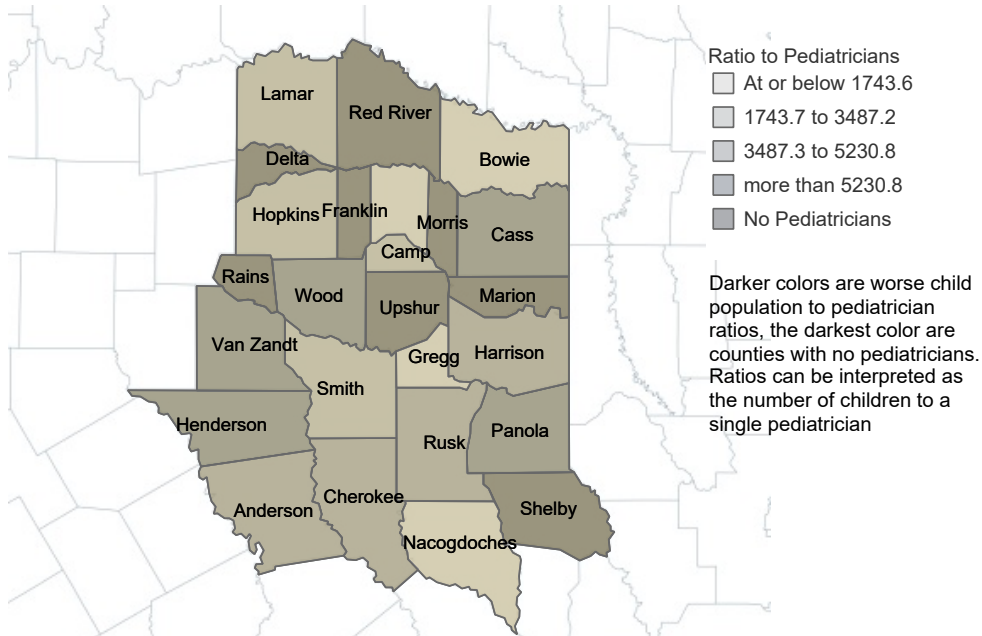
TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Brooks	1,423	0	1		2,013
Cameron	94,182	68	59	1,890	2,179
Duval	2,003	0	0		
Hidalgo	204,636	127	182	2,220	1,549
Jim Hogg	1,190	0	0		
Jim Wells	8,280	4	10	2,837	1,135
Kenedy	103	0	0		
Kleberg	5,424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

Ratio of child population to family medicine & family practice



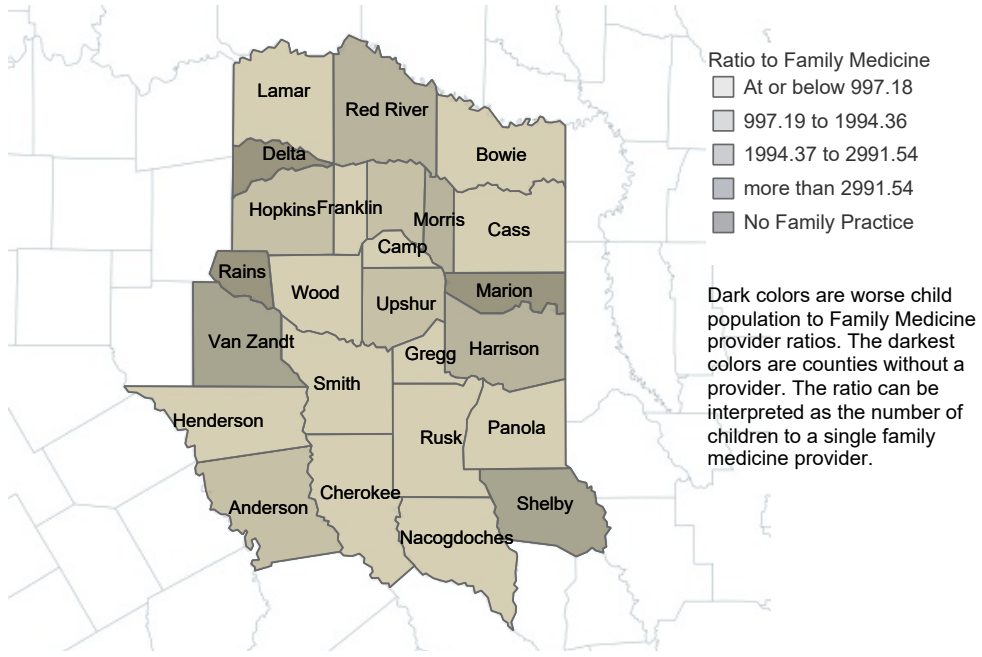
Catchment Area: The University of Texas Health Science Center at Tyler

Ratio of child population to pediatrician



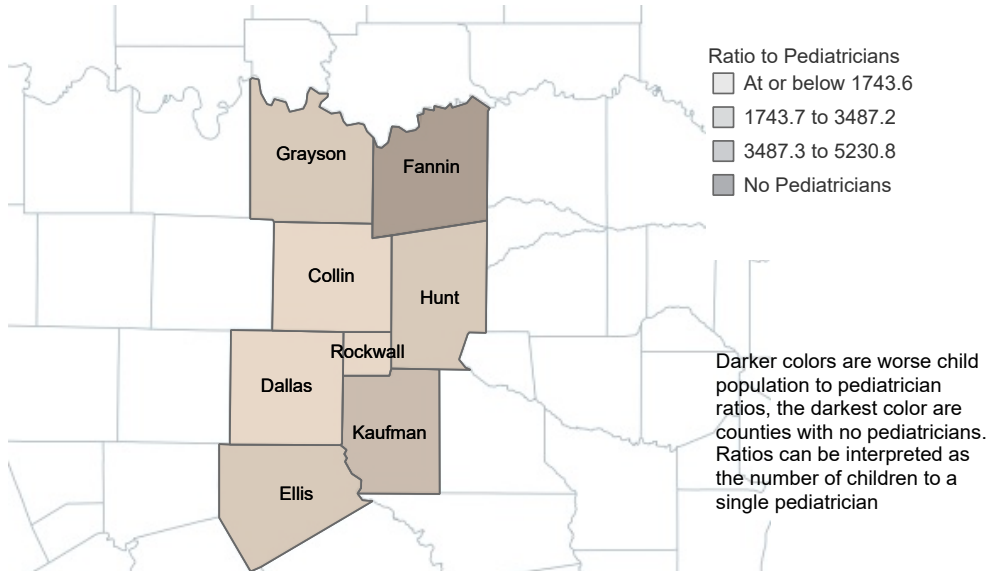
TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Anderson	8,089	3	10	3,702	1,111
Bowie	16,275	14	33	1,599	679
Camp	2,488	1	5	3,463	693
Cass	5,002	1	11	6,802	618
Cherokee	9,626	3	16	4,457	836
Delta	874	0	0		
Franklin	1,947	0	3		842
Gregg	23,116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

Ratio of child population to family medicine & family practice



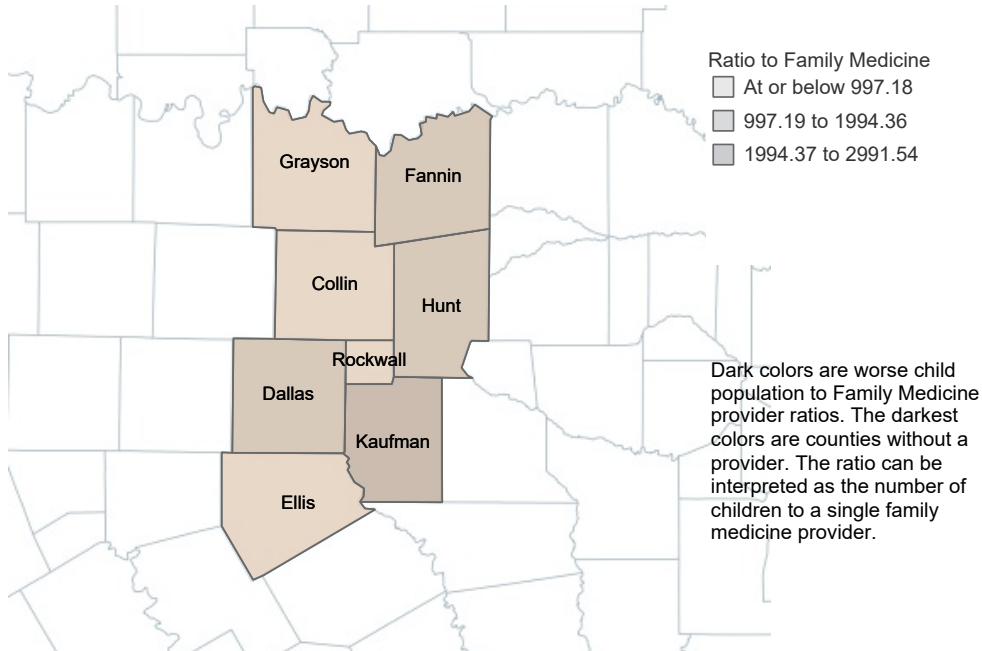
Catchment Area: The University of Texas Southwestern Medical Center

Ratio of child population to pediatrician



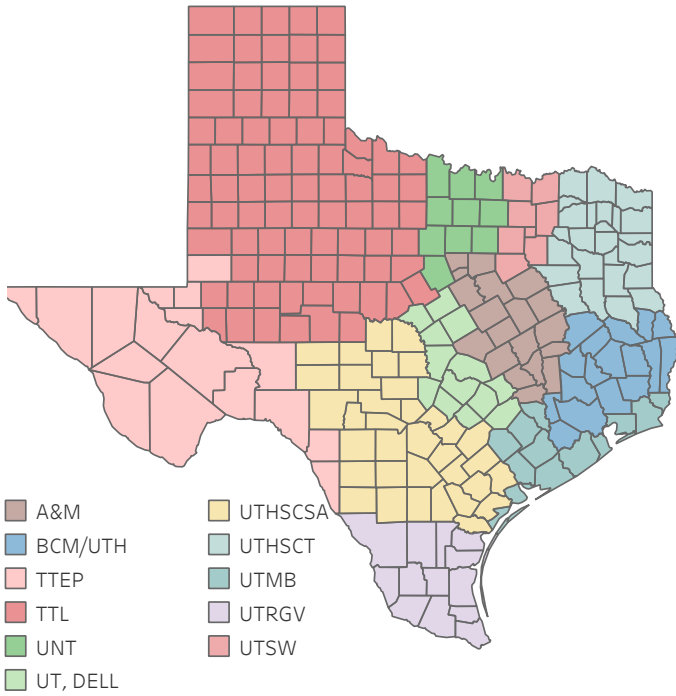
TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Collin	198,246	212	281	1,229	927
Dallas	492,782	432	617	1,597	1,118
Ellis	35,748	14	49	3,425	979
Fannin	5,705	0	7		1,083
Grayson	23,247	14	41	2,274	777
Hunt	16,959	9	23	2,576	1,008
Kaufman	26,186	9	17	3,962	2,097
Rockwall	20,812	20	33	1,358	823
Grand Total	819,685	710	1,068	16,420	8,811

Ratio of child population to family medicine & family practice

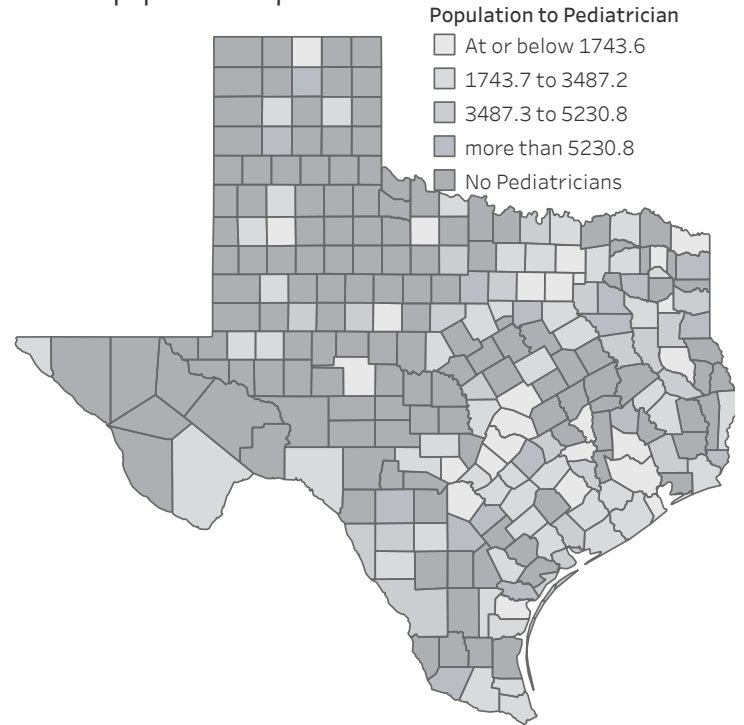


Proposed statewide catchment areas with provider ratios

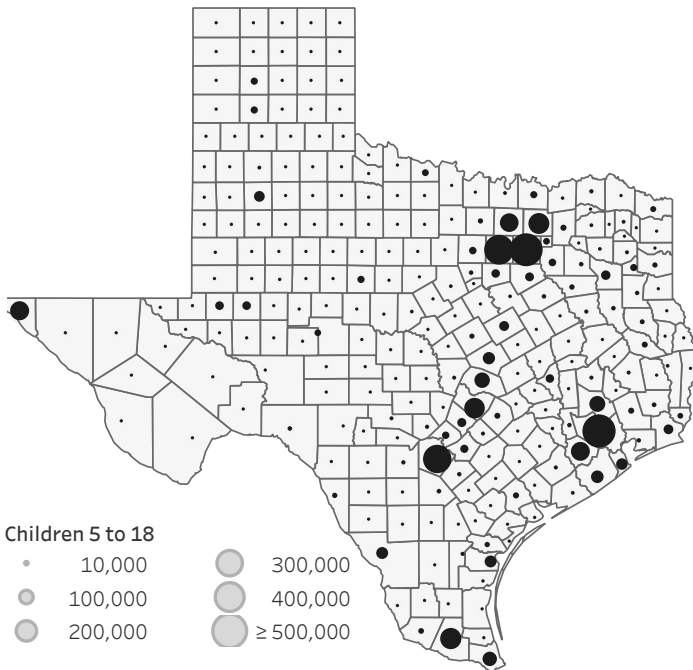
Draft catchment area for each institution



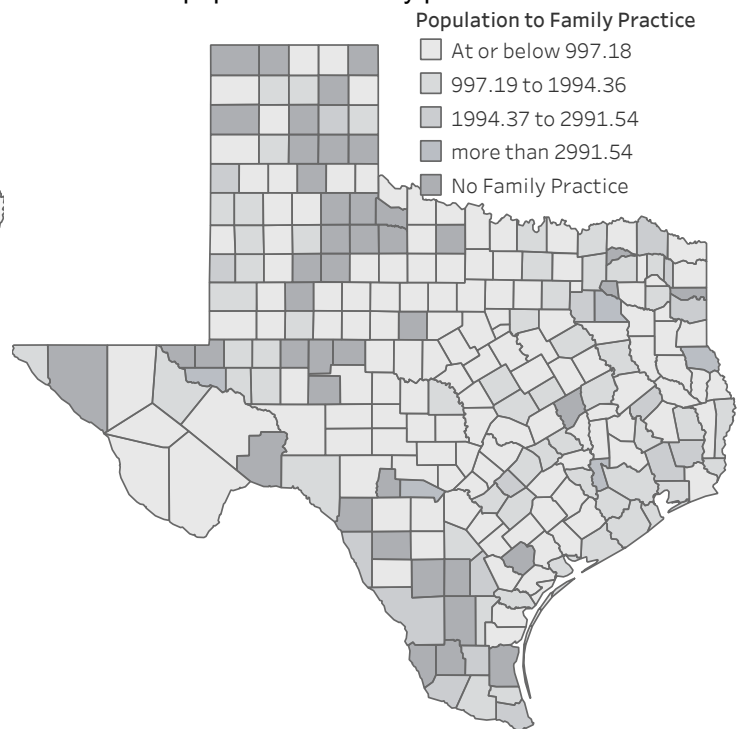
Ratio of population to pediatrician



Population of Children between 5 and 18 Years Old



Ratio of child population to family practice



University of Texas System
UTS Building
210 W. 7th St., Austin, TX 78701

Convening of the Texas Child Mental Health Care Consortium

September 11, 2019
10:00 AM – 3:00 PM
Room 2.206

Minutes

I. Call to order and welcome

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

II. Roll call

see appendix I.

III. Review decisions and action items from last meeting

- In the previous meeting, the basic administrative and governance structure of the consortium was established. This structure includes:
 - The University of Texas System will serve as the administrative coordinator of the Consortium through a contract with the Texas Higher Education Coordinating Board (THECB)
 - Dr. David Lakey, Vice Chancellor for Health Affairs for UT System, will serve as the presiding officer of the Consortium.
 - Workgroups will be chaired as follows:
 - CPAN: Drs. Laurel Williams (Baylor) and Sarah Martin (TTUHSC EP)
 - TCHATT: Dr. Sarah Wakefield (TTHSC) and Dr. Alex Vo (UTMB)

- Community Psychiatry Workforce Expansion: Dr. Steven Pliszka (UTHSCSA)
 - Research: Dr. Carol Tamminga (UTSW)
 - Child and Adolescent Psychiatry Fellowships: Dr. Elizabeth Newlin (TTUHSC For Worth)
 - The draft governance plan was provisionally approved.
- IV. Discuss, consider, and, if appropriate, act on a nomination process for the representative of the Statewide Behavioral Health Coordinating Council
- Dr. Courtney Harvey, from the Texas Health and Human Services Committee, noted that the 83rd legislature created the Statewide Behavioral Health Coordinating Council. This Council was charged with developing, implementing and evaluating a statewide strategic plan for improving behavioral health in Texas.
 - Now under the leadership of Sonja Gaines, the deputy executive commissioner for Intellectual and Developmental Disability and Behavioral Health Services, the Council released its first strategic plan in 2017 and its second in February of 2019. The link for the report is as follows:
<https://hhs.texas.gov/reports/2019/02/statewide-behavioral-health-strategic-plan-update-idd-strategic-plan-foundation>
 - Per Senate Bill 11, the TCMHCC is to select one of its members to be a member of the Texas Statewide Behavioral Health Coordinating Council. It was noted in the discussion that several of the Consortium's members currently are members of the Council.
 - It was agreed that the Consortium will select a member to represent it at the Council during the October 4th meeting.
- V. Review and approve the revised Governance Plan for the Consortium
- The executive committee was provided a revised draft of the governance plan that incorporated edits and additions to the initial draft (see attachments for the revised plan).

- There was a motion to approve the revised governance plan by Dr. Podawitz and it was seconded by Dr. Tamminga seconded. It was approved on a unanimous vote.

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

VII. Workgroup discussions

Child Psychiatry Access Network (CPAN)

CPAN is intended to be a network of child psychiatry access centers that provide consultation services and training opportunities for pediatricians and primary care providers to better care for children and youth with behavioral health needs. Workgroup co-chairs are Drs. Laurel Williams (Baylor) and Sarah Martin (TTUHSC EP).

Key discussions:

- **Centralization vs. localization:** There was a discussion that focused primarily on how to balance the need for centralization of the larger CPAN with customization for the individual CPAN hubs. Elements that were likely to be centralized or standardized include the website, which should be accessible to any pediatrician or family provider and should include educational toolkits and other resources; trainings for child psychiatrists; marketing and branding of CPAN; expected call back times; and metrics should be standard. Physicians will need to register with a local hub, however.
- **Data:** There was a related discussion about data sharing, and questions about what data should be collected, what the data collection methods should be, and whether individual CPAN networks were likely to be able share data with other sites.
- **Timing:** Discussion of how long it is likely to take to implement CPAN hubs on the ground. Programs in other states have taken 18 months to 2 years to be at maximum capacity for calls. With this in mind, the first year of CPAN will be focused on ramping up, making progress in logistics and capacity building, and demonstrating to the Legislature that progress is steady. Progress may be sped up by sharing staffing between TCHAT and CPAN hubs.

- **Budget:** The goal is to apportion the right budget to the right institution, depending on needs and existing capacities.
- **Other discussions and questions:**
 - It was noted that it would be great to have capacity for tele-psychiatry, but funding for this would need to be separate from the CPAN dollars.
 - Administration dollars can be used for travel to other CPAN sites.
 - Can CPAN dollars support direct provision of services? Maybe. The intent of CPAN was to have mild to moderate cases managed by primary care providers with the support of consultation from the hub. In the event that PCPs are unavailable, direct provision of services may become needed. [Action: Lakey will put language in the plan and will follow-up with Sen Nelson's Office/Governor's Office to make sure they are clear on when a person would qualify for additional services]
 - A survey will be sent to institutions to determine their capacity and goals related to CPAN

Texas Child Health Access Through Telemedicine (TCHAT)

TCHAT is intended to be a network of telemedicine or telehealth programs staffed by academic health centers that provide in-school behavioral health care to at-risk children and adolescents or support and consultation to school staff. Workgroup co-chairs are Dr. Sarah Wakefield (TTHSC) and Dr. Alex Vo (UTMB)

Key discussions:

- **Infrastructure/Capacity:** Discussion focused on the need to leverage existing programs and resources in order to stand up the services as quickly as possible.
- **Flexibility/Standardization:** Members discussed the need to allow for multiple mechanisms for rolling out the program, depending on local needs and capacities, but also to have

standardized metrics so that outcomes can be compared over time. The goal would be to operationalize what the programs look like, evaluate the outcomes, and create a catalogue of models.

- **Information/Survey:** There is a need to assess what exists today, assess the gaps and create models that address gaps. There is also a need to coordinate the implementation of programs with respect to other school-based activities being done by LMHAs and other organizations. Gathering this information, possibly through surveys, will be important.
- **Representation/Feedback:** Discussion focused on the need to have representation, and gather feedback, from key groups, including the Texas Education Association (TEA) to participate on workgroup, end-user representatives like LMHAs, NAMI, and Juvenile Justice agencies, etc. Representatives or advocates for people with intellectual disabilities and their families and caregivers should be solicited for input.
- **Other discussions and questions:**
 - Members agreed that implementation needs to get moving as quickly as possible, with decisions made about which entities are getting how much funding by October.
 - There needs to be clarity on the most realistic and relevant measures, and on how that will be communicated to the legislature on stakeholders. There is a need to distinguish between the things we can be done in two years vs. the things we will have in 10 years, and a need to set expectations that TCHAT cannot be in every ISD immediately, and that it can be expanded in the future.

Community Psychiatry Workforce Expansion:

The Consortium will fund one full-time psychiatrist to serve as academic medical director at a facility operated by a community mental health provider and two new resident rotation positions at the facility. Workgroup is chaired by Dr. Steven Pliszka (UTHSCSA).

Key discussions:

- **Existing models:** Jim Baker at UT Austin Dell Medical School has helped implement a program similar to what is described in the legislation, with a staff psychiatrist and residents located at the LMHA.
- **Goals:** The goal of this element of the Consortium is not to add more overall residency slots but to better integrate residents and academic psychiatrists with LMHAs, with one possible outcome being more residents interested in working in community health settings in Texas going forward.
- **Flexibility:** There were questions about whether the program can partner with other community mental health providers, like juvenile justice, or whether it is limited to LMHAs. There was also a question about whether the funded staff psychiatrist has to be academic, or if there is some flexibility, for instance in rural areas where there are fewer academic psychiatrists.
- **Survey:** The LMHAs (and other community behavioral health providers) need to be surveyed to gauge their interest.

Child and Adolescent Psychiatry Fellowships

The Consortium will fund additional child and adolescent psychiatry fellowship positions at health-related institutions. Workgroup led by Dr. Elizabeth Newlin (TTUHSC For Worth).

Key discussions:

- **Expansion of existing programs:** Because adding new fellowship programs requires national approval, discussion emphasized that the timeline for this sort of expansion is likely to be slow. It may be preferable then to prioritize adding additional fellowship slots to existing programs.
- **Sustainability:** There is a need to coordinate the consortium funding for additional fellowship positions with other state funding for new residency positions so that institutions can feel comfortable that will be full funding for the full length of residency + fellowships in child and adolescent psychiatry, which is five years (or fast track in 4 years).

Institutions are not likely to open up new fellowship or residency slots without full funding.

- **Survey:** Members agreed that there should be a survey of relevant health institutions to learn who has fellowships and who wants to establish new programs, expand or not. Information also needs to be gathered on the approximate cost for expansion or establishment of programs.

Research

Workgroup led by Dr. Carol Tamminga (UTSW).

Key discussions:

- **Timing and scope:** Members agreed that it may make sense to defer a hard proposal for a research budget until CPAN, TCHAT and the workforce budgets are proposed. The goal would be a few large (\$10-20 million), multi-institutional projects that focused on children and adolescents and their families.
- **Topics:** There was discussion of potential topics for research, including early psychosis in adolescents, childhood trauma, and depression and suicide. There could also be a focus on standardizing assessment tools in childhood psychiatry/psychology.
- **Uncertainty:** There are some fundamental unanswered questions in childhood psychology. "When a child is traumatized, we don't really know what the very best care is. We think we know but we don't really know." Measurement based care in the delivery of psychiatric care is needed.
- **Relationship between research and CPAN:** There was discussion of whether it would be appropriate or optimal for the research projects to integrate with the CPAN efforts.
 - a. It was clarified that legislative intent of SB 11 was that the clinical data from CPAN and TCHAT not be used for direct research.

- b. Evaluation of the effectiveness and quality improvement of CPAN and TCHAT programs will occur as part of this program, but that evaluation must remain distinct from any research initiatives.

VIII. Adjournment

DRAFT

Appendix I. Executive Committee In-Person Attendance

#	Institution/ Organization	Name		#	Institution/ Organization	Name	
1	Baylor College of Medicine	Wayne Goodman, MD	✓	19	The University of Texas Health Science Center at San Antonio	Steven Pliszka, MD	✓
2	Baylor College of Medicine	Laurel Williams, DO	✓	20	The University of Texas Health Science Center at San Antonio	Joseph Blader, PhD	✓
3	Texas A&M University System Health Science Center	Israel Liberzon, MD		21	The University of Texas Rio Grande Valley School of Medicine	Michael Escamilla, MD	✓
4	Texas A&M University System Health Science Center	R. Andrew Harper, MD	✓	22	The University of Texas Rio Grande Valley School of Medicine	Michael Patriarca	✓
5	Texas Tech University Health Sciences Center	Sarah Wakefield, MD	✓	23	The University of Texas Health Science Center at Tyler	Jeffery Matthews, MD	✓
6	Texas Tech University Health Sciences Center	Keino McWhinney, MPP	✓	24	The University of Texas Health Science Center at Tyler	Daniel Deslatte, MPA, FACHE	

#	Institution/ Organization	Name		#	Institution/ Organization	Name	
7	Texas Tech University Health Sciences Center at El Paso	Peter Thompson, MD	✓	25	The University of Texas Southwestern Medical Center	Carol Tamminga, MD	✓
8	Texas Tech University Health Sciences Center at El Paso	Sarah Martin, MD	✓	26	The University of Texas Southwestern Medical Center	Hicham Ibrahim, MD	✓
9	University of North Texas Health Science Center	Alan Podawiltz, DO, MS	✓	27	Health and Human Services Commission - mental health care services	Sonja Gaines, MBA	
10	University of North Texas Health Science Center	Mark Chassay, MD, MBA	✓	28	Health and Human Services Commission - mental health facilities	Mike Maples	
11	Dell Medical School at The University of Texas at Austin	Charles B Nemeroff, MD, PhD	✓	29	Texas Higher Education Coordinating Board	Stacey Silverman, PhD	✓
12	Dell Medical School at The University of Texas at Austin	Stephen Strakowski, MD	✓	30	Hospital System	Danielle Wesley	✓

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