

University of Texas System
210 W. 7th St., Room 2.206, Austin, TX 78701
Convening of the Texas Child Mental Health Care Consortium
February 21, 2020
10:00 AM – 3:00 PM
Minutes

I. Call to order, roll call and updates. The full Executive Committee may receive information and/or recommendations from the items discussed and take appropriate action

- Dr. Lakey, presiding officer of the Consortium, called the meeting to order.
- 27 Executive members were in attendance. See attached attendance for full list of attendees.
- i. **Program Evaluation – Texas Institute for Excellence in Mental Health, UT School of Social Work**
 - Luanne Southern provided an update regarding UT System’s contracting with the Texas Institute for Excellence in Mental Health, UT School of Social Work for the performance of program evaluation work.
 - A sheet outlining the difference between the Internal Evaluation & External Evaluation roles & responsibilities was reviewed.
 - The external evaluation contracting was discussed. Dr. Lakey reiterated that this body must be at an arms’ length from the work being conducted so they can provide a frank report to the legislature on the program’s effectiveness. As a result, Executive Committee members’ institutions are not eligible to conduct this work. UT System will go through an RFP process to put a bid out for the work. The external evaluation workgroup will have input into the content of the RFP.
- ii. **Status of Participating Institution Agreements, Project Definition Documents and Fund Transfers**
 - Reviewed the status of all PIAs and Project Definition Documents (PDDs). All PIAs are now complete and 50% of the PDDs have been submitted.
 - Dr. Silverman provided a status on the transfer of funds for those institutions that had submitted their PDDs. She indicated that she expected the appropriation to happen early the following week.

II. Review and approve the following items:

- Discussed that the last meeting was unofficial due to an issue with posting the agenda in compliance with the requirements of the Open Meetings Act. As a result, decisions made during the last meeting need to be revisited and confirmed.
- i. **Minutes from January 17, 2020**
 - → Dr. Tamminga made a motion to approve the meeting minutes. Dr. Podawiltz seconded. The minutes were unanimously approved.

ii. Minutes from November 22, 2019

- → **Approved as from last meeting.**

iii. Process for selection of Centralized Operations Support Hub (COSH) including creation of workgroup and selection of members of the workgroup.

- → **Approved as from last meeting.**

iv. Process for purchase of communications system and data management system including creation of workgroup and selection of members of workgroup.

- → **Approved as from last meeting.**

v. Creation of External Evaluation Workgroup and selection of members of workgroup

- → **Approved as from last meeting.**

III. Presentation from Texas Association of Community Health Centers (TAC) (Dr. Roxana L. Cruz, Director of Medical & Clinical Affairs, and Dr. Jose Camacho, Executive Director)

i. Overview of Community Health Centers in Texas, their role in the provision of pediatric primary health and behavioral health services, and opportunities for participation with TCMHCC initiatives

- At the state level, they are known as Federally Qualified Health Centers (FQHC). They are in 132 counties, with over 570 sites serving about 1.5 million patients each year. Around 550K of those are children.
- Most patients are uninsured. Those with insurance tend to have marketplace insurance.
- They are required by federal law to provide services on a sliding fee scale based on the ability to pay. Most of the patients are under 100% poverty levels.
- Over 60% of the sites have medical, dental and behavioral health services available to clients.
- Mental health and dental services all feed out of medical services; it's the primary door that people walk in through to these services.
- There is a growing number of mental health and substance abuse visits. They are doing more screening of patients and able to do more in the mental health service area but are not equipped to deal with severe mental illness. They try to set up referral arrangements with local mental health centers.
- They have identified that referrals are not effective as most cannot afford to go to specialty care, so this becomes a gap in service. Getting records back is also sometimes problematic.
- The Association helps with group purchasing, working out state-wide contracts, dealing with NCOs. They provide a lot of training and technical assistance/compliance.
- One of the primary programs they share with the health centers is Optimizing comprehensive clinical care. This led them to be labeled a Patient-Centered Medical Home (PCMH). The focus is on improving access, efficiency, and clinical quality measures.
- The other program is Trauma Informed Care (TIC). A few years ago, when children were being separated from families, they looked at what they could do to support health centers

at the border. They asked what other states were doing & tried to figure out how they could support displaced families and unaccompanied minors. As a result, they began to develop a trauma program to deal with the trauma of separation. It involves a lot of education, coaching and exchange of information to help build up behavioral health specialists' skills in this area. It's a multi-layered, integrated program. They currently have 2 cohorts going and are about to launch a third.

ii. Questions and Answers

- Dr. Lakey raised the idea that as the group develops CPAN, the FQHCs represent a large practice in the state of Texas, serving vulnerable kids that would benefit. He raised the question of how TCMHCC & the Texas Association of Community Health Centers could work together and whether the CPAN groups could offer assistance to PCPs within the FQHC.
- → **Dr. Williams made the motion to add Dr. Roxana L. Cruz to the CPAN work group. Keino McWhinney seconded the motion. The motion was unanimously approved.**
- A question was raised regarding whether institutions should stop talking to local FQHCs if they were already engaging them. TAC didn't think institutions needed to suspend their engagement, but rather link in TAC.

IV. Discuss, consider, and approve the web site for Texas Child Mental Health Care Consortium

- Daniel Oppenheimer presented the new website to the Consortium.
- A question was raised about the appropriateness of the UT System banner being present on the website. As the administrative entity, the TCMHCC website is currently hosted on the UT System website. Several individuals indicated that this was not a significant issue for them. However, UT System will evaluate options of hosting the TCMHCC site independent of the UT System site.
- A suggestion was raised to incorporate the logos of all the participating institutions into the site.
- **<<Action Item: UTS to investigate removing the UTS banner from the website>>**
- Question was raised whether people looking for services associated with the TCMHCC work would be able to locate centers using the site. It was agreed that once the CPAN number was available, this could be published on the site.
- Recommendation made that TCHMCC engage national websites that we can tie into to help promote our services. (SAMHSA app, for example.)
- → **A motion was made by Dr. Liberzon to approve the website for use. Dr. Ibrahim seconded. The motion was unanimously approved.**

V. Discuss, consider, and approve the development of a Communications Plan for the Texas Child Mental Health Care Consortium, including the following items. The full Executive Committee may receive information and/or recommendations from the items discussed and take appropriate action:

i. Branding (logos, etc.)

- Discussed whether a central logo would be used for the programs, or whether each institution would have their own logo.
- Most of the group felt that having different logos would cause confusion and it was better to have consistency and minimize individualization.

ii. Regional HRI communications strategies (media relations, current communications efforts)

- Discussed that if press releases are about the consortium, it should be routed through UTS. If it's about things happening at institutions and their efforts, loop UTS in but UTS won't control the messaging and slow down the process.

iii. Community outreach planned by HRIs (schools, pediatric primary care physicians, etc.)

- A request was made to have a public relations message that could be used to inform discussions with elected officials. <<Action Item: UTS to develop a TCMHCC press kit that can be provided to institutions to educate others on what's happening.>>
- The point was raised that the institutions will be the experts on the metrics that the officials will be interested in.

iv. Identification of HRI point of contact to coordinate Communications Plan in partnership with UT System point of contact

- Daniel requested that each institution provide a media contact. <<Action Item: each institution to provide a media contact to Luanne Southern.>>

v. Other communications related items identified by the members of the Executive Committee

- A suggestion was made to have map of Texas where users could hover over a county & see what resources are available in that county, drill down into city.
- The question was raised whether the provider agreement the CPAN workgroup put together could be reviewed, approved & placed on the website.
- <<Action Item: CPAN's provider agreement should be added to next meeting's agenda so it can be approved then put on website.>>

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

VII. Working Lunch in which the Executive Committee may continue discussion of and action on posted items

VIII. Discuss, consider, and if appropriate, approve the selection of an HRI to serve as the Centralized Operations Support Hub, including the following items. The full Executive Committee may receive information and/or recommendations from the items discussed and take appropriate action:

i. Presentation from Baylor College of Medicine

- Baylor presented their proposed approach for running the COSH.
- They have been positioning staff to pull out of other duties to meet the upcoming demands of the COSH. Their focus will be on development for telecommunications & data systems. Once a vendor is selected, they'll work with the vendor on implementation and with HRIs on any equipment they may need. Training is planned for April.

ii. Review and discuss Application

- A question was raised regarding whether the data management vendor needed to be external since some institutions have the potential to provide data management services.
- Dr. Lakey confirmed that institutions can respond to the RFP but will have to provide a data management system that's ready to go, not just data management services.
- The point was raised that people will need to set up systems to capture data before the data management system is in place. Baylor emphasized that they would set up some scaffolding in the beginning so institutions don't have to course correct later.
- → A motion was made by Dr. Wakefield to confirm Baylor as the COSH and have UTS work with Baylor to get a contract and associated funds in place. Dr. Ibrahim seconded. Motion unanimously approved.

iii. Other COSH related items identified by the COSH Workgroup and/or members of the Executive Committee

- Discussed the COSH oversight committee's role in future COSH work. It's expected that they'll need to look at TCHAT & CPAN processes and give guidance to Baylor on these.
- Dr. Lakey suggested that at the next meeting the group looks at the subcommittees and how they might be integrated. <<Action item: add subcommittee review to next meeting's agenda.>>

IX. Discuss, consider, and if appropriate, approve information provided by the COSH Workgroup relating to the communications and data management systems requirements and specifications. The full Executive Committee may review information and/or recommendations from the items discussed and take appropriate action.

i. Review and discuss communications and data management systems requirements and specifications

- The COSH workgroup put together draft RFP documents for a telecommunications system and a data management system. These documents were distributed to the group for review.
- → Dr. Wagner made a motion to approve the telecommunications RFP document once the return call duration was changed to 30 minutes and scalability & flexibility was added as a requirement within the document. Dr. Podawiltz seconded the motion. Motion was unanimously approved.
- The group wanted more time to review the data management system requirements. <<Action item: data management system RFP doc to be sent electronically to executive committee members. Executive committee members to provide feedback to Luanne so comments can be reviewed at the next meeting.>>

ii. Other communications and data management systems items identified by the COSH Workgroup and/or members of the Executive Committee

X. Discuss, consider and, if appropriate, approve Proposal from Research Workgroup, including the following items. The full Executive Committee may receive information and/or recommendations from the items discussed and take appropriate action.

i. Presentation from Research Workgroup

- Dr. Tamminga presented the Research Subcommittee's proposed network topics: Child Depression/Suicide and Childhood Trauma.
- Dr. Tamminga proposed that Dr. Madhukar Trivedi as a lead for the Child Depression/Suicide topic.
- Network leads would provide training, rating scales, etc.
- All sites can join one or both networks.
- Money will be distributed to all participating institutions in each network. The dollar amount will need to be re-evaluated once it's clear how many institutions wish to participate in each network. Money will not go to individual researchers.
- The proposed work will align with the Texas Behavioral Health Strategic Plan.
- The group discussed that the nodes (participating institutions) in a network will help recruit individuals into the research, but another goal of the network is to develop the nodes themselves. The outcome of the research should include the lifting of all the participating institutions' research capability. There is a need to strike a reasonable balance between recruitment & the development of the nodes
- The question was raised regarding how the proposed research will be different from what's already out there. Dr. Tamminga confirmed that the group has looked at what's currently out there and chose potential leads due to their expertise in the areas.
- Sonja Gaines proposed a few ideas for areas of research:
 - Resource options for public school kids with behavioral health needs: Behavioral health needs for public school students is a gap identified within the strategic plan. Question: How do we best get resources to that population? It's not just about kids, but also about the people that come in contact with those kids.
 - Prevention & early intervention: What do we do to intervene and intervene early?
 - Services for special populations: For kids transitioning from children to adult services, what are best practices that already exist? How would this differ from what's already out there? How do we add an element of intervention & resources?
- Dr. Tamminga encouraged Sonja to provide input as the research is further defined to ensure the group is focusing on the right information and questions.
- Once everyone has identified their interest in participating in one or both networks, the groups will get together to articulate the research questions.
- The point was raised that research hasn't done a good job of identifying the return on investment of improving the null. How does prevention pay off? Is this something the group can look at?
- In response, it was discussed that answering this question can be difficult because you need data that's unified, with common elements/questions. The literature is full of independent reports from separate studies. The infrastructure needs to be built to be able to answer these kinds of questions.
- The hope is that the research can continue past the 2020-21 biennium so longitudinal studies can be completed. This would allow the group to answer bigger questions. If the group can show what they can accomplish with this network structure, it makes it more likely they'll be able to go after NIH funding.

- → Dr. Liberzon made the motion to have concentrated research using a state-wide network that will be focused on depression and suicide in kids. Dr. Ibrahim seconded. The motion was unanimously approved.
- → Dr. Williams made the motion to have concentrated research using a state-wide network that will be focused on childhood trauma. Dr. Wagner seconded. The motion was unanimously approved.
- The group discussed the need to know who is interested in participating in the networks, and who the leads of the two networks will be.
 - Regarding the leads, some felt that the research topics needed to be fleshed out to determine what expertise is needed prior to identifying a lead.
 - Other felt that it was important to name figurehead leads in order to buy-out people's time to put the networks together correctly.
 - The point was raised that if the lead was an adult psychiatrist, they should have a child psychiatrist as a second.
- → Dr. Podawiltz made a motion to approve Trivedi as scientific lead for Depression and Dr. Nemeroff as the scientific lead for childhood trauma; they will work with the group and assure there are child MH researchers as co-leads and that the research aligns with the strategic plan. Dr. Vo seconded. The motion was unanimously approved.
- The Executive Committee agreed to discuss the role of the scientific leads, the development of the protocol, and the budget at the March Consortium meeting.
- <<Action Item: UTS to send out a letter to the Executive Committee members surveying their interest in participating in one or both hubs, and in co-leading.>>

ii. **Other Research related items identified by members of the Executive Committee**

XI. Adjournment

- → Dr. Liberzon made the motion to adjourn. Dr. Vo seconded. Unanimously approved.

Appendix I. Executive Committee In-Person Attendance

#	Institution/ Organization	Name	02/ 21	#	Institution/ Organization	Name	02/21
1	Baylor College of Medicine	Wayne Goodman, MD	Y	19	The University of Texas Health Science Center at San Antonio	Steven Pliszka, MD	Y
2	Baylor College of Medicine	Laurel Williams, DO	Y	20	The University of Texas Health Science Center at San Antonio	Joseph Blader, PhD	Y
3	Texas A&M University System Health Science Center	Israel Liberzon, MD	Y	21	The University of Texas Rio Grande Valley School of Medicine	Michael Escamilla, MD	Y
4	Texas A&M University System Health Science Center	R. Andrew Harper, MD	Y	22	The University of Texas Rio Grande Valley School of Medicine	Michael Patriarca	Y
5	Texas Tech University Health Sciences Center	Sarah Wakefield, MD	Y	23	The University of Texas Health Science Center at Tyler	Jeffery Matthews, MD	Y
6	Texas Tech University Health Sciences Center	Keino McWhinney, MPP	Y	24	The University of Texas Health Science Center at Tyler	Daniel Deslatte, MPA, FACHE	Y
7	Texas Tech University Health Sciences Center at El Paso	Peter Thompson, MD		25	The University of Texas Southwestern Medical Center	Carol Tamminga, MD	Y
8	Texas Tech University Health Sciences Center at El Paso	Sarah Martin, MD	Y	26	The University of Texas Southwestern Medical Center	Hicham Ibrahim, MD	Y
9	University of North Texas Health Science Center	Alan Podawiltz, DO, MS	Y	27	Health and Human Services Commission - mental health care services	Sonja Gaines, MBA	Y
10	University of North Texas Health Science Center	Mark Chassay, MD, MBA	Y	28	Health and Human Services Commission - mental health facilities	Mike Maples	Y

#	Institution/ Organization	Name	02/21	#	Institution/ Organization	Name	02/21
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	Y
12	Dell Medical School at The University of Texas at Austin	Stephen Strakowski, MD		30	Hospital System	Danielle Wesley	
13	The University of Texas M.D. Anderson Cancer Center	Daniel Tan, MD		31	Non-profit - Meadows Policy Institute	Andy Keller, PhD	Y
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	Y	33	Non-profit - Texas Mental Health Counsel	Danette Castle	Y
16	The University of Texas Medical Branch at Galveston	Alexander Vo, PhD	Y	34	Administrative Contract – University of Texas System	David Lakey, MD	Y
17	The University of Texas Health Science Center at Houston	Jair Soares, MD, PhD		35	Other – Hospital System Representative	James Alan Bourgeois, OD, MD	Y
18	The University of Texas Health Science Center at Houston	Elizabeth Newlin, MD	Y				

Status of PIAs, PDDs and Funding Transfers

	<i>Project Definition Documents (PDDs)</i>					THECB Funding Request Made
	PIA Status	CPAN	TCHAT	CAP Fellowships	CPWE	
BCM						
Dell				--	--	
TAMHSC						
TTUHSC		Changes needed	Changes Needed	Changes Needed	Changes Needed	
TTUHSCEP						
UNTHSC	Routing for signature			--		
UTHSCH				No FY20 CAPs		
UTHSCSA						
UTHSCT						
UTMB				No FY20 CAPs		
UTRGV						
UTSW						

Texas Child Mental Health Care Consortium Evaluation

	Internal Evaluation	External Evaluation
Source of Funds	Administrative Contract	Operational Budget
Amount	~\$200,000	~\$750,000
Selection Process	Direct selection and contracting by administrative contractor. Selected: UT Austin School of Social Work.	Selection through an RFA process. Criteria and review by TCMHCC EC selected workgroup. Final selection by the EC members.
Contract and Oversight	UT System	UT System
Restriction on Evaluator	None	Independent of programs being evaluated. Schools of medicine may not apply.
Goal	Assess achievement of the intended goals of the programs.	Provide policymakers and Consortium members with program outcome assessments to guide quality improvement and decision making for future program implementation and dissemination planning.
Scope	Mixed method approach to evaluate reach, satisfaction, and outcomes using identified metrics, public data, focus studies and key-informant interviews. Provide structure and definition to the data metrics and assess quality and consistency of the data collected for metrics.	Systematic approach using mixed quantitative and qualitative methods, with a specific focus on implementation science, quality improvement, and health economics. Focus will also include participatory approaches to engage stakeholders affected by the programs.