

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

Agenda

- I. Call to order and welcome
- II. Roll call
- III. Review decisions and action items from last meeting:
 - i. Nominations of the non-profit, hospital system representatives, and additional executive committee members
 - ii. Nomination of the administrative contractor
 - iii. Nomination of the presiding officer
 - iv. Approval of the "draft" governance
 - v. Identification of the workgroup chairs and members
- IV. Discuss, consider, and, if appropriate, act on a nomination process for the representative of the Statewide Behavioral Health Coordinating Council
- V. Review and approve the revised Governance Plan for the Consortium
- 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: Research associated with the funded initiatives.

IX. Review timelines and action items for next meeting

X. Adjournment

Texas Child Mental Health Care Consortium

Executive Committee:

#	Institution/ Organization	Name	Title	Email
1	Baylor College of Medicine	Wayne Goodman, MD	D.C. and Irene Ellwood Professor and Chair Menninger Department of Psychiatry and Behavioral Sciences	Wayne.Goodman@bcm.edu
2	Baylor College of Medicine	Laurel Williams, DO	Chief of Psychiatry, TCH, Director of Residency Training, Child & Adolescent Psychiatry, BCM GME Liaison, Associate Professor Menninger Department of Psychiatry & Behavioral Sciences	laurelw@bcm.edu
3	Texas A&M University System Health Science Center	Israel Liberzon, MD	Professor of Psychiatry and Psychology	liberzon@medicine.tamhsc.edu
4	Texas A&M University System Health Science Center	R. Andrew Harper, MD	Clinical Professor and Associate Department Head for Clinical Care, Department of Psychiatry	rharper@medicine.tamhsc.edu
5	Texas Tech University Health Sciences Center	Sarah Wakefield, MD	Associate Professor and Chair, Department of Psychiatry, Texas Tech Health Science Center, Lubbock	sarah.wakefield@ttuhsc.edu
6	Texas Tech University Health Sciences Center	Keino McWhinney, MPP	Dir, TTU Mental Health Institute (TTMHI)	keino.mcwhinney@ttuhsc.edu
7	Texas Tech University Health Sciences Center at El Paso	Peter Thompson, MD	Department Chair	pm.thompson@ttuhsc.edu

#	Institution/ Organization	Name	Title	Email
8	Texas Tech University Health Sciences Center at El Paso	Sarah Martin, MD	Director, Psychiatry Residency Training Program, Assistant Professor, and Child and Adolescent Division Chief	Sarah.L.Martin@ttuhsc.edu
9	University of North Texas Health Science Center	Alan Podawiltz, DO, MS	Chair of Psychiatry	Apodawil@jpshealth.org Alan.Podawiltz@unthsc.edu
10	University of North Texas Health Science Center	Mark Chassay, MD, MBA	Senior Vice Provost, Clinical Affairs and Healthcare Partnerships	mark.chassay@unthsc.edu ;
11	Dell Medical School at The University of Texas at Austin	Charles B Nemeroff, MD, PhD	Acting Chair & Professor, Assoc Ch of Research, Dir, Institute of Early Life Adversity Research, Dept of Psychiatry	cnemeroff@austin.utexas.edu
12	Dell Medical School at The University of Texas at Austin	Stephen Strakowski, MD	Acting Senior Associate Dean of Research, Office of Research, Associate Vice President for Regional Mental Health, and Professor, Department of Psychiatry	steve.strakowski@austin.utexas.edu
13	The University of Texas M.D. Anderson Cancer Center	Daniel Tan, MD	Clinical Specialist, Department of Psychiatry	DTTan@mdanderson.org
14	The University of Texas M.D. Anderson Cancer Center	Rhonda Robert, PhD	Professor in Pediatrics	rrobert@mdanderson.org
15	The University of Texas Medical Branch at Galveston	Karen Wagner, MD, PhD	Chair, Psychiatry/Behavioral Science & Professor, Child & Adolescent Psychiatry	kwagner@utmb.edu

#	Institution/ Organization	Name	Title	Email
16	The University of Texas Medical Branch at Galveston	Alexander Vo, PhD	Vice President, Telemedicine & Health Technology	ahvo@utmb.edu
17	The University of Texas Health Science Center at Houston	Jair Soares, MD, PhD	Professor & Chair, Psychiatry & Behavioral Sciences & Executive Director, UT Harris County Psychiatric Center	jair.c.soares@uth.tmc.edu
18	The University of Texas Health Science Center at Houston	Elizabeth Newlin, MD	Psychiatry – Child and Adolescent & Asc Pr of Psych & Beh Sci NTC	elizabeth.w.newlin@uth.tmc.edu
19	The University of Texas Health Science Center at San Antonio	Steven Pliszka, MD	Chair, Psychiatry & Professor, Child & Adolescent Psychiatry	pliszka@uthscsa.edu
20	The University of Texas Health Science Center at San Antonio	Joseph Blader, PhD	Child, Adolescent and Adult Psychiatry & Meadows/SA Area Foundation (Semp Russ) Res Prof Child Psychiatry	blader@uthscsa.edu
21	The University of Texas Rio Grande Valley School of Medicine	Michael Escamilla, MD	Chair of Psychiatry	Michael.escamilla@utrgv.edu
22	The University of Texas Rio Grande Valley School of Medicine	Michael Patriarca	Executive Vice Dean	Michael.Patriarca@utrgv.edu

#	Institution/ Organization	Name	Title	Email
23	The University of Texas Health Science Center at Tyler	Jeffery Matthews, MD	Section Chief, Psychiatry & Behavioral Medicine & Associate Professor of Medicine	jeffery.matthews@uthct.edu
24	The University of Texas Health Science Center at Tyler	Daniel Deslatte, MPA, FACHE	Sr VP Bus Affairs & External Relations	daniel.deslatte@uthct.edu
25	The University of Texas Southwestern Medical Center	Carol Tamminga, MD	Professor & Chair, Psychiatry	carol.tamminga@utsouthwestern.edu
26	The University of Texas Southwestern Medical Center	Hicham Ibrahim, MD	Vice Chair for Clinical Affairs, Psychiatry	hicham.ibrahim@utsouthwestern.edu
27	Health and Human Services Commission - mental health care services	Sonja Gaines, MBA	Assistant Commissioner of Mental Health, Health and Human Services Commission	sonja.gaines@hhsc.state.tx.us
28	Health and Human Services Commission - mental health facilities	Mike Maples	Deputy Commissioner	mike.maples@hhsc.state.tx.us

#	Institution/ Organization	Name	Title	Email
29	Texas Higher Education Coordinating Board	Stacey Silverman, PhD	Deputy Assistant Commissioner	Stacey.Silverman@theccb.state.tx.us
30	Hospital System	Danielle Wesley	Vice President, Network Service Delivery at Children's Health	danielle.wesley@childrens.com
31	Non-profit - Meadows Policy Institute	Andy Keller, PhD	President and Chief Executive Officer	akeller@texasstateofmind.org
32	Non-profit - Hogg Foundation	Octavio Martinez, Jr., MPH, MD	Sr Assoc VP & Executive Director for the Hogg Foundation	octavio.martinez@austin.utexas.edu
33	Non-profit - Texas Mental Health Counsel	Danette Castle	CEO	dcastle@txcouncil.com
34	Administrative Contract – University of Texas System	David Lakey, MD	Associate Vice Chancellor, Population Health, and Chief Medical Officer	dlakey@utsystem.edu
35	Other – Hospital System Representative	James Alan Bourgeois, OD, MD	Chair of the Department of Psychiatry & Clinical Professor (Affiliated)	James.Bourgeois@BSWHealth.org

Workgroups:

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. The consortium shall establish a network of comprehensive child psychiatry access centers. A center shall:

- a. be located at a health-related institution of higher education serving on the Executive Committee
- b. provide consultation services and training opportunities for pediatricians and primary care providers operating in the center's geographic region to better care for children and youth with behavioral health needs

Name	Affiliation	Workgroup Role
Laurel Williams, DO	Baylor College of Medicine	Chair and EC member
Sarah Martin, MD	Texas Tech University Health Science Center at El Paso	EC member
Joseph Blader, PhD	University of Texas Health Science Center at San Antonio	EC member
Andy Harper, MD	Texas A&M University College of Medicine	EC member
Elizabeth Newlin, MD	The University of Texas Health Science Center at Houston	EC member
James Alan Bourgeois, MD	Scott and White Health, Central Texas	EC member
Melissa DeFilippis, MD	University of Texas Medical Branch at Galveston	SME
Jim Baker, MD	Dell Medical School at the University of Texas at Austin	SME
Danielle Wesley	Dallas Children's Health	EC member
Cynthia Santos, MD	The University of Texas Health Science Center at Houston	SME-Elizabeth Newlin, MD
Jim Norcross	UT Southwestern	SME
Cindy Santo	UTHSCH	SME
Tom Banning	Texas Association Family Practice	SME
Carol Bieler	Dallas Children's Health	SME Danielle Wesley

[Texas Child Health Access Through Telemedicine \(TCHATT\).](#)

Telemedicine or telehealth programs for identifying and assessing behavioral health needs and providing access to mental health care services, prioritizing the behavioral health needs of at-risk children and adolescents and maximize the number of school districts served in diverse regions of the state.

Name	Affiliation	Workgroup Role
Sarah Wakefield, MD	Texas Tech University Health Science Center	Co-Chair and EC member
Alex Vo, PhD	University of Texas Medical Branch at Galveston	Co-Chair and EC member
Danielle Wesley	Children's Health	EC member
Alan Podawiltz, DO, MS	University of North Texas Health Science Center	EC member
Laurel Williams, DO	Baylor College of Medicine	EC member
Danette Castle	Non-profit - Texas Mental Health Counsel	EC member
Daniel Deslatte, MPA, FACHE	The University of Texas Health Science Center at Tyler	EC member
Karen Wagner, MD, PhD	The University of Texas Medical Branch at Galveston	EC member
Hicham Ibrahim, MD	The University of Texas Southwestern Medical Center	EC member

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. A health-related institution of higher education serving on the Executive Committee may enter into a memorandum of understanding with a community mental health provider to establish a center or expand a program.

Name	Affiliation	Workgroup Role
Steven Pliszka, MD	University of Texas Health Science Center at San Antonio	Chair and EC member
Sonja Gaines, MBA	Health and Human Services Commission	EC member
Mike Maples	Health and Human Services Commission	EC member
Peter Thompson, MD	Texas Tech University Health Sciences Center at El Paso	EC member
R. Andrew Harper, MD	Texas A&M University College of Medicine	EC member
Alan Podawiltz, DO, MS	University of North Texas Health Science Center	EC member
Jeffrey Matthews	The University of Texas Health Science Center at Tyler	EC member
Danette Castle	Non-profit - Texas Mental Health Counsel	Co-Chair and EC member
Mark Chassay, MD, MBA	University of North Texas Health Science Center	EC member
Keino McWhinney, MPP	Texas Tech University Health Science Center	EC member
Michael Escamilla, MD	The University of Texas Rio Grande Valley School of Medicine	EC member
Elizabeth Newlin, MD	The University of Texas Health Science Center at Houston	EC member

Child and Adolescent Psychiatry Fellowships.

Additional child and adolescent psychiatry fellowship positions at health-related institutions.

Name	Affiliation	Workgroup Role
Elizabeth Newlin, MD	The University of Texas Health Science Center at Houston	Chair and EC member
Mark Chassay, MD, MBA	Texas Tech University Health Sciences Center at Fort Worth	EC member
Stacey Silverman, PhD	Texas Higher Education Coordinating Board	EC member

Research

Research associated with the funded initiatives.

Name	Affiliation	Workgroup Role
Carol Tamminga, MD	University of Texas Southwestern Medical Center	Chair and EC member
Israel Liberzon, MD	Texas A&M University Health Science Center	EC member
Andy Keller, PhD	Meadows Policy Institute	EC member
Jair Soares, MD, PhD	The University of Texas Health Science Center at Houston	EC member
Charles B Nemeroff, MD, PhD	Baylor College of Medicine	EC member
Michael Escamilla, MD	The University of Texas Rio Grande Valley School of Medicine	EC member
Joseph Blader, PhD	University of Texas Health Science Center at San Antonio	EC member
Eric Storch, Ph.D.	Baylor College of Medicine	SME - Dr. Goodman, MD

TEXAS CHILD MENTAL HEALTH CARE CONSORTIUM

Governance Plan

September 11, 2019

Table of Contents

TCMHCC and the Consortium will be used interchangeably in this document to refer to the Texas Child Mental Health Care Consortium.

Background

TCMHCC was established through Senate Bill 11 of the 86th Regular Legislative Session in order to:

- 1) leverage the expertise and the capacity of the health-related institutions of higher education in Texas 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.

Vision

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

Mission

Advance mental health care quality and access for all Texas children and adolescents through inter-institutional collaboration, leveraging the expertise of the state's health-related institutions of higher education, local and state government agencies, and local and state mental health organizations.

Purpose of this Document

This document describes the governance of TCMHCC including:

- TCMHCC membership; and
- TCMHCC organizational structure and the operations, roles, and responsibilities of each component of the Consortium.

The Consortium

Structure of TCMHCC

The Consortium is composed of the following entities:

1. The following 13-state funded health-related institutions of higher education in Texas:
 - a. Baylor College of Medicine;
 - b. The Texas A&M University System Health Science Center;
 - c. Texas Tech University Health Sciences Center;
 - d. Texas Tech University Health Sciences Center at El Paso;
 - e. University of North Texas Health Science Center at Fort Worth;
 - f. Dell Medical School at The University of Texas at Austin;
 - g. The University of Texas M.D. Anderson Cancer Center;
 - h. The University of Texas Medical Branch at Galveston;
 - i. The University of Texas Health Science Center at Houston;
 - j. The University of Texas Health Science Center at San Antonio;
 - k. The University of Texas Rio Grande Valley School of Medicine;
 - l. The University of Texas Health Science Center at Tyler; and
 - m. The University of Texas Southwestern Medical Center
2. the Texas Health and Human Services Commission (HHSC);
3. the Texas Higher Education Coordinating Board (THECB);
4. three nonprofit organizations that focus on mental health care, designated by a majority of the 13 health-related institutions; and
5. any other entity that the TCMHCC Executive Committee (defined below) considers necessary.

Duties of the Consortium

TCMHCC will implement projects and research directed and funded by the Texas Legislature. The Texas Legislature directed TCMHCC to implement the following programs, relevant research, and appropriate evaluation using funds that are appropriated to the THECB and referenced in Subsection (b) of THECB Rider 58 of House Bill 1 (Rider 58) from the Texas 86th Regular Legislative Session:

1. 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. The consortium shall establish a network of comprehensive child psychiatry access centers. A center shall:

a. be located at a health-related institution of higher education that is part of the Consortium

b. provide consultation services and training opportunities for pediatricians and primary care providers operating in the center's geographic region to better care for children and youth with behavioral health needs

2. 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 maximizing the number of school districts served in diverse regions of the state.

3. 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. A health-related institution of higher education that is part of the Consortium may enter into a memorandum of understanding with a community mental health provider to establish a center or expand a program.

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

In implementing the CPAN and TCHAT programs, the Consortium will leverage the resources of a hospital system in the state if the hospital system:

i) provides consultation services and training opportunities for pediatricians and primary care providers; and

ii) has an existing telemedicine or telehealth program for identifying and assessing the behavioral health needs of and providing access to mental health care services for children and adolescents.

The TCMHCC Executive Committee

Executive Committee Structure

The TCMHCC will be governed by an Executive Committee consisting of the following individuals.

- 1) Each of the 13 health-related institutions that are Consortium members listed above will have up to two representatives:
 - a) the chair of the academic department of psychiatry of the institution or a licensed psychiatrist, including a child-adolescent psychiatrist, designated by the chair to serve in the chair's place;
 - b) An additional designee, if chosen by the institution's president
- 2) a representative of HHSC with expertise in the delivery of mental health care services, appointed by the HHSC executive commissioner;
- 3) a representative of HHSC with expertise in mental health facilities, appointed by the executive commissioner;
- 4) a representative of the THECB, appointed by the commissioner of higher education;
- 5) a representative of each of the three nonprofit organizations that are made part of the Consortium;
- 6) a representative of a hospital system in this state, designated by a majority of the members described by 1) a above; and
- 7) any other representative designated by a majority of the members described by 1)a above at the request of the executive committee.
- 8) The Administrative Support Entity (as described below) will identify an administrative liaison to serve on the Executive Committee.

Duties of the Executive Committee

The TCMHCC Executive Committee will provide leadership, decision making and identify the projects to be conducted by the Consortium. General duties of the Executive Committee include:

1. In collaboration with the Statewide Behavioral Health Coordinating Council, provide counsel and insight on best practices to improve and develop mental health services to children and adolescents in Texas
2. serve on appropriate workgroups as noted below
3. coordinate the provision of funding to the health-related institutions of higher education that form the Consortium
4. establish procedures and policies for the administration of funds of the Consortium
5. monitor funding and agreements to ensure recipients of funding comply with the terms and conditions of the funding and agreements
6. Establish metrics to monitor the impact of the Consortium's initiatives
7. Establish and revise the TCHMCC Governance Plan at least every two years
8. Develop and revise the TCMHCC Strategic Plan at least every two years
9. Approve specific projects
10. Meet at least quarterly
 - a. All Executive Committee members are expected to attend at least 75% of all Executive Committee meetings.

Selection of Executive Committee Members

Nonprofit Consortium Members

At the inception of the Consortium and three months prior to the end of each term (as defined below), three nonprofit organizations that focus on mental health care will be selected by majority vote of the 13 state-funded health-related institutions of higher education to serve on the Consortium. Organizations will be identified directly by Executive Committee members or through an application process. The term of service will be for four years, but is renewable upon reapproval by the majority vote of the 13 institutions.

Hospital System Executive Committee Member

At the inception of the Consortium and three months prior to the end of each term (as defined below), Executive Committee members will identify hospital systems to nominate to serve as a representative on the Executive Committee. Organizations will be identified directly by Executive Committee members or through an application process. The TCMHCC will review the candidate organizations and, through a majority vote of the 13 health-related institutions, select a hospital system to serve on the Executive Committee. The term of service will be for four years, but is renewable upon reapproval by the majority vote of the 13 institutions.

Additional Consortium and Executive Committee Members

Executive Committee members can nominate an additional organization that is necessary for the operations and decision making of the Consortium. Any nominated organization will be reviewed by the Executive Committee and named through a majority vote. All terms are for four years, but are renewable by a majority vote of the Executive Committee. The Executive Committee can also name additional Executive Committee members who are not representatives of Consortium members. These members will be named through majority vote and serve four-year terms, which can be renewed by a majority vote of the Executive Committee.

Consortium Member Representatives

Each organization will identify its representative who will serve on the Executive Committee.

Termination of Executive Committee Member's Term

The term of an Executive Committee member or workgroup member may be terminated due to one of the following scenarios:

1. Change in their role within their organization or employer making them no longer qualified or eligible
2. For non-profit organizations and hospital systems, completion of their term and their organization is not selected for an additional term
3. Their organization/agency selects a new representative
4. The representative of an organization or agency is unable to meet the roles, responsibilities and tasks required by the Consortium, including meeting attendance.

If the Presiding Officer concludes that it is appropriate to terminate the term of an Executive Committee member because of one of the reasons set forth above, the Presiding Officer will contact the head of the organization represented by that Committee member, state the reasons why termination is in order, and request that the organization appoint a new representative. If the organization believes termination is not appropriate, it may request that the current Committee member continue. Final decisions with respect to the continuation of Executive Committee members in such instances will rest with the entire Executive Committee.

The Presiding Officer has authority to act with respect to the termination of the terms of workgroup members who are not Executive Committee members and will advise the Executive Committee of such actions.

Vacancies on the Executive Committee

A vacancy on the executive committee shall be filled in the same manner as the original appointment.

Presiding Officer

The Executive Committee shall elect a Presiding Officer from among the membership of the Executive Committee. The term of service will be for two years, but is renewable upon the approval of the Executive Committee. The duties of the Presiding Officer are as follows:

1. Serves as the official spokesperson for the Consortium
2. Convenes and manages all Consortium meetings and oversees all Workgroup meetings
3. Solicits input from Executive Committee members to provide opportunities for their ideas and concerns to be expressed
4. Requests input from stakeholders and partners as needed
5. Serves as the intermediary between the Executive Committee and the Administrative Support Entity to ensure the business of the Consortium progresses between meetings.

Note: The Presiding Officer may be employed by the Administrative Support Entity.

The Executive Committee may remove the Presiding Officer by a vote of two-thirds of the total number of Executive Committee members.

Conflicts of Interest

Each Executive Committee and Workgroup member will yearly document and disclose any real or potential conflicts of interest.

Executive Committee Voting and Decision Making

The Executive Committee will make every effort to achieve consensus before voting. All final plans and elections will be approved and determined by formal vote.

A majority of the total number of Executive Committee members shall constitute a quorum at an Executive Committee meeting.

Voting decisions made by the Executive Committee will be by a simple majority of the members present at any meeting, with the exception of votes to (i) adopt or modify the Governance Plan or the Strategic Plan, or (ii) remove the Presiding Officer. The Governance Plan and the Strategic Plan may only be adopted or modified by a vote of two-thirds of all Executive Committee members.

Executive Committee members may abstain from a vote.

Timing of Elections

The election and selection of the Presiding Officer, Administrative Support Entity, the nonprofit members of the Executive Committee, the hospital system Executive Committee member and all other Consortium or Executive Committee members will all occur during the August meeting in odd-numbered years.

Texas Open Meetings Act:

Meetings of the executive committee are subject to the Texas Open Meeting Act.

Meetings of the TCMHCC workgroups are not subject to the Texas Open Meetings Act, but their recommendations must be approved by the Executive Committee before they are final.

Texas Public Information Act:

All business conducted by the Consortium and its members is subject to the Texas Public Information Act.

The TCMHCC Administrative Support Entity

The Executive Committee will select by majority vote an institution of higher education to serve as the Administrative Support Entity for the TCMHCC. This entity will enter into a memorandum of understanding with the THECB to receive the funds allocated by the Texas Legislature to administer the Consortium. The Administrative Support Entity will identify an administrative liaison and request that they be named to serve as a member of the Executive Committee. This administrative liaison may serve as the Presiding Officer if selected by the Executive Committee.

Although subject to funding by the Legislature, the Administrative Support Entity will serve for a term of four years. The Administrative Support Entity is eligible for renewal after the four-year term, but must be approved for renewal by the Executive Committee. The current administrative liaison will recuse themselves from votes by the Executive Committee for the selection of and all other matters involving the Administrative Support Entity.

Workgroups

The Executive Committee of the Consortium can establish specific workgroups through majority vote to develop draft proposals, plans, processes, reports and evaluations or to conduct reviews on behalf of the Executive Committee. Workgroup leaders will be selected from and by the Executive Committee and will present their progress at each Executive Committee meeting. Workgroups will consist of both members and non-members of the Executive Committee who have needed expertise for the Workgroup's mission. Members of a Workgroup can be selected by the Presiding Officer and Workgroup Chair between meetings if needed, but must be confirmed at the next Executive Committee meeting. All work developed by a Workgroup must be presented to the Executive Committee and approved prior to finalization or implementation. Each Workgroup will be discontinued after two years unless reauthorized by the Executive Committee.

Selection of Representatives to Other Statewide Committees

The Executive Committee will select a member to serve on the Statewide Behavioral Health Coordinating Council and as a liaison to the Texas Education Agency to develop a Rubric of Resources and a Statewide Inventory of Mental Health Resources under Sections 38.251 and 38.253, respectively, of the Education Code.

Reports to the Texas Legislature

1) Strategic Plans

TCMHCC shall develop a plan to implement its initiatives, including performance targets and timelines, and plans to promote and coordinate mental health research across state university systems in accordance with the statewide behavioral health strategic plan, and submit the plan to the Legislative Budget Board (LBB). The first Strategic Plan must be submitted by November 30, 2019. Under the terms of Rider 58, if this Strategic Plan is not disapproved by the LBB within 30 days after submission, the Plan is approved.

2) Biennial Report.

Not later than December 1 of each even-numbered year, the Consortium shall prepare and submit to the governor, the lieutenant governor, the speaker of the house of representatives, and the standing committee of each house of the legislature with primary jurisdiction over behavioral health issues and post on its Internet website a written report that outlines:

- 1) the activities and objectives of the consortium;
- 2) the health-related institutions of higher education that receive funding by the Consortium; and
- 3) any legislative recommendations based on the activities and objectives of the Consortium.

Work Group Co-Chairs –

Alex Vo, PhD VP Telemedicine & Health Technology	The University of Texas Medical Branch ahvo@utmb.edu
Sarah Mallard Wakefield, MD Chair, Dept of Psychiatry	Texas Tech University Health Sciences Center sarah.wakefield@ttuhsc.edu

Executive Committee Work Group members –

Danette Castle CEO	Non-profit-Texas Mental Health Counsel dcastle@txcouncil.com
Daniel Deslatte, MPA, FACHE Sr VP Bus Affairs & External Relations	The University of Texas Health Sciences Center at Tyler Daniel.deslatte@uthct.edu
Hicham Ibrahim, MD Vice Chair for Clinical Affairs, Psychiatry	The University of Texas Southwestern Medical Center hicham.ibrahim@utsouthwestern.edu
Alan Podawiltz, DO, MS Chair Dept of Psychiatry	University of North Texas apodawilt@jpshealth.org alan.podawiltz@unthsc.edu
Karen Wagner, MD, PhD Chair Dept of Psychiatry	The University of Texas Medical Branch kwagner@utmb.edu
Danielle Wesley VP Network & Service Delivery	Hospital System-Children's Health danielle.wesley@childrens.com
Laurel Williams, DO Associate Professor, Menninger	Baylor College of Medicine laurelw@bcm.edu

Additional Work Group Members –

Billy Phillips, PhD Director, Rural Health Institute	Texas Tech University Health Sciences Center billy.phillips@ttuhsc.edu
Monica Thyssen Senior Director of Health Policy	Meadows Mental Health Policy Institute mthyssen@texasstateofmind.org
TEA representative	

Vision Statement –

Every child receiving public education in the State of Texas has access to school-based mental health care.

SB11 Legislation (sections most relevant to TCHAT work group)–

“An Act relating to policies, procedures, and measures for school safety and mental health promotion in public schools and the creation of the Texas Child Mental Health Care Consortium.”

SECTION 2 “(a) Each school district shall have a district improvement plan... the district improvement plan must include provisions for: ... strategies for improvement of student performance that include: ... (B) methods for addressing the needs of students for special programs, including: (i) suicide prevention programs, in... which includes a parental or guardian notification procedure; ... (C) dropout reduction; ... (E)discipline management...”

“Sec.37.220. MODEL THREAT ASSESSMENT TEAM POLICIES AND PROCEDURES. (a) The center, in coordination with the agency, shall develop model policies and procedures to assist school districts in establishing and training threat assessment teams. (b) The model policies and procedures developed under Subsection (a) must include procedures, when appropriate, for: (1) the referral of a student to a local mental health authority or health care provider for evaluation or treatment; ...

Sec.38.036. TRAUMA-INFORMED CARE POLICY. (a) Each school district shall adopt and implement a policy requiring the integration of trauma-informed practices in each school environment. A district must include the policy in the district improvement plan required under Section 11.252.”

“SUBCHAPTER F. MENTAL HEALTH RESOURCES Sec. 38.251. RUBRIC TO IDENTIFY RESOURCES. (a)The agency shall develop a rubric for use by regional education service centers in identifying resources related to student mental health that are available to schools in their respective regions. The agency shall develop the rubric in conjunction with: (1) the Health and Human Services Commission; (2) the Department of Family and Protective Services; (3) the Texas Juvenile Justice Department; (4) the Texas Higher Education Coordinating Board; (5) the Texas Child Mental Health Care Consortium; (6) the Texas Workforce Commission; and (7) any other state agency the agency considers appropriate. (b)The rubric developed by the agency must provide for the identification of resources relating to: (1) training and technical assistance on practices that support the mental health of students ;(2) school-based programs that provide prevention or intervention services to students; ... (5) school-based mental health providers; and (6) public and private funding sources available to address the mental health of students.”

“Sec. 38.252. REGIONAL INVENTORY OF MENTAL HEALTH RESOURCES. (a)Each regional education service center shall use the rubric developed under Section 38.251 to identify resources related to student mental health available to schools in the center’s region, including evidence-based and promising programs and best practices, that: ... (3) provide early, effective interventions to students in need of additional support; (4) connect students and their families to specialized services in the school or community when needed; ... (b) A regional education service center may consult with any entity the center considers necessary in identifying resources under Subsection (a), including: ... (6) institutions of higher education.”

“Sec. 38.253. A STATEWIDE INVENTORY OF MENTAL HEALTH RESOURCES. (a) The agency shall develop a list of statewide resources available to school districts to address the mental health of students, including: ... (2) school-based programs that provide prevention or intervention services to students; ... (4) school-based mental health providers;”

“Sec. 38.254. STATEWIDE PLAN FOR STUDENT MENTAL HEALTH. (a) The agency shall develop a statewide plan to ensure all students have access to adequate mental health resources. ... (4) the agency’s goals for student mental health access to be applied across the state, including goals relating to: ... (B)Increasing the availability of early, effective school-based or school-connected mental health interventions and resources for students in need of additional support; and ... (b)In developing the agency’s goals under Subsection (a)(4), the agency shall consult with any person the agency believes is necessary to the development of the goals, including: (2) mental health practitioners...”

“Sec. 42.168. SCHOOL SAFETY ALLOTMENT. ... (b)Funds allocated under this section must be used to improve school safety and security, including costs associated with: ... (i) providing mental health personnel and support; (ii)providing behavioral health services; and ... (c) A school district may use funds allocated under this section for equipment or software that is used for a school safety or security purpose and an instructional purpose...”

“Chapter 113. TEXAS CHILD MENTAL HEALTH CARE CONSORTIUM. SUBCHAPTER B. CONSORTIUM
 Sec. 113.0051. ESTABLISHMENT; PURPOSE. The Texas Child Mental Health Care Consortium is established to: **(1) leverage the expertise and capacity of the health-related institutions of higher education... (1) 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 listed in Section 113.0052(1).**”

“Sec.113.0105. GENERAL DUTIES. The executive committee shall: **(1)coordinate the provision of funding to the health-related institutions of higher education listed in Section 113.0052(1) to carry out the purposes of this chapter; (2)establish procedures and policies for the administration of funds under this chapter; (3)monitor funding and agreements entered into under this chapter to ensure recipients of funding comply with the terms and conditions of the funding and agreements; and (4)establish procedures to document compliance by executive committee members and staff with applicable laws governing conflicts of interest.**

SUBCHAPTER D. ACCESS TO CARE Sec.A113.0151. CHILD PSYCHIATRY ACCESS NETWORK AND
 TELEMEDICINE AND TELEHEALTH PROGRAMS. ... **(b) The consortium shall establish or expand telemedicine or telehealth programs for identifying and assessing behavioral health needs and providing access to mental health care services. The consortium shall implement this subsection with a focus on the behavioral health needs of at-risk children and adolescents. (c) health-related institution of higher education listed in Section 113.0052(1) may enter into a memorandum of understanding with a community mental health provider to: ... (2) establish or expand a program under Subsection (b). (d) The consortium shall leverage the resources of a hospital system under Subsection (a) or (b) if the hospital system: ... (2)has an existing telemedicine or telehealth program for identifying and assessing the behavioral health needs of and providing access to mental health care services for children and adolescents.**

Sec. 113.0152. CONSENT REQUIRED FOR SERVICES TO MINOR. (a) A person may provide mental health care services to a child younger than 18 years of age through a program established under this subchapter only if the person obtains the written consent of the parent or legal guardian of the child. (b) The consortium shall develop and post on its Internet website a model form for a parent or legal guardian to provide consent under this section.

“SECTION 27... (b) Not later than March 1, 2020: ... (2) the Texas Education Agency shall complete the statewide inventory of mental health resources required by Section 38.253, Education Code, as added by this Act, and develop a list of resources available to school districts statewide to address the mental health of students.”

“SUBCHAPTER F. MISCELLANEOUS PROVISIONS Sec. 113.0251.A A BIENNIAL REPORT. Not later than December 1 of each even-numbered year, the consortium shall prepare and submit to the governor, the lieutenant governor, the speaker of the house of representatives, and the standing committee of each house of the legislature with primary jurisdiction over behavioral health issues and post on its Internet website a written report that outlines: (1) the activities and objectives of the consortium; (2) the health-related institutions of higher education listed in Section 113.0052(1) that receive funding by the executive committee; and (3) any legislative recommendations based on the activities and objectives described by Subdivision (1).”

Project Goals –

1. Address urgent mental health challenges and improve the mental health care system in this state in relation to children and adolescents;
 - a. Focus on behavioral health needs of at-risk children and adolescents
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
 - a. Establish or expand telemedicine or telehealth programs for identifying and assessing behavioral health needs and providing access to mental health care services.
 - b. Utilize community mental health providers and hospital systems when HRIs are unable to meet this need without entering into a memorandum of understanding with these partners
3. Utilize technology to connect students to psychiatric care when appropriate.
 - a. Ease travel burden on families to recurrent psychiatric appointments
 - b. Decrease missed school days due to medical appointments and mental health distress

Phased Approach –

Phase 1

- Landscape survey of existing telemedicine in schools programs sponsored by HRIs
- Gauge interest in and capacity to build new telemedicine in schools programs at HRIs without this current service line

Phase 2

- Clearly operationalize existing programs in order to build a model catalogue for inclusion in the development of the STATEWIDE INVENTORY OF MENTAL HEALTH SERVICES by TEA

Phase 3

- Establish process for submission of project requests for approval, funds allocation, and metrics for successful measurement
- Expand existing programs within service delivery area and as requested by other HRIs

Phase 4

- Collaborate with TEA on that agencies simultaneous efforts toward improved mental health care for all students as outlined in the legislation
- Assure that models are meeting the needs of the TEA efforts and adhering to legislative expectations

Phase 5

- Provide model options to interested and capable HRIs & support project development
- Support each HRI for expansion of programs within the respective service delivery area

Phase 6

- Measure project success and evaluate initiative
- Assimilate data into comprehensive report

Phase 7

- Utilize data from project evaluation to improve existing programs
- Expand number of HRIs delivering these services, if possible, or expand number of schools involved in each initiative until every child in Texas schools has adequate access to evidence-based psychiatric care

Minimum Infrastructure Required to implement initiative –

Telemedicine equipment
HIPPA compliant software
Contracts with schools/districts
Communication with schools regarding referral process, clinic meeting times, etc.
Tele-presenter at school
Nurse at school to take vital signs
Child Psychiatrist
Protocol for psychiatric emergencies
Protocol for stimulant prescription

Capacity & Range Per Institution –

Landscape survey results will go here

Unit Cost (range and formula for allocation) –

Process for application to receive funding for the initiative –

Funds to support administrative efforts of Phase 1 and Phase 2

Funds to support administrative oversight of application, disbursement, bookkeeping and evaluation efforts

Funds allocated to direct program costs (treatment costs, administrative costs, technology costs)

Metrics to evaluate implementation and success –

Number of schools served, number of school districts served and number of children able to access care

Number of children accessing care

Possible metrics as outlined on page 26 in SB11:

Citations issued for Class C misdemeanor

Arrests

Incidents of uses of restraint

Change in school environment (juvenile justice alternative education, disciplinary alternative education programs)

Referrals to counseling, mental health, special education

Placement in in-school suspension, out-of-school suspension, or incidents of expulsion

Unexcused absences

Referrals to juvenile court for truancy

Issues related to implementation –

Defining service delivery area for HRIs

Programs take time to build

Not all HRIs will be interested in facilitating robust telemedicine in schools program

Unit cost may vary across service delivery areas due to regional differences

What staff is required and what funds can be allocated for supporting institutions in program development, program sustainment, and project assessment

TCHAT WORKGROUP SITE SURVEY



The overall goal of this survey is to provide the TCHAT workgroup with information regarding your existing child and adolescent telemedicine or telehealth program(s). Please do not include information on other telemedicine/telehealth programs unless requested.

Site Name	
Program Chair	
Addl Site Contact	
Primary Contact Information	

Program Details	
Does your institution have a pediatric telemedicine/telehealth program(s)?	Yes: ___ How many: ___ No: ___ (see 2 nd page)
If so, is it (please check all that apply):	
School-Based	Yes ___ In how many: ___
Community - Based	Yes ___ In how many: ___
Hospital - Based	Yes ___ In how many: ___
Residential - Based	Yes ___ In how many: ___
Types of Services:	
Psychiatry	Yes ___
Counseling/Behavior Health	Yes ___
Combination	Yes ___
Assessment/Referral	Yes ___
Other, please briefly describe 2 nd page	Yes ___
Participating Providers	
Psychiatrist	Yes ___ How many: ___
Psychologist	Yes ___ How many: ___
Social Worker	Yes ___ How many: ___
Counselor	Yes ___ How many: ___
Advocate/Navigator	Yes ___ How many: ___
Other	Yes ___ description:
Technology:	
Synchronous	Yes ___
Asynchronous	Yes ___
Video	Yes ___
Telephonic	Yes ___
Mobile Application	Yes ___

Please briefly describe your pediatric telemedicine/telehealth program. Please include dedicated staff, number of school districts, number of schools, ages served, total number of covered lives, and unit cost per covered life in addition to other information you deem pertinent.

If you do NOT currently have a pediatric telemedicine program in schools, please answer these questions:

Would you be interested in administrating a program from your HRI? Yes ___ No ___

Do you currently have Child Psychiatrists that can dedicate time to a telemedicine in schools program?
Yes___ No___

Do you currently own telemedicine equipment? Yes___ No___

Would you be interested in expansion of an existing program (administrated by another HRI), into your service delivery area?
Yes___ No___

Thank you.

Please return completed survey to Stephana Sherman at stephana.sherman@ttuhsc.edu

If you have any questions, please contact the TCHAT Workgroup Chair or Co-Chair: sarah.wakefield@ttuhsc.edu or ahvo@utmb.edu

September 10, 2019

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

FROM: Community Psychiatry Expansion Workgroup

The Workgroup held an organizing teleconference on September 5th 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	Present
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	Absent
John Vineth, MD, MBA	The University of Texas Health Science Center at Houston	Present

The major points of discussion were as follows:

Mission

The Workgroup's mandate is to help execute Section 113.0201 of Subchapter D of Senate Bill 11:

18 SUBCHAPTER E. CHILD MENTAL HEALTH WORKFORCE
19 Sec. 113.0201. CHILD PSYCHIATRY WORKFORCE EXPANSION.
20 (a) The executive committee may provide funding to a
21 health-related institution of higher education listed in Section
22 113.0052(1) for the purpose of funding:
23 (1) two full-time psychiatrists who treat children and
24 adolescents to serve as academic medical director at a facility
25 operated by a community mental health provider; and
26 (2) two new resident rotation positions.
27 (b) An academic medical director described by Subsection

S.B. No. 11

1 (a) shall collaborate and coordinate with a community mental health
2 provider to expand the amount and availability of mental health
3 care resources by developing training opportunities for residents
4 and supervising residents at a facility operated by the community
5 mental health provider.
6 (c) An institution of higher education that receives
7 funding under Subsection (a) shall require that psychiatric
8 residents participate in rotations through the facility operated by
9 the community mental health provider in accordance with Subsection
10 (b).

The chair of the Workgroup was asked by the members to inquire of you whether the psychiatry faculty and residents funded under this section were required to be restricted to care and children and adolescents. You indicated that while faculty and residents would not necessarily be board-certified child and adolescent psychiatry residents or child and adolescent

psychiatry residents, the providers funded under this program would need to spend substantial time treating children and adolescents.

Community Mental Health Partners

Workgroup members discussed whether faculty and residents funded under this section could be assigned to community mental health agencies that were not the local mental health authority (LMHA) funded agency. Several members expressed a desire that faculty and residents be funded a various non-profit private community mental health providers with whom they either had or would wish to have a partnership. During the discussion, it was noted that Section 113.001 defines a community mental health center, as “an entity that provides mental health care services at a local level, including a local mental health authority.” While this appears to allow some leeway in terms of the type of partner that is permitted, the HB 1 rider which expresses the intent of the legislature, states:

“The Higher Education Coordinating Board (THECB) and the Health and Human Services Commission (HHSC) shall enter into a memorandum of understanding that provides for the transfer of funds through an interagency contract from THECB to HHSC to fund this initiative. HHSC shall contract with at least four to six community centers, as defined in Texas Health and Safety Code Sec. 534.001(b), to increase the availability of community psychiatry residency rotations and improve access to public mental health providers in both urban and rural communities in Texas.”

Thus, the language appears to direct contracts with public community mental health centers. The Workgroup agreed to seek further clarification.

Funding

The Rider proposed \$500,000 per community mental health center. Assuming costs of residents in the area of \$75,000 per year, funding two full time equivalent residents would leave \$350,000 to fund the position of academic medical director. Funds would have to cover salary, benefits and CME benefits. *The Workgroup agreed that clarification of the amounts to commit to the Expansion was needed, particularly around whether these sums are fixed. The Consortium will need to develop a process for selecting the sites where this program is implemented and funds to be devoted to each.*

Administrative Issues/funds flow

- **Contracting.** As noted above the Rider directs the THECB to contract with HHSC to transfer the funds to HHSC. HHSC would then contract with the community mental health centers. Each community mental health center would contract with the health-related Institutions for the costs of the faculty and residents. There will need to be discussion as what administrative/overhead costs both community mental health centers and the health-related institutions could include. The Workgroup agreed that

only reasonable administrative costs directly related to the workforce force expansion should be included.

- Patient Billing. The Workgroup agreed that the community mental health centers should be allowed to bill and collect from the patient or from third party payors. It would be too cumbersome for each health-related institution to set up an administrative structure to bill and collect in each community mental health center. Given that the community mental health center is not paying the cost of providers, the health-related institution and the center should enter into an understanding as the funds flow of these collections (less typical overhead). Should they be divided between the two parties or put into some special fund to further enhance the program? How are such issues as institutional assessments on such collections (often referred to as “Dean/President Taxes” to be handled? Discussion with each Health related institutions may be necessary but a consistent policy for all institutions should be adopted.

Structure of Resident/Faculty rotations

The Workgroup discuss logistical issues around resident rotations. Several points were emphasized:

- Residency rotations must meet all American Council of Graduate Medical Education (ACGME) accreditation requirements.
- Faculty and residents must be co-located in clinical sites. However, other psychiatrists from the community mental health center may supervise residents if they are a member of the adjunct faculty of the health-related institution. Residents may not practice alone at a clinical site for extended periods of time or where supervision is not available.
- Residents are generally not at clinical sits full time, they have protected time for education (seminars, supervision) generally one to two half-days a week. Residents who are post-call are excused clinical duties the following day.

ACTION ITEMS:

1. The Chair of the Workgroup would create a spreadsheet for all the health-related institutions to provide data regarding:
 - a. The current structure of their residency programs
 - b. Any current relationship with community mental health agencies
2. It was agreed that 4-5 medical directors or other representatives of community mental health agencies would be selected to serve as Workgroup members. Workgroup members were asked to send nominations to the group so they may be discussed at the next meeting.

**CHILD PSYCHIATRY TRAINING &
ACCESS TO CARE GRANT
9.11.19**

The Workgroup's mandate is to help execute Section Sec. 113.0202 of Subchapter D of Senate Bill 11 as it pertains to the development of the Child and Adolescent Psychiatry Workforce:

- The executive committee may provide funding to a health-related institution of higher education listed in Section 113.0052(1) for the purpose of funding a physician fellowship position that will lead to a medical specialty in the diagnosis and treatment of psychiatric and associated behavioral health issues affecting children and adolescents.
- The funding provided to a health-related institution of higher education under this section must be used to increase the number of fellowship positions at the institution and may not be used to replace existing funding for the institution.

In Texas, demand for child behavioral services outstrips our current workforce capacity.

- Children with a serious emotional disturbance (SED) constitute 7% of the youth population (over 500,000 children). Of children with SED, 50% live below 200% of the poverty line.¹
- Although most economically disadvantaged children qualify for Medicaid, a workforce shortage combined with a lack of child psychiatrists who accept Medicaid poses an additional barrier to accessing child psychiatric care. In 2014, approximately ¾ of psychiatrists reported not accepting Medicaid. Poor Medicaid reimbursement and a high associated administrative burden were cited as primary reasons.²
- The shortage of mental health professionals is worsening in Texas with 206 out of 254 counties in Texas considered mental health professional shortage areas, up by 25 counties since 2011.
- An adequate ratio of child and adolescent psychiatrists (CAPs) is approached with 47 CAPs:100k children. In Texas, there are only an estimated 6.5-9 CAPs:100k children.^{3 4}
- Texans who live in rural areas and those who are economically disadvantaged are at higher risk for behavioral health concerns and have even less access to behavioral health providers.
- The *majority* of Texas counties have no *child psychiatrists* and are designated mental health professional shortage areas (MHPSAs).

¹ Hogg Policy Brief (2016) *The Texas Mental Health Workforce: Continuing Challenges and Sensible Strategies*.

² North Texas Regional Extension Center. (2015) *The Physician Workforce in Texas. An Examination of Physician Distribution, Access, Affiliations, and Practice Patters in Texas' 254 Counties*.

³ North Texas Regional Extension Center. (2015) *The Physician Workforce in Texas. An Examination of Physician Distribution, Access, Affiliations, and Practice Patters in Texas' 254 Counties*.

⁴ AACAP

http://www.aacap.org/app_themes/aacap/docs/Advocacy/federal_and_state_initiatives/workforce/individual_state_maps/Texas%20workforce%20map.pdf

- Over 175 counties in Texas – the combined population of which equates to 21 *states* in the U.S. – do not even have a single *general psychiatrist*.⁵
- Wait times to see a child psychiatrist are excessive (averaging 8 weeks) for insured patients living in suburban areas.
- Heavy student loan burden, low insurance reimbursement rates, the extended training time required of CAPs, are all potential contributing factors related to the CAP shortage. The youth population identified as needing services is rising while the CAP population in Texas is aging (most are over 55) and nearly 20% are planning to retire early.⁶
- Nationally, only approximately 325 new CAPs graduate each year. Without system-wide transformation and expansion of our prescribing child behavioral health workforce, we will never have an adequate workforce available to meet the behavioral health needs of children in the foreseeable future.⁷

Will this funding be limited to child psychiatry fellows in an ACGME accredited fellowship program?

If so, there are well defined ACGME deadlines, program requirements, and reporting processes.

- [Program Requirements: II.B.1. and II.B.6.] There must be three full-time equivalent (FTE) core physician faculty members, including the program director.
- [Program Requirement: II.B.5.] Physician faculty members must demonstrate participation in scholarly activities.
- [Program Requirements: I.A.2. and II.A.4.q)] The training director must dedicate at least 20 hours per week of his or her professional effort to administrative and educational activities of the program.
- [Program Requirement: II.B.6.] Faculty members who devote at least 10 hours per week to fellow education and program administration are automatically designated as ‘core faculty.’ Rotation descriptions and the CV of the affiliated core faculty members should correlate.
- ACGME approves the compliment size for training programs using the Accreditation Data System (ADS) which has an Aug 31, 2019 deadline. If a program does not already have an approved increase to their compliment (that they have not been utilizing), and this funding is to go to only ACGME approved programs, then HRIs will not be able to make use of this funding until 2020-2021.

⁵ Council on Graduate Medical Education. Re-examination of the Academy of Physician Supply made in 1980 by the Graduate Medical Education National Advisory Committee for selected specialties, Bureau of Health Professions in support of activities of the Council on Graduate Medical Education. 1990. Cambridge, ABT Associates.

Kim WJ, American Academy of Child and Adolescent Psychiatry Task Force on Workforce Needs. Child and adolescent psychiatry workforce: A critical shortage and national challenge. *Acad Psychiatry*. 2003;27:277–82.

⁶ NTREC the Physician Workforce in Texas (2015) An Examination of Physician Distribution, Access, Demographics, Affiliations, and Practice Patterns in Texas’ 254 Counties.

⁷ AACAP Work Force Fact Sheet

https://www.aacap.org/App_Themes/AACAP/docs/Advocacy/federal_and_state_initiatives/workforce/work_force_fact_sheet_2012.pdf

Can this funding be used by an academic HRI to establish a new CAP fellowship program and/or a combined track program (either triple P or general psych/child psych)?

- <https://www.abp.org/content/pediatrics-psychiatrychild-and-adolescent-psychiatry>
- Combined program information: <https://freida.ama-assn.org>
- The consensus during the consortium this meeting:
 - Yes regarding new CAP fellowship program.
 - No regarding combined track programs in large part because other funding exists for the first year of residency through the Expansion Grant program.

Can this funding be used to train non-CAP physicians in a non-ACGME approved fellowship program designed to improve their capacity to manage mental health condition(s)? Example: LEND program

- A model exists for interdisciplinary physician training without ACGME certification that is backed by legislative funding. Please see factsheet-LEND for the HRSA information on this program.
 - There was some discussion around this suggestion with more rural programs favoring the idea. Ultimately, it was concluded that the language of the legislation is inconsistent with initiating such a program this session and it would be prudent to suggest this for the next session.

What are the potential costs to consider in operating a CAP fellowship?

- Program Coordinator [~80k + benefits]
- CAP Fellow [~85-95k + benefits so set this at ~100k]
- one CAP TD [50% protected time]
- two core CAP faculty members
- Professional liability insurance
- Supervision
- Didactics

Recommendations:

- Survey HRIs to determine:
 - interest in establishing new CAP fellowships
 - interest in expanding existing CAP fellowships
 - resources to support the above
 - historical match data on current training psychiatry program(s) in psychiatry
- Workforce supply is outstripped by demand across the state and one of the aims of SB11 is to remove geographic barriers to accessing care through the implementation of a state-wide telepsychiatry network. As such, geographic location and the degree to which a region is considered underserved should not dictate eligibility for fellowship grant funding.
- At least one and preferably more than one child fellowship training director and perhaps a chief resident and/or chief child fellow would be an asset to the workgroup.

- The workgroup will develop a table of information using data from the HECB regarding the following:
 - List of HRIs with existing CAP Fellowship programs, combined track programs, and which HRIs have residency programs but would like to have a CAP fellowship program
 - List of HRIs that have accepted expansion funds for the purpose of funding CAP fellows (as the HECB would prefer to exclude them from obtaining this program given this would be duplicative)
- Further explore whether or not this funding can be used to support a non-ACGME accredited physician fellowship program in child mental health (using the HRSA sponsored LEND program as an example of one such program).

Estimated funding for this per Consortium:

- 500k year 1
- 1 million year 2

The funding could be more or less depending on the demand for fellowship expansion or establishing new fellowship programming. At the 9.11.19 meeting, a rough show of hands indicated ~ 4 of the EC members would be interested in establishing a new fellowship program and 8 would be interested in expansion. Per Dr. Silverman with the HECB the Expansion grant program has been successful in establishing new residency programs with planning grants in the amount of ~250k and there is likely to be further discussion of the budget for doing something similar for programs wishing to do so with this funding for CAP fellowships.

Several nominations from the EC were received during the meeting on 9.11.19.

PRINCIPLES WHICH WILL UNDERLIE DECISIONS OF THE RESEARCH WORKGROUP:

- 1) Other SB11 application proposals will come first, to ensure adequate application funding. Monies first should be decided for CPAN and TCHAT, both of which will include CPAN and TCHAT services evaluation.
- 2) We will structure specific proposals for consideration at different levels of funding (e.g., \$10M/\$20M/\$30M) as examples of the projects that this Workgroup can accomplish. Research projects will be 'shovel ready'.
- 3) All research proposals will stand rigorous peer review by scientists from within and without Texas institutions. Only superior scientific projects will be considered.
- 4) Proposals will involve Networks composed of Texas higher education schools represented on the consortium for these studies. This will ensure the involvement of diverse campuses into a single topic node; and, this will allow for the development of best practices across the state.
- 5) Proposals will be structured to provide a primary focus on children, adolescents, and families, consistent with the statewide behavioral health strategic plan.
- 6) Proposals will give attention to community needs and receive community/stakeholder feedback.
- 7) Priority areas ripe for developing in Texas include Early Psychosis, Childhood Trauma, and Depression & Suicide
- 8) The Consortium will promote and coordinate mental health research across state university systems in accordance with the statewide behavioral health strategic plan.
- 9) The Networks developed by the Consortium will better position Texas Institutions of Higher Education to compete effectively for federal and other research funding.