

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	✓				