Implementation Plan for the Texas Child Mental Health Care Consortium (TCMHCC)

As Required by Rider 58 of the Appropriation to the Texas Higher Education Coordinating Board
(House Bill 1, 86th Legislature, Regular Session, 2019)

Compiled by The University of Texas System on behalf of the TCMHCC
November 2019

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The below acronyms will be used in the document to reference the health-related institutions.

BCM	Baylor College of Medicine
TAMHSC	Texas A&M University System Health Science Center
TTUHSC	Texas Tech University Health Sciences Center
TTUHSC EP	Texas Tech University Health Sciences Center at El Paso
UNTHSC	University of North Texas Health Science Center at Fort Worth
UT Austin Dell	The Dell Medical School at the University of Texas at Austin
MD Anderson	The University of Texas M.D. Anderson Cancer Center
UTMB	The University of Texas Medical Branch at Galveston
UTHSCH	The University of Texas Health Science Center at Houston
UTHSCSA	The University of Texas Health Science Center at San Antonio
UTRGV	The University of Texas Rio Grande Valley School of Medicine
UTHSCT	The University of Texas Health Science Center at Tyler
UTSW	The University of Texas Southwestern Medical Center

Executive Summary

The Texas Child Mental Health Care Consortium (the TCMHCC or the Consortium) was created by the 86th Texas Legislature in Senate Bill 11 (SB 11) to address gaps in mental health care for children and adolescents in Texas. Through the TCMHCC, Texas is provided a unique opportunity to implement evidence-based programs throughout the state. The implementation will be achieved through the collaboration of the state's many health-related institutions, state agencies and nonprofits, building on the ability and success of existing programs at some of the institutions, developing new programs in conjunction with local school districts and local community mental health providers, and addressing the shortage of psychiatrists.

The TCMHCC was funded by the Legislature through the Texas Higher Education Coordinating Board (the THECB) to implement five different mental health initiatives.

1) **Child Psychiatry Access Network (CPAN)**: A network of child psychiatry access centers at the health-related institutions that will provide child and adolescent behavioral health consultation services and training opportunities for pediatricians and primary care providers.
2) **Texas Child Health Access Through Telemedicine (TCHATT)**: Telemedicine or telehealth programs between health related institutions and local school districts (ISDs) for schools to identify and assess the behavioral health needs of children and adolescents and provide access to mental health services, prioritizing the 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 (CPWE)**: Providing full-time psychiatrists to serve as academic medical directors at facilities operated by community mental health providers and new psychiatric resident rotation positions at the facilities.
4) **Child and Adolescent Psychiatry Fellowships (CAP Fellowships)**: Providing additional child and adolescent psychiatry fellowship positions at the health-related institutions.
5) **Research**: Development of a plan to promote and coordinate mental health research across state university systems in accordance with the statewide behavioral health strategic plan developed by the Texas Health and Human Services Commission (HHSC).

The following represents a summary of the estimated distribution of the appropriated funds across the five initiatives and among the health-related institutions. **Throughout this document, budget information represents the current projected amounts required to implement the five initiatives**. Detailed plans and proposed budgets for the initiatives and the allocation of funding to each individual health-related institution can be found below under "Plans for the Initiatives".

Proposed Budgets by Institution & Program
(Excluding Research and Centralized Operations Support Hub)

Institution	CPAN	TCHATT	CPWE	CAP Fellowships	Grand Total
BCM	$2,490,162	$3,426,333	$173,688	$793,507	**$6,883,690**
UT Austin Dell	$1,803,887	$3,833,217			**$5,637,104**
TAMHSC	$1,580,340	$1,692,816	$816,200	$150,188	**$4,239,544**
TTUHSC	$1,919,530	$3,222,359	$328,322	$756,048	**$6,226,259**
TTUHSC EP	$2,022,950	$2,294,685	$497,398	$521,725	**$5,336,758**
UNTHSC	$2,126,815	$3,471,940	$575,229		**$6,173,984**
UTHSCH	$2,513,150	$5,859,766	$1,666,386	$590,765	**$10,630,067**
UTHSCSA	$2,038,000	$2,123,313	$1,118,413	$428,475	**$5,708,202**
UTHSCT	$1,190,572	$1,956,900	$457,417	$100,000	**$3,704,888**
UTMB	$1,902,450	$3,031,526	$267,690	$318,655	**$5,520,321**
UTRGV	$2,396,197	$2,177,816	$1,339,800	$762,665	**$6,676,478**
UTSW	$4,833,185	$4,076,162	$744,642	$212,500	**$9,866,489**
Grand Total	**$26,817,238**	**$37,166,834**	**$7,985,185**	**$4,634,527**	**$76,603,784**

Proposed Budgets by Year (Excluding Research and Centralized Operations Support Hub)

Institution	Year 1	Year 2	Grand Total
BCM	$2,397,083	$4,486,608	**$6,883,690**
UT Austin Dell	$1,725,220	$3,911,884	**$5,637,104**
TAMHSC	$1,447,396	$2,792,148	**$4,239,544**
TTUHSC	$2,501,344	$3,724,915	**$6,226,259**
TTUHSC EP	$2,243,080	$3,093,678	**$5,336,758**
UNTHSC	$2,310,135	$3,863,849	**$6,173,984**
UTHSCH	$3,031,516	$7,598,551	**$10,630,067**
UTHSCSA	$1,366,988	$4,341,213	**$5,708,202**
UTHSCT	$918,713	$2,786,175	**$3,704,888**
UTMB	$1,925,894	$3,594,427	**$5,520,321**
UTRGV	$1,726,172	$4,950,306	**$6,676,478**
UTSW	$3,848,138	$6,018,350	**$9,866,489**
Grand Total	**$25,441,681**	**$51,162,103**	**$76,603,784**

In addition to the distribution of the appropriated funds to the health-related institutions for the initiatives, one institution will be chosen by the executive committee of the TCMHCC (the Executive Committee) to serve as host for telecommunications and data management hubs and the high-level medical direction needed for CPAN and TCHATT (Centralized Operations Support Hub). The selected institution will receive an additional $2,275,171 million ($1,139,196 million in year 1 and $1,135,975 million in year 2) to provide these services.

The **Research** efforts of the Consortium will focus on peer reviewed health systems research, conducted collaboratively through networks and targeted at high priority areas affecting children and adolescents. The TCMHCC expects to spend up to **$10 million** on these activities. See "Plans for the Initiatives - Research" below for a more complete description of the planned research activities.

Under this implementation plan, **approximately $90 million** will be expended by the TCMHCC over the biennium. The time needed to organize the Consortium, plan for and implement the initiatives will result in greater expenditures in the second year of the biennium, with around **$58 million to be spent in year 2.**

The TCMHCC will evaluate further opportunities to use the remaining unallocated appropriated funds in line with the legislative intent of SB 11 and will present these additional options to the Legislative Budget Board (the LBB) for consideration and approval by May 2020. Priority will be placed on further expansion of TCHATT into additional schools and associated one-time expenses for the operation and administration of the initiatives and the Consortium. At the end of FY 2020, the Executive Committee will review each initiative and identify any needed reallocation of the funds for FY 2021; if more than 10% of the funds are to be reallocated, the TCMHCC will seek approval by the LBB.

In developing the plans for the initiatives, existing programs were examined, with the recognition that flexibility is needed in order to test different models in various parts of the state. The funds received will not be sufficient to cover all children and adolescents in Texas, but the Consortium has attempted to provide coverage across all regions of the state.

Going forward and with the approval of this implementation plan, the University of Texas System (the UT System) as the administrative coordinator of the TCMHCC will support the Consortium in tracking progress towards attainment of the submitted plans and measuring the impact of implementing each initiative.

On a quarterly basis, institutions will submit data regarding attainment of the agreed upon metrics for each initiative. These metrics will be used to track the progress, reach and outcomes of the initiatives. Additional internal program evaluation of the achievement of the initiatives' goals will be conducted by the UT System, as will surveys and interviews to assess the effectiveness of the programs, their successes, potential barriers and needs, and the capacity for expansion. Finally, an independent external program-specific comprehensive evaluation will be contracted for by the UT System ($750,000) to provide policymakers and Consortium members with assessments that can guide quality improvement and decision-making for future program planning and implementation.

The overall proposed budget for all activities covered under the TCMHCC programs is as follows:

Activity	Year 1	Year 2	Grand Total
CPAN	$10,440,799	$16,376,439	**$26,817,238**
TCHATT	$11,827,037	$25,339,797	**$37,166,834**
CPWE	$1,671,542	$6,313,643	**$7,985,185**
CAP Fellowships	$1,502,303	$3,132,225	**$4,634,527**
Research	$5,000,000	$5,000,000	**$10,000,000**
Centralized Hub	$1,139,196	$1,135,975	**$2,275,171**
External Evaluation	$250,000	$500,000	**$750,000**
Grand Total	**$31,830,877**	**$57,798,079**	**$89,628,955**

Introduction

As the Texas Legislature approached its 86th regular legislative session in 2019, recent events and trends in the state and throughout the nation were on its mind. Tragic school shootings and an increase in youth suicide rates brought a heightened focus on young Texans with mental health issues and the recognition that many children and adolescents with mental health needs are seen in a primary care setting, underscoring the need to empower pediatricians and primary care providers with guidance about treatment options. This was coupled with concerns that Texas faces a severe shortage of child psychiatrists and other mental health professionals and that these workforce shortages present a barrier to services. At the same time, legislators identified that the state's many health-related institutions of higher education offered the opportunity to leverage their wealth of expertise to address gaps in the state's child and adolescent mental health system.

Background

In response to this situation, Senator Jane Nelson of Flower Mound, Chair of the Senate Finance Committee, filed Senate Bill 10 (SB 10) to establish a consortium among Texas health-related institutions that would focus on implementing statewide child and adolescent mental health initiatives. The consortium would be designed to foster collaboration among health-related institutions and community-based providers with the goal of improving access to child and adolescent mental health services; to address psychiatry workforce issues; and to coordinate mental health research. SB 10 also recognized the role of the judiciary in these issues and would strengthen judicial training on juvenile mental health. Senator Nelson described the bill this way when it first came before the Senate Health and Human Services Committee: "Senate Bill 10 focuses on our youth, and it leverages the expertise of our health-related institutions to address gaps in the system."

Governor Greg Abbott lent his support to the effort when, in his State of the State address on February 5, 2019, he announced that he was designating SB 10 as one of his emergency legislative items, applauding the broad-based plan and calling it "big and bold."

As the bill made its way through the legislative process, it was refined to create a child psychiatry access network, enabling pediatricians and primary care providers to efficiently consult with mental health experts on treatment options. Telehealth programs between health-related institutions and schools would be expanded, to allow for early identification of behavioral health needs and subsequent intervention. To address workforce shortages, psychiatry residency rotations would be expanded into the community mental health provider systems and additional fellowships at health-related institutions would be developed. Training would be provided to judges and their staff on available mental health resources in order to help reduce the number

of young people with a mental illness entering the criminal justice system and reduce recidivism rates.

SB 10 passed the Texas Senate unanimously on March 5, 2019. As the bill moved through the Texas House, the provisions of SB 10 were added to SB 11 and the consortium created by the legislation was designated as the Texas Child Mental Health Care Consortium. SB 11 passed both chambers of the Legislature on May 26, 2019, and was signed by Governor Abbott on June 6, 2019, becoming effective immediately. (The provisions of SB 11 establishing the Consortium are attached as Appendix A.)

Under SB 11, the TCMHCC is administratively attached to the THECB. The THECB was appropriated $99 million for the work of the Consortium in Rider 58 of its funding under House Bill 1 (Rider 58). (The text of Rider 58 is attached as Appendix B.) The TCMHCC is governed by its Executive Committee, made up of representatives of the Consortium members and other groups determined by the committee. Under Rider 58, the Consortium may designate an institution of higher education to serve as its administrative coordinator, which is to then contract with the THECB. Details regarding the Executive Committee and the administrative coordinator are found in "Oversight and Management" below.

Rider 58 requires the TCMHCC to develop a plan to implement the five mental health initiatives outlined in the rider. The implementation plan must be submitted to the LBB by November 30, 2019. Rider 58 provides that the plan is considered approved unless the LBB issues a written disapproval within 30 business days of the date the plan is submitted. This document is the required implementation plan, which was unanimously approved by the TCMHCC at the meeting of the Executive Committee on November 22, 2019.

Oversight and Management

With the passage of SB 11 initiating the Consortium, the THECB requested that all the health-related institutions named in the bill identify two representatives to sit on the Executive Committee and HHSC identify its two representatives. Additionally, the THECB identified and requested nominations for the three non-profit organizations and at least one hospital system representative to serve on the Executive Committee. The THECB convened a meeting on August 22, 2019, to bring the identified Executive Committee members together and have them select other members of the committee. During the meeting, the Executive Committee selected the Hogg Foundation, the Texas Council of Community Centers and the Meadows Mental Health Policy Institute as the three non-profit organizations and Children's Health and Baylor Scott and White as two hospital system representatives. (A list of the Executive Committee members can be found under Appendix C.)

The full Executive Committee consists of 35 members and since its formation has met four times prior to the compilation and submission of this implementation plan. The committee identified

workgroups and workgroup leaders and members to develop criteria for the implementation, expansion, and budgeting for each of the five initiatives identified in Rider 58 (a list of workgroup members can be found under Appendix D) and developed and approved a governance plan (attached as Appendix E) to guide decision making.

The workgroups developed initial plans for structuring and providing the services under the initiatives and templates for identifying the needed budgets. Each health-related institution provided input on both the plans and the budgets. For each initiative, each institution stated whether it would participate and, if participating, provided a detailed budget. The budgets were reviewed to assure they were consistent across institutions for the same initiative. In addition, the workgroups identified metrics that would be used to measure progress, reach, access and outcomes.

The Executive Committee also selected the UT System to serve as the administrative coordinator of the Consortium through a contract with the THECB and elected Dr. David Lakey, Vice Chancellor and Chief Medical Officer of the UT System, as its presiding officer. The UT System and THECB entered into the required interagency contract on September 11, 2019. (The contract is attached as Appendix F.)

Under the interagency contract, the UT System will work closely with the THECB to create a structure to monitor the progress of each institution towards the implementation of the initiatives. Monitoring activities will include tracking of progress toward the identified performance targets and metrics and the timelines outlined below. Each institution will be required to submit an implementation plan, followed by quarterly progress reports that include expenditures towards each initiative. Each report will be reviewed by the UT System prior to communicating to the THECB acceptance of the report and a request for the transfer of funds to the institution.

Additionally, on a quarterly basis, institutions will submit data regarding attainment of the agreed upon metrics for each initiative. These metrics will be used to track the progress, reach and outcomes of the initiatives. The Executive Committee will meet monthly initially and then every other month to discuss progress and to identify barriers and solutions. The health-related institutions currently operating similar initiatives will, along with their partners, provide technical assistance, guidance, and support to institutions that are newly implementing an initiative.

At the end of FY 2020, the Executive Committee will examine the success of the health-related institutions in implementing each initiative and identify any needed redistribution of the funds for FY 2021. In the case of a need to reallocate funds across the five initiatives by more than 10%, the TCMHCC will seek approval by the LBB.

Central Administration

The UT System was selected by the Executive Committee to provide overall administrative support for the Consortium. Rider 58 provides $1 million in year 1 and $500,000 in year 2 of the biennium to fund this administrative support.

The UT System's administrative TCMHCC budget will fund in year 1 an executive director (1 full-time equivalent [FTE]), program manager (0.5 FTE), grants manager (0.25 FTE), communications director (0.25 FTE), administrative support (0.35 FTE), legal support (0.35 FTE) and accounting support (0.4 FTE). Additional funds are provided to bring in key speakers for TCMHCC meetings and travel as needed to develop the five initiatives and to hire a UT institution faculty member and research fellow to provide internal program evaluation support. The internal evaluation will assess reach and ability to achieve the initiatives' intended goals. Additionally, key-informant, institution and provider surveys and interviews will be conducted to assess the effectiveness of the programs, key successes, potential barriers/needs, and capacity for expansion.

The UT System will also provide significant in-kind support without drawing on the appropriated funds from multiple offices, including the offices of health affairs and governmental relations.

In year 2 of the budget, the UT System administrative budget will continue to fund the executive director (1 FTE), program manager (0.5 FTE), grants manager (0.1 FTE), communications director (0.25 FTE), administrative support (0.35 FTE), legal support (0.25 FTE) and accounting support (0.1 FTE). Additional support for bringing in key speakers and limited travel and for continued internal program evaluation will also be funded. As in year 1, the UT System will provide significant in-kind support for this initiative.

(The FTEs listed above will be adjusted depending on the demonstrated workload and need.)

The UT System will provide overall central coordination and management of the TCMHCC, including managing the public TCMHCC website and communications strategy, overall analysis of the initiatives, and reporting to the LBB and other entities.

Centralized Operations Support Hub

In order to facilitate the consistency and quality of TCMHCC CPAN and TCHATT initiatives, a centralized operations support hub will be developed. By centralizing certain support functions, efficiencies and coordination will be enhanced. These key functions include:

1) **A centralized communications system linking all CPAN and TCHATT sites**
   This communications system will allow physicians from across the state to call one statewide number. Calls will be forwarded to the appropriate regional health-related institution but will also be forwarded to another institution if the initial institution cannot respond in a timely manner.

2) **A centralized data management system**

This data management system will allow clinicians to link patient care information across both the CPAN and TCHATT service lines to help facilitate coordinated care. The data management system will include the following functions:

- Data collection, storage and management
- Data analytics and reporting
- Data security
- Patient engagement

3) **Medical Director**

The medical director of the Centralized Operations Support Hub will provide high level coordination and facilitate collaboration between physicians providing CPAN and TCHATT consultations. The medical director will review and share best practices and guidelines and review the overall outcome data of the individual sites, using tools such as Project ECHO to facilitate peer-to-peer learning and continual quality improvement.

This centralized operations support hub will be embedded in one of the health-related institutions. Selection of the institution will be made by the Executive Committee through an open process. The proposed budget for the centralized operations support hub is as follows:

	Title	Qty	Base	Fringe	Total
Year 1 (2/3 year)	Medical Director	0.4	$300,000	25%	**$150,000**
	Program Manager	0.667	$125,000	30%	**$108,388**
	Administrative Assistant	0.333	$50,000	30%	**$21,667**
	Data Analyst	0.667	$80,000	30%	**$69,333**
	System Administrator	0.667	$80,000	30%	**$69,333**
	Legal / Accounting Support	0.15	$105,000	30%	**$20,475**
Year 2	Medical Director	0.3	$300,000	25%	**$112,500**
	Program Manager	1	$125,000	30%	**$162,500**
	Administrative Assistant	0.5	$50,000	30%	**$32,500**
	Data Analyst	1	$80,000	30%	**$104,000**
	System Administrator	1	$80,000	30%	**$104,000**
	Legal / Accounting Support	0.15	$105,000	30%	**$20,475**
				Personnel Subtotal	**$975,171**

	Item Description	Qty	Unit	Amt Per Unit	Total
Year 1	Communications System	1	year	$200,000	**$200,000**
	Data Management System	1	year	$500,000	**$500,000**
Year 2	Communications System	1	year	$200,000	**$200,000**
	Data Management System	1	year	$400,000	**$400,000**
				Technology Subtotal	**$1,300,000**

Total Hub Costs	**$2,275,171**

External Evaluation

The UT System will contract with a Texas university or coalition of Texas universities to carry out an independent evaluation of the programs under the TCMHCC. Texas schools of medicine may not apply to be part of the external evaluation contract. The evaluation will center on a systematic approach to planning with program-specific comprehensive evaluations. The evaluations will use 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.

The overall goal of the independent evaluation will be to provide policymakers and Consortium members with program outcome assessments to guide quality improvement and decision making for future program implementation and dissemination planning. The project will include a formative (process) summary to document the initial implementation, as well as preliminary summative (outcome) and cost analysis evaluations. The proposed budget for the independent evaluation will be $750,000 for Fiscal Years 2020 and 2021.

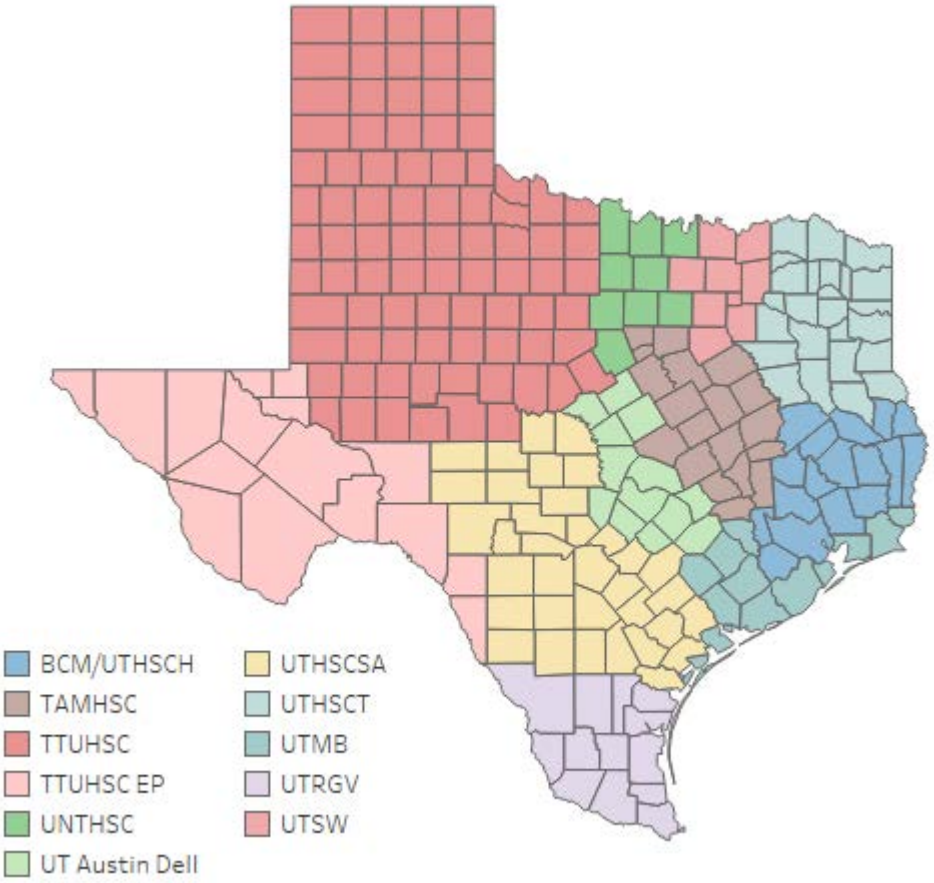
Plans for the Initiatives

Child Psychiatry Access Network (CPAN)

The CPAN workgroup, led by Drs. Laurel Williams of the Baylor College of Medicine and Sarah Martin of the Texas Tech University Health Sciences Center at El Paso, met seven times to develop the CPAN statewide plan. The workgroup included not only members of the TCMHCC Executive Committee, but also representatives from the Texas Pediatric Society and the Texas Academy of Family Physicians.

CPAN will be a network of child psychiatry access centers, based at the health-related institutions that provide consultation services and training opportunities for pediatricians and primary care providers (PCPs) to improve the care of children and adolescents with behavioral health needs. These centers are not intended to provide long term behavioral health care for children and adolescents, but rather consultative support to enhance the ability of PCPs and pediatricians to retain and manage their patients while providing high quality care. If a patient needs to be seen in person or on a frequent basis, the patient will no longer be a CPAN patient, but will be referred to see a psychiatrist, if possible, for ongoing behavioral healthcare.

The geographic area of responsibility for each CPAN can be seen in the following map:



Detailed maps of each geographic area of responsibility by institution can be found in Appendix G.

Performance metrics for each CPAN center will include the following:

1) Percentage of PCPs within each region that are enrolled
2) Percentage of phone calls answered, by team and statewide, within 5 minutes
3) Percentage of consultative requests responded to within 30 minutes, by team and statewide
4) Percentage of enrolled PCPs using consultation services at least once, by team and statewide
5) PCPs' satisfaction score
6) PCPs' comfort score

Additional tracking measures will include the following:

1) Number of phone consultations provided
2) Number of unique children served
3) Number of pediatric practices enrolled
4) Number of family medicine practices enrolled
5) Documentation of the reasons why practices unenroll
6) Outcomes from calls
    a. Referrals to a local child and adolescent psychiatrist
    b. Instances where PCP manages the patient
    c. Referrals to a local therapist
    d. Referrals to a higher level of care
7) Number of calls that are resource or referral requests
8) Number of calls that are medication-related

CPAN will be implemented in the following institutions with the following proposed budget allocations. (Note that UTSW will be administrating two CPAN hubs to cover its large population.)

Proposed CPAN Budgets

Institution	Year 1	Year 2	CPAN Total
BCM	$947,857	$1,542,305	**$2,490,162**
UT Austin Dell	$904,291	$899,596	**$1,803,887**
TAMHSC	$669,030	$911,310	**$1,580,340**
TTUHSC	$738,570	$1,180,960	**$1,919,530**
TTUHSC EP	$877,070	$1,145,880	**$2,022,950**
UNTHSC	$908,291	$1,218,524	**$2,126,815**
UTHSCH	$894,300	$1,618,850	**$2,513,150**
UTHSCSA	$719,370	$1,318,630	**$2,038,000**
UTHSCT	$435,757	$754,815	**$1,190,572**
UTMB	$679,800	$1,222,650	**$1,902,450**
UTRGV	$970,207	$1,425,990	**$2,396,197**
UTSW	$1,696,257	$3,136,928	**$4,833,185**
Grand Total	**$10,440,799**	**$16,376,439**	**$26,817,238**

Texas Child Health Access Through Telemedicine (TCHATT)

The TCHATT workgroup is led by Drs. Sarah Wakefield of the Texas Tech University Health Sciences Center and Alex Vo of the University of Texas Medical Branch at Galveston. The workgroup included not only members of the Executive Committee, but also members representing the National Alliance on Mental Illness, the Texas Education Agency (TEA) and the TEA Education Service Centers.

TCHATT is designed to provide short-term (approximately up to two months) school-based access to a limited number (2-4) of visits with a child and adolescent mental health professional for high-risk children and adolescents identified by school personnel. The role of TCHATT is to provide initial intervention and assessment of students and referral, if necessary. Funds allocated to TCHATT will not be used for ongoing management of a student's mental health needs. Rather, the following strategies will be used for children and adolescents needing ongoing services:

1) Referral to a local child and adolescent psychiatrist or other mental health professional
2) Referral to a local pediatrician with support via CPAN
3) Direct billing of third-party payers for telehealth services
4) Referral to the closest local mental health authority
5) Other local referral options

Because a goal of TCHATT is to implement services as quickly as possible, and with the understanding that the state's health-related institutions have various experiences and capabilities in this arena, an initial two-phase roll-out implementation will occur over the current biennium.

Phase One will consist of institutions that already have an established, school-based mental health telemedicine program. These programs will expand the number of schools they currently serve and tailor their services to the TCHATT model. These programs will receive initial funding in January 2020 for services during the 2020 spring semester and will be allowed to expand services in August 2020, if they can demonstrate need and secure a memorandum of understanding (MOU) with the intended expansion schools/ISDs by April 30, 2020 in order to guarantee the additional funding.

Phase Two will consist of institutions that do not have a current school-based mental health telemedicine program, but desire to do so in the immediate future. These institutions will need to spend time in the 2020 spring semester establishing relationships with ISDs and schools and will be funded to provide school-based services for the 2020-2021 school year, starting in August 2020. They may seek funding for a limited number of staff, including a program director, to plan their program during the spring of 2020. In the planning phase, these institutions will need to secure MOUs with the schools or ISDs with which they plan to partner. These MOUs will need to be secured by April 30, 2020 in order to guarantee the allocated funding.

Phase One and Phase Two Institutions are listed below:

	Institution
Phase 1 Roll-out	BCM
	UT Austin Dell
	TTUHSC
	UNTHSC
	UTHSCH
	UTHSCSA
	UTHSCT
	UTMB
	UTSW
Phase 2 Roll-out	TAMHSC
	TTUHSC EP
	UTRGV

Although TCHATT will be implemented statewide, it will not be available to every Texas ISD or every school campus in participating ISDs. Rather, programs will use local knowledge to build their programs, focusing on high-risk children and adolescents. The health-related institutions will develop a formal MOU with each participating ISD and school. Once the MOUs are finalized the names of participating schools and ISDs will be made available to the LBB. The distribution of funds may be adjusted as needs vary within each region.

The areas of primary responsibility of each institutional TCHATT program will correlate, when feasible, with its CPAN region of responsibility. However, other institutional system of care networks may cross CPAN lines and thus facilitate the relationships needed to develop a successful TCHATT program in a specific local school or ISD when it is in the best interest of the statewide TCHATT program.

Each institutional TCHATT program will collect key performance metrics to be used in program evaluation and improvement. These metrics will be developed by the TCHATT workgroup and approved by the Executive Committee. Preliminary program metrics include:

1) Number and names of schools served
2) Number of students able to access care (covered lives)
3) Number of students referred to the TCHATT program
4) Number of students served
5) Number of encounters by provider type
6) Number of students referred for ongoing services following TCHATT
7) Number of students for whom an immediate referral source was not available

The proposed TCHATT budget is as follows:

Proposed TCHATT Budgets

Institution	Year 1	Year 2	TCHATT Total
BCM	$1,027,660	$2,398,673	**$3,426,333**
UT Austin Dell	$820,929	$3,012,288	**$3,833,217**
TAMHSC	$508,166	$1,184,650	**$1,692,816**
TTUHSC	$1,497,227	$1,725,132	**$3,222,359**
TTUHSC EP	$915,613	$1,379,073	**$2,294,685**
UNTHSC	$1,332,240	$2,139,700	**$3,471,940**
UTHSCH	$1,516,166	$4,343,600	**$5,859,766**
UTHSCSA	$272,693	$1,850,620	**$2,123,313**
UTHSCT	$398,540	$1,558,360	**$1,956,900**
UTMB	$1,049,129	$1,982,397	**$3,031,526**
UTRGV	$479,565	$1,698,251	**$2,177,816**
UTSW	$2,009,109	$2,067,053	**$4,076,162**
Grand Total	**$11,827,037**	**$25,339,797**	**$37,166,834**

Variations in institutional budgets and the anticipated performance of the various programs are related to the different implementation models, number of schools served, current experience in providing school-based telemedicine services, and other local factors, including the availability of resources among ISDs and schools. These different service models will be evaluated on a regular basis as part of an ongoing quality improvement effort.

Community Psychiatry Workforce Expansion (CPWE)

The CPWE workgroup, led by Dr. Steven Pliszka of the University of Texas Health Science Center at San Antonio and Danette Castle of the Texas Council of Community Centers, includes not only members of the TCMHCC Executive Committee but also representatives of community mental health providers and local mental health authorities (LMHA) in Texas.

Under SB11, the faculty supported by this initiative must treat children and adolescents, with one faculty member serving as the academic medical director for, and under their guidance additional residents trained within, the LMHA. The Consortium interprets this language to require that the faculty members do not have to be board certified in child and adolescent psychiatry but must be comfortable in treating children. Furthermore, the individuals seen and treated at the LMHA can be a mixture of both children and adults.

As an initial step in developing this initiative, the workgroup surveyed all the LMHAs in Texas to determine their willingness to participate in the program. Thirty-one of the forty Texas LMHAs noted their willingness to participate. After further analysis by the health-related institutions, the following institutions, community mental health providers and LMHAs were selected for this partnership:

Institution	Local Mental Health Authority/Community Mental Health Provider
BCM	• Harris County
TAMHSC	• MHMR Brazos
TTUHSC EP	• Emergence • Alivane • El Paso Child Guidance Center
TTUHSC	• StarCare
UNTHSC	• Tarrant MHMR
UTHSCT	• Andrews Center
UTHSCH	• Harris County • Texana
UTMB	• Gulf Coast Center
UTRGV	• Coastal Plains • Tropical Texas
UTHSCSA	• Gulf Bend • Hill Country • Center for Health Care Services
UTSW	• Metrocare

As shown in the table below, beginning in July 2020, twenty additional psychiatry resident FTEs (which will consist of multiple residents per FTE) a year will rotate through these LMHAs as part of their training program and 12.25 academic faculty FTEs will be embedded into the LMHA structures across Texas. Three health-related institutions (Baylor College of Medicine, Texas Tech University Health Sciences Center, and the University of Texas Health Science Center at Tyler) did not need to ask for funding for the residents, because their residents were already working in the

LMHA or they had funding for these residents already in place, and they needed funding only for the academic medical directors.

Initial performance metrics for this initiative are:

1) Number of faculty and residents assigned to the LMHA
2) Number of patient visits per quarter
3) Number of unique patients seen per quarter
4) Ratio of children to total patients seen
5) Changes in child/adolescent wait lists to obtain services
6) Number of patients seen that were initially contacted through CPAN or TCHATT

Long term outcome metrics for this initiative will be:

1) Number of residents who rotate through a LMHA who work in the public mental health system after completing their residencies
2) Clinical outcome measures (rating scales) showing improvement of clients

The proposed CPWE budget is as follows:

Proposed CPWE Budgets

Institution	Year 1	Year 2	CPWE Total	Faculty FTE Y2	Resident FTE Y2
BCM	$24,813	$148,875	**$173,688**	0.50	0.00
TAMHSC	$270,200	$546,000	**$816,200**	1.00	2.00
TTUHSC	$95,847	$232,475	**$328,322**	0.50	0.00
TTUHSC EP	$190,035	$307,363	**$497,398**	1.00	2.00
UNTHSC	$69,604	$505,625	**$575,229**	1.00	2.00
UTHSCH	$424,129	$1,242,258	**$1,666,386**	2.00	4.00
UTHSCSA	$160,688	$957,726	**$1,118,413**	1.75	3.50
UTHSCT	$64,417	$393,000	**$457,417**	1.00	0.00
UTMB	$37,637	$230,052	**$267,690**	0.50	0.50
UTRGV	$191,400	$1,148,400	**$1,339,800**	2.00	4.00
UTSW	$142,772	$601,870	**$744,642**	1.00	2.00
Grand Total	**$1,671,542**	**$6,313,643**	**$7,985,185**	**12.25**	**20.00**

Child and Adolescent Psychiatry (CAP) Fellowship

The Child and Adolescent Psychiatry Fellowship workgroup is led by Drs. Elizabeth Newlin of the University of Texas Health Science Center at Houston and Laurel Williams of the Baylor College of Medicine. The health-related institutions were surveyed to determine their willingness and readiness to add fellowship capacity to their programs. Some programs have currently unfunded approved graduate medical education (GME) positions that can be readily opened and potentially filled in July 2020. Other programs can expand, but will need approval, while additional programs that currently do not have a GME-approved fellowship desire to develop one.

The following programs plan to expand in July 2020:

Institution	2019 Currently Funded Positions	2020 Additional Fellows Trained	2021 Additional Fellows Trained	TOTAL Additional Fellows Trained
BCM	6	2	2	4
TTUHSC EP	2	1	1	2
UTHSCH	4	1	2	3
UTHSCSA	3	1	1	2
UTMB	3	1	1	2
Total	**18**	**6**	**7**	**13**

The following institutions plan to expand in 2021:

Institution	2019 Currently Funded Positions	2020	2021 Additional Fellows Trained	Total Additional Fellows Trained
TAMHSC in partnership with Baylor Scott & White	2		1	1
TTUHSC	N/A	Planning Grant	2	2
UTRGV	N/A	Planning Grant	2	2
UTSW	7		1	1
Grand Total	**9**		**6**	**6**

The following institutions will be ready to expand in 2022:

Institution	2019 Currently Funded Positions	2020	2021
UTHSCT	N/A	Planning Grant	Planning Grant
UNTHSC	N/A	Planning (without Grant)	Planning (without Grant)

In summary, a total of 19 additional fellowship positions will be available during the biennium and 4 new child and adolescent training programs are to be developed.

Fellows who start their two-year child and adolescent psychiatry training program during this biennium will complete their training during the next biennium. In order to attract fellows and institutions to participate in the program, the funding for trainees must be secured through the completion of the training experience and cannot be dependent upon the funding of the Consortium in the next legislative session. Doing otherwise would place the fellows' training experience in jeopardy, resulting in potential fellows not selecting the Texas training positions and the institutions being prevented from establishing these fellowships.

Therefore, full funding for the two-year fellowships will be obligated to the sponsoring institution at the beginning of the fellow's training experience. If the trainee does not complete the program, the unused funding will be returned to the TCMHCC.

This level of expansion of child and adolescent fellowship positions in Texas is aggressive, and some of these positions may not fill. Therefore, if these positions do not fill, the funding associated with the unfilled positions will likewise be returned to the Consortium and reallocated to other TCMHCC initiatives, especially TCHATT.

Performance metrics for this initiative will include:

1) Total number of child and adolescent psychiatry fellowship positions open per institution
2) Total number of child and adolescent psychiatry fellowship positions filled per institution
3) Total number of child and adolescent fellowship positions open and filled in Texas
4) Successful GME approval of new fellowship programs
5) Percent of fellowship graduates that remain in Texas upon completion of their fellowship training

The proposed budget for this initiative is as follows:

Proposed CAP Fellowship Budgets

Institution	Year 1	Year 2	CAP Fellowship Total
BCM	$396,754	$396,754	**$793,507**
TAMHSC		$150,188	**$150,188**
TTUHSC	$169,700	$586,348	**$756,048**
TTUHSC EP	$260,363	$261,363	**$521,725**
UTHSCH	$196,922	$393,843	**$590,765**
UTHSCSA	$214,238	$214,238	**$428,475**
UTHSCT	$20,000	$80,000	**$100,000**
UTMB	$159,328	$159,328	**$318,655**
UTRGV	$85,000	$677,665	**$762,665**
UTSW		$212,500	**$212,500**
Grand Total	**$1,502,303**	**$3,132,225**	**$4,634,527**

NOTE: The budgets of the new programs established by this initiative include funds to support their training directors.

Research

The Research workgroup is led by Dr. Carol Tamminga from the University of Texas Southwestern Medical Center. Under Rider 58, the "TCMHCC shall develop a plan to … promote and coordinate mental health research across state university systems in accordance with the statewide behavioral health strategic plan". The workgroup developed and approved principles, a plan and an award process for research that is summarized below in fulfillment of this charge. (See Appendix H.)

In building the overall TCMHCC proposed budget, consideration was first given by the Executive Committee to the clinical service initiatives called for by Rider 58. It was determined that in order to improve those services and mental health in general in Texas, additional research (especially health system research) is needed.

The research funded by this initiative will not use the personal data obtained from the CPAN or TCHATT programs, nor will those initiatives be used as a recruitment mechanism for patients into research projects. Additionally, research proposals will undergo review and approval consistent with federal and state laws regarding conflicts of interest.

TCMHCC will develop statewide research networks within the health-related institutions composed of researchers interested and skilled in the selected critical research topics and that have the necessary clinical infrastructure to support the research. Each institution will be allowed to participate if they are able to and so choose. The TCMHCC will focus research this biennium on critical topics to advance child and adolescent behavioral health care delivery in Texas.

Each network team will define the most important research questions to advance healthcare delivery in each of the selected subject areas and will devise a plan to implement the research questions at participating institutions.

Each network will be funded at $2.5 million per year of the biennium, with each participating institution receiving a minimum allocation of $300,000 per biennium per research project to support their researchers' participation in the project. Funding will be allocated to specific institutions as opposed to individual researchers. Researchers based at participating institutions with substantial expertise in the subject matter will be selected as the co-leads for each research initiative and will be provided additional funds to cover time dedicated to coordination, data management needs, statistical expertise and assessment training for the collaborative research plan, including securing protections for research subjects.

The Executive Committee will designate the members and leads of each research network based on the input of all members, the expertise of the institution and the relevant institutional support. The research workgroup will develop critical topic areas of focus and make a recommendation to the Executive Committee for approval. Once organized, each network will develop a collaborative proposal that involves all the institutions in that network (referred to as "nodes"), with one node serving as the lead. The networks will focus on the priority issues which underlie common disorders in children and adolescents and their associated behavioral health

consequences, based on the recommendations of and discussions with the statewide behavioral health coordinating council.

Each network will engage in a collaborative planning process to develop their proposals, and each proposal will undergo review and approval by the participants' Institutional Review Board (IRB) (or multiple IRBs, as applicable) before any work is done. Each awarded proposal will be subject to ongoing review by the relevant IRBs.

The TCHMCC will establish an independent, outside peer review process to review each network's collaborative proposal. Each collaborative proposal will be independently peer reviewed and evaluated based on the proposal's alignment with the statewide behavioral health strategic plan, public health impact, feasibility, and community and stakeholder support. Priority will be given to proposals with broad collaboration among the members of the TCMHCC and that will upgrade the level of research experience at each node.

Based on the independent peer review process, the Executive Committee will review each collaborative proposal in a public meeting and make the final decision on whether to fund the proposal as well as the amount of funding. For any awarded proposals, the TCHMCC will direct the THECB to provide funding to the participating institutions and oversee the awarded proposal.

The performance metrics for the TCMHCC's research initiatives will include:

1) Scope and reach of research proposals approved by the Executive Committee
2) IRB approval of the research proposals
3) Number of TCMHCC institutions participating in each proposal
4) Total number of existing and newly engaged faculty involved in mental health research
5) Recruitment of research participants, as applicable
6) Submissions to and publications in peer reviewed journals
7) Submissions to the National Institutes of Health (NIH) and other federal agencies from multiple TCMHCC research participants that are based on TCMHCC proposals
8) State policies or programs changed as a result of TCMHCC health system research projects

Proposed Research Budget

The following proposed budget is based on funding two topical networks over the course of the biennium at $2.5 million per network per year and will be adjusted based on the ratios of large and small nodes participating in the effort. If additional larger nodes are formed, the amount of resources allocated to each node will be adjusted accordingly.

Year 1 Costs					
Item Description	**Qty**	**Unit**	**Amt Per Unit**	**Total**	
Institution Node	6	Institutions	$ 150,000	**$**	**900,000**
Institution Node (Large)	6	Institutions	$ 250,000	**$**	**1,500,000**
Sub-Network Hub	2	Hubs	$ 800,000	**$**	**1,600,000**
Co-Leads (2 per Hub)	4	Co-Leads	$ 250,000	**$**	**1,000,000**
			Subtotal Year 1	**$**	**5,000,000**

Year 2 Costs					
Item Description	**Qty**	**Unit**	**Amt Per Unit**		**Total**
Institution Node	6	Institutions	$ 150,000	**$**	**900,000**
Institution Node (Large)	6	Institutions	$ 250,000	**$**	**1,500,000**
Sub-Network Hub	2	Hubs	$ 800,000	**$**	**1,600,000**
Co-Leads (2 per Hub)	4	Co-Leads	$ 250,000	**$**	**1,000,000**
			Subtotal Year 2	**$**	**5,000,000**

TOTAL	**$**	**10,000,000**

Additional TCMHCC Long-term Goals

This implementation plan aligns with HHSC's Texas Statewide Behavioral Health Strategic Plan by addressing the following strategic plan goals:

- Program and service coordination
- Program and service delivery
- Prevention and early intervention
- Financial alignment

Additionally, the following long-term goals have been adopted by the Executive Committee to assess the overall impact of each of the five TCMHCC initiatives on child and adolescent mental health services in Texas:

1) Expanded access to child and adolescent psychiatric and other mental health care
2) Increased use of best, promising, and evidence-based behavioral health practices
3) Reduction in the inappropriate use of psychotropic medications
4) Increase in the number and percentage of Texas schools and ISDs that have immediate access to mental health services
5) Increased number of child and adolescent psychiatrists in Texas
6) Reduction in LMHA staff psychiatrist vacancy rates
7) Increased federal funding for mental health research in Texas
    a. Number of research initiatives funded
    b. Total funding
        i. NIH
        ii. Other federal fund sources

Development of specific measures to assess achievement of these goals can be a topic of consideration for the Consortium and the Texas Legislature in the 2021 session.

Coordination with Other Texas Statewide Mental Health Initiatives

Under SB 11, the TCMHCC is to work with both HHSC's Statewide Behavioral Health Coordinating Council and TEA to enhance coordination with other statewide mental health efforts and to improve the visibility of mental health resources to ISDs and TEA Educational Service Centers.

The Executive Director in coordination with the presiding officer of the TCMHCC will play the lead role in this coordination. Several other members of the Consortium are already on the Statewide Behavioral Health Coordinating Council and Dr. Elizabeth Newlin was selected by the TCMHCC Executive Committee to represent the Consortium on the Council. Additionally, the TCMHCC will assure coordination with other recent legislative initiatives such as the redesign of the State Hospitals and the work of the Judicial Commission on Mental Health.

Appendices

Appendix A. Senate Bill 11

(C) the purchase of the necessary sites for school buildings; [~~and~~]

(D) the purchase of new school buses;

(E) the retrofitting of school buses with emergency, safety, or security equipment; and

(F) the purchase or retrofitting of vehicles to be used for emergency, safety, or security purposes; and

(2) [~~may~~] levy, pledge, assess, and collect annual ad valorem taxes sufficient to pay the principal of and interest on the bonds as or before the principal and interest become due, subject to Section 45.003.

SECTION 22. Subtitle E, Title 2, Health and Safety Code, is amended by adding Chapter 113 to read as follows:

CHAPTER 113. TEXAS CHILD MENTAL HEALTH CARE CONSORTIUM

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 113.0001. DEFINITIONS. In this chapter:

(1) "Community mental health provider" means an entity that provides mental health care services at a local level, including a local mental health authority.

(2) "Consortium" means the Texas Child Mental Health Care Consortium.

(3) "Executive committee" means the executive committee of the 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 listed in Section 113.0052(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. 113.0052. COMPOSITION. The consortium is composed of:

(1) the following health-related institutions of higher education:

(A) Baylor College of Medicine;

(B) 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) The 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 commission;

(3) the Texas Higher Education Coordinating Board;

(4) three nonprofit organizations that focus on mental health care, designated by a majority of the members described by Subdivision (1); and

(5) any other entity that the executive committee considers necessary.

Sec. 113.0053. ADMINISTRATIVE ATTACHMENT. The consortium is administratively attached to the Texas Higher Education Coordinating Board for the purpose of receiving and administering appropriations and other funds under this chapter. The board is not responsible for providing to the consortium staff, human resources, contract monitoring, purchasing, or any other administrative support services.

SUBCHAPTER C. EXECUTIVE COMMITTEE

Sec. 113.0101. EXECUTIVE COMMITTEE COMPOSITION. (a) The consortium is governed by an executive committee composed of the following members:

(1) the chair of the academic department of psychiatry of each of the health-related institutions of higher education listed in Section 113.0052(1) or a licensed psychiatrist, including a child-adolescent psychiatrist, designated by the chair to serve in the chair's place;

(2) a representative of the commission with expertise in the delivery of mental health care services, appointed by the executive commissioner;

(3) a representative of the commission with expertise in mental health facilities, appointed by the executive commissioner;

(4) a representative of the Texas Higher Education Coordinating Board, appointed by the commissioner of the coordinating board;

(5) a representative of each nonprofit organization described by Section 113.0052(4) that is part of the consortium, designated by a majority of the members described by Subdivision (1);

(6) a representative of a hospital system in this state, designated by a majority of the members described by Subdivision (1); and

(7) any other representative designated:

(A) under Subsection (b); or

(B) by a majority of the members described by Subdivision (1) at the request of the executive committee.

(b) The president of each of the health-related institutions of higher education listed in Section 113.0052(1) may

designate a representative to serve on the executive committee.

Sec. 113.0102. VACANCY. A vacancy on the executive committee shall be filled in the same manner as the original appointment.

Sec. 113.0103. PRESIDING OFFICER. The executive committee shall elect a presiding officer from among the membership of the executive committee.

Sec. 113.0104. STATEWIDE BEHAVIORAL HEALTH COORDINATING COUNCIL. The consortium shall designate a member of the executive committee to represent the consortium on the statewide behavioral health coordinating council.

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. 113.0151. CHILD PSYCHIATRY ACCESS NETWORK AND TELEMEDICINE AND TELEHEALTH PROGRAMS. (a) The consortium shall

establish a network of comprehensive child psychiatry access centers. A center established under this section shall:

(1) be located at a health-related institution of higher education listed in Section 113.0052(1); and

(2) 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.

(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) A 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:

(1) establish a center under Subsection (a); or

(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:

(1) provides consultation services and training opportunities for pediatricians and primary care providers that are consistent with those described by Subsection (a); and

(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.

(c) This section does not apply to services provided by a school counselor in accordance with Section 33.005, 33.006, or 33.007, Education Code.

Sec. 113.0153. REIMBURSEMENT FOR SERVICES. A child psychiatry access center established under Section 113.0151(a) may not submit an insurance claim or charge a pediatrician or primary care provider a fee for providing consultation services or training opportunities under this section.

SUBCHAPTER E. CHILD MENTAL HEALTH WORKFORCE

Sec. 113.0201. CHILD PSYCHIATRY WORKFORCE EXPANSION. (a) 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:

(1) two full-time psychiatrists who treat children and adolescents to serve as academic medical director at a facility operated by a community mental health provider; and

(2) two new resident rotation positions.

(b) An academic medical director described by Subsection

(a) shall collaborate and coordinate with a community mental health provider to expand the amount and availability of mental health care resources by developing training opportunities for residents and supervising residents at a facility operated by the community mental health provider.

(c) An institution of higher education that receives funding under Subsection (a) shall require that psychiatric residents participate in rotations through the facility operated by the community mental health provider in accordance with Subsection (b).

Sec. 113.0202. CHILD AND ADOLESCENT PSYCHIATRY FELLOWSHIP. (a) 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.

(b) 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.

SUBCHAPTER F. MISCELLANEOUS PROVISIONS

Sec. 113.0251. 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).

Sec. 113.0252. APPROPRIATION CONTINGENCY. The consortium is required to implement a provision of this chapter only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the consortium may, but is not required to, implement a provision of this chapter.

SECTION 23. Section 161.325(d), Health and Safety Code, is amended to read as follows:

(d) A school district may develop practices and procedures concerning each area listed in Subsection (a-1), including mental health promotion and intervention, substance abuse prevention and intervention, and suicide prevention, that:

(1) include a procedure for providing educational material to all parents and families in the district that contains information on identifying risk factors, accessing resources for treatment or support provided on and off campus, and accessing available student accommodations provided on campus;

(2) include a procedure for providing notice of a recommendation for early mental health or substance abuse

Appendix B. Rider 58

Rider 58. Contingency for Senate Bill 11. Contingent on enactment of Senate Bill 11, or similar legislation creating the Texas Child Mental Health Care Consortium, by the Eighty-sixth Legislature, Regular Session, Subsections (a) to (h) shall take effect.

(a) **Consortium.** The Texas Child Mental Health Care Consortium (TCMHCC) is composed of:

(1) the following health-related institutions of higher education: (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) the 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 Health and Human Services Commission;

(3) the Texas Higher Education Coordinating Board (THECB);

(4) a representative of a hospital system in this state, designated by a majority of the members described by Subdivision (1);

(5) three nonprofit organizations designated by a majority of the members described by Subdivision (1); and

(6) any other entity that the members described by Subdivision (1) considers necessary.

(b) **Appropriation.** Included in the amounts appropriated above in Strategy F.1.10, Child Mental Health Care Consortium, is $49.5 million in General Revenue in fiscal year 2020 and
$49.5 million in General Revenue in fiscal year 2021 to implement the provisions of this rider.

(c) **Mental Health Initiatives.** The following mental health initiatives shall be implemented:

(1) **Child Psychiatry Access Network (CPAN).** Out of funds referenced in Subsection (b) of this rider, THECB shall transfer funds in accordance with the plan described in Subsection (e) for the creation of a network of child psychiatry access centers that will provide consultation services and training opportunities for pediatricians and primary care providers to better care for children and youth with behavioral health needs.

(2) **Texas Child Health Access Through Telemedicine (TCHATT).** Out of funds referenced in Subsection (b) of this rider, THECB shall transfer funds in accordance with the plan described in Subsection (e) for the establishment or expansion of telemedicine or telehealth programs for identifying and assessing behavioral health needs and providing access to mental health care services. The plan described in Subsection (e) must prioritize the behavioral health needs of at-

risk children and adolescents and maximize the number of school districts served in diverse regions of the state.

(3) **Community Psychiatry Workforce Expansion.** Out of funds referenced in Subsection (b) of this rider, THECB shall transfer funds in accordance with the plan described in Subsection (e) to fund community psychiatric workforce expansion projects. The plan described in Subsection (e) must require each project to 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.

(4) **Child and Adolescent Psychiatry Fellowships.** Out of funds referenced in Subsection (b) of this rider, THECB shall transfer funds in accordance with the plan described in Subsection (e) to fund additional child and adolescent psychiatry fellowship positions at health-related institutions.

(d) **Administration and Oversight.** Not later than September 15, 2019, out of funds referenced in Subsection (b) of this rider, THECB shall execute interagency and other contracts to transfer $1 million in fiscal year 2020 and $500,000 in fiscal year 2021 to an institution of higher education designated by the TCMHCC, including development of the plan described in Subsection (e) and oversight and evaluation of the initiatives outlined in the bill. THECB may employ, using existing resources, one additional FTE in each fiscal year of the 2020-21 biennium to oversee the transfer.

(e) **Plan.** THECB shall not expend any funds directed by this rider without the prior approval of the Legislative Budget Board. TCMHCC shall develop a plan to implement the initiatives described in Subsections (c)(1) to (c)(4), including performance targets and timelines, and 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 by November 30, 2019. The plan shall be considered approved, and the funds referenced in Subsection (b) of this rider may be expended, unless the Legislative Budget Board issues a written disapproval within 30 business days of the date the plan is submitted. THECB shall transfer appropriations for the initiatives, in accordance with the plan, through interagency and other contracts.

(f) **Transfers.** At the direction of the TCMHCC, THECB may transfer amounts referenced in Subsection (b) of this rider.

(g) **LBB Notification to Comptroller.** Notwithstanding the appropriation authority referenced in Subsection (b) of this rider, the Comptroller of Public Accounts shall not allow the expenditure of funds referenced in Subsection (b), if these funds are identified in Article IX, Section 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, and if the Legislative Budget Board provides notification to the Comptroller that the agency or institution's planned expenditure of the funds in fiscal year 2020 or fiscal year 2021 does not satisfy the requirements of Article IX, Section 10.04 of this Act.

(h) **Unexpended Balances.** Any unexpended balances remaining as of August 31, 2020, are appropriated for the same purpose in the fiscal year beginning September 1, 2020.

Appendix C. Executive Committee

No	Institution/ Organization	Name	Title
1	Baylor College of Medicine	Wayne Goodman, MD	D.C. and Irene Ellwood Professor and Chair Menninger Department of Psychiatry and Behavioral Sciences
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
3	Texas A&M University System Health Science Center	Israel Liberzon, MD	Professor of Psychiatry and Psychology
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
5	Texas Tech University Health Sciences Center	Sarah Wakefield, MD	Associate Professor and Chair, Department of Psychiatry, Texas Tech Health Sciences Center, Lubbock
6	Texas Tech University Health Sciences Center	Keino McWhinney, MPP	Dir, TTU Mental Health Institute (TTMHI)
7	Texas Tech University Health Sciences Center at El Paso	Peter Thompson, MD	Department Chair
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
9	University of North Texas Health Science Center	Alan Podawiltz, DO, MS	Chair of Psychiatry
10	University of North Texas Health Science Center	Mark Chassay, MD, MBA	Senior Vice Provost, Clinical Affairs and Healthcare Partnerships
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

No	Institution/ Organization	Name	Title
			Life Adversity Research, Dept of Psychiatry
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
13	The University of Texas M.D. Anderson Cancer Center	Daniel Tan, MD	Clinical Specialist, Department of Psychiatry
14	The University of Texas M.D. Anderson Cancer Center	Rhonda Robert, PhD	Professor in Pediatrics
15	The University of Texas Medical Branch at Galveston	Karen Wagner, MD, PhD	Chair, Psychiatry/Behavioral Science & Professor, Child & Adolescent Psychiatry
16	The University of Texas Medical Branch at Galveston	Alexander Vo, PhD	Vice President, Telemedicine & Health Technology
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
18	The University of Texas Health Science Center at Houston	Elizabeth Newlin, MD	Psychiatry – Child and Adolescent & Asc Pr of Psych & Bhe Sci NTC
19	The University of Texas Health Science Center at San Antonio	Steven Pliszka, MD	Chair, Psychiatry & Professor, Child & Adolescent Psychiatry
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
21	The University of Texas Rio Grande Valley School of Medicine	Michael Escamilla, MD	Chair of Psychiatry

No	Institution/ Organization	Name	Title
22	The University of Texas Rio Grande Valley School of Medicine	Michael Patriarca	Executive Vice Dean
23	The University of Texas Health Science Center at Tyler	Jeffery Matthews, MD	Chair, Psychiatry & Behavioral Medicine & Associate Professor of Medicine
24	The University of Texas Health Science Center at Tyler	Daniel Deslatte, MPA, FACHE	Sr VP Business Affairs
25	The University of Texas Southwestern Medical Center	Carol Tamminga, MD	Professor & Chair, Psychiatry
26	The University of Texas Southwestern Medical Center	Hicham Ibrahim, MD	Vice Chair for Clinical Affairs, Psychiatry
27	Health and Human Services Commission - mental health care services	Sonja Gaines, MBA	Assistant Commissioner of Mental Health
28	Health and Human Services Commission - mental health facilities	Mike Maples	Deputy Commissioner
29	Texas Higher Education Coordinating Board	Stacey Silverman, PhD	Deputy Assistant Commissioner
30	Hospital System	Danielle Wesley	Vice President, Network Service Delivery at Children's Health
31	Non-profit - Meadows Mental Health Policy Institute	Andy Keller, PhD	President and Chief Executive Officer
32	Non-profit - Hogg Foundation	Octavio Martinez, Jr., MPH, MD	Sr Assoc VP & Executive Director for the Hogg Foundation
33	Non-profit - Texas Council of Community Centers	Danette Castle	CEO
34	Administrative Contract – University of Texas System	David Lakey, MD	Vice Chancellor and Chief Medical Officer
35	Hospital System	James Alan Bourgeois, OD, MD	Chair of the Department of Psychiatry & Clinical Professor (Affiliated)

Appendix D. TCMHCC Workgroups

Child Psychiatry Access Network (CPAN)

Name	Affiliation	Workgroup Role
Laurel Williams, DO	Baylor College of Medicine	Chair and EC member
Sarah Martin, MD	Texas Tech University Health Sciences 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	The University of Texas Health Science Center at Houston	SME
Tom Banning	Texas Association Family Practice	SME
Carol Bieler	Dallas Children's Health	SME Danielle Wesley

Texas Child Health Access Through Telemedicine (TCHATT)

Name	Affiliation	Workgroup Role
Sarah Wakefield, MD	Texas Tech University Health Sciences Center	Co-Chair and EC member
Alex Vo, PhD	University of Texas Medical Branch at Galveston	Co-Chair and EC member
Danielle Wesley	Dallas 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	Texas Council of Community Centers	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

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	Texas Council of Community Centers	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 Sciences 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
Daniel Deslatte	The University of Texas Health Science Center at Tyler	EC member
Brittney Nichols	The University of Texas Health Science Center at Tyler	Support-Jeffrey Matthews

Child and Adolescent Psychiatry Fellowships

Name	Affiliation	Workgroup Role
Elizabeth Newlin, MD	The University of Texas Health Science Center at Houston	Chair and EC member
Mark Chassay, MD, MBA	University of North Texas Health Science Center	EC member
Stacey Silverman, PhD	Texas Higher Education Coordinating Board	EC member
Laurel Williams, DO	Baylor College of Medicine	EC member and Co-Chair

Research

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 Mental Health Policy Institute	EC member
Jair Soares, MD, PhD	The University of Texas Health Science Center at Houston	EC member
Charles B Nemeroff, MD, PhD	Dell Medical School	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

Appendix E. TCMHCC Governance

Texas Child Mental Health Care Consortium

Governance Plan

September 11, 2019

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 (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 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 TCHATT 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.

Appendix F. Contract between the THECB and UT System

BMS 22282
REV 2

AGREEMENT
Between the Administrator for the Texas Child Mental Health Care Consortium and the Texas Higher Education Coordinating Board

SECTION 1. PARTIES TO THE AGREEMENT

This Agreement ("Agreement") is made and entered into by and between the Texas Higher Education Coordinating Board ("Coordinating Board"), an agency of the state of Texas, and The University of Texas System, a Texas institution of higher education selected to serve as the administrator ("Administrator") of the Texas Child Mental Health Care Consortium ("Consortium"), a consortium established under the Texas Health and Safety Code, Chapter 113, Section 113.0051.

SECTION 2. TERM OF AGREEMENT

The period for performance of this Agreement shall commence effective on September 1, 2019 and shall terminate on August 31, 2021.

SECTION 3. PURPOSE OF AGREEMENT

Texas Health and Safety Code, Section 113.0051, establishes the Texas Child Mental Health Care Consortium to be administered by an entity named by the Consortium's Executive Committee. The Consortium is authorized to (1) leverage the expertise and capacity of the health-related institutions listed in Texas Health and Safety Code, Section 113.0052(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).

The institution of higher education identified by the Consortium's Executive Committee shall administer and oversee funding to support the efforts and mission of the Consortium. House Bill 1, The General Appropriations Act of the 86th Texas Legislature, Regular Session, appropriated the sum of One Million Dollars ($1,000,000.00) in FY 2020 and Five Hundred Thousand Dollars ($500,000.00) in FY 2021 to the Coordinating Board to transfer to an institution of higher education for administration and oversight of the Consortium. The purpose of this Agreement is to provide the terms and conditions for the transfer of the appropriated funds ("funds") to the Administrator.

SECTION 4. AGREEMENT PERFORMANCE

The Coordinating Board and the Administrator do mutually agree as follows:

A. The Consortium is administratively attached to the Coordinating Board for the purpose of receiving and administering appropriations and other funds under Chapter 113 of the Texas Health and Safety Code.

B. The Coordinating Board is not responsible for providing staff, human resources, contract monitoring, purchasing, or any other administrative support services to the Consortium or the Administrator.

C. On or before September 15, 2019, and upon execution of this agreement Coordinating Board shall disburse One Million Dollars ($1,000,000.00) to the Administrator for the administration and

oversight of the Consortium. On or before September 15, 2020 the Coordinating Board shall disburse Five Hundred Thousand Dollars ($500,000.00) to the Administrator for the continuing administration and oversight of the Consortium. These funds shall be placed into a separate account maintained by the Administrator.

D. The Administrator shall use these funds exclusively to perform the administrative functions of and for the benefit of the Consortium. Expenditures by the Administrator in excess of One Million Dollars ($1,000,000) shall be subject to approval by The University of Texas System Board of Regents.

E. The Administrator, on behalf of the Consortium, shall provide additional instructions to the Coordinating Board to transfer funds to institutions identified in Section 113.0052(1) of the Texas Health and Safety Code to implement and operate the Child Psychiatry Access Network and Telemedicine and Telehealth Programs, pursuant to Health and Safety Code, Section 113.0151 and implemented as initiatives as described by HB 1, Rider 58 (c) (1) regarding the Child Psychiatry Access Network (CPAN) and (2) Texas Child Health Access Through Telemedicine (TCHATT).

F. The Administrator, on behalf of the Consortium, shall provide any additional instructions to the Coordinating Board to transfer funds to institutions identified in Section 113.0052(1) of the Texas Health and Safety Code to implement and operate the Child Psychiatry Health Workforce, pursuant to Health and Safety Code, Section 113.0201 and implemented as initiatives as described by HB 1, Rider 58 (c) (3) Community Psychiatry Workforce Expansion and (4) Child and Adolescent Psychiatry Fellowships.

Upon approval by the Texas Legislative Budget Board or upon the Legislative Budget Board's failure to issue a written disapproval within 30 business days of the date a plan is submitted to the Legislative Budget Board, the Coordinating Board will transfer funds to the institutions, pursuant to the instructions of the Administrator.

G. The Coordinating Board's duties, responsibilities, obligations, and liabilities are subject to adequate legislative appropriations. The Coordinating Board shall not be in default for nonpayment under this Agreement if such appropriated funds are not available to the Coordinating Board for payment of the Coordinating Board's obligations under this Agreement. In such event, the Coordinating Board shall promptly notify the Administrator, and this Agreement shall terminate simultaneous with the termination of the appropriated funds. Under no circumstances shall this Agreement or any provisions herein be construed to extend the duties, responsibilities, obligations, or liabilities of the State of Texas or Coordinating Board beyond the then existing biennium.

SECTION 5. ADMINISTRATOR'S REPRESENTATIONS AND WARRANTIES

A. The Administrator shall comply with all federal, state, and local laws, statutes, ordinances, rules and regulations and the orders and decrees of any court or administrative bodies or tribunals in any matter affecting the performance of this Agreement, including, if applicable, workers' compensation laws, compensation

statutes and regulations, and licensing laws and regulations. When requested to do so by the Coordinating Board, the Administrator shall furnish the Coordinating Board with satisfactory proof of its compliance.

B. By signature to this Agreement, the Administrator makes all the representations, warranties, guarantees, certifications and affirmations included in this agreement. If the Administrator signs this Agreement with a false statement or it is subsequently determined that the Administrator has violated any of the representations, warranties, guarantees, certifications or affirmations included in this Agreement, the Administrator shall be in default under this agreement and the Coordinating Board may terminate or void this agreement for cause and pursue other remedies available to the Coordinating Board under this Agreement and applicable law.

C. The Administrator shall be an independent contractor in all matters relating to this Agreement. The Administrator and its employees or agents shall not be deemed or construed to be the employees or agents of the Coordinating Board for any purposes whatsoever. The Administrator agrees that it shall have complete responsibility in the area of employment law and relations regarding its own employees, contractors, and agents, including but not limited to: wrongful discharge lawsuits, unemployment issues, workers' compensation, employment taxes, and reimbursement due to losses in these areas. Consistent therewith, the Administrator agrees that it shall make its own arrangements to provide its employees with all necessary employee benefits, including unemployment and workers' compensation benefits, and the Coordinating Board is, in no way, a party to such arrangements. Regarding its employees, the Administrator shall have the sole authority to hire, fire, transfer, train, evaluate, discipline, pay and assign work.

D. The Administrator represents and warrants that neither the Administrator nor any firm, corporation, partnership, or institution represented by or affiliated with the Administrator, or anyone acting for such firm, corporation, partnership, or institution, has violated the antitrust laws of the State of Texas under Tex. Bus. & Com. Code, Chapter 15, or the federal antitrust laws.

SECTION 6. TERMINATION

A. **Termination for Cause**: The Coordinating Board may, by written notice to the Administrator, immediately terminate this Agreement, in whole or in part, for cause if: (a) default or abandonment by the Administrator occurs; or (b) the Administrator fails to comply fully with any term or condition of this Agreement, through no material fault of the Coordinating Board. If the Coordinating Board deems it appropriate under the circumstances, the Coordinating Board will provide a three (3) day advance written notice of intent to terminate to the Administrator, and the Coordinating Board will provide the Administrator with an opportunity for consultation with the Coordinating Board prior to termination during that three (3) day period.

B. If the Administrator fails or refuses to perform its obligations under this Agreement, the Coordinating Board may exercise any and all rights as may be available to it by law or in equity.

C. **Interpretation**: Either party may terminate this Agreement immediately upon notice to the other party in the event federal or state law is enacted, amended, or judicially interpreted so as to render continued fulfillment of this Agreement, on the part of either party, wholly unreasonable or impossible. If the parties hereto should be unable to agree upon an amendment which would thereafter be needed to enable the substantial continuation of this agreement, then, upon written notification by the Coordinating Board to the Administrator, the parties shall be discharged from any further obligations created under the terms of this Agreement, except for the equitable settlement of the respective accrued interests or obligations incurred up to the date of termination.

D. **Non-Appropriation**: This Agreement may be terminated immediately if funds specifically allocated to the Coordinating Board for its purposes should become reduced, depleted, or otherwise unavailable during the Agreement term and to the extent that the Coordinating Board is unable to obtain additional funds for such purpose.

E. **Effect of Termination**: As consistent with applicable law, upon any termination, all indemnities, including without limitation those set forth in this agreement, as well as Agreement provisions regarding confidentiality, records retention, right to audit and dispute resolution, shall survive the termination of this Agreement and shall remain in full force and effect. In the event of any termination, the Administrator shall, unless otherwise mutually agreed upon in writing, cease the use of funds immediately upon the effective date of termination.

SECTION 7. ADDITIONAL TERMS OF AGREEMENT

A. **Assignment or Delegation**: No contractual rights, interests, or obligations shall be assigned or delegated by the Administrator without prior written approval of the Coordinating Board. No assignment or delegation approved by the Coordinating Board shall relieve the Administrator of any obligation or responsibility under this Agreement.

B. **Amendment**: Any alterations, modifications, additions, or deletions to this Agreement shall be in writing and executed by all parties to this Agreement.

C. Nothing herein shall be construed to create any personal liability on the part of any officer, employee, or agent of either party hereto.

D. Nothing herein shall be construed to create any liability by the Coordinating Board for personal or property damage that may occur through activities conducted as a result of this Agreement.

E. This Agreement shall be fully executed and returned to the Coordinating Board by the Administrator within one (1) month of receipt or this Agreement shall be null and void.

F. **Right to Audit; Records Retention**: The Administrator understands that acceptance of funds under this Agreement, or indirectly through a subcontract under this Agreement, acts as acceptance of the authority of the State Auditor's office, the Coordinating Board or any successor agency, as well as any external auditors selected

by the Coordinating Board or the State Auditor's Office, to conduct an audit or investigation in connection with those funds. The Administrator further agrees to cooperate fully with the above entities in the conduct of the audit or investigation, including promptly providing all records requested. The Administrator will ensure that this clause concerning the authority to audit funds received indirectly by subcontractors through the Administrator and the requirement to cooperate is included in any subcontract awarded that is related to this Agreement.

The Administrator shall maintain its records and accounts in a manner which shall assure a full accounting for all funds received and expended by the Administrator in connection with this Agreement. These records and accounts (which include all receipts for expenses incurred by the Administrator) shall be retained by Administrator and made available for inspecting, monitoring, programmatic or financial auditing, or evaluation by the Coordinating Board and by others authorized by law or regulation to do so for a period of not less than seven (7) years from the date of completion of this Agreement or the date of the receipt by the Coordinating Board of the Administrator's final claim or instructions for payment or final expenditure report or until a resolution of all billing questions in connection with this Agreement, whichever is later. If an audit has been announced, the records shall be retained until such audit has been completed. The Administrator shall make available at reasonable times and upon reasonable notice, and for reasonable periods, all documents and other information related to this Agreement. The Administrator and any subcontractors shall provide any auditor with any information the auditor deems relevant to any monitoring, investigation, evaluation, or audit.

The Administrator's failure to comply with this subsection (Right to Audit; Records Retention) shall constitute a material breach of this Agreement and may require the Coordinating Board and the State of Texas to implement appropriate remedies. The Coordinating Board reserves the right to demand the reimbursement of any over-payments determined as a result of any audit or inspection of records of the Administrator's performance under this Agreement. The Administrator shall reimburse the Coordinating Board for any over-payments within thirty (30) calendar days of receipt of the Coordinating Board's written notice.

G. **Confidentiality, Public Information Act, and FERPA:** Notwithstanding any provisions of this Agreement to the contrary, the Administrator understands that as a Texas state agency, the Coordinating Board is subject to and will comply with the Texas Public Information Act, Government Code, Chapter 552, as interpreted by judicial opinions and opinions of the Attorney General of the State of Texas. The Administrator will cooperate with the Coordinating Board in the production of documents responsive to any such requests under the Public Information Act. The Coordinating Board will make a determination whether to submit a Public Information Act request to the Attorney General. The Administrator will notify the Coordinating Board's General Counsel within twenty-four (24) hours of receipt of any third party requests for information related to this Agreement or performance thereunder. This Agreement and all data and other information generated or otherwise obtained in its performance may be subject to the Texas Public Information Act.

The Administrator agrees to maintain the confidentiality of information received from the Coordinating Board and the State of Texas during the performance of this Agreement, including information which discloses confidential personal information, particularly, but not limited to, social security numbers. The Administrator will not disclose any confidential information to which it is privy under this Agreement without the prior written consent of the Coordinating Board.

The Administrator agrees to comply with the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. Section 1232g, and the implementing federal regulations, 34 CFR Part 99. The Administrator agrees (1) to protect any confidential student information it receives or accesses that could make a student's identity traceable, and (2) any confidential data analysis or report shall not be disclosed to any third party without the Coordinating Board's prior written consent.

H. **Sovereign Immunity**: The Coordinating Board and the Administrator stipulate and agree that no provision of, or any part of this Agreement between the Coordinating Board and the Administrator, or any subsequent amendment or other Agreement modification, shall be construed: (1) as a waiver of the doctrine of sovereign immunity or immunity from suit as provided for in the Texas Constitution and the Laws of the State of Texas; (2) to extend liability to the Coordinating Board beyond such liability provided for in the Texas Constitution and the Laws of the State of Texas; or (3) as a waiver of any immunity provided by the 11th Amendment or any other provision of the United States Constitution or any immunity recognized by the Courts and the laws of the United States.

I. **Drug Free Work Place**: The Administrator shall comply with the applicable provisions of the Drug-Free Work Place Act of 1988 (Public Law 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.) and maintain a drug-free work environment; and the final rule, government-wide requirements for drug-free *Workplace* (grants), issued by the Office of Management and Budget and the Department of Defense (32 CFR Part 280, Subpart F) to implement the provisions of the Drug-Free Work Place Act of 1988 is incorporated by reference and the Administrator shall comply with the relevant provisions thereof, including any amendments to the final rule that may hereafter be issued.

J. **Prohibition on Use of Funds for Lobbying**: The Administrator represents and warrants that the Coordinating Board's payments and the Administrator's receipt of appropriated or other funds under this Agreement are not prohibited by Texas Government Code, Section 556.005 or 556.008.

K. **Force Majeure**: The Coordinating Board may grant relief from performance of this Agreement if the Administrator is prevented from performance by an act of war, order of legal authority, act of God, or other unavoidable cause not attributable to the fault or negligence of the Administrator. The burden of proof for the need of such relief shall rest upon the Administrator. The Administrator shall notify the Coordinating Board in writing if it believes that an event of force majeure may have occurred.

L. **Notice**: All notices required to be given hereunder shall be in writing and shall be given by personal delivery thereof or by overnight courier or by certified or registered mail, postage prepaid, return receipt requested, to the office shown below. Any notice served shall be deemed given on the date of hardcopy original document delivery.

COORDINATING BOARD NOTICE ADDRESS
Raymund A. Paredes
Commissioner of Higher Education
Texas Higher Education Coordinating Board
P.O. Box 12788
Austin, Texas 78711

ADMINISTRATOR NOTICE ADDRESS
Scott Kelley, Ed.D.
Executive Vice Chancellor for Business Affairs
The University of Texas System Administration
210 West 7th Street
Austin, Texas 78701

N. **Severability and Waiver**: The invalidity, illegality, or unenforceability of any provisions of this Agreement shall in no way affect the validity, legality, or enforceability of any other provisions. If any word, phrase, clause, paragraph, sentence, part, portion, or provision of this Agreement or the application thereof to any person or circumstance is held to be invalid, the remainder of this Agreement shall nevertheless be valid, and the parties hereby declare that this Agreement would have been executed without such invalid word, phrase, clause, paragraph, sentence, part, portion, or provision. All the terms and provisions of this Agreement are to be construed to effectuate the purpose, powers, rights, functions, and authorities herein set forth.

Each and every right granted to the parties hereunder or under any other document delivered hereunder or in connection herewith, or allowed them by law or equity, shall be cumulative and may be exercised from time to time. Failure by the Coordinating Board at any time to require strict performance of any contractual provision or obligation contained herein shall not constitute a waiver or diminish the rights of any party thereafter to demand strict compliance. Neither the Coordinating Board's review, approval, acceptance of, nor payment of any of the funds by the Coordinating Board under this Agreement shall be construed to operate as a waiver of any rights under this Agreement, or of any cause of action arising out of the performance required by this Agreement.

O. **Entire Agreement**: This Agreement (including its Exhibits, if any) contains the final, complete and exclusive understanding of the Parties, and supersedes all prior contemporaneous, oral or written understandings, representations, and negotiations between the Parties relating to the subject matter of this Agreement.

P. **Dispute Resolution**: The dispute resolution process provided for in Texas Government Code, Chapter 771 (the Interagency Cooperation Act), shall be used by

the Coordinating Board and the Administrator to attempt to resolve any claim for breach of contract.

Q. **Applicable Law and Venue**: This Agreement and any incorporated documents shall be governed by and construed in accordance with the laws of the State of Texas. The exclusive venue of any suit brought concerning this Agreement and any incorporated documents is fixed in any Court of competent jurisdiction in Travis County, Texas, and all payments under this Agreement shall be due and payable in Travis County, Texas.

R. **Equal Opportunity**: The Administrator represents and warrants that it shall not discriminate against any person on the basis of race, color, national origin, religion, political belief, sex, age, or disability in the performance of this Agreement.

EXECUTED in multiple original copies by representatives of the parties, pursuant to authorization of the Coordinating Board and The University of Texas System, a Texas institution of higher education selected to serve as the Administrator for the Texas Child Mental Health Care Consortium, this 11th day of September, 2019.

TEXAS HIGHER EDUCATION COORDINATING BOARD

By: _____
Raymund A. Paredes
Commissioner of Higher Education

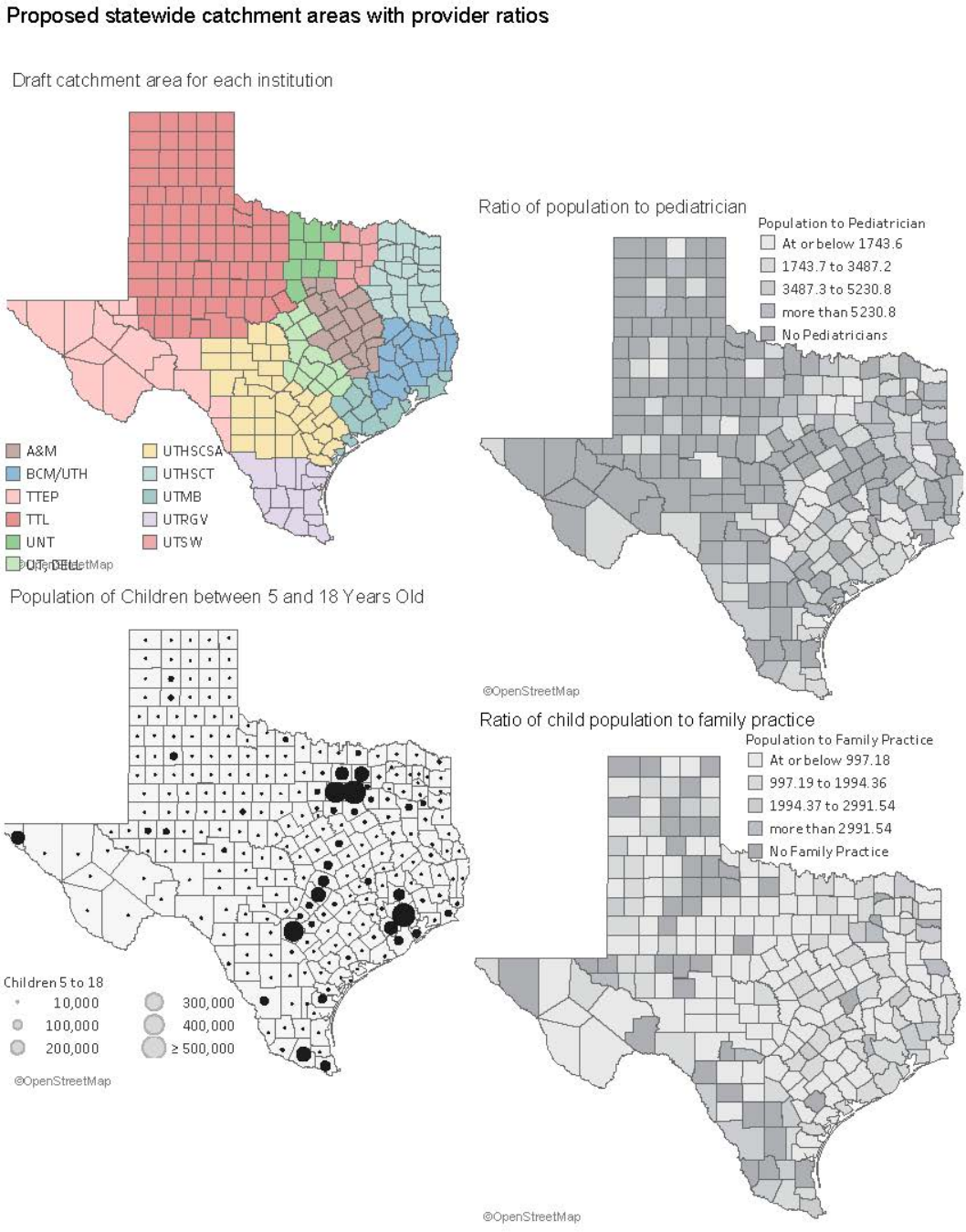
ADMINISTRATOR FOR THE TEXAS CHILD MENTAL HEALTH CARE CONSORTIUM

By: _____
Scott Kelley, Ed.D.
On behalf of the Administrator for the Texas Child Mental Health Care Consortium

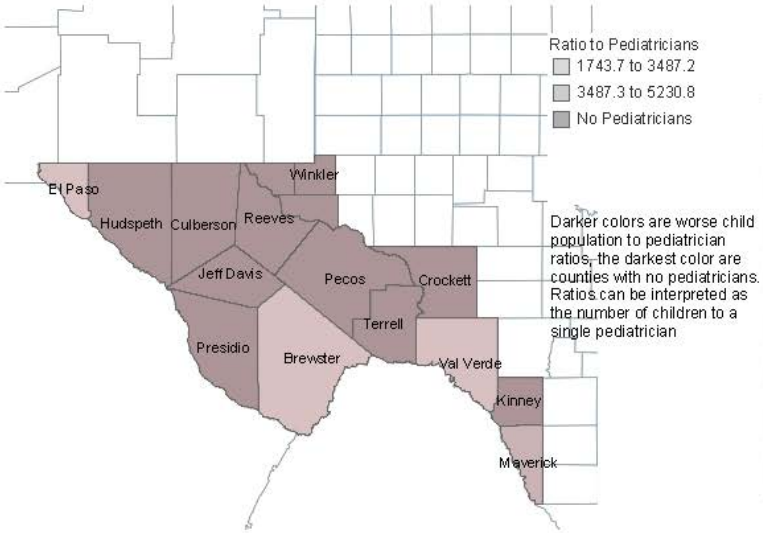
A.S.T.

Appendix G. CPAN Map

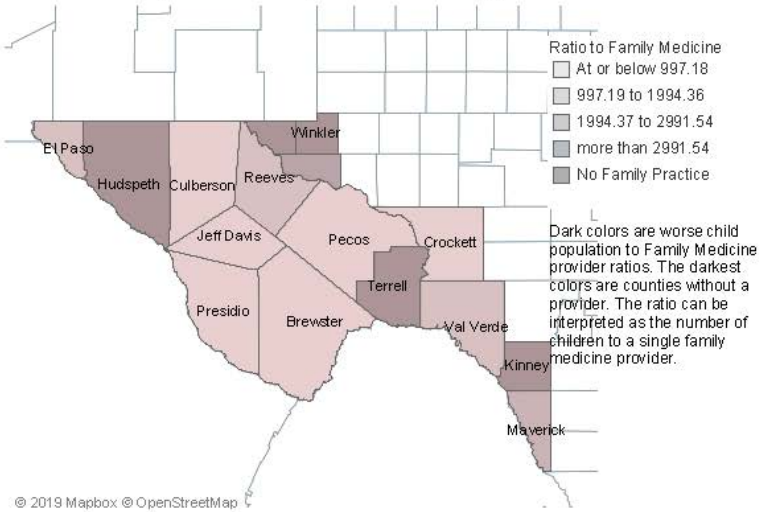
The ratio of population to provider is based on a child population of 0-18-year-olds to be consistent with state and national standards for this ratio.



Ratio of child population to pediatrician



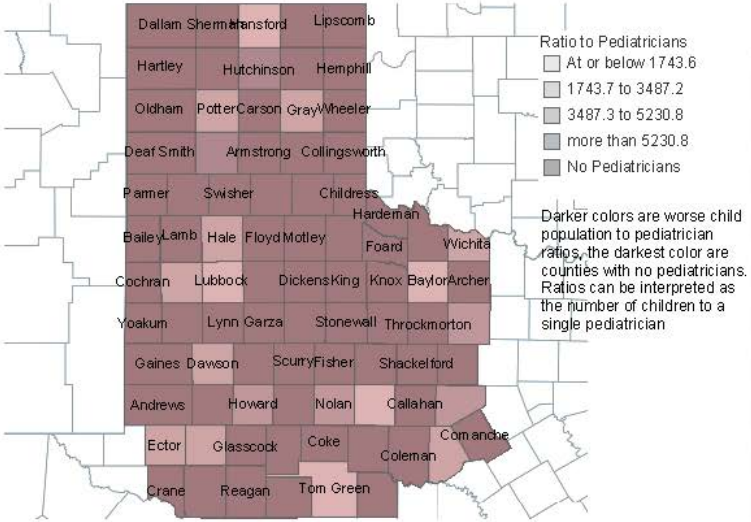
Ratio of child population to family medicine & family practice



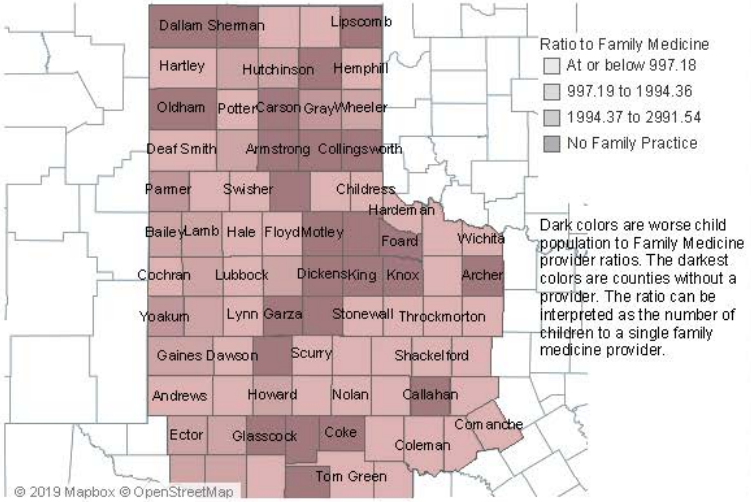
Catchment Area for Texas Tech University Health Science Center at El Paso

TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Brewster	1,256	1	8	1,744	218
Crockett	622	0	1		857
Culberson	345	0	1		500
El Paso	164,964	112	115	2,036	1,983
Hudspeth	729	0	0		
Jeff Davis	139	0	1		174
Kinney	558	0	0		
Loving	41	0	0		
Maverick	12,850	5	7	3,649	2,607
Pecos	2,796	0	6		637
Presidio	1,281	0	3		613
Reeves	2,503	0	3		1,176
Terrell	121	0	0		
Val Verde	9,776	6	10	2,339	1,403
Ward	2,468	0	1		3,358
Winkler	1,699	0	0		
Grand Total	202,148	124	156		

Ratio of child population to pediatrician



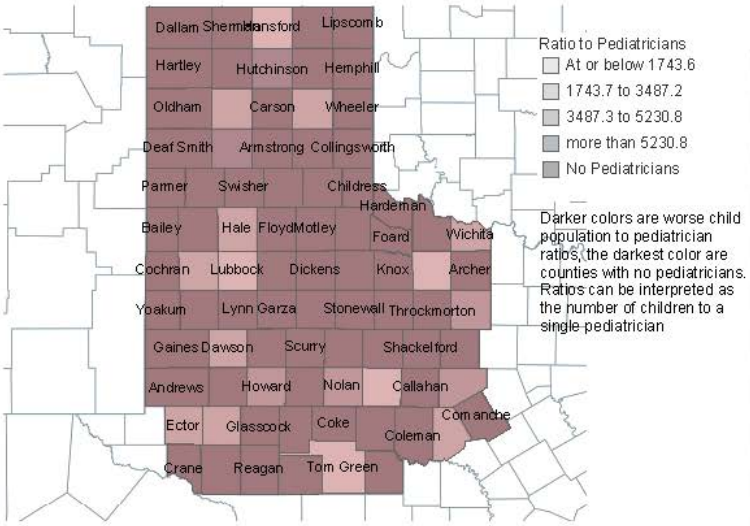
Ratio of child population to family medicine & family practice



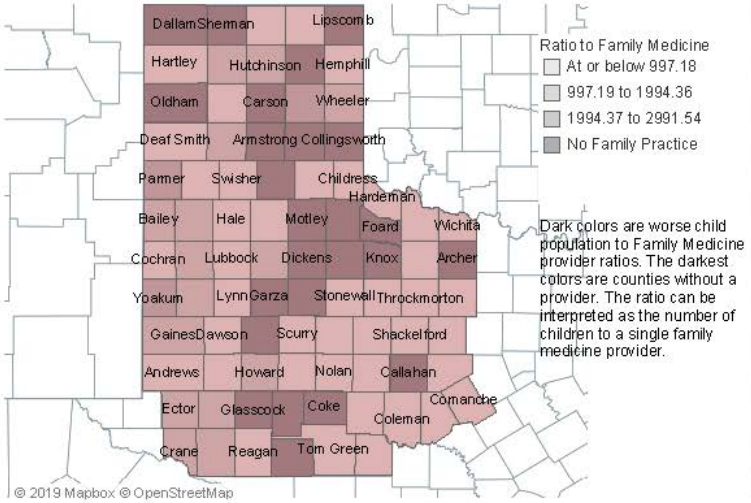
Catchment Area for Texas Tech University Health Science Center (1/2)

TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Andrews	4,000	0	8		696
Archer	1,426	0	0		
Armstrong	329	0	0		
Bailey	1,629	0	2		1,103
Baylor	612	1	3	824	275
Borden	98	0	0		
Briscoe	219	0	0		
Brown	6,352	3	10	2,800	840
Callahan	2,309	0	0		
Carson	1,124	0	0		
Castro	1,631	0	3		730
Childress	1,090	0	10		144
Cochran	581	0	1		786
Coke	512	0	0		
Coleman	1,328	0	5		353
Collingsworth	600	0	0		
Comanche	2,245	0	8		375
Concho	392	0	1		509
Cottle	246	0	0		
Crane	1,027	0	1		1,409
Crosby	1,151	0	1		1,536
Dallam	1,576	0	0		
Dawson	2,355	1	5	3,230	646
Deaf Smith	4,210	0	7		832
Dickens	308	0	0		
Donley	483	0	0		
Eastland	2,830	1	5	3,942	788
Ector	34,315	17	30	2,874	1,629
Fisher	601	0	1		812
Floyd	1,194	0	4		393
Foard	202	0	0		
Gaines	5,339	0	5		1,500
Garza	813	0	0		
Glasscock	273	0	0		
Gray	4,122	2	2	2,815	2,815
Hale	6,902	3	11	3,053	833
Hall	551	0	1		694
Hansford	1,178	1	2	1,594	797
Hardeman	637	0	1		837
Hartley	883	0	5		237
Haskell	859	0	2		542
Hemphill	918	0	5		235
Hockley	4,389	2	4	2,958	1,479

Ratio of child population to pediatrician



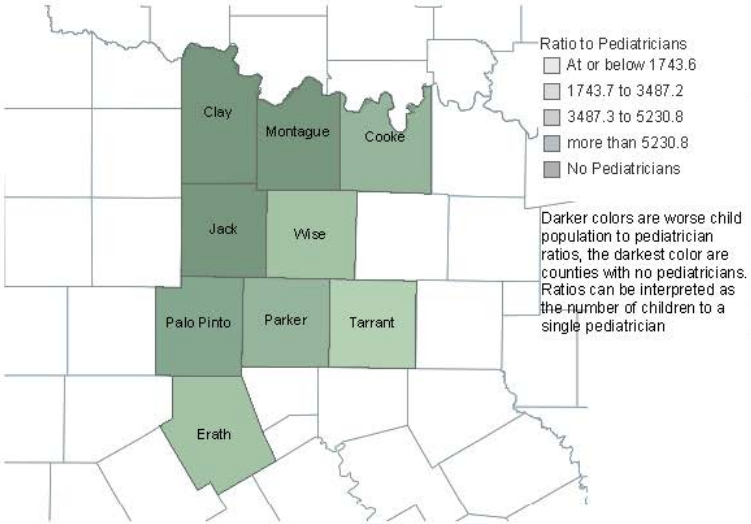
Ratio of child population to family medicine & family practice



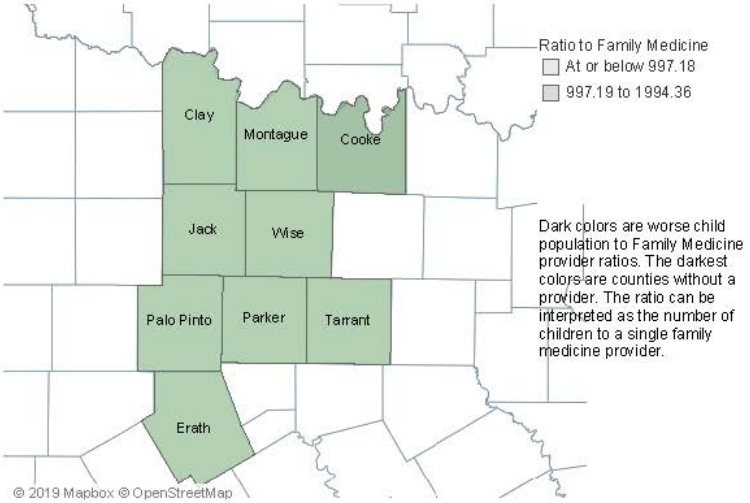
Catchment Area for Texas Tech University Health Sciences Center (2/2)

TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Howard	5,555	2	6	3,909	1,303
Hutchinson	4,008	1	4	5,443	1,361
Irion	251	0	0		
Jones	2,543	0	5		682
Kent	116	0	0		
King	57	0	0		
Knox	709	0	0		
Lamb	2,686	0	3		1,219
Lipscomb	668	0	0		
Lubbock	52,637	48	98	1,527	748
Lynn	1,162	0	3		525
Martin	1,281	0	3		596
Midland	34,010	21	27	2,346	1,825
Mitchell	1,282	0	4		438
Moore	4,732	0	6		1,146
Motley	187	0	0		
Nolan	2,792	1	7	3,855	551
Ochiltree	2,293	0	4		788
Oldham	428	0	0		
Parmer	2,030	0	1		2,820
Potter	23,535	16	45	2,053	730
Randall	23,711	5	24	6,500	1,354
Reagan	800	0	2		546
Roberts	162	0	0		
Runnels	1,767	0	6		388
Scurry	3,088	0	9		473
Shackelford	576	0	2		374
Sherman	659	0	0		
Stephens	1,534	0	5		408
Sterling	264	0	0		
Stonewall	224	0	1		303
Swisher	1,410	0	4		469
Taylor	23,884	20	39	1,699	871
Terry	2,402	0	3		1,126
Throckmorton	225	0	1		298
Tom Green	20,235	20	40	1,412	706
Upton	786	0	1		1,083
Wheeler	957	0	1		1,301
Wichita	21,290	16	58	1,854	511
Wilbarger	2,097	0	4		712
Yoakum	2,033	0	1		2,797
Young	3,234	1	15	4,331	289
Grand Total	358,139	182	575		

Ratio of child population to pediatrician



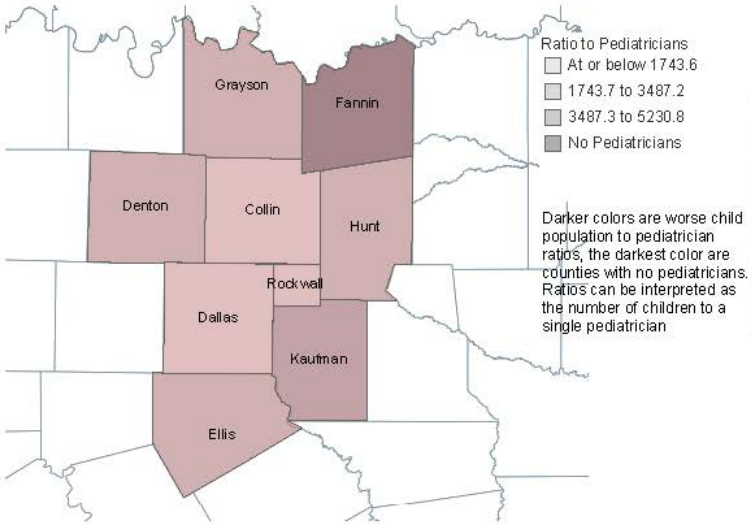
Ratio of child population to family medicine & family practice



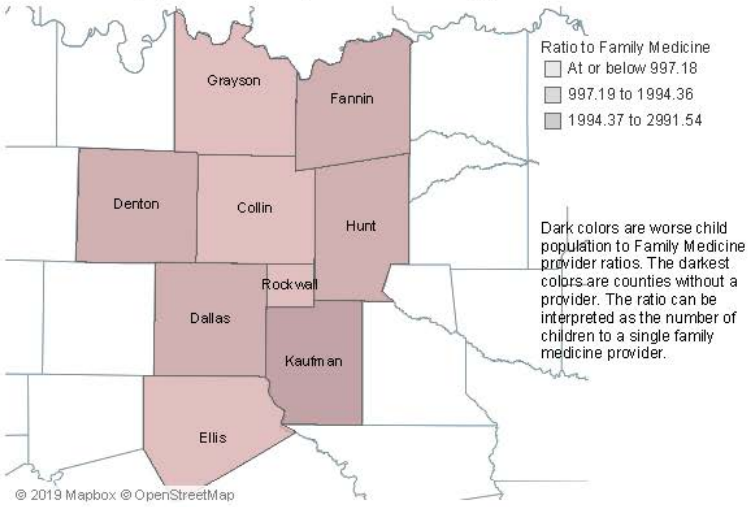
Catchment Area for University of North Texas Health Science Center

TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Clay	1,614	0	4		525
Cooke	6,907	2	9	4,843	1,076
Erath	6,292	3	11	2,902	792
Jack	1,440	0	4		481
Montague	3,279	0	5		891
Palo Pinto	4,940	1	9	6,711	746
Parker	25,666	9	41	3,818	838
Tarrant	402,548	326	602	1,684	912
Wise	12,628	5	20	3,384	846
Grand Total	465,314	346	705		

Ratio of child population to pediatrician



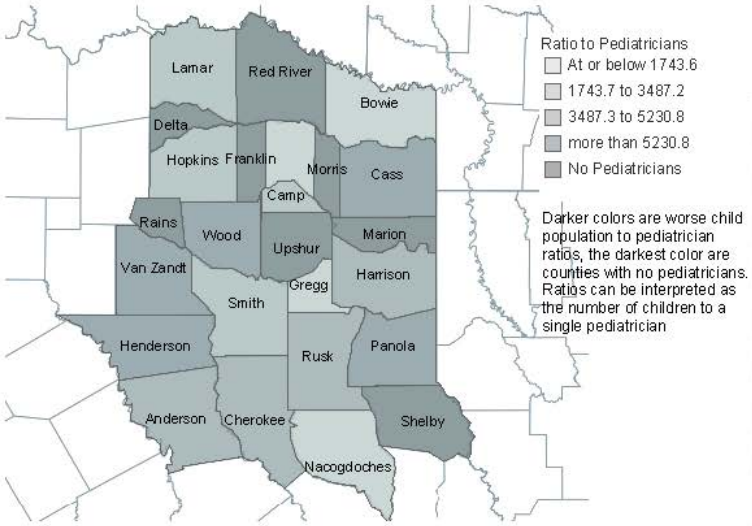
Ratio of child population to family medicine & family practice



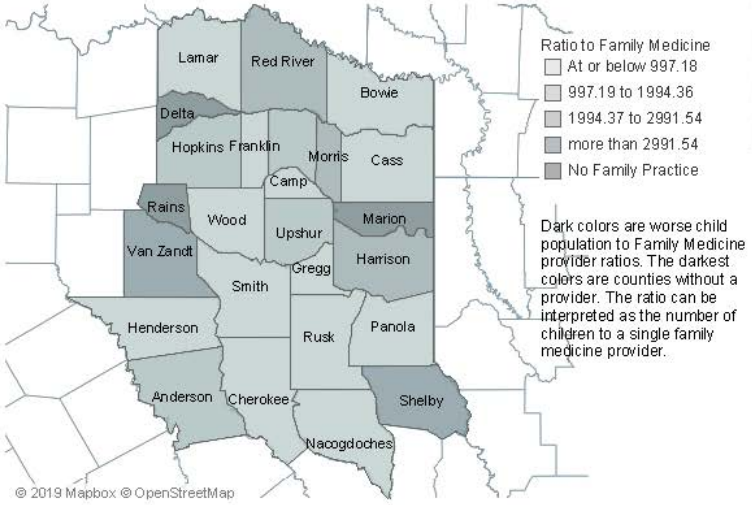
Catchment Area for University of Texas Southwestern Medical Center

TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Collin	198,246	212	281	1,229	927
Dallas	492,782	432	617	1,597	1,118
Denton	158,037	95	202	2,232	1,049
Ellis	35,748	14	49	3,425	979
Fannin	5,705	0	7		1,083
Grayson	23,247	14	41	2,274	777
Hunt	16,959	9	23	2,576	1,008
Kaufman	26,186	9	17	3,962	2,097
Rockwall	20,812	20	33	1,358	823
Grand Total	977,722	805	1,270		

Ratio of child population to pediatrician



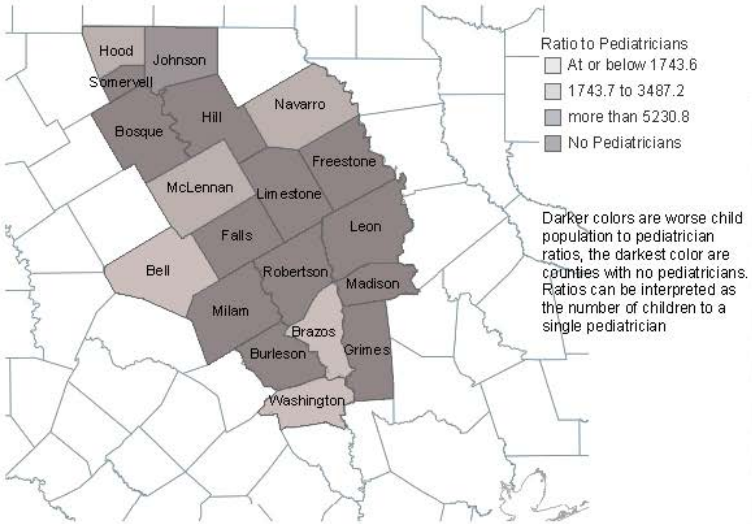
Ratio of child population to family medicine & family practice



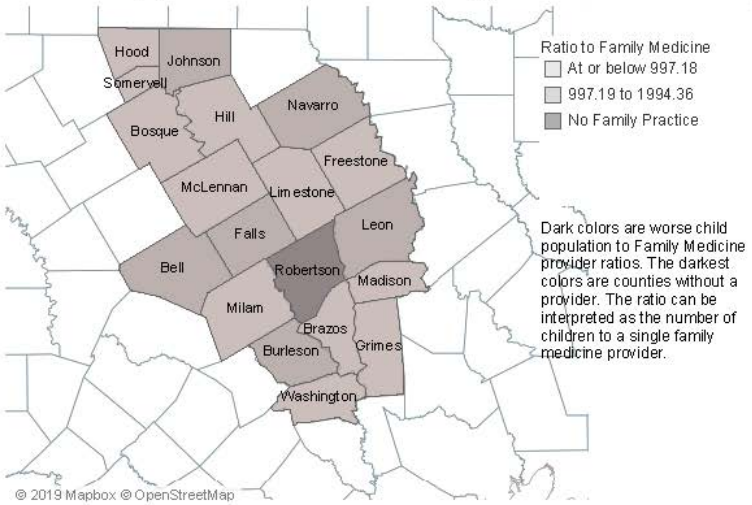
Catchment Area for The University of Texas Health Science Center at Tyler

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

Ratio of child population to pediatrician



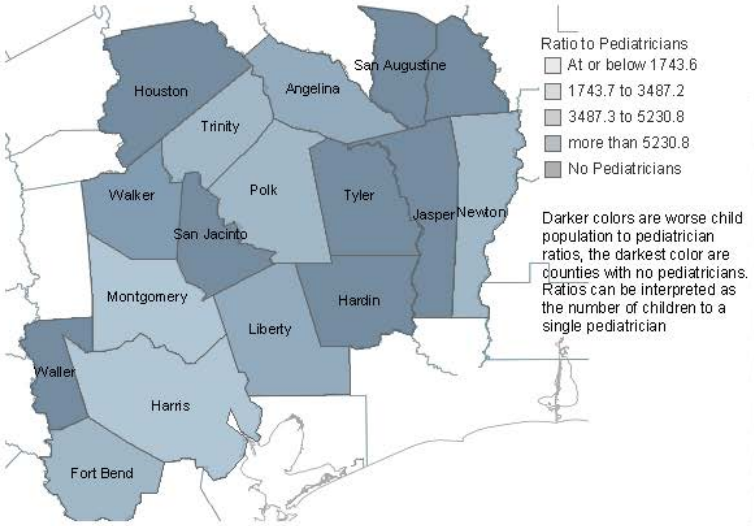
Ratio of child population to family medicine & family practice



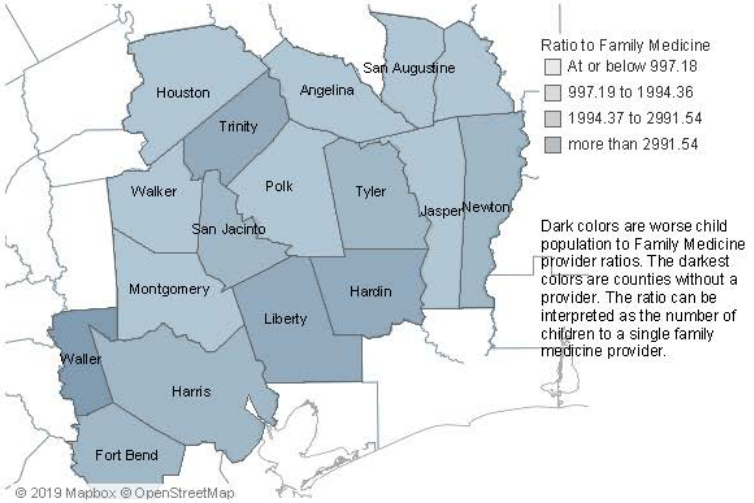
Catchment Area for Texas A&M University System Health Science Center

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

Ratio of child population to pediatrician



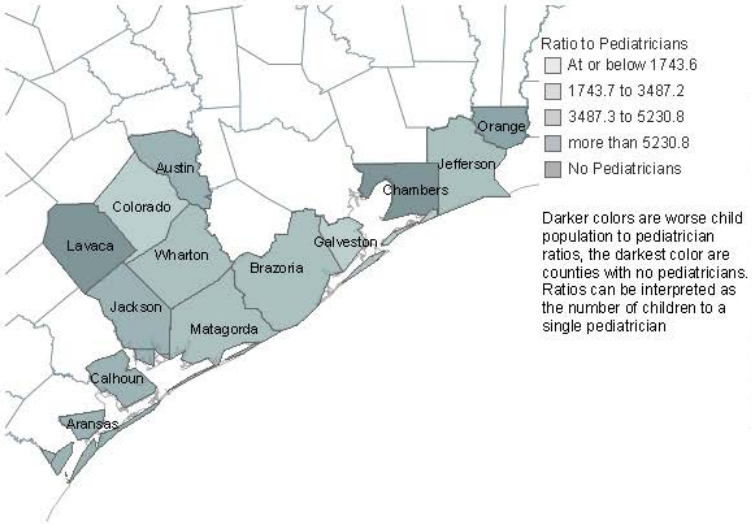
Ratio of child population to family medicine & family practice



Catchment Area for Baylor College of Medicine & The University of Texas Health Science Center at Houston

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

Ratio of child population to pediatrician

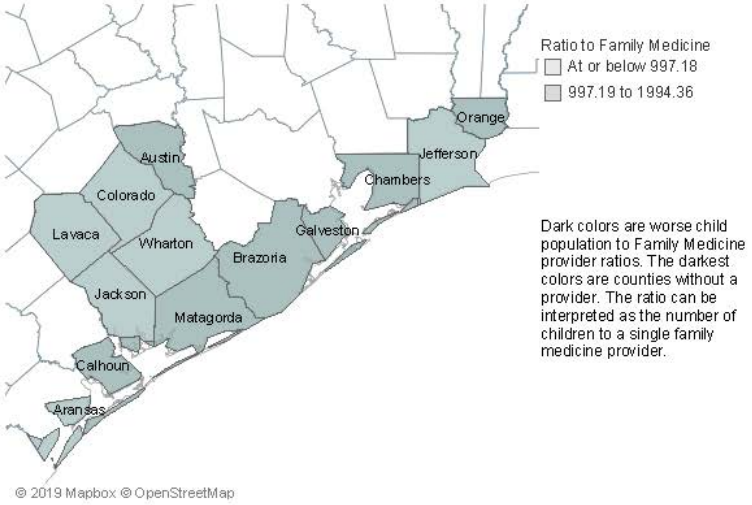


Darker colors are worse child population to pediatrician ratios, the darkest color are counties with no pediatricians. Ratios can be interpreted as the number of children to a single pediatrician

Catchment Area for University of Texas Medical Branch at Galveston

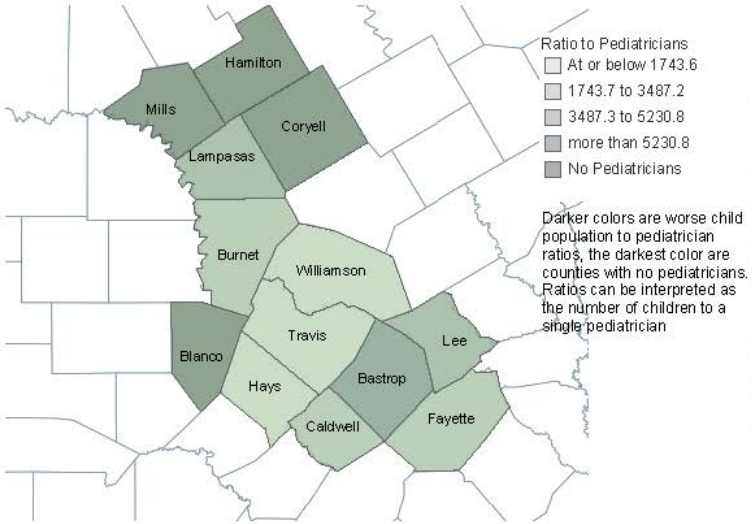
TX County	Children 5 to 18	Pediatrics	Family Medicine	Population to Pediatric	Population to Family Practice
Aransas	3,031	1	7	4,172	596
Austin	5,361	2	4	3,565	1,782
Brazoria	72,180	56	75	1,749	1,306
Calhoun	3,791	1	5	5,217	1,043
Chambers	8,879	0	6		1,981
Colorado	3,474	3	11	1,613	440
Galveston	60,357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

Ratio of child population to family medicine & family practice

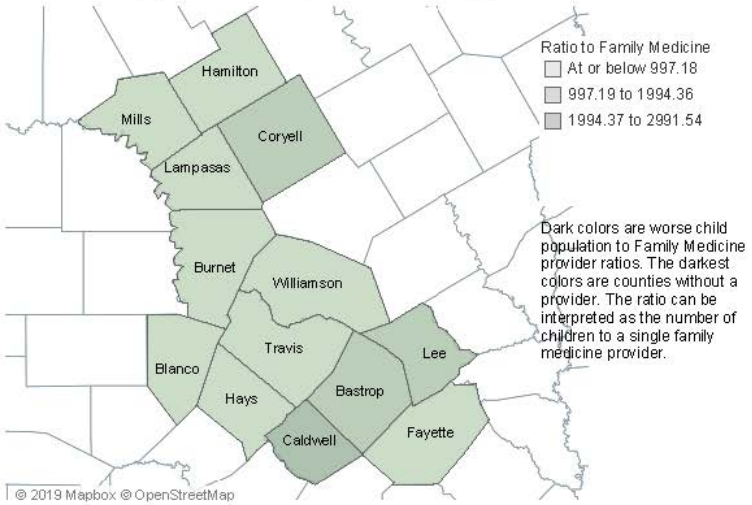


Dark colors are worse child population to Family Medicine provider ratios. The darkest colors are counties without a provider. The ratio can be interpreted as the number of children to a single family medicine provider.

Ratio of child population to pediatrician



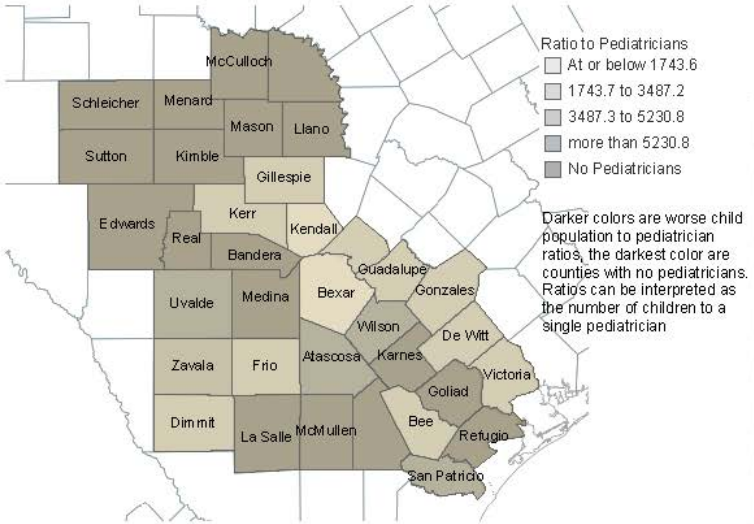
Ratio of child population to family medicine & family practice



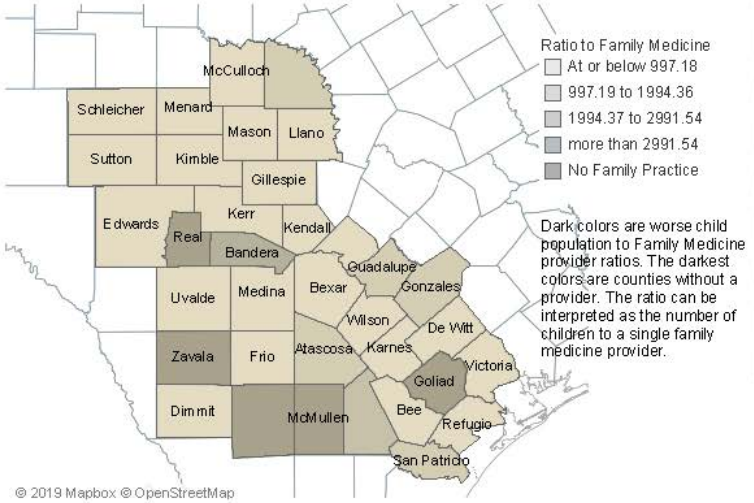
Catchment Area for Dell Medical School at The University of Texas at Austin

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

Ratio of child population to pediatrician



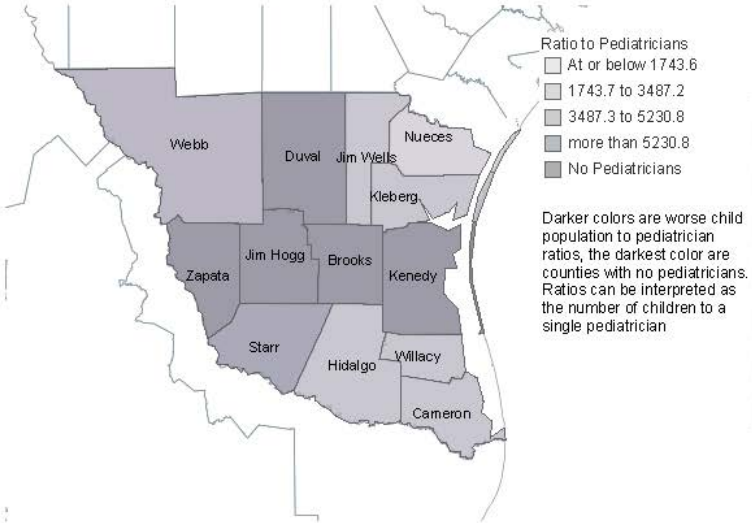
Ratio of child population to family medicine & family practice



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

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

Ratio of child population to pediatrician



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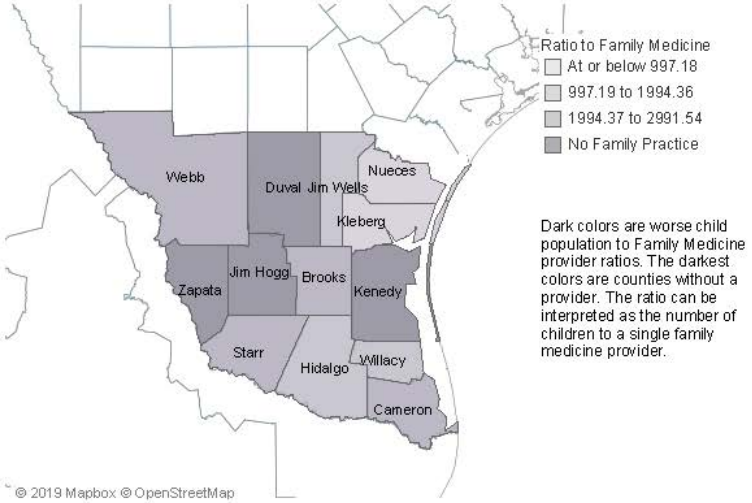
Ratio of child population to family medicine & family practice



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

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

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

Appendix H. Research Detailed Plan

The Research Workgroup of the Texas Child Mental Health Care Consortium (TCMHCC) is organized in response to SB 11 and Texas Higher Education Coordinating Board, Rider 58 from HB 1, the 2020-21 General Appropriations Act. Subsection (e) of Rider 58 provides the following direction, "TCMHCC shall develop a plan to implement the initiatives described in Subsections (c)(1) to (c)(4), including performance targets and timelines" and "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 by November 30, 2019."

The Research Workgroup offers a plan to the Executive Committee (EC) after broad discussions, statements of opinions and current consensus around how to move ahead with fulfilling this task in Texas. The Research Workgroup has met to lay out the goals of research in TCMHCC, with the stated support of the EC. These Principles include the inclusion of each applicant Institution as a Research Node, in a system where the Nodes work together within Networks to improve health care delivery in at least two well established areas of childhood mental health where improving care is critical.

Principles

- Advancing the research initiative is critical to the capacity of Texas to address mental health needs for children, adolescents and families in the state and to the implementation of CPAN and TCHATT, accordingly.
- The Research Workgroup will propose several general research areas which hold remarkable promise for timely advances in mental health care for children and adolescents, which can be supported by this healthcare delivery research.
- The TCMHCC will promote and coordinate applied mental health research focused on health-care delivery, in alignment with the statewide behavioral health strategic plan.
- Proposals funded will be designed to be at the cutting edge of their science and may stand outside peer-review prior to overall consideration by the TCMHCC Executive Committee (EC).
- Proposals funded through the Networks will include state-of-the-art protections for research participants and data security.
- Each proposal will undergo review and approval by their Institutional Review Board (IRB) (or multiple IRBs, as applicable) before any work is done. Each awarded proposal will be subject to ongoing review by the relevant IRBs.

Structure

- We propose, first, the identification of state-wide Networks within Medical Campuses composed of nodes interested and skilled in the research topics and that have the necessary clinical infrastructure to support the research. Each of the Healthcare

Institutions in TCMHCC will be a Research Node, if they choose. Each of the Network teams will define the most important research questions to advance healthcare delivery. Then, we will devise a plan to implement the research questions at participating nodes.

- Research will be promoted and coordinated through the Texas-wide Network whose nodes are located across the State of Texas at medical institutions that are members of the TCMHCC. TCMHCC members will work together across each Network, drawing on diverse talents and areas of expertise. Each Network will be open to any medical institution that has relevant expertise and is able to draw together relevant clinical infrastructure and the commitment of their institutional leadership. The several TCMHCC Networks will include as many committed schools as are able to participate, to ensure a collaborative effort across the State.
- The Networks will be organized by their research project(s) and will promote and work to upgrade the level of mental health care in children, adolescents and families across the state, and will be able to position the TCMHCC and its member institutions to compete more effectively for federal and other health care delivery research funding. The TCMHCC will track funding for mental health research in Texas, which now stands at less than 2% of the National Institutes of Health (NIH) budget and we will seek to make that higher.
- The Nodes of each of the several topical Networks will be equally resourced and enabled for any Topical Network project. All Node members will plan the focus and details of the project. Each Node will have equal responsibilities to contribute to the Network information and equal chance to answer Health Services questions from the jointly held data base. Each node will be supported by the Network hub around administrative, data-base, statistical and research training needs.
- In the first wave of Topical Network projects, proposals will be given priority which are ready for implementation within the two year time-line, at least to the point of data collection, with some variability expected across Nodes, to have the highest impact on children's and families' mental health in Texas within two years. Only superior scientific projects focused on health services will be considered.
- Each Network project will develop its goals, procedures and timelines with full Workshop assistance and in a timely fashion after funding; EC oversight and approval will be sought on a regular basis.

Plan

- The TCMHCC will apply to establish several Topic Networks involving any interested medical schools who are members of the TCMHCC and have expertise within the Network topic, with $2.5 million going to each Topical Network in each year of the biennium and with the funds spent on nodes and hubs as detailed in the proposed budgets.
- Nodes at a Health Care campus, with the clinical infrastructure to participate in the Network, will be welcomed along with the commitment of the node to collect target data and contribute their piece to the joint Network database.

- Each Node would receive a minimum allocation of $300,000 per biennium to support their researchers' participation in the work of the Network, resourced as directed within the project.
- In addition, the topical Networks will identify a lead Hub with the substantial expertise required to support the project and willing to take on the substantial tasks of forming a Project Network in Texas for covering administrative costs, data-management needs, statistical expertise and assessment training for the collaborative research plan, securing protections for research subjects. The Hubs will have pilot funds which can be spent within the Nodes on commonly projects and tasks. In addition, the Network Hubs will maintain common research resources to be accessed by any node for their research needs; it will be the work of the Hub to be sure that Nodes have the needed training and skills to participate in the research. The Research Workshop committee will maintain oversight of each Network project to supervise, assist and hold timelines for the project.

Award Process

- The TCMHCC will designate the members and leads of each research Network based on the input of all members, the expertise of the site and the relevant institutional support. Once organized, each Network will develop a collaborative proposal that involves all the nodes in that Network, with one site serving as lead.
- The Networks will focus on the priority issues which underlie common disorders in children and adolescents, based on the recommendations of and discussions within the State Behavioral Health Strategic Plan. Each Network will engage in a collaborative planning process to develop their proposals.
- The TCHMCC will establish an independent, outside peer review process to review each Network's collaborative proposal. Each collaborative proposal will be independently peer reviewed and evaluated based on the proposal's alignment with the statewide behavioral health strategic plan, public health impact, feasibility, and community and stakeholder support. Priority will be given to proposals with broad collaboration among the members of the TCMHCC and which will upgrade the level of research experience at each Node.
- Based on the independent peer review process, the TCHMCC Executive Committee will review the collaborative proposal in a public meeting and make the final decision on whether to fund the proposal as well as the amount of funding. For any awarded proposals, the TCHMCC shall enter an order directing the THECB to provide funding to the medical schools involved and overseeing the awarded proposal. The THECB shall distribute funding accordingly.