



tcmhcc
Texas Child Mental
Health Care Consortium

Collaborative Care Model (CoCM) Incubator Program Proposal

TCMHCC Executive Committee Meeting
October 12, 2026

Recap

This presentation provides an overview of revised program recommendations for integrating CoCM in TCMHCC's core programming.

Since the August Meeting:

1. Executive Committee (EC) review period completed
2. Written comments and edits received
3. Feedback matrix developed and all comments evaluated
4. Proposal revised based on feedback
5. Supporting documents developed to address questions raised during review:
 - a. EC question and response matrix
 - b. ARPA Pilot data summaries

Key Revisions

Project Scope

- Added a formal definition of a partner clinic
- Clarified participation of both independent clinics and clinics that are part of larger health systems; clarified that multiple clinics within a health system may participate; explicitly allow clinics to participate in future cohorts if they are expanding the population served
- Clarified existing infrastructure and prior investments be leveraged when multiple clinics operate within the same health system or expand their population
- Added requirement for a Letter of Intent prior to implementation or expending funds

Key Revisions, cont.

Funding

- Removed original funding cap recommendation and clinic -level funding methodologies to move away from an increasingly complex funding structure
- Simplified the funding approach to follow established Consortium budgeting and funding practices, while maintaining the core concept of time -limited participation under the incubator structure

Governance

- Added recommendation establishing a CoCM Medical Director role; defined high -level clinical leadership responsibilities
- Linked the Medical Director role to cross-HRI learning, coordination with UTS

Key Revisions, cont.

HRI Responsibilities

- Added stronger expectations regarding internal expertise development; emphasizing retention of implementation knowledge within HRIs, workforce development, and greater implementation leadership rather than emphasizing independence from and gradual replacement of technical assistance
- Clarified that technical assistance remains allowable

Data & Evaluation

- Increased emphasis on fidelity monitoring, capacity -building, progress toward implementation; reduced emphasis on purely financial sustainability reporting

Next Steps

Potential Discussion Items

- Partner scope and allowances
- Funding approach
- HRI roles and expectations
- Medical Director recommendation
- Supporting documents
- Any proposed amendments from the floor

Possible Next Steps

- Approve as presented
- Approve with amendments
- Request additional revisions
- Defer action pending further review
- Other direction from the EC

Timeline

