

AGENDA ITEM BRIEFING

Submitted by: M. Katherine Banks, Ph.D., President
Texas A&M University

Subject: Establishment of the Texas A&M University Telehealth Institute

Proposed Board Action:

Establish the Texas A&M University Telehealth Institute within the Texas A&M University Health Science Center (TAMHSC) at Texas A&M University (Texas A&M).

Background Information:

Texas A&M and the TAMHSC propose the establishment of the *Texas A&M University Telehealth Institute (TAMU TI)* to lead interdisciplinary telehealth research, education, and clinical services across colleges and schools at Texas A&M. TAMU TI will be created and operated in partnership with the TAMHSC and the Digital Health Initiative (Digital Health), which is focused on advancements and alignment in processes, systems, tools, and technologies (collectively the Platform) across the TAMHSC, and supported by the Schools of Medicine, Education & Human Development, and Nursing.

TAMU TI, together with Digital Health, will target increased research across clinical care, rural health, policy, law, community outreach, education, and population health. It will approach these in collaboration with other Texas A&M schools, including (but not limited to) Medicine, Education & Human Development, Nursing, Public Health, Law, Business, Architecture, and Dentistry. TAMU TI will create additional access to telehealth services for Texas communities (and beyond as regulations evolve), increase trainee and provider competency and confidence in telehealth applicable worldwide, advance research and knowledge of best practices to share across disciplines, and provide guidance and assistance to other programs across the world.

TAMU TI will have a mission to: “Lead in telehealth service delivery, policy-relevant research, interdisciplinary education and training, and state-of-the-art technology development. Address disparities in access to high-quality health care to diverse communities through collaborative partnerships and the application of scientific knowledge and innovative solutions for the evolving health needs of our constituents.”

The **Research core** team, together with Digital Health, will conduct and collaborate on telehealth-related research and evaluation projects, disseminate high impact scholarly work, and facilitate opportunities for engagement in interdisciplinary telehealth teams across Texas A&M. The Research core team will foster extramural funding for research from grants [i.e., National Institutes of Health (NIH), Health Resources and Services Administration (HRSA), National Science Foundation (NSF)], foundations, contracts, and industry partnerships. The **Clinical core** team, together with Digital Health, will serve as lead for patient care initiatives by our licensed providers across health disciplines. The focus of this core is to increase access to care and foster innovation in care delivery over time. The Clinical core team will be funded through insurance payments, cash pay, contracts, grants, and industry partnerships as applicable. The **Education core** team, together with Digital Health, will advance interdisciplinary telehealth education and training. The

Agenda Item No. 6.27
Agenda Item Briefing

focus of this core is to advance and equip students, trainees, and providers with the expertise and competencies to serve and support individuals and communities effectively through telehealth. The Education core team will foster extramural funding for education and training from grants, foundations, technical assistance/training contracts, continuing education activities, and industry partners as appropriate.

A&M System Funding or Other Financial Implications:

Current projects from the proposed institute directors are funded through grants, contracts, and other revenue sources. Across sources, approximately \$6 million in fiscal year 2023 and \$10 million in fiscal years 2024 and 2025 are expected to fund personnel, supplies, and other project-specific activities. For implementation of new, institute-specific activities, support will be provided from the TAMHSC up to \$5 million in year one and up to a total of \$3 million in years two-five. The Clinical core team will generate revenue through insurance, private pay, and contracts. The Education core team will generate revenue through continuing education and technical assistance services. The Research core team will generate revenue through grants, contracts, and industry sponsorships.

Strategic Plan Imperative(s) this Item Advances:

TAMU TI will advance The Texas A&M University System (A&M System) strategic imperatives 1 through 5 through its Research, Education and Clinical cores. Students will have ample opportunities available within the institute to be trained and gain experience in a diverse range of programs that prepare them for successful careers in an increasingly technology-focused and interdisciplinary job market (imperatives #1 and #3). These research-driven programs address the identified health care needs of Texas (imperative #4 and #5), and many provide funding for the students who participate (imperative #2).

TEXAS A&M UNIVERSITY
Office of the President
February 23, 2023

Members, Board of Regents
The Texas A&M University System

Subject: Establishment of the Texas A&M University Telehealth Institute

I recommend adoption of the following minute order:

“The Texas A&M University Telehealth Institute is hereby established as an organizational unit of the Texas A&M University Health Science Center at Texas A&M University.”

Respectfully submitted,

[ORIGINAL SIGNED BY]

M. Katherine Banks, Ph.D.
President

Submission Recommended:

[ORIGINAL SIGNED BY]

Jon Mogford, Ph.D.
Chief Operating Officer and Vice President
Texas A&M University Health Science Center

Approval Recommended:

[ORIGINAL SIGNED BY]

John Sharp
Chancellor

Approved for Legal Sufficiency:

[ORIGINAL SIGNED BY]

Ray Bonilla
General Counsel

[ORIGINAL SIGNED BY]

Billy Hamilton
Deputy Chancellor and
Chief Financial Officer

[ORIGINAL SIGNED BY]

James R. Hallmark, Ph.D.
Vice Chancellor for Academic Affairs

TEXAS A&M UNIVERSITY
Texas A&M University Telehealth Institute

EXECUTIVE SUMMARY

1. Rationale for the Creation of the Institute

Texas A&M University (Texas A&M) proposes the establishment of the *Texas A&M University Telehealth Institute (TAMU TI)* as an organizational unit of the Texas A&M University Health Science Center (TAMHSC) to lead interdisciplinary telehealth research, education, and clinical services across colleges and schools at Texas A&M.

Telehealth can be defined as “the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, education, and information across distance.” Telehealth is a solution for helping the millions of children and adults living in the United States improve their access to and experience in healthcare. Texas ranks 49th in the country for access in terms of health professional shortage areas (HPSAs). Out of 254 counties, 224 are considered entirely HPSAs and 11 more have partial HPSA designation.

Telehealth reduces barriers to patients in finding a provider, transportation, cost, and time. It increases continuity of care, comprehensiveness of care, reduces patient transfers, and decreases emergency room and urgent care center utilization. For providers, telehealth allows for increased communication and collaboration with respect to patients, can increase the number of clients seen, and can reduce clinician fatigue by eliminating travel. For specialists who once had to split time going between multiple clinics, they can now see patients across sites as well as provide consultation to other providers. Telehealth introduces the possibility of real-time data gathering combined with real-time engagement, resulting in a multitude of potential ways to analyze these for research and improved care.

The use and benefits of telehealth have been amplified since COVID, with telehealth use skyrocketing across medical fields. A 2021 Health and Human Services (HHS) study showed a 63-fold increase in telehealth use during the pandemic in Medicare. The 2021 American Medical Association (AMA) Telehealth Survey Report stated they found that 85% of physicians currently supplement their practice with telehealth, with over 20% using it for 80% or more of their total patient visits. This huge and recent increase underscores the need for preparing providers in the best practices of telehealth. Texas A&M is poised to be a leader in research of innovations in care and access, clinical service delivery, and education and training in telehealth.

1.1 Background: Telebehavioral Care Program (TBC)

For over 14 years, the Telebehavioral Care Program (TBC), jointly supported by the Schools of Medicine and Education & Human Development at Texas A&M, has worked to improve access to care, quality of care, and health outcomes to the communities it serves and has helped to reduce inequities, inefficiencies, and health care costs. This has been demonstrated through telehealth services for behavioral care reaching 16 counties in Texas, high impact research, and training of over 150 health professionals from a variety of disciplines. Over time, the TBC has been recognized for its success in these areas and has been approached for best practice guidance.

Under the leadership of Dr. Carly McCord, Clinical Associate Professor in the School of Medicine, the TBC has secured funding from grants and contracts from local, state, and federal sources

totaling over \$38 million through fiscal year 2025. The TBC is a provider hub that currently funds 66 FTEs across a multitude of projects (including faculty, staff psychologists, masters level counselors, program coordinators, graduate assistants, and health educators). The TBC provides “direct to consumer” care that can be accessed from home, work, or on the go from a safe location using a personal device and “hub and spoke” models that ensure dedicated access points with reliable technology and additional support for individuals who need it. The hub and spoke models connect to five rural health resource centers, eight primary care or hospital settings, three county jails, and over 200 schools with telebehavioral care. Through grant funding, the TBC has provided over 30,000 hours of free counseling services to over 3,000 individuals in the Brazos Valley and beyond. By continuing to innovate and respond to priority populations of funders, services to some of the state’s most vulnerable people have been sustained for over 14 years.

Due to the success of telehealth models, the state of Texas, through the Legislature, has committed to expanding funding telebehavioral health services for children in schools. The state recently tripled the funding for our Texas Child Health Access Through Telemedicine ([TCHATT](#)) program. Texas A&M TCHATT will serve 578 schools across 123 ISDs in 19 counties, granting access to services for over 250,000 students. The physical coverage area of the TBC across the state of Texas has grown from 5,107 square miles to 15,305 square miles.

The impact of these efforts is substantial. Exit surveys show that over 90% of TBC clients in rural areas report that they would have gone without mental health services if not for the services provided by the TBC. Patients demonstrate statistically and clinically significant declines in anxiety, depression, and post-traumatic stress disorder symptoms in as few as four sessions.

1.2 Other Texas A&M Telehealth Activities

Momentum towards telehealth has been growing at Texas A&M. The creation of this institute will organize and enhance our collective impact in this area. For example, faculty in the School of Nursing have developed a Tele-Sexual Assault Nurse Examiners (Tele-SANE) program with successful federal and state funding and high impact service and research activities. Faculty in the College of Engineering have developed mobile applications for mental health to support veterans and college students. An interdisciplinary group of faculty facilitates the Texas A&M EMPOWER ECHO and other professional distance learning and consultation initiatives that support behavioral health, substance use, harm reduction, and peer recovery across the state. In fact, Texas A&M recently earned “Super Hub” status from the University of New Mexico for their expanding efforts in the ECHO (Extension for Community Healthcare Outcomes) model in a variety of applications.

In 2021, the Texas A&M Division of Research and the University Research Council began an interdisciplinary research initiative, Livable Texas, which was created to focus on providing solutions to the issues impacting Texas citizens, including access to care, quality of care, health system infrastructure, continuity of care, and system efficiency. This initiative identified telehealth as a priority area and through a series of workshops laid the foundation for collaborations in research, service, and education across the university. Unfortunately, without a leader accepting responsibility and being given authority to drive the activities needed to unite these stakeholders, little work has been done since 2021 to move this program forward.

In 2022, the TAMHSC hired an Associate Vice President of Digital Health who leads the Digital Health Initiative (Digital Health) which is focused on advancements and alignment in processes, systems, tools, and technologies (collectively the Digital Health Platform) across the TAMHSC. TAMU TI will partner with Digital Health to create an inherently familiar user experience for all

stakeholders interacting with telehealth at Texas A&M. The TAMHSC has put forward a \$25 million request to the Texas Legislature to approve initiatives largely comprised of a telehealth focus. Telehealth and the underlying digital platforms have clearly been identified as a priority by Texas A&M and TAMHSC leadership and strategic plans.

1.3 Summary

The next step to continue this growth and provide leadership to telehealth initiatives at Texas A&M is the creation of the TAMU TI, which will be home to the Telebehavioral Care Program (TBC) and its projects.

2. General Description of the Institute and its Mission and Goals

In fulfilling its tripartite focus on research, service, and education, TAMU TI will utilize expertise from all health science center disciplines as well as faculty across the university focused on advancements in telehealth.

TAMU TI, together with Digital Health, will target increased research across clinical care, rural health, policy, community outreach, education, and population health. It will approach these in collaboration with other Texas A&M schools, including (but not limited to) Medicine, Public Health, Education & Human Development, Law, Business, Nursing, Architecture, and Dentistry. TAMU TI will create additional access to telehealth services for Texas communities (and beyond as regulations evolve), increase trainee and provider competency and confidence in telehealth applicable worldwide, advance research and knowledge of best practices to share across disciplines, and provide guidance and assistance to other programs across the world.

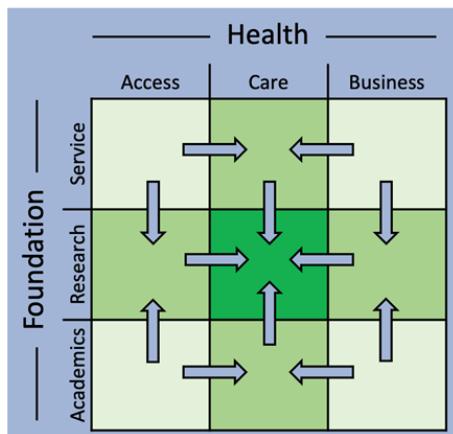
2.1 Texas A&M University Telehealth Institute Vision and Mission

VISION: World class leadership in the capabilities of telehealth to maintain or immediately restore physical, mental, and social well-being.

MISSION: Lead in telehealth service delivery, policy-relevant research, interdisciplinary education and training, and state-of-the-art technology development. Address disparities in access to high-quality health care to diverse communities through collaborative partnerships and the application of scientific knowledge and innovative solutions for the evolving health needs of our constituents.

2.2 Relationship to the Digital Health Initiative

Digital Health delivers an integrated Platform of processes, systems, tools, and technologies that exhibit an inherently familiar set of user experience for an ecosystem of partners, faculty, staff, and students. This Platform will be applied to all centers and institutes associated with the TAMHSC. Specifics about the Platform role in TAMU TI can be found in Section 4.4.



The metrics used in Digital Health describe the impact to core health metric areas in access, care, and business capabilities with simultaneous impact to the Texas A&M foundations of academics, research, and service. Academics and service are the underlying capabilities that enable pursuit of world class research. Similarly, access and business are the underlying capabilities that drive advancements in care.

In line with Digital Health, TAMU TI is predicated on the World Health Organization (WHO) definition of *ideal* health as a “state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.”

TAMU TI will strive with tenacity for world class leadership in telehealth in pursuit of this ideal.

TAMU TI, together with Digital Health, will focus initially on building a sustainable business model and industry ecosystem to drive infrastructure and success as a world leader in the Health “Access” metric areas for each of the Foundational metric areas of service, research, and academics. TAMU TI will pursue the Digital Health *ideal* for access: ***that every single role has complete and immediate availability of all permissioned information or services, in a form that is inherently familiar, at the location-of-need and the moment-of-need, to support the pursuit of Ideal Health.***

As reliable infrastructure in telehealth access in service, research, and academics is expanded at Texas A&M, TAMU TI will expand its focus to propel innovations in the Digital Health “Care” metric areas for each of the Foundational metric areas of service, research, and academics. TAMU TI will pursue the Digital Health *ideal* for care: ***aspire that every single individual be able to maintain Ideal Health or have complete and immediate restoration of any deviation from Ideal Health.***

3. Potential Faculty Associated with the Institute

3.1 Core Faculty

Dr. Carly McCord will be the Executive Director of TAMU TI. Dr. McCord will be responsible for providing leadership, strategic vision, and administrative oversight. Dr. McCord will work closely with the TAMHSC leadership, Associate Vice President of Digital Health, and other leaders at Texas A&M interested in telehealth to integrate students and faculty into the operations of the institute. Dr. McCord is currently a joint appointed faculty member in the Schools of Medicine and Education & Human Development, has graduate faculty status in the College of Arts and Sciences and School of Public Health, and is affiliated faculty of multiple centers. She is a proven interdisciplinary leader at Texas A&M.

Dr. Whitney Garney will be the Director of Research. Dr. Garney is an Associate Professor in the Department of Health Behavior in the School of Public Health and Principal Investigator (PI) of the Laboratory for Community Health Evaluation and Systems Science (CHESS) at Texas A&M. Dr. Garney studies social ecology and systems-based approaches to public health prevention and evaluation. She has expertise in community-based research and evaluation, with past and current projects examining community-based approaches to improve access to mental health services, cardiovascular health, adolescent health, and rural health.

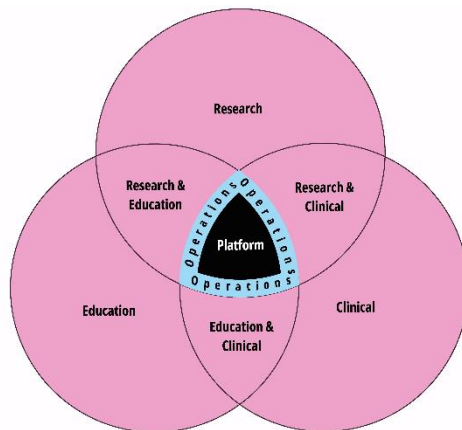
Dr. Kelly Sopchak will be the Director of Education. Dr. Sopchak is a Clinical Assistant Professor in the School of Medicine, the Assistant Director of TBC, and the manager of the Texas Child Health Access Through Telemedicine (TCHATT) program. Dr. Sopchak has worked with Dr. McCord to build the Texas A&M TCHATT program and oversees the provision of mental health services to K-12 students throughout east central Texas. Dr. Sopchak has extensive experience in the development and administration of clinical training programs. Prior to joining the TBC team, Dr. Sopchak led the crisis response team for one of the largest school districts in the United States.

3.2 Faculty Fellows

Faculty fellows will be recruited across the health sciences (medicine, nursing, dentistry, pharmacy, and public health) and across Texas A&M. Faculty fellows will have demonstrated prior commitment to telehealth research, service, or education as evidenced by grant proposals, funded projects, peer-reviewed products, or educational commitment to telehealth (syllabi, lectures, etc.). An initial class of 20 faculty fellows who have previous collaborations such as publications or grant proposals/awards with the institute directors related to telehealth have been identified.

4. Transformational Activities

TAMU TI will consist of three organizational cores enabled by both the Digital Health Platform and institute operations: **Research, Clinical, and Education** (see figure below). The function and potential activities of each core are described below.



4.1 Research

The Research core team will conduct and collaborate on telehealth-related research and evaluation projects, disseminate high impact scholarly work, and facilitate opportunities for engagement in interdisciplinary telehealth teams across Texas A&M. The Research core team will foster extramural funding for research from grants (i.e., National Institutes of Health (NIH), Health Resources and Services Administration (HRSA), National Science Foundation (NSF)), foundations, contracts, and industry partnerships. The Research core team will be led by a director and supported by various staff including project managers, research scientists/specialists, biostatistician, data scientist, Institutional Review Board (IRB) specialist, and technical writers.

Activities for the Research core team together with Digital Health include:

1. Conduct sponsored projects that investigate telehealth and its application in health systems, communities, and health service delivery;
2. Create and experiment with technology innovation and development related to telehealth (examples include telemetry, sensors, hardware and software tools, data integration, etc.);
3. Explore new user experiences for patients, providers, and other stakeholders in the telehealth solution area;
4. Establish tech industry research partnerships focused on innovative processes, systems, tools, and technologies;
5. Identify and protect intellectual property and drive commercialization opportunities in the telehealth industry;
6. Strategically recruit and maintain a network of faculty fellows from across the university who are invested in the advancement of telehealth research;
7. Provide networking opportunities and writing groups, which have observable, measurable impact in research grant and publication metrics across all cores;
8. Lead annual working sessions to identify telehealth research opportunities, workshop preliminary funding proposals, and select the most competitive ideas and award funding for summer salary to complete full telehealth research proposals; and
9. Influence policy and regulatory changes that shape advancements in telehealth.

4.2 Clinical

The Clinical core team will serve as point of coordination, leadership and execution of telehealth patient care by our **licensed providers** across health disciplines. The focus of this core is to foster innovation in care delivery and availability over time. The Clinical core team will be funded through insurance payments, cash pay, contracts, grants, and industry partnerships as applicable. The core will be led by a Medical Director and supported by various faculty (i.e., licensed health care providers who are clinician scientists and will contribute to service grants, scholarly output, and service to their academic department) and staff including licensed care providers (i.e., those primarily focused on clinical care), and support staff necessary for clinical operations.

Activities of the Clinical core team together with Digital Health include:

1. Support and coordinate the operations of telemedicine and other clinical programs and services that align with Texas A&M and TAMHSC strategic plans;
2. Expand “Direct to Texas”, a proven program model that currently includes direct to consumer telehealth and contracted telehealth services in telebehavioral health, to make care and consultation available from other tele-specialties (i.e., tele-cardiology, tele-urology, tele-neurology, tele-nephrology, tele-endocrinology, tele-dermatology, tele-neuropsychology) to increase availability of telehealth care;
3. Pursue clinical service-oriented grant and contract funding and support pursuit of service-focused grants and funding by faculty fellows;
4. Work with Research core to extract scholarly insights and output from clinical service and education-oriented grants;
5. Foster continued advancements in integration of behavioral health with primary care and other disciplines in concert with the Texas A&M Director of Integrated Behavioral Health; and
6. Create and deliver advancements in Platform capabilities including integrated data analytics, processes, and technologies related to cross health needs (e.g., dental + medical + mental).

4.3 Education

The Education core team will advance interdisciplinary telehealth education and training. The focus of this core is to advance and equip students, trainees, and providers with the expertise and competencies to serve and support individuals and communities effectively through telehealth. The Education core team will foster extramural funding for education and training from grants, foundations, technical assistance/training contracts, continuing education activities, and industry partners as appropriate. This team will oversee the activities of the TBC described in Section 1. The core will be led by a director and supported by staff and faculty (i.e., licensed health care providers who are providing training and supervision and generating scholarly output related to education), students and trainees from across disciplines (i.e., medicine, psychology, public health, social work), project managers (assigned specifically to workforce expansion and training grants/projects), project coordinators, and health educators.

Activities of the Education core team together with Digital Health include:

1. Provide leadership and excellence in telehealth curriculum development;
2. Work with key Texas A&M stakeholders to establish telehealth competencies and experiential telehealth education and training into the curriculum across interested health disciplines;
3. Develop telehealth certificate programs in coordination with academic programs/departments, which will provide students with additional certification endorsed by Texas A&M representing their specialty training in telehealth. Certificates may be created in multiple disciplines (i.e. psychology, medicine, nursing) for varying degrees (i.e. bachelors, masters, doctoral);
4. Lead continuing education and technical assistance efforts including the development of a continuing education certificate program for providers across the globe to obtain additional training and certification in telehealth. Various continuing education certificates will be created across various roles in the telehealth ecosystem (i.e. provider, support staff);
5. Organize and host telehealth competencies summit for Texas A&M and national telehealth thought leaders in telehealth education; and
6. Work with research core for training-oriented grants and scholarly output.

4.4 Digital Health Platform

The Digital Health Platform underpins and provides shared capabilities for processes, systems, tools, and technologies across all TAMHSC related centers and institutes to create an “inherently familiar” user experience for an ecosystem of partners, faculty, staff, and students. TAMU TI will use the Digital Health Platform to enable and integrate the activities of all roles across the Research, Education, and Clinical cores. Additionally, exploiting the Digital Health Platform delivers economies of scale and enables accelerated collaboration across other centers and institutes. The Digital Health Platform used by the TAMU TI will be led by a Platform Success Director in collaboration with the Institute Operations Director, which each have unique responsibilities but shared goals.

4.4.1 Platform Success Director for the Texas A&M University Telehealth Institute

The success of the Platform will be led by a Platform Success Director reporting to Digital Health with dotted line relationship to the Institute Operations Director. The Platform Success Director

will be both accountable and responsible for the emerging processes systems, technologies, and tools.

Activities of the Platform Success Director include:

1. Coordinate the investigation, integration, and deployment of new technologies required for the Research, Education, Clinical cores;
2. Establish and manage business relationships for the Platform;
3. Ensure that the Platform evolves and is responsive to the evolving needs of the TAMU TI;
4. Create processes and select, procure, and deploy systems, tools and technologies that constitute the Platform in consultation with the Institute Operations Director; and
5. Manage and coordinate external communications across all centers and institutes that are related to the Platform systems, technologies, or tools and corresponding partners.

4.5 Institute Operations

The operations of the institute will be led by an Institute Operations Director within the TAMU TI. This Institute Operations Director will focus their work on the operational needs for Research, Education, and Clinical work. When that work intersects with Platform requirements, the Institute Operations Director will work together with the Platform Success Director to complete that work.

Activities of the Institute Operations Director include:

1. Determine priorities and strategies for continuous quality improvement of the TAMU TI Research, Education, and Clinical work;
2. Manage and coordinate intra-institute and external communications that are related to Research, Education, and Clinical work;
3. Manage budgets and accounts for the institute and for grants run through the institute; and
4. Manage the purchasing, procurement, contracts, and Memorandum of Understanding (MOUs)/Memorandum of Agreement (MOAs) in collaboration with legal, risk and compliance, procurement, and contract staff.

5. Impact on Education and Training of Students

The TAMU TI is built upon a rich history of educating students across disciplines through the TBC. The TBC has provided shadowing, experiential training, didactics, internships, federally funded fellowships, and practicum placements for psychology, public health, and medicine. The TBC has provided training for students from accredited clinical, counseling, and school psychology programs from Texas A&M, University of Houston, Sam Houston State University, and Prairie View A&M University. Students from a variety of disciplines will be able to apply what they are learning in the classroom to clinical and community projects to positively impact health and contribute to research in telehealth. A curriculum coordinator will work with the academic programs training health professionals (i.e., Medicine, Nursing, Pharmacy, Dentistry, Psychology, Nutrition, etc.) and engineering professionals (i.e., Engineering, Computer Science, etc.) to design and implement curriculum that will equip our students with telehealth competencies, creating the next generation of leaders in telehealth.

6. Resource Requirements

Support from the TAMHSC will be provided in the first five years of the institute to support physical facilities, additional personnel, and costs associated with institute activities described in Section 4. For startup funding, up to \$5 million will be provided by TAMHSC in year one and up

to a total of \$3 million in years two-five. Each core is expected to generate revenue to offset costs for the life of the institute. The Clinical core team will generate revenue through insurance, private pay, and contracts. The Education core team will generate revenue through continuing education and technical assistance services. The Research core team will generate revenue through grants, contracts, and industry sponsorships.

7. Sources and Future Expectations of Financial Support

Current projects from institute directors are funded through grants, contracts, and other revenue sources. Across sources, approximately \$6 million in fiscal year 2023 and a total of \$10 million in fiscal years 2024 and 2025 are expected to fund personnel, supplies, and other project activities. Current funding comes from sources such as the Health Resources and Services Administration (federal), Health and Human Services (federal), Texas Department of State Health Services, Texas Health and Human Services Commission, and the Texas Child Mental Health Care Consortium, as well as contracts, private pay, and insurance reimbursement for educational and clinical activities.

Start up support to be provided from the TAMHSC and revenue generation are described above in Section 6. The institute will also pursue philanthropic funding from donors and foundations with the support of the Texas A&M Foundation.

8. Governance and Advisory Structure

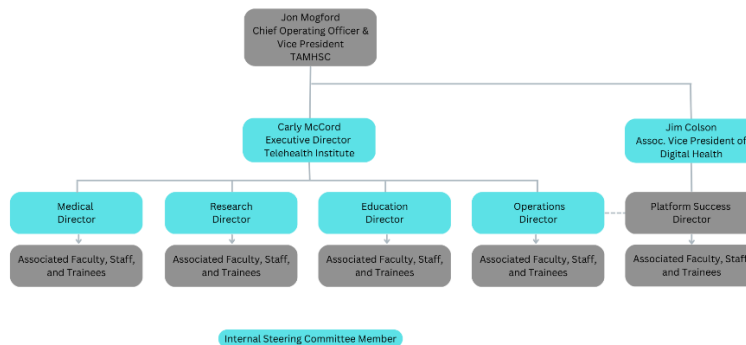
The organizational chart below illustrates the structure of the TAMU TI. The Executive Director will report to the TAMHSC Chief Operating Officer and Vice President. The Executive Director's primary responsibility will be to oversee the administration and strategic planning of TAMU TI and the principal initiatives of the institute. Also, they will be responsible for overseeing all fundraising efforts and community development, engagement, and empowerment initiatives. The Executive Director will provide leadership and direct the overall operations of TAMU TI to ensure consistency with both the mission and values of the institute and the priorities and policies of Texas A&M. The culture of TAMU TI will be driven by the Executive Director and will be one of inclusion, excellence, and effective growth, which will lead to outstanding performance in clinical service, education, and research.

Within TAMU TI, there will be five directors (Medical Director, Research Director, Education Director, Platform Success Director, and Institute Operations Director) who will oversee their area of service and report to the Executive Director of the institute. The Platform Success Director will report to the Associate Vice President of Digital Health with a dotted line to the Executive Director of the TAMU TI. Directors of TAMU TI will be appointed by the Executive Director of the institute. Each director will be responsible for the oversight of programs, projects, and initiatives within their respective areas. The directors will also be tasked with seeking and supporting their teams' efforts to seek funding through grants, contracts, and industry partnerships to continue expanding telehealth within their areas. Directors will also work with interdisciplinary groups to address barriers and increase access to care.

Additionally, the directors and the Executive Director, together with the Associate Vice President of Digital Health, will be the Internal Steering Committee for TAMU TI and will meet monthly to ensure adherence to the mission, vision, and values of the institute and university and to enhance innovation, collaboration, and productivity. An External Advisory Board will be created following A&M System and Texas A&M requirements. External Advisory Board members may be

individuals with proven careers in legislation, fundraising, healthcare, technology, or research relevant to telehealth.

8.1 Organizational Chart



9. Mechanisms for Periodic Review

The TAMU TI will be reviewed in accordance with the guidelines put forth by the Division of Research at Texas A&M in accordance with University SAP 11.02.99.M0.01, *Centers and Institutes*. The Administrative Council consisting of the TAMHSC Chief Operating Officer and Vice President and Texas A&M Deans of the Schools of Medicine, Education & Human Development, and Nursing will formally meet at least once every three years and review the overall conduct of the TAMU TI and ensure the Executive Director carries out responsibilities to meet institute goals and comply with A&M System and university requirements for reviewing centers and institutes. The Internal Steering Committee will conduct internal reviews annually, informed by continuous quality improvement activities of the Research core. Both the three-year review and annual reports/internal reviews will be shared with Texas A&M Vice President for Research who will review the reports and may provide comments and/or recommendations as to improvements or other actions that may be indicated.