

**Texas Mental Health Transformation Workgroup Meeting – January 26, 2007**  
**Attendees**

A meeting of the Texas Transformation Workgroup (TWG) was held in the Public Hearing Room 1420 in the Brown Heatly Building at 4900 North Lamar, Austin, Texas on Friday, January 26, 2007.

**Transformation Workgroup (TWG) Members present:**

**Heidi McConnell** (Office of the Governor)

Allyson Brandt (Veterans Integrated Services Network)

Stephany Bryan (Consumer / Family Member Representative)

James A. Cooley (Texas State Representative Dianne Delisi)

Maurice Dutton (Consumer / Family Member Representative)

Erin Ferris (Texas Department of Housing and Community Affairs)

Valarie Garza (Consumer / Family Member Representative)

Mike Halligan (Consumer / Family Member Representative)

Ardas Khalsa (Health and Human Services Commission – alternate for Tom Valentine)

Sue Milam (Texas Department of Family and Protective Services – alternate for Carey Cockerell)

Richard Poe (Texas Education Agency – alternate for Gene Lenz)

Linda Reyes (Texas Youth Commission)

Terry Smith (Texas Department of Assistive and Rehabilitative Services)

Vonzo Tolbert (Texas Juvenile Probation Commission – alternate for Vicki Spriggs)

Dee Wilson (Texas Department of Criminal Justice)

Michael Wilson (Texas Department of Aging and Disability Services – alternate for Jon Weizenbaum)

**New Freedom Commission Members present:**

Nancy Speck

Rudy Arredondo

**Implementation Team Members present:**

Vijay Ganju, Project Director Mental Health Transformation

Steve Eichner

Mimi McKay

Stacey Stevens

Ellen Trevino

Pat Wong

## **Texas Mental Health Transformation Workgroup Meeting – January 26, 2007**

### **Executive Summary**

A meeting of the Texas Transformation Workgroup (TWG) was held on Friday, January 26, 2007. TWG members approved the minutes from the December 6, 2006 meeting. The Workgroup discussed:

**New Commissioner:** Dr. David Lakey, M.D. assumed the role of Commissioner, Texas Department of State Health Services, on January 2, 2007. He has expressed his support of and commitment to the Transformation Initiative.

**Public / Private Partnership for Behavioral Health:** Dr. Nancy Speck gave an overview of the Focused Forum conducted by the Texas Health Institute on December 8, 2006: “Making the Business Case for Behavioral Health Services”, based on the National Business Group on Health report entitled “An Employer’s Guide to Behavioral Health Services” ([http://www.businessgrouphealth.org/pdfs/fullreport\\_behavioralhealthservices.pdf](http://www.businessgrouphealth.org/pdfs/fullreport_behavioralhealthservices.pdf)). The report and forum presented information regarding the advantages of offering mental health benefits and also looked at ways that employers, particularly large employers, can knowledgeably purchase mental health benefits for their employees. An afternoon working session was held with large employers regarding the purchasing of mental health and substance abuse services.

**Update from VA:** Allyson Brandt updated the group on an initiative which involves enhancing the existing 211 backbone to include specific resources – including a website – for the Fort Hood community and their families, viewed as an at-risk population. They have applied for and received funding for two years for this project through the Waco Center of Excellence.

**HHSC Annual Report:** The Texas Health and Human Services Commission put out their annual report in December 2006, which incorporates recommendations by the TWG, which may then be included in upcoming legislation.

**Consumer Voice Committee Update:** The first Consumer Network meeting was held in December, where statewide consumer and family member advocacy organizations discussed how to collaborate and network together more effectively to strengthen the consumer and family member voice. One important recommendation was to link the local advocacy organizations or chapters to the community collaborative effort, and using those as focus areas. The Consumer Voice Committee will also be looking into peer support curriculums that can be adopted in Texas. Finally, at the end of January 2007, SAMHSA will be sponsoring the first of what will be a quarterly conference call regarding barriers, challenges, and solutions to consumer / family member transformation issues. Attending these conference calls will be consumer and family member representatives from each grantee state’s transformation workgroup. Facilitators will be Neal Brown and Carole Schauer from SAMHSA.

**Housing for Persons with Mental Illness: The State-of-the-Art:** Ann Denton, Advocates for Human Potential, Inc., gave a presentation on housing for people with disabilities. Two key points: 1) Money is available for housing (“*The money is out there*”). The amount of money available in Texas from all federal and state sources exceeds \$1 billion, which represents approximately 10,000 units / year. If even just 10% of that could be directed to people with mental illnesses, we could make a big dent in the housing crisis. 2) Evidence-based services can help people stay in the housing of their choice (“*We know what to do with the money when we get it*”). The good news is that there are very effective

models already in use that can be replicated; we don't have to start from scratch in designing programs and solutions.

**Housing Subcommittee Update:** Ms. Ferris has contacted people with National Association of Housing Redevelopment Officials (NAHRO), which is the organization that Public Housing Authorities answer to. She and Tom Valentine will be meeting with them toward several goals: include Public Housing Authorities at the table, get consumer voice included in the NAHRO meetings, and have a dialogue about housing options.

TDHCA has put aside \$4 million for housing for people with disabilities, \$2 million of which for home ownership and barrier removal assistance and the other \$2 million for rental assistance.

**Community Behavioral Health Collaboratives:** The Texas Health Institute mailed the request for application (RFA) for the Community Behavioral Health Collaborative project to county judges on December 4, 2006; applications are due back by January 31, 2007. Significant interest has been shown by Texas communities regarding this project. A Selection Committee headed by Heidi McConnell will review applications and select the communities for the collaborative efforts, which will be announced by the end of February.

**Workgroup decisions and action steps:** Two TWG workgroups – Workforce and Data Coordination and Technology – met in January and documented recommendations for action, as well as priorities for consideration as transformation moves forward. Regarding workforce, the group agreed that emphasis should be placed on peer support programs, trauma training, and recovery models. With respect to data coordination and sharing, TWG members discussed ways of approaching this very important initiative with consideration of confidentiality and appropriate handling and sharing of data, consistent with current confidentiality guidelines.

**The next TWG meeting will be held on Friday, February 23, 2007 from 1:30 – 4:30 pm at DSHS (Room M-739).**

**Texas Mental Health Transformation Workgroup Meeting – January 26, 2007**  
**Meeting Minutes**

**I. Call to Order / Approval of Minutes**

Ms. Heidi McConnell, Governor’s Advisor, Office of the Governor, called the meeting to order at 1:45 p.m. and welcomed agency directors and representatives who constitute the membership of the Transformation Workgroup (TWG). Ms. McConnell called for the approval of the minutes from the December 6, 2006 meeting. The group unanimously approved the minutes without changes.

**II. Transformation Grant Activities**

**a. New Commissioner**

Dr. David Lakey, M.D., assumed the role of Commissioner, Texas Department of State Health Services (DSHS), on January 2, 2007. He previously served as an associate professor of medicine, chief of the Division of Clinical Infectious Disease, and medical director of the Center for Pulmonary and Infectious Disease Control at the University of Texas Health Center in Tyler, TX. His background in infectious diseases provided him insight regarding how mental health is impacted by other health situations – trauma, emergency department, infectious diseases, etc. He is supportive of the transformation initiative and the approach that the TWG is taking, especially with regard to promoting the public health perspective. He will try to attend a meeting soon.

**b. Public / Private partnership for Behavioral Health**

Dr. Nancy Speck provided an overview of the Focused Forum conducted by the Texas Health Institute on December 8, 2006: “Making the Business Case for Behavioral Health Services”, based on the National Business Group on Health report entitled “An Employer’s Guide to Behavioral Health Services” ([http://www.businessgrouphealth.org/pdfs/fullreport\\_behavioralhealthservices.pdf](http://www.businessgrouphealth.org/pdfs/fullreport_behavioralhealthservices.pdf)). The report and forum presented information regarding the advantages of offering mental health benefits and also looked at ways that employers, particularly large employers, can knowledgeably purchase mental health benefits for their employees.

After the forum, an afternoon working session was held with large employers (Continental Airlines, Dell, Blue Cross Blue Shield of Texas, Halliburton, H.E.B., Value Options of Texas, and Magellan Health Services) and two state agencies (Employees Retirement System of Texas and Teacher Retirement System of Texas) regarding purchasing mental health and substance abuse services. National Business Group on Health is currently looking at ways to translate this work to a state level, and this forum was the first step in looking at Texas-specific opportunities.

Dr. Ganju added that both sectors learned more about the issues from each other and were very open to hearing different perspectives; the corporate attendees had not heard of some of the approaches discussed, like ACT teams. Another very important take-away is that these companies are committed to investing in and providing these mental health services to their employees; they’ve seen the data and see the benefits, financial and non-financial.

**c. Update from VA**

Allyson Brandt, representing the Veterans Integrated Services Network, updated the group on an initiative that Dr. Kathryn Kotrla presented at the last meeting. Working with Fort Hood, Texas Health and Human Service Commission, Texas Department of State Health Services, Texas National Guard, NAMI-Texas, and others, this project focuses on the Fort Hood community and their families as an at-risk population and involves enhancing the existing 211 backbone to include specific resources – including a website – for this group of people. They have applied for and received funding for two years for this project through the Waco Center of Excellence. As a point of note, the U.S. Congress designated the Waco campus as a Center of Excellence of mental disorders last year.

Ms. Brandt also noted that this week, they received notice from the U.S. Senate Committee on Veterans Affairs that the VA and Department of Defense are moving toward a joint electronic medical record, which is encouraging news for the Transformation Initiative.

**d. HHSC Annual Report**

Ms. McConnell mentioned to the group that Texas Health and Human Services Commission put out their annual report in December 2006, which incorporates recommendations by the TWG, which may then be included in upcoming legislation.

**III. Consumer Voice Committee Update**

Valarie Garza, Consumer / Family Member Representative, presented a report on the Consumer Voice activities. The first Consumer Network meeting was held in December, where statewide consumer and family member advocacy organizations discussed how to collaborate and network together more effectively to strengthen the consumer and family member voice. There are some very effective groups doing exceptional work in this area, and this collaboration will bring together those voices into one even stronger voice. Numerous recommendations for improving advocacy and advocacy voices were documented at this meeting. The group is now prioritizing those for appropriate next steps.

One important recommendation was to link the local advocacy organizations or chapters to the community collaborative effort, and using those as focus areas. These linkages with community collaboratives would benefit both groups – the local advocacy organization and the collaborative itself.

Ms. Garza also noted that all implementation workgroups have included as one of their recommendations that the Consumer Voice committee identify peer support curriculums that can be adopted in Texas.

At the end of January 2007, SAMHSA will be sponsoring the first of what will be a quarterly conference call regarding barriers, challenges, and solutions to consumer / family member transformation issues. Attending these conference calls will be consumer and family member representatives from each grantee state's transformation workgroup. Facilitators will be Neal Brown and Carole Schauer from SAMHSA.

#### IV. Housing for Persons with Mental Illness: The State-of-the-Art

Ann Denton, Advocates for Human Potential, Inc., gave a presentation on the resources that can be used to make housing affordable for people on SSI and how to use those dollars to provide services and supports to people with mental illness in regular, integrated housing. In her presentation (“Permanent, Supportive Housing for Persons with Mental Illness or Co-occurring Disorders”), she raised two key points:

1. Money is available for housing (“*The money is out there*”). The amount of money available in Texas from all federal and state sources exceeds \$1 billion, which represents approximately 10,000 units / year. If even just 10% of that could be directed to people with mental illnesses, we could make a big dent in the housing crisis.
2. Evidence-based services can help people stay in the housing of their choice (“*We know what to do with the money when we get it*”). The good news is that there are very effective models already in use that can be replicated; we don’t have to start from scratch in designing programs and solutions.

Ms. Denton noted that some of the sources of funding for housing are surprising, including the Department of Agriculture, the Department of Treasury, and the Veteran’s Administration, in addition to the expected ones – HUD, Public Housing Authorities, Federal Home Loan Bank system, Fannie Mae, and Freddie Mac. Tax credits are some of the best resources for housing development; they provide a substantial portion of the funds needed to construct affordable housing. She talked in depth about the sources of housing funding, which is available in the presentation.

Of particular interest, Ms. Denton noted that the HUD low-income household definition is based on 80% of the median family income in each community. With that definition, a family that earns \$50,000 - \$60,000 annually could qualify, which takes dollars away from SSI families. She noted that an effective way to advocate for affordable housing is to recommend that the target rate be lower than 80%, specifically to low and extremely low-income households.

She also mentioned that cities over 75,000 in population and urban counties over 250,000 receive money from HUD, which is very flexible in its use; those communities decide how to use that money, which provides an opportunity for local advocacy.

Erin Ferris informed the group that her agency, Texas Department of Housing and Community Affairs (TDHCA), has caps on how much they can spend in a particular community that gets their own allocation from HUD. Public Housing Authorities receive their money directly from HUD. The recommendation from Ms. Denton and Ms. Ferris is that communities seek local funds first, then from the state. The opportunities for getting more housing funding for people with mental illness are primarily local.

Sarah Andre, Program Associate with Advocates for Human Potential, talked with the group about the financial realities of housing. Housing problems for people with disabilities are more about poverty than about their disabilities. People with disabilities are overwhelmingly low-income, and many of them in poverty. In many cases, rental prices (Fair Market Rents) for

people on SSI use up 70% to over 100% of their monthly SSI check, which reinforces the idea that housing assistance should be directed as much as possible to lower income populations.

Adequate housing is not sufficient, though; we also need to consider the support systems to help people with disabilities integrate into the community after they are in housing. Homelessness among people with serious mental illness has, in part, been caused by the lack of these supports. SAMHSA's Supportive Housing toolkit to support the implementation of evidence-based practices is expected to be released in early 2008.

### **Principles, Values, and Concepts Underlying Permanent Supportive Housing**

Research and practice have shown that housing and supports provided according to the principles discussed here will result in increased residential stability, community retention, and customer satisfaction:

1. Choice: "People vote with their feet". If a service is not meeting someone's needs or preferences, it is not likely to be successful. That doesn't represent non-compliance; it's simply a disconnect between the person's needs and what was provided.
2. Functional separation of housing and services
3. Decent, safe, and affordable housing: HUD's standard of affordability is that a household should use no more than 30% of its income toward housing costs.
4. Integration: Integrated housing refers to housing units that integrate different income levels (also more successful financially), are similar to typical housing units, are scattered throughout the community, and give full legal rights of tenancy.
5. Access: Should be restricted to those elements required of any tenant. Research does not show that people with mental illness do better in housing if they pass a readiness screen.
6. Flexible and available supports and services, once people are in housing

Dee Wilson asked about mitigating circumstances with criminals. Ms. Denton replied that there are some barriers with some crimes, according to HUD rules. Beyond those specific rules, the local housing authority can set their own guidelines, as long as they are applied consistently.

Dr. Ganju asked about the primary barriers to meeting the needs of these populations, since the money is available. Ms. Denton responded that, in many cases, people at the local level are not aware that resources are available, how and where to get those resources, or what the HUD rules are. She added that it is not always clear how to use the money once it has been received.

Mike Halligan pointed out that rent of \$180 / month (from an earlier example – 30% of a \$600 SSI payment) is unreasonable to expect to find. Should one of the goals be to help people with mental illness get appropriate employment? Ms. Denton responded that there are three primary ways of addressing the need for low-cost housing: 1) appropriate employment, if possible, 2) rental assistance, and 3) low rent units that are subsidized.

Dee Wilson asked if there one comprehensive list of Texas Public Health Authorities' exclusionary restrictions and guidelines. Ms. Denton said that there is not one central location for the information but it can be found in the PHA's quality plans on HUD's website.

## V. Update from Housing Subcommittee

Erin Ferris, representative from Texas Department of Housing and Community Affairs (TDHCA), provided an update on the Housing Subcommittee, which is also sponsored by Tom Valentine.

Ms. Ferris talked about multi-family housing and that, in many cases, neighborhoods will object to this type of housing development – these protests can be a barrier to some of the housing options presented by Ms. Denton. Ms. Ferris noted that having this awareness will be a critical component as we move forward with the community collaborative work.

She then provided an update on Housing Partnership work. Some Public Housing Authorities have larger budgets than her state agency (TDHCA), but they are not directly represented at this table. Ms. Ferris has contacted people with National Association of Housing Redevelopment Officials (NAHRO), which is the organization that Public Housing Authorities answer to. She and Tom Valentine will be meeting with them toward several goals: include Public Housing Authorities at the table, get consumer voice included in the NAHRO meetings, and have a dialogue about housing options.

Ms. Ferris reported that she will be speaking at a supportive housing conference hosted by the Houston Coalition to End Homelessness on Friday, February 2, 2007. She will be presenting information about tax credit initiatives and updates on the Transformation Grant.

TDHCA has put aside \$4 million for housing for people with disabilities, \$2 million of which for home ownership and barrier removal assistance and the other \$2 million for rental assistance.

Stephany Bryan asked if the dollars are available to parents of children with disabilities. Erin said yes, included in the definition are caretakers of people with disabilities.

Mike Halligan mentioned to the group that Senator Zaffirini is putting forth some legislation regarding individual development accounts, which allow the working poor to save money into an account and get two-to-one or three-to-one matching dollars. He said it's a relatively failsafe program and that if the person does not use the money, it goes back into the program for other people.

Dr. Ganju added that the process of housing becoming a transformation priority is a significant model to keep in mind, because it was raised as a priority by consumers and family members at the August 8<sup>th</sup> Town Hall meeting at the capitol. It then became a priority in the Comprehensive State Plan, followed by additional expertise being brought in to move forward in a systematic way. He recommended that we consider this as a model for other priorities – this kind of initiative will move transformation forward even without additional dollars.

## VI. Project Director Updates

### a. Community Behavioral Health Collaboratives

Dr. Ganju gave an overview of the plans for community collaboratives. A Request for Application was sent to all Texas county judges in December; the applications are due back on January 31, 2007 to the Texas Health Institute, the subcontractor leading this project. The Selection Committee, headed by Heidi McConnell will be reviewing applications in February and selected communities will be announced at the end of that month. He added that later in the year, meetings will be held to provide topical expertise to applicant communities in the focus areas proposed by these communities in their applications.

Ms. Bryan asked about the membership of the Selection Committee. Dr. Ganju responded that members include Heidi McConnell, Erin Ferris, Camille Miller, Vijay Ganju, Theresa Cruz, Valarie Garza, and Mike Halligan.

Terry Smith asked about interest expressed so far from the communities. Dr. Ganju noted that the Institute has received numerous questions from different types of Texas communities regarding the application process, financing, and strategic plans, indicating a strong level of interest.

Dr. Ganju also mentioned that the RFA requested applicants to provide information on specific transformation initiatives based on their community needs, so there may be a variety of priorities being considered, both for collaborative work and for additional expertise needed.

### b. Workgroup decisions and action steps

Two workgroup meetings – workforce and data coordination – were held in January. The other two workgroup meetings – adults and children / adolescents – were cancelled because of the ice storm. Recommendations and next steps out of the workgroup meetings are included in the handouts and as follows:

#### **Workforce Training Workgroup (Co-chairs: Terry Smith and John Fuller)**

Key focus areas of the state agencies were reviewed and brought together in a cohesive plan of focus. Proposed activities of this workgroup include:

- Implement a mental health training institute that emphasizes cross-agency training
- Inventory agencies regarding positions involved in behavioral health and positions needing behavioral health training
- Convene representatives from universities and community colleges interested in implementing behavioral health curricula related to transformation priorities
- Review peer support curricula to make recommendations for implementation in Texas

Terry Smith added that there is a high interest in peer support programs, which are an exciting way to provide additional training in a relatively short period of time. He also noted that the VA has provided information regarding trauma training and the committee has recommended additional training in this area. Lastly, he is encouraged by the significant progress being made by the work of the committee.

The group discussed recovery as a focus of training and agreed that it is a complex issue but must be included in curricula. There are effective programs of recovery that we could learn from (jail diversion, peer support, family involvement, etc.) as a recovery focus is developed and refined over time. Additionally, recovery is an underlying principle that should be a component of the system itself.

Mr. Halligan suggested that trauma training is critical in the area of mental illness and should be increased in its prevalence. Focus tends to be on the schizophrenia, for example, but not enough on the underlying trauma and PTSD.

Mr. Smith agreed and added that a significant need exists within agencies for this type of training, especially to the people at the level of service, the people who have direct involvement with consumers.

Dr. Ganju remarked that much of the training curricula is dated and will need to be reviewed and revised as part of this effort.

### **Data Coordination / Technology Workgroup**

Steve Palmer from the Governor's office asked this workgroup to document some of the benefits of data sharing – those benefits include more positive outcomes, duplication avoidance, waste reduction, better understanding of consumers, data analysis and usage by state and local entities, and a sense of partnership and collaboration.

Proposed activities of this workgroup include:

- Build on current data matching initiatives and include more agencies
- Support data technology initiatives emerging from community collaboratives
- Implement federal Other State Agency (OSA) study across agencies
- Tele-technology and e-health
  - Developing baseline on current resources
  - Build on current initiatives
- LBJ School Evaluation – one component of the evaluation is data-related

As data sharing and coordination move forward, an important component to keep in mind is that the data should be owned by the state rather than specific agencies. Sue Milam suggested another alternative, whereby each agency would own certain aspects of the data and restrictions would be placed on appropriate types of data, to protect confidentiality. Otherwise, our ability to collect information may be compromised due to people's lack of willingness to share certain information. Dr. Ganju assured the group that these issues are being considered and prioritized by the workgroup, in order to balance the need for data with the confidentiality needs of consumers and family members. Additionally, one of the recommendations being considered is to work from the perspective of consumers' and family members' willingness to share data.

Ms. Bryan noted that we could learn from the data sharing successes of other states, particularly regarding confidentiality. Ms. Garza remarked that there is sometimes a misconception that consumers do not want their data shared with partner agencies. She contends that as long as the data sharing is appropriate and will benefit them, they are generally supportive of that practice.

Ms. Ferris commented that many aspects of managing data from a central source – including legal, administrative, and financial – will need to be addressed as this moves forward.

James Cooley talked about a couple of bills being developed regarding data sharing policy, one by Representative Delisi (general data policy) and one by Representative Dukes (focused on health agencies). The key element in both bills is cross-agency coordination. He will share more information with this workgroup when it is available.

Mr. Halligan asked if the proposed data sharing would be usable data, or just viewable? Mr. Cooley responded that he views it like electronic health records. Any updates to information go into the central repository, which is then sent out to sharing organizations and groups, so appropriate entities have the most recent information. An interesting note is that with “Opt In” states, where a consumer would have to opt in for data sharing, there is actually a pretty high participation rate – consumers appreciate not having to fill out the same information on each visit to a provider.

Mr. Halligan asked if information from things like counseling sessions would get shared? Mr. Cooley talked about different scenarios that might allow access, in certain “need-to-know” or “break the glass” situations, like an ER doctor, for example. In those states that allow this type of access, the retrieval of the information is noted, so that it is clear who has accessed it. Generally, there is discussion regarding these topics across all health fields and in every state and we would learn from all this other work. He added that one approach is to simply use the current standards for what is confidential and what is not, with a different storage medium. If something is confidential on a piece of paper, it should be confidential in a system. He talked briefly about a conference he attended on this topic and that systems are being built on a need-to-know basis.

Ms. Brandt remarked on the VA’s electronic health records – they can access medical records from all over the U.S. and there is built-in protection for the patient. One example of information security is that if someone tries to pull up information on a fellow employee, the system will prompt you for another level of security.

Ms. Ferris added that this initiative is to share information between agencies, not to give preferences.

Mr. Cooley mentioned that one of the goals of this is to have aggregate data across the state – better understanding of accessing services, consumer needs, impacts on other areas, etc. It will help target initiatives in the right direction and measure to understand results. Another benefit is the ease of patient transfer or hand-off from one provider to another. Data sharing saves time and administrative costs for other efforts.

Mr. Halligan asked if there could be a cross-agency website which brings together offerings from all agencies? Ms. Brandt said that Texas 211 may address that need and could be the backbone on which to build. Dr. Ganju mentioned that there has been discussion about updating the transformation website to include that type of information.

Dr. Ganju requested that any input and suggestions for data sharing priorities be shared with the Data Coordination workgroup membership.

**c. Other**

- A Consumer Coordinator will be hired for the project by mid- to late February.
- The LBJ team has developed a draft Evaluation Plan. Team members will continue to work with agencies, including IT departments, regarding components of the evaluation plan.
- Our federal partners will also be conducting evaluation across project states. So, each state will have to develop and provide particular measures for that, which could include things like how many policies were created, how much training was given, etc.
- Will be setting up a conference to bring together consumers and family members from across agencies and states to network, get information and insight, and discuss ways to move transformation forward.
- May be able to set up a presentation by Fran Silvestri the next time he's in the country, which is likely in May. Will try to set up a date to have him present to this group.
- Mr. Cooley noted that they are trying to finalize a bill related to the Transformation Project, so there will be a vehicle to continue to move this effort forward.
- Mr. Cooley also mentioned that HHSC has announced the tentative contracting for services for the disabled (behavioral health is a part of the Integrated Care Management Pilot). This will require an electronic health record.
- Mr. Cooley requested that, in order to impact legislative budgets, this would be the time to come forward with any recommendations or questions regarding exceptional items related to transformation.

**VII. Next Steps**

The next TWG meeting will be held on Friday, February 23, 2007 from 1:30 – 4:30 pm at DSHS (Room M-739).