

**Texas Mental Health Transformation Workgroup Meeting (TWG)
February 8, 2008**

A meeting of the Texas Mental Health Transformation Workgroup (TWG) was held in the Robert D. Moreton Bldg., Board Room (M-739), 1100 W. 49th, Austin, Texas on Friday, February 8, 2008, from 1:30 pm – 5:00 pm.

Transformation Workgroup (TWG) Members Present:

Dr. David Lakey, Chair (Commissioner, Department of State Health Services)

Sam Shore, Mental Health Transformation (MHT) Operations Director (Department of State Health Services)

Office of the Governor: Jessica Olson

Consumer / Family Member Representatives: Maurice Dutton, Mike Halligan and Stephany Bryan

Department of Aging and Disability Services (DADS): Jon Weizenbaum

Department of Assistive and Rehabilitative Services (DARS): Terry Smith and Debra Wanser

Department of State Health Services (DSHS): Joe Vesowate

Texas Department of Criminal Justice (TDCJ): Dee Wilson

Texas Department of Family and Protective Services (TDFPS): Sue Milam

Texas Education Agency (TEA): Richard Poe

Texas Juvenile Probation Commission (TJPC): Steve Spencer

Texas Youth Commission (TYC): Tracy Levins

Veterans Integrated Service Network: Dr. Kathryn Kotrla

Texas Workforce Commission (TWC): Cameron Bell

Texas Department of Housing and Community Affairs (TDHCA): Erin Ferris

Texas State Senate: Amy Herzog and Nnenna Ezekoye

Texas Veterans Commission (TVC): Charles Buerschinger

Transformation Workgroup (TWG) Members Not Present:

Texas State House of Representatives: James Cooley

Office of Rural Community Affairs: Theresa Cruz

Implementation Team Members present:

Vijay Ganju, MHT Project Director

Steve Eichner, IT Project Manager, DSHS

Valarie Garza, Consumer Coordinator, Texas Health Institute (THI)

Mimi McKay, Information Center Director, DSHS

Richard Spence, Director, UT Center for Social Work Research

Stacey Stevens, UT Center for Social Work Research

Ellen Trevino, Program Specialist, DSHS

Pat Wong, Evaluation Lead, UT-LBJ School of Public Affairs

Gary Chapman, Senior Lecturer, UT-LBJ School of Public Affairs

Camille Miller, President/CEO, THI

Susan Griffin, MHT Community Development Specialist, THI

Mike Maples, Section Director MH/SA, DSHS

Bill Race, Medical Director Behavioral Health, DSHS

Dolly Klinefelter, Executive Assistant, DSHS

Amanda Broden, Communication Specialist, DSHS

New Freedom Commission Members Present:

Nancy Speck (New Freedom Commission-Chair, Mental Health Subcommittee of the Strategic Health Partnership)

1. DR. DAVID LAKEY: CALL TO ORDER

Dr David Lakey, Commissioner of the Texas Department State Health Services, called the meeting to order.

The minutes of the last TWG meeting held on October 19, 2007 were approved as written.

2. PUBLIC COMMENT

Dr. Lakey called for public comment. No one offered any public comments.

3. DIRECTOR'S REPORT

Sam Shore, MHT Operations Director, provided a report on the completion of the Request for Qualifications (RFQ) for support of community collaboratives. The most qualified applicant was Texas Health Institute.

Currently, staff is working on the 2009 Continuation Application to reapply for year four of the five year grant period. Specific guidance from Neil Brown, Centers for Medicare and Medicaid Services, indicated the application should provide clarification on working definitions of meaningful consumer and family involvement as well as consumer-directed care. The application should be ready by Friday, February 15, 2008.

The UT LBJ School will be conducting a cross-site evaluation that will involve some of the TWG agencies in the near future.

4. CONSUMER VOICE UPDATE

Valarie Garza, Consumer Coordinator, shared the Consumer Language Committee's DRAFT working definitions. Discussion focused on substitution of the term "behavioral" for "mental" in the definitions to include substance abuse.

The TWG agreed to accept the definitions on page one of the consumer language document with the following corrections:

- Agreement to change the language to be consistent
- Add "substance abuse" to last bullet of the definition of recovery.

Valarie reported on the Texas Consumer and Family Led Network Facilitated Meetings which involved six consumer advocacy agencies in a facilitated process to identify common ground and opportunities for collaboration. These meetings resulted in an agreement for all six organizations to

begin collaborative efforts and to begin to speak with a unified voice. The group identified trends that will be affecting the mental health world, both positive and negative, and reached consensus on policy priorities. The group will be meeting next week to begin discussion on how to formalize the new coalition.

Valarie Garza reported on the upcoming “Voices and Choices in Transformation Leadership Trainings”—Session #2. All community collaboratives have active consumer/family involvement. A great deal of positive engagement is coming out of these trainings, and the trainings are fostering strong partnerships.

Questions were asked regarding any modifications that have been made to the training curriculum. Valarie replied that this has been a flexible process. Training #1 focused on identifying the stakeholders; Training #2 will focus on how to partner with these stakeholders. Each training session builds on the work from the previous trainings.

Stephany Bryan indicated that the trainings have leveled the playing field and made shifts to improve communications. The trainings teach communities how to collaborate with consumers. The communities indicated that they think the TWG would benefit from the training.

Valarie Garza will revise the consumer language definitions according to the corrections identified by the TWG.

Erin Ferris will email Valarie Garza with the following questions to be clarified with the Consumer Network regarding their policy priority regarding housing:

- What are the exact problems meant by housing? Shelters? Mortgage assistance; Waiting lists??

5. COMMUNITY COLLABORATIVE UPDATE

Camille Miller, CEO and President of Texas Health Institute, introduced community collaborative representatives present: Barbara Giovanni, Coastal Bend Rural Health Partnership, Susan Garnett, Tarrant County Transformation Project., and Annie Burwell, Williamson County Mental Health Task Force.

Camille provided a report of the January 17th meeting of the community collaboratives and presented the cross-walk with the Comprehensive Plan Goals and Strategies derived from discussions at this meeting. Other outcomes of the meeting were plans to promote greater interaction with the TWG and TWG Work groups with the community collaboratives and to work with DSHS and the LBJ School Evaluation teams to develop integrated reporting on mental health transformation in the communities.

6. WILLIAMSON COUNTY MENTAL HEALTH TASKFORCE UPDATE

Annie Burwell, Williamson County Mental Health Task Force, provided a presentation on what Williamson County is doing in mental health transformation. Some of Williamson County's initiatives include:

- Mobile outreach teams
- Flex funds to purchase medications, pay bills, rent, etc.
- A constable unit consisting of a team with a mental health professional and a law enforcement person
- Pre- and Post-booking jail diversion
- Direct File System
- Having a Crisis Intervention Team (CIT) at the jail to talk to consumers arrested overnight and to facilitate release

Mental health transformation efforts have resulted in:

- Dramatic drop in the suicide rate
- Decrease in state bed utilization rate from 120% to 60%
- Return on Investment: \$1 invested = \$3 saved
- EMS mental health calls have decreased – saving transport costs
- \$1.8 Million saved in 2006

Future initiatives include:

- Technology piece to communicate better – “Emerson” – electronic medical record
- Crisis Redesign – now looking at respite care.
- Need to link up the CITs and the Mobile Outreach Teams (MOT). Currently they are using police radios to listen and respond; Working with Dallas to implement Harris Logic – mental health hot-line software
- Working on a website that would allow for peer-to-peer support online.
- Working on getting school-based mental health into the school districts in eastern Williamson County
- Order of Protective Custody/Peace Officer Emergency Commitment (OPC/POEC) Conference

Issues that still need to be addressed:

- Consumer Voice – have seeds of this, but need to do more in this area.
- Workforce Development
- Mental health for veterans and their families
- Transportation concerns – no public transportation; persons have difficulty getting to work and getting to appointments
- Housing issues include lack of shelters – only options are sending people to the Salvation Army in Austin or providing motel lodging overnight; waiting list for subsidized housing is several months with narrow windows of application
- Great need for supportive housing and supportive employment

7. SUPPORTIVE HOUSING PRESENTATION

Kelly Kent, Corporation for Supportive Housing, gave a presentation on the basics of permanent supportive housing with services to prevent and end homelessness.

Populations-at-risk for homelessness include:

- Veterans
- Persons Released from Incarceration
- Unaccompanied Youth
- Foster children aging out (20 – 40% in foster care become adult homeless)
- Seniors

Best Practice:

- Housing must be affordable; permanent; flexible and individualized; autonomous; recovery-oriented; and adapted to the needs of individuals.

Financing Options for Supportive Housing include:

- U.S. Department of Housing and Urban Development (HUD)-- Supportive Housing Program (SHP), Housing Options for Persons with AIDS (HOPWA), and Veterans Affairs Supportive Housing;
- U.S. Department of Health and Human Service's (DHHS) programs – Projects for Assistance in Transition from Homelessness (PATH), Temporary Assistance for Needy Families (TANF), Medicaid, Health Center Grants for the Homeless;
- Department of Education – Education for Homeless Children and Youth;
- Department of Labor – Veteran's Housing, Homeless Veteran's Reintegration Program.
- Some states are looking at using state Medicaid to provide housing assistance.

Issues include:

- No consistent approach across states;
- HUD SHP in becoming increasingly limited
- Funding from mental health systems and Medicaid increasingly important;
- Growing # of Federally Qualified Health Centers (FQHC); getting involved in supportive housing;
- Fragmentation of Medicaid coverage for health, mental health, and substance abuse

Key Strategies:

- Be willing to commit early to support leveraging.
- Accept inherent risk
- Align requirements and processes with other systems
- Seek to proactively partner resources with other financing – capital and services
- Encourage partnerships that leverage resources, skills, and capacity
- Underwrite the lead organization

8. GOVERNMENT PERFORMANCE REPORTING ACT (GPRA) MEASURES

Pat Wong, PhD, UT LBJ School, talked about the upcoming cross-site evaluation that will encompass one site focusing on adults and one site focusing on children and adolescents.

Dr. Wong provided an overview of the quantitative and qualitative information that will be needed to measure the mental health transformation process. These seven measures include:

1. Policy Changes – i.e., Legislation, Memoranda of Understanding (MOU), Governor's Executive Order.
2. Workforce Increases
3. Financing Policy Changes
4. Organizational Changes – staff changes
5. Increase in data sharing
6. Increase in numbers of members in statewide consumer networks
7. Increase in Program Implementation Practices

There is a need to translate the activities in MHT into these measures. Currently, the evaluation team has entered data from projects successfully completed for the last two years – primarily data from DSHS. In the next few weeks, they will be working with the TWG agencies to identify data to be included in the GPRA reporting. Dr. Wong indicated that the evaluators will try to come up with a prospective reporting system that will be as painless as possible.

9. ACTION NETWORK TO IMPROVE MENTAL HEALTH SERVICES FOR JUVENILE OFFENDERS

Steve Spencer, TJPC, provided an update on the MacArthur Foundation Grant. They are meeting with Burke Center in Nacogdoches to convert an old facility into an adolescent behavioral health system/substance abuse center. The 88-acre facility will provide housing for families who are ordered to visit kids and be involved in the children's treatment. The object of this grant is to preclude sending adolescents to TYC. The site will also feature Tele-psychiatry to provide after care component after the kids leave the facility.

This group has identified needs for 19 sites and 38 teams to provide services to these at-risk youth and families.

10. CHIEF JUSTICE-LED MENTAL HEALTH TASK FORCE

Dee Wilson, TDCJ, provided an update on the Chief Justice Led Mental Health Task Force. Her report included a list of match statistics between TDCJ and MHMR. These matches ranged from 26.62% for CJD, 25.58% for Parolees; 12.37% on Probation, with a total population match of 17.23%.

Section 614.017, of the Health and Safety Code gives Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) the statutory authority to provide real-time, contemporaneous identification of individuals in the DSHS client data base.

11. VETERANS INTEGRATED SERVICES NETWORK

Dr. Kathryn Kotrla provided an update on the Veterans Integrated Services Network initiatives. Dr. Kotrla indicated that we are facing a public health tsunami with returning Iraqi and Afghanistan veterans. She encouraged everyone to visit the website: <http://www.texvet.com>. The 2-1-1 Call Centers are receiving training on Post-Traumatic Stress Disorder (PTSD) and crisis intervention.

The VA is funding a special project with Scott and White to provide services to military families through primary care clinics in Killeen – providing access to licensed mental health professionals and peer support; Cognitive Behavioral Therapy (CBT) for trauma training. Additionally, they are developing a weekend curriculum for military spouses, and military children, acting out in school. What is lacking is the evaluation component. There is a new program called “Living in the New Normal,” focusing on children who parents are deployed.

12. COMMENTS ON OTHER PRIORITIES

Mike Halligan, Texas Mental Health Consumers: Two projects going on at DSHS that other agencies might want to learn about: 1) CMAP Children’s Medication Algorithm Project – is this going to be rolled out to academic centers? and 2) death reviews.

Questions arose regarding the Traumatic Brain Injury (TBI) Survey being conducted by Texas State University and whether this falls under MHT? Tom Valentine, Health and Human Services Commission, indicated that there is a possible linkage between TBI and mental health issues. There is a need to at least expand awareness and look at bringing additional resources to the state.

Sue Milam, Texas Department of Family and Protective Services (DFPS) reported on the appointment of a commission to improve the services in the court system as related to children and the development of a Bill of Rights for Children in Foster Care. The Governor’s Office has established pediatric centers of excellence that have expertise in the areas of child abuse and neglect. “Strengthening Families Initiative” – this initiative involves the use of TANF funds to work in problem-solving with families prior to removal of children from families and try to define supports for families to prevent removal. Pilot projects involve Adult Protective Services (APS) – motivational interviewing – talking to UT to offer training for caseworkers.

Tom Valentine, Health and Human Services Commission, reported on the development of reduction of restraints and seclusion recommendations; additionally, they are developing uniform reporting standards, which is a major task. HHSC has received a SAMHSA grant related to reducing restraints and seclusion.

Erin Ferris, Texas Department of Housing and Community Affairs (TDHCA) reported on the Interagency Council on the Homeless. They are working to reactivate this council. This is an excellent opportunity to get leadership to invest time and input into this council.

Cameron Bell, Texas Workforce Commission (TWC) reported on the Texas State Conference on Autism, to be held December 4-6, 2008 in Arlington, Texas.

The Department of Assistive and Rehabilitative Services (DARS) recently received a grant to promote Medicaid buy-in. This would allow people with disabilities to get off of Supplemental Security Income (SSI) and go back to work and still receive health benefits. Specialty caseload areas include behavioral health. DARS is targeting training internally to address these specialty caseloads. DARS is also developing transitional counselors with schools around the state to address the needs of children with disabilities.

The TWG agreed that the agencies should work together to offer train-the-trainer training, since this is so expensive. The TWG will work with the Hogg Foundation to develop a work plan to address these needs best.

The Mental Health Training Institute will be sending out a survey on workforce to the TWG agencies shortly.

There is a need to name a co-chair for the Workforce Development workgroup.

Common Issues identified from the different workgroups include:

- Training needs;
- Websites;
- Common language;
- Anti-stigma – social marketing

13. CHARGE TO THE TWG

Commissioner Lakey asked the TWG what is needed to make things go forward. Is there a role for a smaller group (6-8 persons) to meet between TWG meetings to make sure that everyone is on track? Could this smaller group be made up of workgroup leaders and consumer members?

A question was raised on how to involve the collaboratives.

Commissioner Lakey charged each of the TWG members to bring their priorities for next legislative session to the next meeting of the TWG. A substantial amount of time will be devoted to these priorities at the next meeting.

Priorities identified immediately at this meeting included:

- Emphasizing what the individual client is getting out of transformation efforts
- Evaluation of Medicaid – would like to hear how HHSC is addressing the uninsured – model health plan – benefit package would provide at least 18 visits for mental health;
- Huge issue with underlying trauma – need to address -- comprehensive training component needed for the workforce and in educating the general public.
- Establishment of a statewide coalition for supportive housing – state policy agenda

The TWG agreed for the need to have a smaller group (6-8 persons) to meet between the TWG meetings to ensure that progress is made on priorities. This group will be made up of work group leaders and at least one additional consumer member.

TWG members will develop a list of priorities for their agencies to present at the next TWG meeting.

Substantial time will be scheduled at the next meeting to deal with these priorities.