

Texas Mental Health Transformation Workgroup Meeting – February 23, 2007

Attendees

A meeting of the Texas Transformation Workgroup (TWG) was held in the Commissioner Board Room M-739 at 1100 West 49th Street, Austin, Texas on Friday, February 23, 2007.

Transformation Workgroup (TWG) Members present:

Dave Wanser, TWG Chair (Texas Department of State Health Services)

Heidi McConnell (Office of the Governor)

Katherine Barksdale (Texas State Senate – alternate for Amy Herzog)

Cameron Bell (Texas Workforce Commission – alternate for John Fuller)

Stephany Bryan (Consumer / Family Member Representative)

Theresa Cruz (Office of Rural Community Affairs)

Maurice Dutton (Consumer / Family Member Representative)

Erin Ferris (Texas Department of Housing and Community Affairs)

Mike Halligan (Consumer / Family Member Representative)

Kathryn Kotrla (Veterans Integrated Services Network)

Sue Milam (Texas Department of Family and Protective Services)

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

Terry Smith (Texas Department of Assistive and Rehabilitative Services)

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

Tom Valentine (Health and Human Services Commission)

Steven Wilkins (Texas Veterans Commission)

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:

Implementation Team Members present:

Vijay Ganju, Project Director

Wendy Andreades

Gary Chapman

Steve Eichner

Valarie Garza

Havovi Katki

Mimi McKay

Ellen Trevino

Pat Wong

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Executive Summary

A meeting of the Texas Transformation Workgroup (TWG) was held on Friday, February 23, 2007. TWG members approved the minutes from the January 26, 2007 meeting. The Workgroup discussed:

Introduction of Consumer Coordinator

Dr. Wanser introduced Valarie Garza as the new Consumer Coordinator on the Implementation Team for the Transformation Initiative, who previously served as a Consumer / Family Member Representative on the TWG.

Mental Health Transformation Training Institute

Dr. King Davis, Executive Director of the Hogg Foundation, reported that a partnership is being formed with the Transformation Initiative related to training and workforce development. A Memo of Agreement is being developed to articulate how to use resources to create an able response to the workforce issues and problems in Texas. He also announced that UT has created a Vice Provost for Health Affairs – Bill Sage, M.D., J.D. Dr. Sage has already secured a \$10 million commitment to transform a portion of Brackenridge Hospital to be the Brackenridge Center for Education, which will include a behavioral health component. Finally, Dr. Davis mentioned that Hogg is not the only foundation in the state potentially interested in this work; marketing efforts will begin soon to other foundations as well.

Legislative Initiatives Related to Mental Health Transformation

Four bills related to mental health transformation have been provided to TWG members for review. HB 940, introduced by Representative Delisi, is related to the Mental Health Transformation Project. **James Cooley requested that TWG members read it carefully and submit any comments or questions to him via E-mail.** The other three bills are related to data sharing (HB 665, HB 921, and SB 40) and impact all TWG state agencies. HB 665, introduced by Representative Dukes, envisions the creation of a council to guide the data sharing activities and to address some of the potential barriers and policy differences across agencies.

Criminal Justice Mental Health Grant

Texas has been selected to receive a grant from the Council of State Governments (CSG) as part of the *Chief Justices' Criminal Justice / Mental Health Leadership Initiative*. This makes Texas the only state to have launched transformation efforts in all three branches of government. Judge Sharon Keller submitted the grant application and will be leading the taskforce, which will review court processes and make recommendations that can facilitate the identification of mentally ill persons in the court system and help courts more effectively address, as appropriate to the particular case, the mental health needs of this population. **Ms. Wilson requested that Judge Keller be invited to the next TWG meeting to provide an overview of this work and discuss ways that the TWG could assist the taskforce.**

Trauma Conference

A trauma conference will be held in Houston, TX on May 14-15, 2007: “Old Traumas, New Traumas, and New Approaches to Treating Trauma”. Breakout sessions include topics on: dealing with trauma with telehealth, outreach to OIF / OEF veterans and their families (which is consistent with the TWG’s focus on early intervention), family behavior therapy, and minister outreach support, among others.

Waco Independence Center

The Waco Independence Center was profiled in the February 12th Waco Tribune-Herald, “Peer Support Key in Helping Mentally Ill Succeed”. The article celebrates the fact that the community came together to have a consumer-run facility to provide a home for clients from the MHMRA and VA. Significant success has been shown from this initiative, which starts with addressing the issue of loneliness for people with mental illness.

TexVet Initiative

The TexVet Initiative is aimed at outreach to returning OIF / OEF veterans and their loved ones. They will be receiving 2-year funding for that initiative to develop a website, which would provide an organized, cohesive format for the wide array of services offered through DOD, National Guard, and VA, as well as community-based services. They will also be updating the 211 system with information on these service offerings.

Continuity of Care system for offenders

An MOU has been finalized between VISN 16 / 17 / 18 and the Texas Department of Criminal Justice regarding the creation of a Continuity of Care system for offenders throughout probation, imprisonment, and parole.

Texas Traumatic Brain Injury Advisory Council

The Texas Traumatic Brain Injury Advisory Council has been looking into the issues faced by returning veterans, due to the high incidence of combat-related brain injuries. This council is asking for support of a Texas Office on Brain Injury, which is an exceptional item in HHSC’s appropriations request; the initiative may expand to include behavioral health.

HHSC Reports

Two HHSC reports are in the process of being released: 1) Senate Bill 325 Follow-Up Report, and 2) Rider 69 to HHSC appropriations.

Training for Child and Adolescent Health

A meeting was held with all the Education Service Centers in the state regarding a project to support the education of teachers and students in various health topics – tobacco, exercise, abstinence, nutrition, etc. The goal is establish a full-time position through the Education Service Centers for child and adolescent health that would explicitly address mental health issues as well.

Foster Care Population – Behavioral and Medical Care

HHSC is working on a contract with a managed care organization to provide behavioral and medical health care to all foster care children. This was a requirement under SB 6 and should be implemented in September 2007.

Consumer Voice Update

The Consumer Group is planning a consumer conference which would include, among other things, involving consumers in the TWG process and training on certain topics. They are also working with consumer groups to get more involved with the communities that were selected for the collaborative project. Another project underway is the review of other transformation states’ specific activities and involvement around the consumer voice. The group has also been reviewing peer support programs and

certifications across the country, and will make recommendations regarding an approach for Texas. Finally, the group has also discussed the possibility of a Crisis Center run by consumers.

Community Behavioral Health Collaboratives: Twenty applications were received; the names of selected communities will be announced on February 28, 2007 (see www.texashealthinstitute.org). Dr. Ganju and committee members publicly thanked the Texas Health Institute for coordinating the selection process, and thanked all committee members for their hard work. Next steps include developing contracts with the selected communities, setting up initial meetings with the collaboratives, and proceeding with the work at hand. He added that later in the year, meetings will be held – learning collaboratives and workshops – to provide topical expertise to all 20 applicant communities in the focus areas proposed by these communities in their applications.

Workgroup decisions and action steps: Four TWG workgroups – Workforce, Data Coordination and Technology, Adults, and Children and Adolescents – met in February and documented recommendations for action, as well as priorities for consideration as transformation moves forward.

The Housing Workgroup reported that it will be meeting with some members of NAHRO (the National Association of Housing Redevelopment Officials) to begin to dialogue about housing issues. Additionally, Texas was awarded a “Money Follows the Person Grant” from the Centers for Medicare & Medicaid Services (CMS) of about \$196 million for people who are transitioning from institutionalized settings to community-based settings.

LBJ School Evaluation

The initial phase of evaluation will be to establish a baseline in areas that will be impacted by transformation efforts. Three strands will be focused on: program and policy, data flows / IT, and specific initiatives. Evaluation teams will start visiting agencies in the next couple of weeks and extend through the summer.

Other State Agency Study

SAMHSA launched the Other State Agency Project to collect data on how states spend behavioral health money across state agencies and to establish a common practice for state data collection so researchers may compare data across states. Agency protocols are being compiled and will be available in March / April.

The next TWG is scheduled for April 27, at the Moreton Building, Room M-739, from 1:30 a.m.- 4:30 p.m. An email will be sent out to notify all the members.

Texas Mental Health Transformation Workgroup Meeting – February 23, 2007 Meeting Minutes

I. Call to Order / Approval of Minutes

Dr. Dave Wanser, Deputy Commissioner for the Texas Department of State Health Services (DSHS) and Chair of the Texas Mental Health Transformation Workgroup (TWG), called the meeting to order at 1:35 p.m. and welcomed agency directors and representatives who constitute the membership of the Transformation Workgroup (TWG). Dr. Wanser called for the approval of the minutes from the January 26, 2007 meeting. The group unanimously approved the minutes without changes.

Introduction of Consumer Coordinator

Dr. Wanser introduced Valarie Garza as the new Consumer Coordinator for the Transformation Initiative, who previously served as a Consumer / Family Member Representative on the TWG. Her role will be to coordinate and reflect consumer and family member priorities and needs; develop consumer and family member networks; promote consumer, family and public education related to mental health transformation initiatives; and to integrate consumers and family members in mental health transformation processes.

II. Mental Health Transformation Training Institute

Dr. King Davis, Executive Director of the Hogg Foundation, provided an overview of mental health workforce issues and some potential initiatives, which affect all agencies around the table. He also introduced Debbie Berndt, Program Officer with the Hogg Foundation, who has been an integral part of this important effort.

There are essentially six elements that are central to this topic of mental health workforce:

1. A shortage of workers across professional disciplines;
2. Distribution of workforce professionals across the state, especially in rural areas;
3. Difficulties recruiting new workers (Texas does well in psychiatry residency training programs, but how many of those people accept positions within the state?);
4. The lack of cultural diversity among the existing workforce (Texas has an increasing need for people with a variety of backgrounds and languages, in addition to Spanish);
5. Outdated educational content and teaching methods, and the length of time between the acquisition of new, valuable content and its application with consumers (most evidence suggests that it takes anywhere from 15 to 20 years); and
6. Retention of qualified staff.

Dr. Davis talked about some of the statistics:

- Of the 254 counties in Texas, about 74% are in Health Professional Shortage Areas.
- In almost 80% of our counties, we don't have a psychiatrist.
- In 19% of our counties, we don't have any social workers.
- In a number of areas of the state, we don't have any general or primary care physicians.

The Hogg Foundation hosted a conference last year to examine possible approaches to these concerns; materials from the conference can be found at

http://www.hogg.utexas.edu/programs_wkforce_conf.html. They were overwhelmed by the number of suggestions that came out of that conference, which are being prioritized.

Dr. Davis mentioned that he and Dr. Ganju have had ongoing discussions regarding these issues and how to address them, as well as presenting the data and topic to Bill Powers, President of UT, and Dr. Greg Vincent, UT's VP of Diversity and Community Engagement. Dr. Vincent gave the Hogg Foundation the approval to develop a Memorandum of Agreement (MOA) to articulate how to use resources in the TWG and Hogg to create an able response to the workforce issues and problems in Texas, including an outline of various approaches to address one or more of these problems. This MOA will be developed in the next two to four weeks.

Dr. Ganju stated that this joint initiative with the Hogg Foundation is exciting and can grow into something very significant – we haven't had a central place in the state to address some of these issues. A lot of work has already been going on with the TWG and Hogg to inform possible directions and priorities.

Dr. Davis added that UT has created a Vice Provost for Health Affairs – there had been discussion about having a health or medical presence for years. Bill Sage, M.D., J.D. has accepted that position, which will oversee and coordinate all the university's related health affairs activities. Dr. Sage has already secured a \$10 million commitment to transform a portion of Brackenridge Hospital to be the Brackenridge Center for Education, which will include a behavioral health component.

He also added that Hogg is not the only foundation in the state potentially interested in this work; marketing efforts will begin soon to other parts of the state. Dr. Wanser noted that this provides a great opportunity for community collaboratives to address workforce issues in their local community.

III. Legislative Initiatives Related to Mental Health Transformation

Dr. Wanser asked the group to review the four bills included in their packets that are related to mental health transformation. HB 940, introduced by Representative Delisi, is related to the Mental Health Transformation Project and stresses the importance of early intervention and recovery, school-based services for children and adolescents, reducing racial and ethnic disparities, and using telemedicine for rural services in treating behavioral health problems. It also mandates that the project will address screening tools, common outcome measures, sharing of information among state agencies, standardized definitions, training, contracting, and a wide range of other issues to improve the behavioral health system. **James Cooley requested that TWG members read it carefully and submit any comments or questions to him via E-mail.**

The other three bills are related to data sharing (HB 665, HB 921, and SB 40) and impact all TWG state agencies. HB 665, introduced by Representative Dukes, envisions the creation of a council to guide the data sharing activities and to address some of the potential barriers and policy differences across agencies.

IV. Agency Update

1. Criminal Justice Mental Health Grant

Dee Wilson provided an update on the mental health grants awarded by the Council of State Governments (CSG), previously discussed at the December 6, 2006 TWG meeting. The *Chief Justices' Criminal Justice / Mental Health Leadership Initiative* is a national project designed to assist state Supreme Court chief justices in guiding efforts in their state to improve the response to people with mental illnesses in the criminal justice system. The Texas Court of Criminal Appeals has been selected to receive a grant, which makes Texas the only state to have launched transformation efforts in all three branches of government.

Twenty-three states submitted applications for the initiative, from which seven were selected. As part of the initiative, the task forces will receive technical assistance, access to leading national experts, and funding support. The Justice Center will also convene a two-day national policy forum for the seven states in the spring to help implement the initiative.

Judge Sharon Keller submitted the grant application and will be leading the taskforce, which will review court processes and make recommendations that can facilitate the identification of mentally ill persons in the court system and help courts more effectively address, as appropriate to the particular case, the mental health needs of this population.

We know that there is a gap between jail information and court information. So, the jails may have information about a person's mental health situation, but that information does not always reach the courts, which is where the decisions are made about the outcome of the case. Judge Keller and her taskforce will be looking at ways to set up a system to communicate information from the jails to the courts. There are eight members of the task force:

1. **Sharon Keller** – Presiding Judge, Texas Court of Criminal Appeals
2. **Robert Duncan** – State Senator
3. **John Bradley** – Williamson County District Attorney
4. **David Gutierrez** – Lubbock County Sheriff
5. **Mary Anne Wiley** – General Counsel, Office of the Governor
6. **Jim Bethke** – Director, Texas Task Force on Indigent Defense
7. **Mike Maples** – Texas Department of State Health Services, Director Mental Health / Substance Abuse
8. **Dee Wilson** – Director, Texas Correctional Office on Offenders with Medical or Mental Impairments

Ms. Wilson requested that Judge Keller be invited to the next TWG meeting to provide an overview of this work and discuss ways that the TWG could assist the taskforce.

Dr. Wanser echoed those thoughts and added that discussions have started regarding the possibility of adding the Office of Court Administration to the TWG membership.

2. Trauma Conference

Dr. Kathryn Kotrla provided an update on the upcoming trauma conference, to be held in Houston, TX on May 14-15, 2007: "Old Traumas, New Traumas, and New Approaches to

Treating Trauma”. Breakout sessions include topics on: dealing with trauma with telehealth, outreach to OIF / OEF veterans and their families (which is consistent with the TWG’s focus on early intervention), family behavior therapy, and minister outreach support, among others. Dr. Kotrla requested that members from each agency try to attend this conference.

3. Celebration of Collaboration

Dr. Kotrla passed out an article from the February 12th Waco Tribune-Herald, “Peer Support Key in Helping Mentally Ill Succeed”, by John Young: <http://www.wacotrib.com/opin/content/news/opinion/stories/2007/02/11/02112007wacyoung.html>. It celebrates the collaboration between NAMI-Waco, Heart of Texas MHMRA, and the VA around the development of the Independence Center in Waco. The community came together to have a consumer-run facility to provide a home for clients from the MHMRA and VA. Significant success has been shown from this initiative, which starts with addressing the issue of loneliness for people with mental illness. <http://www.hotrmhmr.org/locations/svcs-independence.html>. Dr. Kotrla encouraged everyone to visit the center sometime.

Maurice Dutton, who has been very supportive of this program, added that when we talk about recovery, we’re truly talking about peer support. There is a strong feeling of family at the Independence Center because the consumers really look out for each other. He noted that sometimes, he has difficulty distinguishing the consumers from the professionals.

4. TexVet Initiative

Dr. Kotrla provided an update on the TexVet Initiative – a collaboration between DSHS, HHSC, and NAMI – which is aimed at outreach to returning OIF / OEF veterans and their loved ones. She announced that they will be receiving 2-year funding for that initiative to develop a website, which would provide an organized, cohesive format for the wide array of services offered through DOD, National Guard, and VA, as well as community-based services. They will also be updating the 211 system with information on these service offerings.

Dr. Wanser added that there are a number of private sector companies, particular technology companies, which are willing and eager to assist in this effort. One objective is for the technology companies to provide e-mail to every active duty service member and returning veteran so they can have avenues outside of TexVet to send messages, have two-way dialogue about services, set up listservs and bulletin boards, etc.

Dr. Kotrla noted that the effort will include reach out to those in rural parts of Texas. To support that, they are in the final stages of an MOA between the DA and DOD.

5. Continuity of Care system for offenders

Dee Wilson announced to the group that this week, an MOU was finalized between VISN 16 / 17 / 18 and the Texas Department of Criminal Justice regarding the creation of a Continuity of Care system for offenders throughout probation, imprisonment, and parole. She thanked

Maurice Dutton for initiating this effort. Ms. Wilson suggested the possibility of meeting with HHSC regarding an MOU between the VISN's and them; Tom Valentine agreed.

Dr. Wanser asked if there are issues with identifying veteran status for people entering the criminal justice system? Veteran status affects benefits that they are eligible for. Ms. Wilson responded that yes, there are issues – when the information is requested, which isn't always done, it is only self-reported information.

Ms. Wilson requested that Steve Wilkins find out if TVC has jail diversion people across the state. Her understanding is that they do, and that this group works with justice-involved people with mental illness on re-entry into the community.

6. Texas Traumatic Brain Injury Advisory Council

Tom Valentine and Richard Poe reported that the Texas Traumatic Brain Injury Advisory Council has been looking into the issues faced by returning veterans, due to the high incidence of combat-related brain injuries. This council is asking for support of a Texas Office on Brain Injury, which is an exceptional item in HHSC's appropriations request. Mr. Valentine said that this initiative may expand to include behavioral health.

Ms. Wilson asked about exceptional items and crisis funding. Dr. Wanser said that full funding is still on the table as an open item.

7. HHSC Reports

Tom Valentine provided updates on two reports that are in the process of being released:

- Senate Bill 325 Follow-Up Report: The initial SB 325 Report, released in the fall of 2006, dealt with the use of restraints and seclusion, and ways to reduce their use in state-operated facilities and contractors. Agencies have since submitted their updated information on status, and that report is due out shortly.
- Rider 69 to HHSC appropriations: This rider included \$75,000 per year to provide a grant to a non-profit organization to develop a pilot project directed at enhancing the well being and care of citizens who are dually diagnosed with mental retardation and mental illness. The pilot has been operating for about a year in San Angelo, TX, and the dual diagnosis is for mental health and mental retardation. HHSC has requested the continuation of funding for that operation for the next biennium.

8. Training for Child and Adolescent Health

Dr. Wanser mentioned that a meeting was held with all the Education Service Centers in the state regarding a project to take money from a variety of different sources to support the education of teachers and students in various health topics – tobacco, exercise, abstinence, nutrition, etc. The goal is establish a full-time position through the Education Service Centers for child and adolescent health. As part of that meeting, the Education Service Centers suggested that their video conferencing capabilities be used to interact with schools across the state regarding training and information on this topic.

9. Foster Care Population – Behavioral and Medical Care

Sue Milam informed the group that HHSC is working on a contract with a managed care organization to provide behavioral and medical health care to all foster care children. This was a requirement under SB 6 and should be implemented in September 2007. Their hope is that this will provide a more consistent and reliable way to deliver these services to this population.

V. Consumer Voice Committee Update

Mike Halligan, Consumer / Family Member Representative, provided copies of a book about trauma, an issue which, he believes, permeates the majority of social problems we have in the United States, and asked TWG members to review this book. He then presented a report on the Consumer Voice activities:

1. The Consumer Group is in the beginning stages of planning a consumer conference, which would include, among other things, involving consumers in the TWG process and training on certain topics. He requested that all agencies be involved in this conference.
2. They are also working with consumer groups to get more involved with the communities that were selected for the collaborative project, to provide a consumer voice for that very important aspect of transformation.
3. Another project underway is the review of other transformation states' involvement with consumer voice activities.
4. The Consumer Group has also been reviewing peer support programs and certifications across the country, some of which have been available for years. Nationally, there are three or four major programs, and multiple regional / local programs – different models have different strengths. They are finding that it is usually a 40-hour training – one hour on each topic and then a test. Research has supported the value of peer support programs, which provide substantial benefits. These programs:
 - Cost less than traditional services;
 - Provide increased workforce capacity;
 - Help consumers develop self-help concepts;
 - Help develop real hope;
 - Provide a more relaxed environment – some consumers interact more easily and frequently with other consumers than they do with professionals;
 - Offer a sense of family and friendship, which may be the only way some consumers can get that kind of support;
 - Provide an ongoing support structure (after leaving the system), which sometimes is not part of the formal treatment approach;
 - Provide an avenue to deal with minor issues, so they do not need to use the system itself with every issue they face; and
 - Improve outcomes in many cases.
5. The Consumer Group has discussed the possibility of a Crisis Center run by consumers. Depending on the situation, consumers might have the option of either going to the Crisis Center or be hospitalized.

Mr. Halligan added that, in Texas, one idea is to set up financing structures that would allow independent peer support organizations to be established, separate from the mental health system itself. He would like to see a structure than can stand on its own, since budget cuts in the mental

health system often result in cuts to peer support programs. Discussions are underway about that and other options.

Ms. Wilson noted that, from a professional perspective, she has heard some concerns about involving justice-involved persons in the peer support program. Mr. Halligan said that involving them is still an option on the table.

Dr. Kotrla recommended that as funding options are pursued, Mr. Halligan consider talking with the Independence Center in Waco and tying in the efforts and the successes there, especially since it was designated a Center of Excellence and there is already an infrastructure in place. There is significant interest at the Office of Mental Health Services' central office in the efficacy of the recovery model, including peer support. Mr. Halligan agreed that these and other kinds of collaborations will be essential to the success of these programs.

Mr. Halligan talked about the two major barriers to peer support programs: 1) the system has not traditionally promoted recovery, and 2) many consumers do not believe that these programs are really out there or working.

Dr. Wanser noted that the second page of HB 940 makes a specific reference to implementing behavioral health peer support programs across the state. He suggested that the TWG might want to consider some financial models for peer support, and that it will be daunting to implement without knowing the financial and operational models that have been successful.

Dr. Ganju mentioned to the group that Jean Campbell and others at SAMHSA have put together information on the different peer support programs around the country.
http://www.power2u.org/emerging_research_base.html,
http://www.nasmhpd.org/general_files/publications/ntac_pubs/reports/peer%20support%20practices%20final.pdf, and http://www.nrchmi.samhsa.gov/pdfs/2006NRTC_Referral_List.pdf.
Additionally, the training should be for not only the peer support specialists but also for the system to include these specialists in the current structures and systems.

Dr. Ganju added that once peer support has its effectiveness realized, sometimes the system is not ready to provide the opportunities that result unless you have supportive employment programs and other opportunities available.

Stephany Bryan commented that these peer support programs can also really help families that have had a child removed from their home. She can talk to another family in this situation in a different way than a professional can – to have a peer when you're going through something is quite powerful. The professionals have peers to talk with; the consumers should have that, also. Transformation is about everyone transforming, not just the system.

Terry Smith added some thoughts about the Community of Care conference held earlier that day, on February 23, 2007. One topic discussed was the Family Liaison, a position included in all four of the programs in Texas funded by SAMHSA. A family member, who has been through some special training, serves as a liaison between the consumer and the professionals. Opportunities are best solved at local levels and our challenge will be to set up systems that are flexible to allow for these types of solutions.

Mr. Halligan mentioned a recent grant application to set up a training system on a video conference polycom system, which can be used to train 15 sites at a time across the state.

Mr. Smith suggested that we may want to have someone from Social Security at the TWG table. About a third of applicants have some sort of behavioral health or substance use issue. And, in terms of funding for disability issues, it seems to be heavily weighted to mental health issues.

Dr. Wanser added that we may want to look at more data regarding disparities in outcomes (job placement, etc.), and whether they can be attributed to behavioral health problems. He suggested that we consider putting this topic on the agenda for the next Data Workgroup meeting. Knowing the underlying data – TWC employment data, SSI, other job placement data, sources of disparities, etc. – would help build a business case for early intervention practices.

VI. Project Director Updates

1. Community Behavioral Health Collaboratives

Dr. Ganju gave a progress update on the community collaboratives project. Twenty applications were received by the January 31st noon deadline to the Texas Health Institute and selected communities will be announced on February 28, 2007 (see www.texashealthinstitute.org). The Selection Committee included Heidi McConnell (chair), Theresa Cruz, Erin Ferris, Valarie Garza, Mike Halligan, Camille Miller, and Vijay Ganju and met on February 22, 2007.

Dr. Ganju and committee members publicly thanked the Texas Health Institute for coordinating the selection process, and thanked the other committee members and the Institute for the professionalism, extra care of confidentiality, and preparatory and follow up work that took place. They also expressed appreciation of the committee members' knowledge base, which allowed appropriate and insightful discussion on the various topics raised in the applications.

Major themes that emerged from the applications included: 1) interface with criminal justice and jail diversion, 2) data sharing / data linkages, and 3) urban emphasis. Some challenges to the process became more evident in the review of applications: 1) lack of consumer and family member involvement, 2) the need for continued advancement of evidence-based practices, 3) differing understandings of mental health transformation, 4) the need for support / technical assistance for sustainability, and 5) lack of children-focused initiatives.

Dr. Ganju noted that it was evident in all twenty applications that a diverse set of stakeholders had come together to discuss and further the efforts of mental health transformation. The applications also seemed to reflect the importance of collaboration in these initiatives.

Next steps include developing contracts with the selected communities, setting up initial meetings with the collaboratives, and proceeding with the work at hand. He added that later in the year, meetings will be held – learning collaboratives and workshops – to provide topical expertise to all 20 applicant communities in the focus areas proposed by these communities in their applications.

Ms. Ferris mentioned that even though a large percentage of consumers brought up housing as an issue in the August 8, 2006 Consumer Town Hall meeting, only two of the collaborative applications addressed this topic. She recommended that we keep this in mind as we move forward, that the consumer voice may not have been fully expressed in the applications. Ms. Garza agreed and added that this is reflective of the disconnect between the applications and the consumer voice in those communities. This is an opportunity to bring the different groups together with consumers to ensure that all voices are heard. Dr. Ganju noted that we will continue to be in collaboration with Ann Denton and her staff, who will likely be working with the community collaboratives interested in housing issues.

Mr. Smith suggested that as we move forward with community collaborative work, there is an opportunity to support these 20 applicants with their efforts – agencies could provide support and resources when appropriate and available.

Ms. Bryan asked about the award amount for communities. Dr. Ganju responded that the amounts will likely vary, depending on each community's needs and goals with respect to data sharing and technology. The ceiling amount is \$50,000 per year for four years.

Ms. Bryan suggested that for the communities not selected, we consider inviting them to meetings or conferences that would provide content knowledge, so they can continue their transformation efforts even without being formally selected. She also mentioned that with national grant applications, there are often conferences for those groups not selected, to learn more about why they were not chosen. Dr. Ganju said that each applicant will get a formal response, providing information on the strengths and weaknesses of their applications, and that the applicants not selected will receive some level of support or transformation information, although not at the same level as the selected communities. He stressed that there are no “losers” – they all expressed an interest in transformation and have enthusiasm for it, but that the focus should really be on the six communities selected and capitalizing on the incredible energy at the local level. Theresa Cruz noted that included in the cover letter of several of the applications was a notation that they will pursue a community collaborative whether or not they were selected for this project. Dr. Wanser said that he envisions that those 14 applicants not selected would likely be in the “pipeline” for implementation down the line and Dr. Ganju agreed.

2. Workgroup Updates

All four workgroups met in February. Recommendations and next steps out of these workgroup meetings are included in the handouts and as follows:

Workforce Training Workgroup

Key discussion areas and recommendations included:

- Peer support curricula, especially discussions around what priority areas are appropriate for Texas – the Consumer Workgroup will be reviewing options and making some recommendations;
- Trauma workshops
 - Veterans Health Administration
 - National Center for Trauma-Informed Care; this is a national organization that provides technical assistance, training, speakers bureau, and resources in

the area of taking a trauma-informed approach – they are willing to come to Texas and work with us on our priority areas and next steps

- Coordination with Texas Workforce Commission NAVIGATOR program, which provides job placement assistance to people with disabilities
- Mental Health Transformation Training Institute
- Inventory of training needs and programs related to behavioral health

Terry Smith recommended that each agency consider sending a representative to the Workforce meetings, since these issues affect all agencies.

Dr. Ganju added that there was some discussion at the meeting about collaborating with the Hogg Foundation on the work they are doing on a Training Institute. Mr. Smith agreed and said that it has the potential to have a broad and significant impact on workforce.

Data Coordination / Technology Workgroup

Steven Palmer from the Office of the Governor reviewed legislation relevant to data sharing and electronic health records. Mr. Palmer encouraged representatives from agencies to review the data sharing bills to see how they might impact their agencies, and provide feedback as soon as possible.

Recommendations / next steps include:

- Review data sharing MOU's and potentially develop standard prototypes, especially regarding the ethical issues related to data sharing
- Connect with other multi-agency data initiatives
 - IJIS
 - HHSC
- Share data on key client identifier elements to start estimating aggregate overlaps of systems

Ms. Ferris recommended that the TWG agency reps stay involved and current with this data sharing work, because of its benefits and impact on agency operations.

Adult Workgroup

Recommendations include:

- Start mapping out the processes that different agencies have with respect to employment, since that is an important consideration with adult issues
- Collate information on evidence-based practices provided by each agency, including definitions and levels of evidence
- Provide information on performance measures, outcomes, and data definitions used by each agency

Children and Adolescent Workgroup

Richard Poe talked about themes that arose out of the meeting: collaboration (work against fractured nature of services), coordination (to maximize resources), and capacity building, training / skills building. The group reviewed current services, which will be mapped out. Steve Eichner talked with the group about technology options to support services and the system.

Recommendations include:

- Explore opportunities for collaborations with school system and education agencies
- Review agency activities and definitions related to evidence-based practices
- Connect with other interagency initiatives e.g. HHSC case management initiative
- Collate agency outcomes related to behavioral health services for children and adolescents
- Use listserv to post web links and documents related to activities and recommendations

Dr. Ganju mentioned that some Transformation resources to fund some of the positions they have talked about in the Education Service Centers. Discussions are underway to align the efforts of the behavioral health specialists at the Education Service Centers with transformation goals and objectives.

3. LBJ School Evaluation

The initial phase of evaluation will be to establish a baseline in areas that will be impacted by transformation efforts.

- Three strands:
 - Program and policy
 - Data flows / IT
 - Specific initiatives (e.g. VA transformation)
- Meeting with agency Information Resource Managers was held on February 21, 2007 to inform them of the project, the data sharing initiative, and what the evaluation teams will be working on with the project
- LBJ School evaluation team visits to agencies – Dr. Pat Wong mentioned to the group that evaluation teams will start visiting agencies in the next couple of weeks and extend through the summer.

4. Other State Agency Study

SAMHSA launched the Other State Agency Project to collect data on how states spend behavioral health money across state agencies and to establish a common practice for state data collection so researchers may compare data across states. Agency protocols are being compiled and will be available in March.

5. Housing Update

Ms. Ferris provided an update on the housing initiative. They will be meeting with some members of NAHRO to begin to dialogue about housing issues. Texas was awarded a “Money Follows the Person Grant” from the Centers for Medicare & Medicaid Services (CMS) of about \$196 million for people who are transitioning from institutionalized settings to community-based settings. Ms. Ferris suggested that the groups involved in the two initiatives (Money Follows the Person and Mental Health Transformation Housing Initiative) work together to collaborate and reduce duplication of efforts.

VII. Next Steps

The next TWG meeting is scheduled for April 27, at the Moreton Building, Room M-739, from 1:30 p.m. - 4:30 p.m. An email will be sent out to notify all the members.