

Texas Mental Health Transformation Workgroup Meeting
Minutes
May 6, 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 Tuesday, May 6, 2008, 1:00 pm – 5:00 pm.

Transformation Workgroup (TWG) Members present:

Dr. David Lakey, **TWG Chair** (Department of State Health Services)
Ben Delgado (Department of State Health Services)
Jessica Olson (Office of the Governor)
Tom Valentine (Health and Human Services Commission)
Maurice Dutton, Mike Halligan, Stephany Bryan (Consumer/Family Member Representatives)
Corliss Powell (Department of Aging and Disability Services)
Debra Wanser (Department of Assistive and Rehabilitative Services)
Tom Best (Department of State Health Services)
Dee Wilson (Texas Department of Criminal Justice)
Sue Milam (Texas Department of Family and Protective Services)
Steve Spencer (Texas Juvenile Probation Commission)
Tracy Levins (Texas Youth Commission)
Cameron Bell (Texas Workforce Commission)
Erin Ferris/Brenda Hull (Texas Department of Housing and Community Affairs)
Enenna Ezekoye (Texas State Senate)
Ada Grant (Office of Rural Community Affairs)

Project Implementation Team Members present:

Mike Maples, Section Director MHSA, DSHS
Steve Eichner, IT Project Manager, DSHS
Mimi McKay, Information Center Director, DSHS
Bill Race, Medical Director for Behavioral Health, DSHS
Dolly Klinefelter, Executive Assistant, DSHS
Klaus Madsen, Vice President, Programs, Texas Health Institute
Valarie Garza, MHT Consumer Coordinator, Texas Health Institute
Susan Griffin, MHT Community Development Specialist, Texas Health Institute
Stacey Stevens, Center for Social Work Research, University of Texas

1. CALL TO ORDER/REVIEW AND APPROVAL OF MINUTES

Dr. David Lakey, Commissioner of the Texas Department of State Health Services (DSHS) and Chair of the Texas Mental Health Transformation Working Group (TWG) called the meeting to order. Dr. Lakey called for the approval of the minutes from the February 8, 2008 meeting. The motion was approved unanimously.

2. DIRECTOR'S REPORT

Ben Delgado presented the Director's Report:

a. Transformation Update

- i. Discussed the June 12-13 Cross-Site Evaluation visit by the Federal site evaluation team (proposed schedule and discussion guide).
- ii. Update on Project Director hiring process. Interviews are completed; announcement should be made by end of week.
- iii. Update on SAMHSA MHT Director's Meeting
Mike Maples reported on his attendance at the SAMHSA MHT Director's Meeting in Washington DC:
 - a) Texas highlighted use of MHT as a catalyst for coming together and moving forward.
 - b) Discussion of GPRA measures and how to report outputs
 - c) Commitment from SAMHSA to review the cross-site evaluation
 - d) Work with technical assistance provided by SAMHSA for MHT, especially consumer activities is an opportunity for future activity
- b. Planned projects for carry over funds – Projects selected for implementation with carryover were identified,
- c. Executive Steering Committee Update –Committee met for the first time.-Dr. Lakey commended the committee on their work. Meeting minutes are available.
- d. Other items – none brought forward.

3. CONSUMER VOICE UPDATE

Valarie Garza provided the consumer voice update:

- a. Overview and identification of handout material provided by Ms. Garza.
- b. Consumer Network meetings. The network of consumer advocates is having ongoing meetings. Six statewide organizations are meeting on a weekly basis to advance consumer voice to develop a statewide network to include the statewide organizations and, eventually, local organizations and individuals.
- c. Consumer Voice trainings- *Voices and Choices in Transformation Leadership* training is continuing to be presented at the local level, with 103, the third in the series, scheduled for the summer. There will be an additional round of training to condense all three training offerings.
- d. There will be a youth summit, scheduled for this summer, to improve and increase the youth voice in policy making in the state.
- e. A plan using MHT funds is in place to increase consumer participation in seclusion and restraint.
- f. Initial planning is being implemented for Alternatives 2008, a national consumer conference.

4. COMMUNITY COLLABORATIVE UPDATE

Tarrant County

Patsy Thomas provided an update as follows:

The Mental Health Connection was formalized in 1999 to “change the system to have no wrong doors to right services”; forty-five to one-hundred members meet monthly. There are twenty-five partner organizations, with six sponsoring agencies providing \$20,000 each. There is one full-time staff with a focus on dollars going to services. The focus of the effort is on consensus building/relationship building. A “Mental Health Connection of Tarrant County Strategic Plan” was initially developed in 2003. In 2007, a plan was developed for sustaining and transforming the System of Care. Elements include family and individuals, social marketing (including education), advocacy, and technology. A shared-registry computer system is in development and is currently in pilot testing. The Transformation technology effort is focused on connecting the county and Mental Health Connection data systems.

The Collaborative is also interested in evidence-based practice. There is an annual symposium on evidence-based practices, sponsored by Texas Christian University. Questions to be addressed include: what are we doing; what do we know; what does the science tell us; what are the policy barriers; and how does this transform our system? This year, the effort includes an examination of cultural competency and cost effectiveness of service planning. There are six learning communities focused on children: internalizing disorders, externalizing disorders, addiction, autism, trauma, and prevention that have been established to ensure that lessons learned are institutionalized. Each community has a champion and over eighteen participants in each group. Each group is charged with developing a pilot project. Funding sources are currently being sought.

Susan Garnett, Chair, provided additional insight into the Connection and expressed her thanks to the Working Group for its interest.

Coastal Bend Rural Health Cooperative

Martin Ornelas provided an update as follows:

Mr. Ornelas, FQHC, Coastal Bend, emphasized that rural communities are often overlooked in planning – their issues are different and might require alternate solutions. A substantial challenge is transportation.

Current efforts include five pilot projects:

- a. Court mandated sessions for juveniles;
- b. On-going training for law enforcement;
- c. Stability of mental health treatment;
- d. Systematize the paths patients must move through with a patient liaison;
- e. Consumer training with a focus on Voices and Choices.

LEAF (Lubbock/Amarillo)

Ron Trussler provided an update as follows:

The collaborative has registered as a 501(3)(c) entity. Efforts in the collaborative include focusing on developing DVDs for the community to learn about mental illness and developing a seminar for employers to learn about mental illness. The seminar is scheduled for implementation in June 2008

Nacogdoches

Anne Bondesen provided an update as follows:

Ms. Bondesen mentioned the difficulties in providing services to clients in a rural setting. They have applied for crisis services funding to support a region-wide effort to open a mental health crisis facility. Efforts in Nacogdoches include partnering with providers, law enforcement, courts, and county leaders. The collaborative is interested in developing a telemedicine program and a network bridge for ease in data sharing. Work is also progressing on an anti-stigma campaign.

Williamson County

Annie Burwell provided an update as follows:

A task force on mental health to focus on communication system to link all parties together has been established for some time. Work is continuing on the development and implementation of improved jail diversion services, including a new electronic resource for remote data access. The local authority has applied for crisis services funding to support respite care. An ongoing challenge is capacity: providers are constantly at full loads.

Dallas County

Dan Salas provided an update as follows:

Mr. Salas provided an overview touching the Collaborative's programs in telemedicine and jail diversion services. The Bridge, a new resource for the homeless in Dallas County has been introduced.

Bexar County

Gilbert Gonzales provided an update as follows:

Bexar County is engaged in a number of endeavors including its crisis care center which sees five-hundred patients monthly. They have opened a detox triage unit with a sixty bed unit and courts system. They are moving forward on Haven for Hope, an eight-hundred bed center for the homeless. Work is also progressing on efforts such as children's diversion center, children-in-crisis training for law enforcement, and veteran's diversion services.

5. TWG MEMBER UPDATES

Child and Adolescent Work Group

Carry over funds – anti-stigma campaign; looking for more dollars; behavioral health clearing house (concerned with how review and maintenance of this will be paid for over time)

Three action committees are engaged in activities– School-based mental health survey to determine what services exist; Evidenced-based practices; Early intervention.

Housing Update – met extensively in Tarrant Co., use this as a model to share with other collaboratives.

6. TWG INITIATIVE FOR VETERANS-DISCUSSION AND ACTION

Maurice Dutton and Sue Milam presented on initiatives for veterans:

Activities in Afghanistan and Iraq are creating major mental health issues for U.S. veterans. At least 20% will have mental health issues: more realistically, for the reserves, there may be needs of up to 46%. Screening is not being performed well and produces delayed diagnosis. There are issues about benefits expiring, even if symptoms do not emerge for several years. Veterans also suffer from abnormally high suicide rates. Family issues, such as divorce, are also a concern. Post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) are issues that need to be adequately addressed. Impulse control and rational thinking may be particularly impacted. Data from the criminal justice system indicates one-third of the individuals with TBI are in the criminal justice system.

7.

Sue Milam suggested that the TWG might perform a coordinating role for providing services to veterans.

Mr. Dutton is interested in a TWG-wide inventory of services provided to veterans and their families and distributed material about services available in the Temple area. The VA provides a number of services. He reminded the TWG that 2292 changed the focus to specific diagnoses rather than the *amount* of disability. He provided a draft document reflecting services that should be available from the VA: The document addresses collaboration activities between federal and state and local entities. The document may present some opportunities for partnership.

Veteran Centers “Vet Centers” are another opportunity for service coordination. While Centers do not provide medical services, they may be able to coordinate information and do serve as gathering locations for veterans, some of whom may not wish to identify themselves as being in need of service.

Mr. Dutton believes these issues will continue to exist in three to five decades. He is interested in working towards the development of a coordinated strategy for moving forward.

Mike Halligan reintroduced training and opportunities for improving trauma care and services.

8. IT SHARING INITIATIVES AND CMBHS DEMONSTRATION

Jackie Webster, DSHS, provided an overview as follows:

CMBHS is the electronic health record developed by DSHS/MHSA that allows information sharing across the state. CMBHS will ensure information is available to service providers for consumer benefit.

The information stored in the system is longitudinal in nature, allowing coordination of information between mental health and substance abuse treatment in a manner consistent with privacy regulations. There will be multiple modes of implementation including web access and data exchange. The assessment activity feeds into the

treatment plan, which informs the progress notes.

There was a question about interfacing with CARE. CMBHS will replace CARE for mental health and substance abuse reporting.

9. LEGISLATIVE PRIORITIES FOR NEXT SESSION-(TWG MEMBERS)

Each TWG representative was asked to highlight their organization's legislative priorities for the upcoming session:

DSHS: Strategic Plan; Mental Health and Substance issues; LAR requests

DFPS: Keeping families together; staff retention (quality of service); foster care capacity; case management outsourcing; prevention

TDCJ: Retention of officers; critical shortage of providers (doctors, nurses)

TDHCA: Increasing housing trust fund. A public hearing will be held to assist in identifying how funds might be used.

HHSC: Medical Transport; Caseload issues; replacing lost federal funds; Stakeholder meeting on May 12th. Input may also be submitted through email.

TJPC: Efforts include working with the Burke Center to build an adolescent mental health facility where families can be close for inpatient care for adolescents in the juvenile justice system.

DADS: Expanding community services; Reducing wait list; Maintain quality service; staff retention and recruitment.

DARS: Managing caseload growth and loss of federal dollars for children and vocational training; counselors to work with youth; centers for vocational rehab services; waiting lists.

TYC: Sunset Review; conservatorship (priorities not yet determined)

Question from Stephany Bryan:

Regarding the \$82,000,000 granted this year (in crisis services funding) to be used to improve existing services or to increase patient base. Problem with improving services in base will automatically grow. How will this be handled downstream? What happens once you've gotten someone through the crisis?

Dr. Lakey responded, indicating that the Texas Council had also brought this issue forward. This issue may cause a changed request from the Legislature.

Joe Lovelace from the Texas Council also recognized this as an issue, and is also looking for a balance between providing crisis services and expanding capacity.

10. PUBLIC COMMENTS

There were no public comments

11. NEXT STEPS

There was no discussion on next steps

12. ADJOURNMENT