

Texas Mental Health Transformation Workgroup Meeting – July 6, 2007
Attendees

A meeting of the Texas Transformation Workgroup (TWG) was held in the Public Hearing Room, Building 2, MH/SA Executive Offices, 909 West 45th Street, Austin, Texas on Friday, July 6, 2007 from 9:00 am – 12:00 pm.

Transformation Workgroup (TWG) Members present:

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

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

Office of the Governor: Heidi McConnell

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

Department of Aging and Disability Services: Jon Weizenbaum and Michael Wilson (alternate)

Department of Assistive and Rehabilitative Services: Terry Smith and Robert Alexander (alternate)

Department of State Health Services: Joe Vesowate and Bill Race

Health and Human Services Commission: Tom Valentine

Texas Department of Criminal Justice: Dee Wilson

Texas Department of Family and Protective Services: Sue Milam

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

Texas Juvenile Probation Commission: Vonzo Tolbert

Texas State Senate: Amy Herzog

Texas Youth Commission: Ron Porter

Veterans Integrated Service Network: Kathryn Kotrla

Agencies not in attendance:

Office of Rural Community Affairs

Texas Department of Housing and Community Affairs

Texas State House of Representatives

Texas Veterans Commission

Texas Workforce Commission

Ex-Officio Members present:

Nancy Speck, New Freedom Commissioner

Implementation Team Members present:

Vijay Ganju, MHT Project Director

Steve Eichner, IT Project Manager

Valarie Garza, Consumer Coordinator

Havovi Katki, Project Associate

Mimi McKay, Information Center Director

Richard Spence, Director, UT Center for Social Work Research

Stacey Stevens, UT Center for Social Work Research

Ellen Trevino, Program Specialist

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

Texas Mental Health Transformation Workgroup Meeting – July 6, 2007

Executive Summary

A meeting of the Texas Transformation Workgroup (TWG) was held on Friday, July 6, 2007. The Workgroup discussed:

Texas Mental Health Transformation: Moving Fast Forward: Dr. Lakey's presentation focused on perspectives and vision for the project, next steps, changes in leadership structure, and the agency's commitment to success. Mental health transformation (and other public health initiatives) will only occur with a coordinated effort and partnerships among state agencies, consumers, and other stakeholders. Dr. Lakey reinforced that this grant is not the sole component of DSHS's transformation efforts.

To sum up, Dr. Lakey presented some key messages regarding mental health transformation:

- Mental health transformation remains a high priority at DSHS.
- Mental health transformation will not occur because of a federal grant. Everything we do must be aligned with transformation.
- The vision of mental health transformation must be the basis for the design and application of programs, policies and resources.
- Mental health transformation ultimately will depend on partnerships among state agencies, with local agencies and with consumers, family members and advocates.
- Mental health transformation is about the lives of Texans, not just about systems.

Communication Plan: Vision, Mission, Motto: Mr. Shore gave some background on the Communication Plan. In May, he asked a team to develop a mission-driven strategic communication plan to support the overarching statewide goals of mental health transformation in Texas, to include a Vision, Mission, and Motto. Several choices for each category were presented by Delia Presley, VP-Communications and Marketing, Texas Health Institute. TWG members voted on their preferences and requested additional opportunities for providing feedback and other options. Ms. Presley will send an email to the group with the vote count and ask for additional feedback on Vision / Mission / Motto.

Crisis Services Redesign Update: Joe Vesowate provided an update on Crisis Services Redesign. He first gave background information on the initiative and funding that has been approved by legislature. In addition to funding, Rider 69 spells out expectations for this funding: development of plan for how funds will be distributed, performance measures, and a plan for external evaluation. Client satisfaction and consistency with the Texas Vision for a transformed mental health system are key components of success measures. The Crisis Services Redesign Workgroup will be reconvened in the next month or so to move to the next phases of project. Mr. Shore added that significant resources will be allocated to this redesign effort and asked TWG members to be prepared at future meetings to discuss how their agencies are proceeding with specific efforts, and find opportunities for collaboration with other stakeholders.

Workgroup Reports: Workgroup Executive Sponsors reported out on the status of workgroup templates, which include goals, objectives, action planning, and resource issues. These are all still in development, but significant progress has been made in a short amount of time. Updates were given by each of the following workgroups: Consumer Voice, Adult, Children and Adolescents, Housing, Workforce, and Data / IT. Completed templates are due by July 27th and will be reviewed at the next

TWG meeting on August 3rd. Mr. Shore mentioned that there are people available to assist with the completion of these templates, if needed. The template being used is a modification of what was given to us by our federal partners with SAMHSA. Most of the transformation states are at a visionary level with planning and SAMHSA is asking for a plan by September 30, 2007 that would outline how each state will be completing the work described in their comprehensive plans.

Consumer Voice Committee Update: Mike Halligan, Consumer / Family Member Representative, gave a presentation on existing Peer Support Certification Models, and strengths and weaknesses of various programs around the country. Mr. Halligan recommended that a workgroup be created to look at various options for peer support and determine the most appropriate one(s) for Texas. This group should look at all aspects of a program, including funding mechanisms, training, ongoing supports, etc. He asked that TWG partner agencies complete the “Agency Assessment of Peer-to-Peer Supports” form, which provides information on each agency’s participation in and success with various types of peer support programs.

Mr. Halligan expressed some concerns about recent decisions to discontinue the use of a state consumer group for the delivery of consumer-operated services. He recommended that Texas continue to have a state consumer group, even if it is not TMHC. A state consumer group would provide a strong consumer voice and would communicate a state-level priority for that consumer voice. He noted that the state is open and willing to talk about this issue and consider options.

Mr. Dutton presented a concern about recent decisions made regarding contracts with the Texas Health Institute possibly being terminated and putting that work out for a bid process. He has another concern about some key transformation staff positions, which are currently under employment or contract with THI, being moved over to a state agency, and the employees who currently hold those positions having to re-apply. Mr. Shore expressed his understanding and desire to work through and discuss these concerns. He added that input is certainly welcome as this process moves along. He invites people to contact him with questions and comments, and he will take that input forward to Dr. Lakey and others.

Ms. Bryan requested clarification regarding roles and responsibilities, decision making processes, and other authority for the TWG and for DSHS. Mr. Shore committed to finding out more information on these topics to delineate roles and responsibilities, and including it in the next TWG meeting.

“A Meeting of the Minds” Symposium: Camille Miller presented an update on the five-day symposium being held in August – including a 2-day community collaborative conference and a 3-day consumer conference. Each TWG agency is being asked to give a 5-7 minute presentation as part of the symposium and man information tables on their agency during portions of the symposium.

Community Collaboratives: Ms. Miller updated the group on the collaboratives project. Contracts with the communities have been signed. Additionally, each community has completed or is in the process of completing a Stakeholder Analysis Tool, a map of their comprehensive delivery system, an overview of what they will transform, needs assessment / resource inventory, and a healthcare quilt. Ms. Miller introduced several people who are part of this collaborative project.

The next TWG Meeting is scheduled for Friday, August 3, 2007 from 1:30 pm – 5:00 pm. The meeting will be held in the Brown Heatly Building, 4900 North Lamar Blvd. in conference rooms 1420-1430.

Texas Mental Health Transformation Workgroup Meeting – July 6, 2007 Meeting Minutes

I. Call to Order

Sam Shore, Department of State Health Services and MHT Operations Director, called the meeting to order and welcomed agency directors and representatives who constitute the membership of the Transformation Workgroup (TWG). Mr. Shore introduced Dr. David Lakey, M.D., Commissioner – Texas Department of State Health Services and Chair of the Transformation Workgroup. Dr. Lakey assumed the role of Commissioner 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.

II. Texas Mental Health Transformation: Moving Fast Forward

Dr. Lakey introduced himself and thanked the workgroup members and audience for their support and work. His presentation, “Texas Mental Health Transformation: Moving Fast Forward” focused on perspectives and vision for the project, next steps, changes in leadership structure, and the agency’s commitment to success. Mental health transformation (and other public health initiatives) will only occur with a coordinated effort and partnerships among state agencies, consumers, and other stakeholders.

He mentioned that the facts are startling – 6% of the Texas population has a severe mental illness; his agency is only able to serve about one in six of those individuals. From a public health standpoint, mental illness affects morbidity / mortality – people who have a severe mental illness, on average, live 25 years less than the general population. Additionally, the number of suicides in Texas has increased by 15% over the last five years.

Mental illness also has a significant impact on medical care in the state. 26% of all hospital discharges are related to mental health or substance abuse problems. 46% of all ER visits have behavioral health issues as a basic or contributing factor.

Dr. Lakey discussed some current issues addressed by transformation: 1) agencies and other organizations often work in silos versus together; 2) we haven’t always been recovery-focused or consumer-oriented; 3) there are disparities in services – racial / ethnic and geographic; 4) we often aren’t prepared to provide services if people enter the system in certain ways (i.e., there are “wrong doors” to get services); 5) workforce numbers and training are not adequate; 6) health and mental health services are not integrated; and 7) we haven’t fully utilized technology to our advantage.

He then presented the vision statements put forth by the New Freedom Commission. Texas’ vision for mental health transformation should be based on a public health, population-based

approach, focusing on early intervention. The resulting system must be for all Texans and have the following characteristics: appropriate / high quality services, quick and easy access, coordinated, seamless, and efficient.

Several initiatives are currently underway to drive successful transformation: 1) partnerships among state agencies, local entities, and consumers and family members; 2) community collaboratives; 3) consumer voice; 4) workforce development; 5) technology / data; and 6) special initiatives (peer support, housing, employment, school-based services, criminal and juvenile justice, and older adults).

Dr. Lakey reinforced that this grant is not the sole component of DSHS's transformation efforts. Other DSHS initiatives include: early intervention in schools, in partnership with TEA; crisis service redesign (\$82 million of new money into the system); epidemiology / data to better understand the scope and economic impact of the problem; mental health components of disaster planning; and integration with physical health initiatives.

Next steps include identifying opportunities across all agencies and possible new resources by making the case for economic and other impacts, as well as building consensus across agencies, state / local partners, and other stakeholders.

To sum up, Dr. Lakey presented some key messages regarding mental health transformation:

- Mental health transformation remains a high priority at DSHS.
- Mental health transformation will not occur because of a federal grant. Everything we do must be aligned with transformation.
- The vision of mental health transformation must be the basis for the design and application of programs, policies and resources.
- Mental health transformation ultimately will depend on partnerships among state agencies, with local agencies and with consumers, family members and advocates.
- Mental health transformation is about the lives of Texans, not just about systems.

III. Communication Plan: Vision, Mission, Motto

Mr. Shore presented some background information on the project communication plan. When he started in the role of MHT Operations Director, he was asked questions about the purpose of transformation and measures of success. What emerged from these conversations was a need for a cohesive communication plan. He then put together a team in May to discuss existing messaging, transformation goals and vision, and what successful transformation will look like.

At the August "Meeting of the Minds" symposium, community collaboratives will be presenting their plans for transformation at the local level. In preparation for that event, the project team would like the messaging and communication plan developed, in order to have a common platform for how we talk about mental health transformation in Texas.

Mr. Shore introduced Delia Presley, VP-Communications and Marketing, Texas Health Institute, who co-facilitated the communications team in developing vision, mission, and motto options.

Ms. Presley reiterated that the communication plan is in support of the New Freedom Commission vision, and is consistent with the work being done by this Transformation Workgroup and other partners. The team's purpose was to develop a mission-driven strategic Communication Plan to support the overarching statewide goals of mental health transformation in Texas.

Ms. Presley read through each of the Vision, Mission, and Motto options (included in the tables below) and asked TWG members to vote on the ones that they prefer. Each TWG member has 7 votes for Vision, 7 votes for Mission, and 7 votes for Motto that they can disperse as they choose – all on one option within a category, or dispersed in some other way.

Stephany Bryan asked the communications team for voting guidance in a category that didn't have any options that they felt strongly enough about. Ms. Presley said that the team could possibly reconvene and develop additional ones.

Ms. Bryan inquired about the process and team which led to the development of options. Ms. Presley and Mimi McKay responded that the team consisted of Stacey Stevens, Bill Race, Gary Chapman, Delia Presley, and Mimi McKay, and that, in the process of developing options, the team reviewed the New Freedom Commission vision, other states' visions, Texas' vision for transformation, and work currently underway.

Ms. Bryan asked if there were any consumers involved in the team. Ms. Presley said that team members met with Valarie Garza, but there were not consumer / family member representatives on the communications team.

Maurice Dutton commended the team for the work they've done. He added that he would have preferred to have more time to review and vote on the options, to give it more thought, especially since the final Vision / Mission / Motto are so important.

Mr. Shore responded that the focus for today's voting is to capture initial feelings regarding the options, to narrow down the list. Additional due diligence will continue and options may still be revised. He recommended that the group take a straw vote and then discuss which aspects of the Vision / Mission / Motto options are important and which are less important. The goal is to have these finalized, as well as additional deliverables based on these statements, by the middle of August. At the same time, we want to ensure that the final Vision / Mission / Motto statements work well for this workgroup. He then asked for other suggestions or feedback regarding next steps.

Sue Milam suggested that over the next week or two, TWG members have the opportunity to provide further comments regarding these and other options via email.

Vonzo Tolbert asked if the group could revisit mission and vision after internal and external assessments are completed, at the point when specific objectives are put together. Mr. Shore confirmed that they can be revisited at that point.

Terry Smith mentioned that it would be beneficial to discuss the Vision / Mission / Motto options in this meeting. He likes some of the options but feels that there are certain important elements missing.

Amy Herzog suggested that we vote, to narrow down the list of options, and then have a discussion about next steps. Mr. Shore and TWG members agreed.

VISION STATEMENT		
A Vision Statement is a “picture” of what an organization wants to become – What will Texas mental health look like with a transformed system?		
VISION STATEMENT OPTIONS	# OF VOTES	COMMENTS / DISCUSSION
1. Within a public health framework, all Texans have quick and easy access to coordinated, seamless, efficient systems of mental health care and early intervention that provide appropriate services of high quality.	1	This option has been eliminated.
2. We envision Texans having access to an integrated health system that is community-based and recovery-focused.	53	There was some discussion as to whether the term should be “mental health” vs. “health”. One comment was that since most people do not yet make a connection between physical health and mental health, it might be limiting to use the term <i>health system</i> . There was not a strong opinion voiced in either direction, but a note that we should be consistent in our language.
3. We envision Texans who have the abilities, skills and resources to navigate a healthy life and a Texas where people live, work, learn and participate in their communities.	38	There was no discussion regarding this item.

MISSION STATEMENT		
A Mission Statement describes what an organization is all about, and can be more defining than the Vision Statement.		
MISSION STATEMENT OPTIONS	# OF VOTES	COMMENTS / DISCUSSION
1. Improving the health of Texans and their communities through technology and consumer focused mental health transformation.	1	This option has been eliminated.
2. Providing access to consumer and family driven mental health care and services to improve the overall health of Texans.	44	There was some discussion as to whether the term should be “mental health” vs. “health”. There was not a strong opinion voiced in either direction, but a note that we should be consistent in our language. In both Option Two and Option Three, there was one TWG member recommendation that “work” needed to be embodied in the mission. There was additional TWG feedback that this was implied.

		<p>This version is missing a measure of quality.</p> <p>See Options Four and Five, which adapt Options Two and Three and include defining elements.</p>
3. A strong, consumer driven, state-of-the-art, comprehensive mental health service delivery system that ensures a quality of life with choice, determination and dignity for all Texans.	44	<p>See comments in Option Two.</p> <p>Consumer reps appreciated the terms consumer-driven and choice in this option.</p> <p>One comment was that <i>quality of life</i> doesn't adequately bring focus to the importance of work.</p>
MODIFIED OPTIONS (to be included in survey sent via email to TWG members)		
4. (Modification of Option Two) - Providing access to consumer and family driven mental health care and services so that every Texan can live, work, learn and participate in their community.		
5. (Modification of Option Three) A strong, consumer driven, state-of-the-art, comprehensive mental health service delivery system for all Texans that ensures a quality of life with choice, determination and dignity and provides the essentials for living, working, and learning.		

MOTTO		
A Motto is a brief statement or tagline used to express a principle, goal, or ideal.		
MOTTO OPTIONS	# OF VOTES	COMMENTS / DISCUSSION
1. Encouraging Mentally Healthy Texans	0	This option has been eliminated.
2. Keeping Texans in Mind	16	
3. Forging New Paths to a Healthier Texas	24	
4. Bright Minds, Bright Futures	2	This option has been eliminated.
ADDITIONAL OPTIONS (to be included in survey sent via email to TWG members)		
5. Working Now to Improve the Future		
6. Family Focused – Consumer Driven		
7. Resiliency of Mind and Body		
8. For the Health of Texans and Texas		
9. Prevention • Access • Recovery		
10. Changing Minds to Change Lives		
11. Reaching All Texans		
12. Working Together to Improve Mental Health		
13. Closing the Gaps in Mental Health		

Services		
14. Identifying Needs, Finding Solutions		
15. Quality • Choice • Access • Recovery		
16. Bright Beginnings, Full Lives		

Additional Comments regarding Vision / Mission / Motto:

- Vision statements should be brief, shorter than current options.
- Words that TWG members responded positively to in the Vision options: integrated, recovery-focused, integrated health, and access.
- Vision and Mission should be consistent regarding the message and the specific words / phrases. One option said *health system* and one said *mental health system*.
- TWG members requested additional motto options.
- We should keep the focus on health in our Vision / Mission / Motto.

Ms. Presley talked about clusterings of votes and suggested that further communication happen via email with TWG members over the next week or two, and then a more refined proposal be presented at the August meeting to make final decisions.

In closing, Mr. Shore asked Ms. Presley and the communications team to send an email to TWG members with additional options and an avenue for providing additional feedback. Follow-up will occur at the August TWG meeting.

Mr. Dutton requested that whenever teams are created or decisions made about moving transformation forward, to include consumers. Knowing that intentions are good, we nonetheless sometimes forget to include them.

IV. Crisis Services Redesign Update

Mr. Shore introduced the topic of Crisis Services Redesign, which was the lead legislative issue for DSHS. He added that significant resources will be allocated to this redesign effort and asked TWG members to be prepared at future meetings to discuss how their agencies are proceeding with specific efforts, and find opportunities for collaboration with other stakeholders. He asked Joe Vesowate to give an update on the redesign efforts.

Mr. Vesowate commented that in Dr. Lakey’s presentation today, he made direct reference to the impact and prevalence of mental health issues, and the size and complexity of the behavioral health system in Texas. A couple of year ago, DSHS was asked to look into one aspect of that system – persons who present with a behavioral health crisis. A Blue Ribbon Committee was convened that represents the spectrum of people impacted by this system – consumers, family members, service providers, law enforcement, judges, emergency departments, etc. The committee was charged with coming up with recommendations to improve this system. Out of that came a Legislative Appropriations Request \$82 million, which is only a part of the estimated cost to have a full-service crisis system in the state.

The committee focused on several things with this recommendation: public health-based, system for all Texans, early intervention to keep people out of ER's and jails, 24 hour services for people in crisis, mobility orientation, observation services, stabilization services.

We have a stewardship responsibility to use this money in an effective way. In addition to funding, Rider 69 spells out expectations for this funding: development of plan for how funds will be distributed, performance measures, and a plan for external evaluation. Client satisfaction is a key component of success measures. They will also work to ensure that this work is consistent with the Texas Vision for a transformed mental health system.

The Crisis Services Redesign Workgroup will be reconvened in the next month or so to move to the next phases of project.

Dee Wilson stated that since criminal justice system has a stake in this work, she recommends that someone from Criminal Justice be on the workgroup. She expressed a desire to work closely with the team on the work, in order to reduce redundancies with work that her agency is pursuing. Dr. Kotrla offered up the VA as a resource as this work continues.

Mr. Shore reiterated the effectiveness of discussing these types of projects with other stakeholders, as in TWG meetings, to reduce fragmentation and silos, which is one of the goals of transformation.

Mr. Tolbert asked what the funding formula looks like. Mr. Vesowate said that it is still in development, but that the direction from the legislature is that a portion will address differences in per capita funding across local areas, another portion will be based on per capita distribution across the state, and a third that focuses on community incentives. The state alone cannot solve this problem; where communities come together and collaborate, successful results have been realized.

V. Workgroup Reports

Mr. Shore asked executive sponsors to report out on status of workgroup templates, which include goals, objectives, action planning, and resource issues. These are all still in development, but significant progress has been made in a short amount of time.

Workgroups are an interagency extension of the executive Transformation Workgroup (TWG), created to provide organization and a process for implementing the transformation vision and developing priorities, strategies, activities and goals designed to address or focus on specific aspects or subpopulations of the transformation framework.

Completed templates are due by July 27th and will be reviewed at the next TWG meeting on August 3rd. Mr. Shore mentioned that there are people available to assist with the completion of these templates, if needed.

The template being used is a modification of what was given to us by our federal partners with SAMHSA. Most of the transformation states are at a strategic level with planning and SAMHSA

is asking for a plan by September 30, 2007 that would outline how each state will be completing the work described in their comprehensive plans in a more operational way.

Updates were given by each of the following workgroups:

Consumer Voice Workgroup (Stephany Bryan, Mike Halligan, Maurice Dutton – Executive Sponsors)

- Goal 1: Have a 2-way communication system between Consumers / Family Members and Providers / Policy Makers.
- Goal 2: Peer-to-Peer Supports are available to all Texans.
- Goal 3: Outcome evaluation measures that are recovery / resiliency focused.
- Goal 4: Consumer Voice is present, active and driving all aspects of MH Transformation in Texas.
- Goal 5: [will develop a goal around Crisis Services Redesign]

Stephany Bryan also presented a document from the Consumer Voice team which outlines definitions of consumer, family member, and consumer- and family-driven; guiding principles for consumer- and family-driven; and characteristics of consumer- and family-driven. She asked that TWG members review these and provide any feedback to the team.

Adult Workgroup (Jon Weizenbaum and Dee Wilson – Executive Sponsors)

- Goal 1: To include community mental health assessment components in the revision of the Aging Texas Well (ATW) Community Assessment.
- Goal 2: To develop an evidence-based information clearinghouse on the ATW website to support program development in ATW-friendly communities, support adoption of evidence-based programs, and provide opportunities for collaboration and information exchange.
- Goal 3: To demonstrate the effectiveness of a targeted behavioral health intervention for certain individuals with disabilities who are transforming from nursing facility services to community services as part of the Texas Money Follows the Person grant.
- Goal 4: Establish a web page on the MHT-SIG site that provides key information from the partner agencies regarding their employment programs. Elements of profile to include descriptive information about available services, access / referral information, target populations / eligibility requirements, outcome measures collected (including most current information) and other data collected / available. The site is intended to be a resource to service providing staff from all agencies, but also primarily a resource to consumers.
- Goal 5: Develop and pilot peer support structure to serve a long-term support function for employment, and to also provide other key supports to employment not broadly available, particularly benefits planning assistance.
- Goal 6: Expand a peer support infrastructure to provide supports to employment, and develop long-term funding. Review pilot results, and if successful, develop a plan to expand peer support model and fund long-term.
- Goal 7: Crisis Services Redesign

The Adult Workgroup has refocused into three areas: aging adults, criminal justice, and employment.

Children and Adolescent Workgroup (Sue Milam and Richard Poe – Executive Sponsors)

- Goal 1: To improve mental health for children and adolescents and their families.
- Goal 2: Build on current initiatives to expand population-based, early intervention approaches for children and adolescents.
- Goal 3: Increased access to school-based mental health resources.
- Goal 4: Increase awareness of and access to evidence-based and promising practices to improve the mental health of children, adolescents, and families.

Housing Workgroup (Tom Valentine and Erin Ferris – Executive Sponsors)

- Goal 1: To explore the housing programs that currently serve the mental health populations and investigate their rates of success and service satisfaction as it relates to consumer standards. The key to this goal is to develop an understanding of existing housing programs and their delivery mechanisms, while focusing on any regulatory facets of policy which create barriers and may even make certain populations ineligible to benefit from various housing opportunities.

Workforce Workgroup (Terry Smith and John Fuller – Executive Sponsors)

- Goal 1: Develop shared training resources and program for TWG agency staff

Data / IT Workgroup (Tom Valentine and Erin Ferris – Executive Sponsors)

- Goal 1: The development and implementation of technology and related policies to support the coordination of care across and between state agencies, local providers, and the private sector.
- Goal 2: Provide resources and information useful to community collaboratives in implementing technology resources that can serve multiple communities and / or interface with state systems.
- Goal 3: Develop an understanding of shared clients and resource expenditures through the use of the OTHER STATE AGENCY study being conducted by NASMHPD Research Institute.

VI. Consumer Voice Committee Update

a) Peer Support Certification Models

Mr. Halligan, Consumer / Family Member Representative, gave a presentation on existing Peer Support Certification Models, and strengths and weaknesses of various programs around the country. Most of these models are focused on certifying individuals, but some go beyond just certifying the individual. In his opinion, some of the stronger models are: Veteran's Administration, DBSA, NAMI, TMHC, Kansas,

Georgia, New York, Arizona, and USPRS. Services that can be performed by consumers are: case management, peer support groups, psycho-social rehabilitation, supported employment, supported housing, PACE (PACT), crisis services, and warm lines. These consumer providers can be employed or contracted by conventional provider systems or drop-in centers, or they can serve as fee for service, Medicaid providers.

Mr. Halligan recommended that a workgroup be created to look at various options for peer support and determine the most appropriate one(s) for Texas. This group should look at all aspects of a program, including funding mechanisms, training, ongoing supports, etc.

He asked that TWG partner agencies complete the “Agency Assessment of Peer-to-Peer Supports” form, which provides information on each agency’s participation in and success with various types of peer support programs.

b) State Consumer Group

Mr. Halligan expressed some concerns about recent decisions to discontinue the use of a state consumer group for the delivery of consumer-operated services. He recommended that Texas continue to have a state consumer group, even if it is not TMHC. A state consumer group would provide a strong consumer voice and would communicate a state-level priority for that consumer voice. He noted that the state is open and willing to talk about this issue and consider options.

Mr. Halligan added that because of political and other pressures, it’s going to be hard for DSHS to make some of the big changes – he understands the pressures that they are under. He is requesting that all agencies and organizations step up and be willing to make the hard choices and changes, view the system differently, etc. This is important work – it’s not about money; it’s about people’s lives. After 5 years and \$15 million for this project, we should see some significant improvements in the lives of the people actually suffering from mental illness.

c) Other

Mr. Dutton presented a concern about recent decisions made regarding contracts with the Texas Health Institute possibly being terminated and putting that work out for a bid process. He has another concern about some key transformation staff positions, which are currently under employment or contract with THI, being moved over to a state agency, and the employees who currently hold those positions having to re-apply. He has concerns about these decisions based on two assumptions: 1) that the TWG was formed in part to help set policy and direction for transformation, as well as assist with implementation, and this decision was not made by the TWG; and 2) that key Transformation staff were employed under contract with THI so that they would not be controlled by a beaurocracy that would, by nature, resist transformation. He feels strongly that the independence of having these positions at THI contributes to the ongoing success of the work.

Mr. Shore expressed his understanding and desire to work through and discuss these concerns. He noted that the Scope of Work with the Texas Health Institute, which includes the community collaborative project, is being expanded from six to eight communities, as well as other changes in work scope. One of the next steps will be to competitively procure the best technical support for those collaboratives, and he hopes that the Texas Health Institute will be one of the applicants. As we expand this work, we are going to look at the entire Scope of Work, including the statewide functions that are currently part of THI – Project Director, Project Associate, and Consumer Coordinator – and examine where those positions are best placed. Mr. Shore feels that the change in project scope is the reason for the additional due diligence being pursued. He added that input is certainly welcome as this process moves along. He invites people to contact him with questions and comments, and he will take that input forward to Dr. Lakey and others.

Ms. Bryan stated that she feels that some decisions are being made in isolation. This work is intended to be a partnership among the TWG representatives, but decisions are being made outside of this group. She asked for clarification regarding roles and responsibilities, decision making processes, and other authority for the TWG and for DSHS. For example, is the TWG a decision-making group and DSHS implements projects based on those decisions? Or, is DSHS the decision-making group and TWG representatives implement based on those decisions? She expressed concern that some of the decisions being presented at this meeting are new to some of the people at the table. Mr. Shore committed to finding out more information on these topics to delineate roles and responsibilities, and including it in the next TWG meeting.

VII. Community Collaboratives

Camille Miller first expressed her gratitude to the Governor for taking the leadership with mental health transformation and being committed to its success. She asked Heidi McConnell to take that message back to the Governor.

Ms. Miller then presented an update on the community collaborative project. In August, there will be a five-day symposium called “A Meeting of the Minds” – including a 2-day community collaborative conference and a 3-day consumer conference. Because it is focused on community collaborative planning and consumer voice planning, and due to space and funding limitations, it is an invitation-only event. She asked that TWG members review the documents regarding that event, included in their packets, in addition to the information already sent to them over the last couple of months. Each TWG agency is being asked to give a 5-7 minute presentation as part of the symposium and man information tables on their agency during portions of the symposium.

Ms. Miller noted that the National Advisory Council, which includes national leaders in the mental health field, will be in attendance. Their role will be to listen to the community collaboratives and provide feedback and technical assistance regarding transformation plans.

Ms. Miller then presented some background on the community collaborative effort. About three years prior to this grant, the Texas Health Institute was working with SAMHSA on ways to implement the visions and goals included in the New Freedom Commission (NFC) report, as it relates to communities. Nancy Speck, Ph.D., was a Commissioner with NFC, along with two other Texans – one of her areas of expertise is in community work. THI began the collaborative project with five communities, and as people learned more about the opportunities for people at the local level to be drivers in this transformation effort, more communities wanted to participate. The Department (DSHS) asked THI to do a Request for Application, versus the original plan of identifying communities and working with them individually on action planning.

Twenty communities applied through this RFA process, which represented 60% of Texas' population. She was encouraged by the fact that every applicant expressed sincere commitment to mental health transformation. The three project objectives are: 1) consumer-driven transformation and systems; 2) transformation of the comprehensive mental health system; and 3) the use of technology as a tool with these efforts. Selection criteria were developed and applicants were ranked based on scoring. Six communities were chosen, but scores for two others were so close to the other six that THI began advocating for their participation in the project, which DSHS has approved.

Contracts with the communities have been signed. Additionally, each community has completed or is in the process of completing a Stakeholder Analysis Tool, a map of their comprehensive delivery system, an overview of what they will transform, needs assessment / resource inventory, and a healthcare quilt.

Ms. Miller introduced several people who are part of this collaborative project. Susan Garnett, of Tarrant County, expressed the excitement of her community leaders regarding the collaborative work at hand. They are encouraged to be part of this project, where transformation decisions are made at the local level. Ann Denton talked about housing issues and helping communities access money for housing. Ms. Miller then talked about technology opportunities and introduced Shannon Calhoun, who has worked at the community level with health information technology, is developing a RHIO under the state process, and will be working with the communities to develop a plan for information technology. Ms. Calhoun noted that technology is not the difficult part of this process – it's the change process that's hard. The three things to keep in mind are: trust in each other and the work, take the vision out to the agencies, and help drive the changes. Finally, Ms. Miller introduced Valarie Garza, Consumer Coordinator and thanked her for her strong leadership with Consumer Voice work.

VIII. Next Steps

The next TWG Meeting is scheduled for Friday, August 3, 2007 from 1:30 pm – 5:00 pm. The meeting will be held in the Brown Heatly Building, 4900 North Lamar Blvd. in conference rooms 1420-1430.