Texas Mental Health Transformation Work Group Meeting
Minutes
July 19, 2006

A meeting of the Texas Transformation Work Group (TWG) was held in the Public Hearing Room 739 at 1100 West 49th Street, Austin, Texas on Wednesday, July 19, 2006.

Transformation Work Group (TWG) Members present:
Dave Wanser, **TWG Chair** (Texas Department of State Health Services)
Charles Buerschinger (Texas Veterans Commission)
Allyson Brandt (Central Texas Veterans Health Care System)
Veronica Chapa (TDHCA)
James Cooley (Chief of Staff for House Representative Diane White Delisi)
Theresa Cruiz (Texas Office of Rural Development)
Valarie Garza (Parent)
Amy Herzog (Chief of Staff, Senator Jane Nelson)
Mike Halligan (Texas Mental Health Consumers)
Gene Lenz (Texas Education Association)
Luis Macias (Texas Workforce Commission)
Heidi McConnell (Office of the Governor)
Linda Reyes (Texas Youth Commission)
Vicki Spriggs (Texas Juvenile Probation Commission)
Terry Smith (Texas Department of Assistive and Rehabilitative Services)
Tom Valentine (Health and Human Services Commission)
Jon Weizenbaum (Texas Department of Aging and Disability)
Dee Wilson (Texas Department of Criminal Justice)

New Freedom Commission Members
Nancy Speck (New Freedom Commissioner)
Deana Yates (New Freedom Commissioner)

Implementation Team Members present:
Vijay Ganju, **Project Director**
Wendy Andreades, Center for Policy and Innovation (Texas Department of State Health Services)
Delia Mears, (Vice President of the Texas Health Institute)
Stacey Stevens, Subcontractor for Evaluation (UT School of Social Work)
Pat Wong (UT LBJ School of Public Affairs)

I. WELCOME AND INTRODUCTIONS

Dr. Dave Wanser, Deputy Commissioner for the Texas Department of State Health Services (DSHS) and Chair of the Texas Mental Health Transformation Work Group (TWG), called the meeting to order at 1:30 p.m. and welcomed agency directors and representatives who constitute the membership of the Transformation Work Group.

II. Approval of Minutes

Dr. Wanser called for the approval of the minutes from the May 19, 2006 meeting. The group unanimously approved the minutes with a point of clarification to be added by Linda Reyes (Texas Youth Commission).

III. MENTAL HEALTH TRANSFORMATION DRIVERS

National Governor's Association Meeting

Dr. Wanser informed the Work Group that Texas had recently sent representatives to New Orleans for a **National Governor's Association (NGA)** meeting on mental health. NGA has adopted mental health as a national imperative. This particular meeting was ostensibly for Southern states to meet and discuss mental health issues. Dr. Wanser attended the meeting along with three other TWG representatives Heidi McConnell (Office of the Governor), James Cooley (Chief of Staff for House Representative Diane White Delisi), and Amy Herzog (Chief of Staff, Senator Jane Nelson).

Heidi McConnell shared the Governor's perspective on NGA's mental health activities. She explained that the Texas contingent included legislative staff, with the idea that the group could help make decisions about how "Texas should proceed process-wise" during the upcoming session. Ms. McConnell emphasized that *no decisions were made regarding policy or legislation.* She also confirmed Texas is ahead of many other states because of the unique opportunity the Mental Health Transformation State Incentive Grant (SIG) provides.

Interim Committee on Mental Health

Amy Herzog, Chief of Staff for Senator Nelson reminded the Work Group that the Senate Committee on Human Services has thirteen **interim charges,** two of which relate directly to the issue of mental health (MH) services. These MH charges are:

1) To study and make recommendations for improving delivery of Texas mental health services. [The Committee is to] consider local and regional delivery systems including access to care, cost-effectiveness, choice, competition and quality of care; and

2) To study in conjunction with the Senate State Affairs Committee, the current laws/policies relating to forensic patients in our State Hospitals and Community Mental Health Organizations. [The Committees are to] include analysis of and recommendations relating to pre- and post-trial forensic patients, competency laws and procedures, current treatment policies and guidelines, cost and placement considerations for creating specialty units for forensic patients, judicial discretion, and medical best practices.

Ms. Herzog expressed her appreciation for the opportunity to pursue these charges at the same time the Transformation Work Group is conducting its efforts. She also reminded the Group that the Senate Committee on Human Services is holding a hearing to review these charges on August 23, 2006 at 9 a.m. in the Senate Finance Committee Room. The Committee will hear testimony on the joint change in the morning and will focus on the broader charge of delivery of mental health services in the afternoon. Finally, she expressed her willingness to meet with members to discuss issues surrounding mental health and these interim charges.

Mr. Cooley, Chief of Staff for House Representative Diane White Delisi, added that the Texas House of Representatives is working – independently of TWG – on the issue of electronic medical records. He underscored the importance of information technology as it relates to mental health transformation and interagency communication. He informed the group that Texas is currently exploring the Florida model for electronic health records.

Texas Health Institute Policy Forum

Next, Dr. Vijay Ganju, **Project Director** reported on the Texas Health Institute (THI) **policy forum** "Making the Case for Mental Health Transformation in Texas" held July 14, 2006. The program included a presentation by Valarie Garza on family issues and mental health (see similar presentation outlined below) in which she shared her own, very personal story about her family's experience with the Texas mental health system. In addition, Dr. Ganju presented information about the grant.

Dr. Ganju thanked the Texas Health Institute for coordinating the policy forum and informed the group that there will be another forum on this issue on December 8, 2006. TWG members who attended the July forum urged other members to attend the next forum.

Approximately 95 people– representing a wide array of stakeholders -- attended the event. The attendees raised varied and insightful questions such as: "How does the mental health transformation project impact information technology?" "How will the transformation project address specific populations?" "Where will rural access issues fit into the overall transformation of systems?" (See attached list for full array of questions.)

The group discussed the availability of data relating to rural access to mental health services. Dr. Ganju indicated that nationally a number of groups are looking at workforce issues and the integration of evidence based practices. Specifically, Substance Abuse and Mental Health Services Administration and the Western Interstate Consortium of Higher Education (WICHE) are working on mental health access issues.

Dr. Wanser reminded the group that the Transformation Grant's information technology efforts will directly benefit rural areas. He explained that DSHS is piloting two telemedicine programs that will allow for reimbursement at "both ends of the television set." Programs such as these will benefit psychiatrists who currently have to travel long distances to rural counties to offer testimony. Being able to use teleconferencing for testimony will save time and money and it has precedent for being legal – though the process has not yet gained favor with all judges.

Dr. Wanser also informed the group that DSHS is working with HHSC and HHSC agencies on a *promotora program* which will provide border communities with education and outreach for Hispanic patients. When talking to *promotora* groups about what issues are of concern to them, Dr. Wanser indicated *family mental health and substance abuse issues* often rise to the top of the list.

Also, the Department is working with higher education groups on a certification program which will address core curriculum requirements for behavioral health programs. DSHS is reviewing certification models used in other states such as Alaska, which establish relationships between higher education providers and state agencies. In the Alaskan model, the University of Alaska, vocational schools, and the Alaska Department of Behavioral Health came together to encourage human service workers to pursue careers in behavioral health. After obtaining an associates degree, the Alaska Department of Behavioral Health placed workers in rural areas and encouraged them to continue pursuing additional education. The program has been running for a few years and there are now employees working in off-road villages who are finishing their master's degrees.

Finally, Dr. Wanser indicated that the Hogg Foundation is committed to working on the workforce development issue. The Foundation is looking to ensure that Texas institutions of higher learning implement core curriculum requirements such that students are ready to work in the mental health field once they have completed their degrees.

Mr. Cooley added that the Legislature, dating back to 2003, has been looking at a program called "interpreter in a box." The concept would require the state to contract with a web-based translation company to permit language translation and sign language translation in rural medical settings. The program was proposed to assist in emergency room settings by reducing the cost of travel for interpreters and increasing speed of care. Mr. Cooley suggested this model – using a secure webcam – could be used in rural areas in Texas to provide behavioral health services.

IV. TRANSFORMATION GRANT ACTIVITIES

Consumer Voice Initiative

Valarie Garza presented on the Consumers Voice Initiative's most recent efforts. She began by telling her own, very personal story of her family's experiences with the Texas mental health system. Ms. Garza explained that she was sharing her story to make clear why she and the other consumer representatives participate in the Transformation Work Group activities. She also wanted to underscore the connection between their experiences as consumers and the TWG efforts.

Ms. Garza is a single mother of three boys. Her oldest son, Daniel, has suffered from mental illness all his life. Now 21 years old, he was arrested in Austin a month ago and charged as a serial rapist.

Daniel's mental health issues surfaced as early as pre-kindergarten, continued through elementary school and beyond. Throughout his education, he was continually reprimanded for behavioral issues. By third grade he was enrolled in special education classes. This was the

same year he became involved in what was the Department of Children Services of Mental Health and Mental Retardation.

Her involvement with MHMR was extensive. Her son began receiving services at age seven or eight. By age 10 he was arrested for the first time for assault. He spent a large portion of his life from ages 10 to 18 in the Texas Juvenile Justice System. During his lifetime, he has incurred 7 residential treatment center placements, 37 arrests, 40 therapists, over 70 medications, and 60 psychiatric hospitalizations.

She shared with the group her definition of consumer – as there is no one, mutually agreed upon definition. She defined consumer as "any person who has accessed mental health services for themselves or a family member." Ms. Garza emphasized the importance of including family members in the definition of consumers because "when your child suffers from mental illness, you have to navigate the system for them."

Helping her son access the services he needed was expensive. After he maxed out a year of her private insurance hospitalization benefits in one month, she realized it was easier and more cost effective to remove him from her private health care benefits and instead have him access Medicaid services. Under Medicaid, he was able to receive a wider array and more comprehensive services.

Over the years, her son has accessed services from 11 agencies and providers. These agencies include MHMR, CPS, special education, Juvenile Justice, Health and Human Services, TRIAD, CRCG, private providers, residential treatment centers, state hospitals, and private hospitals. She estimated the cost of these services to the State of Texas to be $925, 440.00 – nearly one million dollars. This sum is by no means comprehensive as it does not include such items as adult or juvenile criminal justice expenses, agency special programs, duplication of services, and duplicative administrative costs.

Costs:

- Three years residential treatment average $200 per/day ($219,000)
- 1 hour therapy sessions $45 per/hour for eight years ($28,000)
- Psychological evaluations one per year for 12 years at a rate of $650 per session ($7,800)
- Medication management, one appointment per month for 12 years at a cost of $60 per appointment ($8,640)
- Psychiatric hospital stay, average of six per year for 12 years ($400,320)
- 1 seven month stay at a state psychiatric hospital ($117,600)
- Medication $400, per month ($144,000)

TOTAL= $925,440

Ms. Garza shared with the group how caring for her son has compromised her ability to work. At one point, her son became a ward of the state when she refused to reassume custody of her son after a hospital discharged him for injuring a member of the staff. At the time, Ms. Garza asked the judge, "If the hospital could not control him, than how could I?" The judge charged

her with child neglect for failing to take custody. As a result of the negligence charge, she lost her nursing certification and in turn, her job.

Even when employed, caring for her son occupied a large amount of time. For example, each agency from which her son accessed care required their own weekly evaluation sessions. Consequently, at times, her son had as many as four different agency therapy sessions each week. Ms. Garza suggested that such duplication of services could be eliminated by increasing communication between agencies and consolidating services – easing the burden on family members and patients.

As she navigated the services for her son, she found most agencies offered only traditional services which were often cookie cutter programs, managed by inflexible providers. Few of these programs permitted consumer input. Sadly, "even though they recognized that this type of care had not worked in the past for my son, it was all they offered and the only option."

Ms. Garza's son did find success under a *Systems of Care Initiative* in Travis County. This program involves a partnership of families, youth, state agencies, and private providers who come together to draft a comprehensive treatment plan. The plan incorporates all agency services and focuses on consumers' strengths.

This "wrap around" approach to care worked for her son. During the two years he was involved in this program he was not arrested once – and it was the only time between the ages of 10 and 20 that he went for more than a year without an arrest. She believes that if she was able to continue with this program or if they had started this program earlier it might have made a difference in her son's life – and he would not have ended up in prison. Her son was forced to leave the program because he was at an age where Ms. Garza could no longer control his outbursts and he had become a danger to his family. These outbursts were a violation of the program rules.

There are four sites in Texas offering fully-funded programs of this type: El Paso, Harris County, Tarrant County, and Travis County. The Federal Government is responsible for the majority of the funding for these programs– except for $400,000 contributed by the state. In addition, there are 8 to 10 unfunded sites attempting to provide this service without adequate funding. Dr. Ganju indicated there is a large amount of data around this type of therapy and it can be made available to TWG members.

Ms. Garza concluded family's story by reminding TWG members of the importance of including the consumer voice in the Transformation process. A known consumer motto is "nothing about us without us." She urged the group to remember that consumers must be involved in the entire process of care: from developing plans for patient services to drafting legislation and agency polices. It is vital, she added, that agencies consider making consumers their partners in all aspects of care and policy development.

Ms. Garza informed the group that the Texas Consumer Voice Initiative, a consumer driven collaborative, has identified a number of agenda items for transformation. These items include improving communications and developing a collaborative network across the state, defining

terms to build consensus, and building on the current strengths and activities occurring throughout the state. The Consumer Voice Group has identified specific areas which they would like TWG to pursue. These items are:

1) Identifying other examples of consumers who have accessed expensive state MH services without success – individuals like Ms. Garza's son – and determining overall costs related to their treatment;
2) Researching the overall cost of non-treatment and unsuccessful treatment;
3) Establishing a speakers bureau;
4) Holding a Town Hall meeting to educate consumers on TWG activities and learn about consumer concerns; and
5) Creating a family network.

She also informed TWG members the Consumer Group had participated recently in a conference call with SAMHSA. The call included consumer groups from other SIG states and discussed experimental programs occurring in other states.

Following Ms. Garza's presentation, TWG members discussed the value of understanding the costs associated with treating individuals like her son. Members expressed interest in identifying kids at risk early in the process and perhaps spending a quarter of what could be a million dollars ($250,000) on *early intervention services*. This might avoid having to continue to provide expensive care for years and years (prison services) and minimizing human suffering.

The group also expressed an interest in identifying other "one million dollar" failures and equivalent success stories. They suggested a university research this issue further to determine where the system succeeds and where it fails.

Next, the group discussed the **Consumer Voice Initiative's Town Hall Meeting Proposal**. The purpose of the meeting would be to:

1. Inform consumers about the activities of the Transformation Work Group; and
2. Gather information from consumers to relay to the Workgroup both as it relates to the needs assessment and the overall transformation.

TWG approved the meeting and agreed it would be held on Tuesday, August 8, 2006 and last approximately four hours. The meeting will be held in Austin with the exact location to be determined. TWG agreed that each agency would be responsible for identifying at least two consumers who would provide varied perspectives on the Texas mental health system. Agencies would be required to provide transportation and lodging for participants. The four consumer advocate members of TWG will facilitate the meeting.

Needs Assessment and Resource Inventory
Next, Dr. Ganju presented a brief overview of the interviews he conducted with various stakeholders in the Texas mental health system. He reminded the group that Texas must submit a comprehensive mental health plan to SAMHSA by the end of September. The report must spell out how transformation activities will move forward in Texas over the course of the grant.

He explained that the Federal Government – with its 17 agencies – is also developing and implementing reforms at the same time Texas and the other SIG states are moving forward with transformation plans. What makes Texas efforts unique, he stated, was that the state plan looked to put policies into practice at the local level by working with community collaboratives to implement changes.

A number of TWG members expressed their frustration with the federal system and an inability to communicate with them effectively. The group recognized that there was variability among the federal agencies – while some agencies are helpful, others are recalcitrant.

In reference to the grant requirements, Dr. Ganju explained that Texas is required in the first year of the grant to: 1) conduct a needs assessment, 2) perform a resource inventory, 3) develop a comprehensive plan and 4) create performance measures. Dr. Ganju indicated that a great deal of work is needed in the next month to complete these first year tasks. Thus, he suggested TWG meet again in August and September. He proposed presenting a draft needs assessment in August and the comprehensive plan in September. (See two-page needs assessment summary.)

The state's needs assessment requires reviewing state agency plans and priorities, interviewing state agency leaders, holding regional hearings (crisis services), determining consumer and family member priorities, and establishing specific needs relating to population groups, infrastructure components, technology and training. The Comprehensive **Plan for Transformation** will incorporate state agency strategic plans and identify specific priority areas.

Formation of TWG Subcommittees

As discussed at the May 19th meeting, Dr. Ganju suggested the Work Group establish "implementation workgroups" in order to organize the transformation process and facilitate research. The subcommittees will focus in detail on one topic area such as a population, program, infrastructure area, or stakeholder group. The groups will consist of agency staff, consumers and families, people with expertise in the subject area, and at least one TWG member who will serve as the liaison to the larger TWG. The group will develop recommendations which will be submitted to TWG for approval.

Dr. Ganju proposed a number of possible workgroup topic areas for study. For example:

- Populations: Children and youth, "justice-involved" adults, returning veterans, and older adults;
- Programs: Crisis services, evidence-based practices, prevention, integrating health and mental health;
- Infrastructure development: Data integration, new technology, and workforce development; and
- Stakeholder groups: Consumer/family members, providers.

Next, Dr. Ganju presented a preliminary summary of priorities and needs expressed by state agency leaders which were derived from individual interviews. The information serves as a high level summary and by no means is a detailed account of the information gleaned from these

conversations. Some of the priorities agencies expressed interest in are already in place on a smaller scale and they would like to see these efforts expanded.

The Department of Aging and Disability Services listed agency priorities as 1) increasing access to the MH system by reducing waiting lists, 2) ensuring multiple access points for treatment referred to as a "no wrong door" approach, 3) focusing on choice and self determination, 4) streamlining access, 5) promoting consistency in program quality, and 6) serving the aging population. The Department of Aging and Disability Services behavioral health priorities are 1) serving behavioral health needs of again population, 2) recognizing dual diagnosis (MR/MI), 3) training workers in primary care, geriatrics, and mental health, and 4) MH needs for individuals with disabilities. The Department underscored all the areas express above as areas of interest for transformation and added information technology/electronic health records and training to their transformation priority list.

Meeting with leadership from **The Council on Offenders with Medical and Mental Impairments** gleaned the following information. The agency priorities are 1) coordinating services for offenders with medical and mental impairments, 2) developing and implementing community based alternatives to incarceration. The Council's behavioral health priorities included 1) data sharing and technology, 2) jail diversion, 3) integration of services with mental health and public health providers, 4) returning veterans, and 5) gender and minority issues. Additionally, the Council expressed interest in transformation projects surrounding 1) data sharing and integration, 2) telemedicine, video conferencing, and instant message capabilities, 3) rural issues, and 4) evidence based practices.

The Texas Youth Commission expressed interest in improving the efficiency and effectiveness of services, and 2) promoting the prevention of delinquency. Their priorities in the area of behavioral health include 1) pre and up-front medical services for at-risk youth, 2) TYC services such as recruiting and retaining physicians, and 3) post-TYC programming. Finally, TYC leadership expressed interests in transforming 1) early intervention and identification services in urban and rural settings, 2) training for clinicians, 3) recruitment, 4) tele-psychiatry, 5) integration of health care services, and 6) working with families

The Texas Juvenile Probation Commission shared their interest in promoting 1) early access to services and 2) improving the quality of services in communities. In addition, the Commission articulated behavioral health concerns relating to 1) the meeting of children's mental health needs, 2) policy academy, 3) early identification of needs in schools, 4) workforce preparation, 5) mental health and substance abuse services, and 6) family preservation initiatives. The Commission's behavioral health interests include 1) mental health referral assessments, 2) workforce development adequacy and expertise, 3) Medicaid reimbursement limitations, and 4) multiple medications for children. Finally, the priorities for transformation include 1) assessment for mental health referrals, 2) workforce development including ensuring adequacy of expertise, 3) Medicaid reimbursement limitations, and 4) multiple medications for children.

The Texas Department of Family and Protective Services expressed transformation priorities in the areas of 1) DPS reforms, 2) early intervention with families, and 3) foster care and managed care initiatives. Items specifically relating to behavioral health their priorities were 1)

mental health and substance abuse service needs of families prior to removal, 2) data sharing, 3) step down programs for psychiatric users, and 4) psychotropic medications. The Department's transformation grant areas of interest included 1) increasing access and coordination at the community level, 2) early mental health intervention with families, 3) meeting the needs of children in psychiatric beds, 4) telemedicine, and 5) a shortage of psychiatrists and nurse practitioners.

In concluding his remarks on the department interviews, Dr. Ganju characterized the major themes and interests as follows. Departments are interested primarily in increasing access to mental health services so that the demands on different agencies are removed (no wrong door), in addition to expanding early intervention programs and children's services, workforce needs, technology, and data sharing and integration.

Community Collaboratives
Next Dr. Ganju discussed the Transformation Grant efforts surrounding **community collaboratives**. These collaboratives provide an opportunity to transform the Texas mental health system from the bottom up, as well as, the top down. There are community collaboratives in place in San Antonio, Houston, and Tarrant County. Collaboratives bring together local and state agencies and encourage leaders to build on the current system of care by coordinating services, pooling funds, and sharing data. Through these efforts collaboratives seek to increase the efficiency and effectiveness of care.

The community collaborative piece of the Texas SIG includes private sector representation in the transformation process. Relationships with private groups will be developed by including private sector representatives as members of the collaboratives and reaching out to community philanthropic organizations to finance efforts and encourage community buy-in.

Tarrant County is an example of a successful community collaborative. This collaborative includes county and city government participation, as well as, 25 mental health providers. The open dialogue encouraged by collaborative efforts such as that in Tarrant County promote a "no wrong door" policy for care.

Dr. Ganju again reminded TWG members that Texas must develop a comprehensive medical health plan and discussed how the Work Group would like to move forward by September 30, 2006. He explained the plan must foster participation and require accountability by stakeholders. It must also have flexibility and be adaptable. The plan must involve the following principles: consumers, youth and family drivers, the six mental health transformation goals, a cross systems approach, a cross life span approach, promotion, prevention, early intervention, and treatment, address disparities, and workforce training. Not every agency must be directly tied to each goal.

V. COMPREHESIVE PLAN DEVELOPMENT

To continue moving forward with developing the plan, Dr. Ganju opened for discussion forming subcommittees for in depth study of specific areas of concern. As previously outlined, these subcommittees would be comprised of individuals with expertise in the area, agency staff, and consumers. Dr. Ganju reminded the group that at the last meeting the group suggested studying

data integration and workforce development. Other possible areas of study include population (children and youth, adult, returning veterans), programs (crisis services), infrastructure development (data integration/coordination), and stakeholder groups (consumers, providers).

After a brief discussion, the members agreed to **study data integration and coordination**. Dr. Ganju asked the members to provide three or four bullets encapsulating what they would like to "get out of the study" so that a charge could be drafted and built upon.

The group also expressed interest in studying a large number of issues relating to behavioral health service delivery such as promotion and early intervention. In the end, they decided a better use of resources would be to create two-short lived groups to study **children/youth** and **adults**. These *omnibus* groups would identify areas which need to be studied, ascertain areas of overlap, and determine general programmatic issues. The two groups would study the needs and priorities of cross agency initiatives and identify barriers to success – all of which would be reflected in the comprehensive plan.

In addition, TWG members formed a fourth subcommittee to study **workforce development and training**. This group would investigate all workforce related issues from children aging out of care to workforce shortage areas. Each work group will investigate these issues from a cross-agency perspective. The **Consumer Voice** group will continue their efforts as a consumer- and family- focused work group.

VI. AGENDA FOR AUGUST METTING

Dr. Ganju proposed the TWG meet again August 22, 2006. The next meetings will likely include status reports to TWG members of efforts of work groups. Dr. Ganju informed the group that Dr. Steve Murdock, Texas State Demographer, is scheduled to speak at the September 20th meeting. No TWG meeting date was confirmed rather Dr. Wanser stated members would be informed of the meeting date and time by email.

VII. PUBLIC COMMENT

One member of the public, Clifford Gay, asked to speak to the Transformation Work Group members. He wanted to thank the Work Group and specifically the Governor for their efforts. As a consumer with over 30 years of experience with the Texas mental health system both as a consumer with a co-occurring illness and as an advocate, he felt mental health and behavioral health issues had been overlooked. TWG efforts, he hopes, will remedy this problem.

ADJOURNMENT

The meeting adjourned at 4:05 p.m.