

**Texas Mental Health Transformation Work Group Meeting
Minutes
August 22, 2006**

A meeting of the Texas Transformation Work Group (TWG) was held in the Commissioner Board Room M-739 at 1100 West 49th Street, Austin, Texas on Tuesday, August 22, 2006.

Transformation Work Group (TWG) Members present:

Dave Wanser, **TWG Chair** (Texas Department of State Health Services)
Charles Buerschinger (Texas Veterans Commission)
Valarie Garza (Consumer Representative)
Stephany Bryan (Consumer Representative)
Kathryn Kotrla (VHA)
Luis Macias (Texas Workforce Commission)
Heidi McConnell (Office of the Governor)
Amy Herzog (Senate)
Linda Reyes (Texas Youth Commission)
Vonzo Tolbert (Texas Juvenile Probation Commission; alternate for Vicki Spriggs)
Robert Alexander (Texas Department of Assistive and Rehabilitative Services; alternate for Terry Smith)
Tom Valentine (Health and Human Services Commission; alternate for Dr. Bell)
Jon Weizenbaum (Texas Department of Aging and Disability)
Dee Wilson (Texas Department of Criminal Justice)
Jennifer Sims (Texas Department of Family and Protective Services; alternate for Sue Milam)
Richard Poe (Texas Education Agency)

New Freedom Commission Members present:

Rudy Arredondo (New Freedom Commissioner)
Deanna 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)
Stacey Stevens, Subcontractor for Assessment (UT School of Social Work)

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 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. Dr. Wanser called for the approval of the minutes from the July 19, 2006 meeting. The group unanimously approved the minutes with a word change on page 3, from “change” to “charge”.

II. Report of TWG activities

Dr. Wanser informed the group that the Senate Health and Human Services Committee would be holding a hearing on August 23 to discuss their interim charge relating to mental health. He also reported to the group that a draft of the TWG Needs Assessment and the Comprehensive Plan has been completed and asked TWG members to review these documents and provide feedback as soon as possible. He reminded the group that Texas must submit these two documents to the Substance Abuse and Mental Health Services Administration (SAMHSA) by the end of September as part of the Transformation Grant deliverables.

Request by the Senate Health and Human Services Committee

Next, Dr. Wanser told TWG members that Senator Jane Nelson, Chair of the Senate Health and Human Services Committee, had recently sent a letter to each state agency director requesting the Transformation Work Group assist her Committee with their interim charge.

Dr. Wanser then turned the meeting over to Heidi McConnell (Office of the Governor) noting that Amy Herzog (Chief of Staff, Senator Jane Nelson) was absent from the meeting because she was preparing for the next day’s hearing.

Ms. McConnell elaborated on the Senate Committee’s activities, indicating they would be reviewing their interim charge, which requires they “investigate local and regional delivery systems including access to care, cost-effectiveness, choice, competition and quality of care.” She informed the group that she would be testifying before the Committee the next day. Her testimony, she explained, would provide the members with a history of the Work Group activities and a summary of TWG goals. Ms. McConnell told the group that she believed this was a great opportunity for the Work Group to be actively involved *early* in the legislative process.

Next, Dr. Wanser discussed in detail the letters Senator Nelson sent to the agency directors – specifically the letter sent to the Texas Health and Human Services (HHSC) Executive Commissioner Albert Hawkins. In this letter, she requested that the Work Group submit a detailed report to her Committee by November 1. She asked that the group include specific recommendations for the future of the Texas mental health system including 1) which services should be purchased or provided to consumers with public funds, and 2) how to incorporate consumer input and address consumer needs. Dr. Wanser advised Work Group members that additional time and energy outside of the formal meetings would be needed to complete this task. TWG members received a copy of the letter from Senator Nelson to Commissioner Hawkins (see attached).

Project Director Updates

Next, Dr. Wanser asked Vijay Ganju, TWG Project Director, to present to the Work Group on recent Transformation Grant activities. Dr. Ganju explained he would 1) provide a brief overview of the Consumer Voice Meeting which occurred earlier that month, 2) discuss the draft Needs Assessment/Resource Inventory documents which were included in TWG members' packets (see attached), and 3) talk about the TWG subcommittees on children, adults, data coordination and workforce development/training, which the TWG members agreed at the last meeting to form. Dr. Ganju urged the TWG members if they had not already done so, to send in the names of their agency representatives for these subcommittees.

1. Consumer Voice Town Hall Meeting on August 8th:

First, Dr. Ganju reported that the August 8th Consumer Voice meeting had been an overwhelming success. Over 200 consumers – representing various state agencies – attended the meeting at the State Capitol in Austin. Sixty-two consumers spoke before a panel, which consisted of the three consumer members of the TWG – Mike Halligan, Stephany Bryan, and Valarie Garza – and Dr. Ganju. Ms. Bryan and Ms. Garza moderated the meeting in which consumers shared their opinions regarding the effectiveness and efficiency of the state mental health system.

Ms. Garza reported that *all consumers* who wanted to, were given an opportunity to give input on the programs and services they felt were working or those that were not. She commented that the consumer testimony was focused and very informative and the speakers were diverse representing various life spans, geographic regions, agency experiences and perspectives.

Ms. Bryan added that the hearing was effective because it gave many consumers their *first* opportunity to provide input into the process and to share their thoughts on how to improve services. She also recognized the effort that Mr. Halligan put forth to bring a geographically varied group of consumers to Austin and praised Dr. Ganju and Mr. Halligan's presentation on the importance of consumer input in the Transformation process.

Dr. Ganju recognized Ms. Garza and Ms. Bryan for their valiant efforts organizing and moderating the hearing. Additionally, he thanked DSHS and the Texas Health Institute staff for their assistance. Mr. Halligan also thanked those involved in organizing the meeting and underscored the importance of consumer input in the transformation process.

Dr. Ganju informed the members that the information from the consumer voice meeting would be included as a section of the Comprehensive Plan and would be used to guide efforts to further integrate consumers and their families into the care process. The TWG members received a draft summary of minutes from the hearing (see attached).

Dr. Ganju also provided the group with a content overview of consumer comments (both testimony and written). He reported that a survey of attendees found that most consumers accessed services from three state agencies: the Texas Department of State Health Services (64%), the Texas Department of Assistive and Rehabilitative Services (38%), and the Texas Department of Aging and Disability Services (24%). Of note, the survey only listed state agencies; therefore almost half (45%) of respondents reported accessing services from "other"

agencies. These “other” organizations included such groups as: Value Options/North Star, COSIG Grant, TMHC, Easter Seals New Beginnings, ATC-MHMR, and Depression Connection support groups.

The questionnaire also afforded consumers an opportunity to share written comments. These comments fell into seven major content areas: 1) encouraging collaboration at the local level, 2) increasing availability of medications, patient education, and job training, 3) promoting peer support and self-management groups, 4) supporting consumers’ active role in treatment planning, 5) implementing double trouble groups, 6) increasing DARS support of job training, psychological counseling, books, and education, and 7) expanding support for housing.

When asked what high priority needs are not being met, major response themes from consumers included: 1) housing, 2) crisis services, 3) treatment and medical assistance, 4) resources for services and additional caseworkers, 5) employment and job readiness assistance, 6) reducing wait times, 7) community awareness and education, and 8) improving Medicaid services.

Finally, in regard to how the system could be more responsive, consumers identified the following areas for improvement: 1) early intervention to treat mental health conditions in a safe and affordable setting, 2) more funding for safe and affordable housing/housing vouchers, 3) funding, training, implementing and certifying peer support groups/programs, 4) funding for “crisis homes,” 5) stronger voice for children and youth, 6) implementing a health tax to support mental health programs, 7) outreach to Spanish-speaking communities, 8) expanded services for deaf consumers, 9) improved services for female veterans, 10) additional training for MHMR staff, 11) education for teachers and parents, and 12) assistance for uninsured.

2. Needs Assessment / Resource Inventory draft report:

Turning to the issue of the State Needs Assessment, Dr. Ganju asked Stacey Stevens of the University of Texas to present on her draft findings. She explained that the Needs Assessment has five sections: 1) introduction and purpose, 2) approach and methods, 3) transformation drivers including data from state agencies, the political and economic climate of the state, population changes, urban/rural issues and an evaluation of existing programs, 4) assessment section providing an analysis of state needs and the resources which includes four sub-sections: agency interviews/priorities, agency plans, crisis services and consumer voice input, and 5) a matrix of the New Freedom Commission report recommendations. Ms. Stevens reported that the drafts – which were included in members’ packets – were extremely rough and she welcomed all comments and suggestions. The Needs Assessment is due to the SAMHSA by the end of August.

Next, Ms. Stevens provided a detailed overview of state agency behavioral health priorities. She reported that the common areas of interest across agencies were: 1) addressing the needs of the State’s aging population (Medicare, disproportionate rural needs, complex physical/behavioral health needs, workforce training), 2) targeting workforce issues (retirement, fewer incoming, cultural competence, inclusion in college/university curricula, HPSAs), 3) improving/expanding technology (telemedicine, rural, transportation issues, and training, 4) addressing needs of children and adolescents (demographics, Medicaid, grade retention, drop-outs, involvement with

DFPS and TJPC/TYC and 5) coordinating agency services/reducing fragmentation of services (what are best practices, access to services, training needs).

3. Interviews with Executive Staff of State Agencies:

Dr. Ganju reported he had nearly completed all the interviews with the executive staff of state agencies – which will be included in the Needs Assessment. These conversations will be summarized in a two or three page document, which will reflect the agencies' behavioral health priorities and specific areas of “transformation” interest.

He informed the group that the common themes which have emerged across agencies are: 1) increasing access to services and early intervention, 2) workforce development and training, 3) use of technology programs such as telehealth, telemedicine, and telepsychiatry, 4) data sharing and coordination, and 5) the challenges of providing services in rural areas. Dr. Wanser asked Dr. Ganju if the Needs Assessment could be used to respond to Senator Nelson's request for information. Dr. Ganju indicated that while it could be used as a guide, over the next few months it will be necessary for the group to develop a plan which addresses gaps, assets, and funding challenges.

4. Transformation Priorities / TWG Subcommittees:

Next, Dr. Ganju asked the group to consider what Texas would like to achieve through the transformation process– keeping in mind where the state is today and where it would like to go. He explained that, up until now, the focus had been on those individuals who make it into the system. However, with the Transformation Grant, the state could widen its net by concentrating on early intervention, both in terms of lifespan and course of treatment. To achieve this goal, he indicated, the state needed to improve coordination of care, workforce training, data sharing, and coordination of services and establishing a more family-friendly system so individuals do not fall through the cracks. Dr. Ganju acknowledged that these are extremely broad objectives, but underscored that they encapsulate what it is that the state is trying to achieve through transformation.

Tom Valentine asked Dr. Ganju if the group was going to define terms, such as “best practices” (which has different definitions to different people). Dr. Ganju indicated that the Consumer Group had also discussed this issue and suggested that over time an agreed upon terminology will evolve.

Dr. Wanser agreed that there is no way around this issue of common terms and the group will tackle it as they move forward. He used the example of “data sharing” and explained how – in the past – some agencies had agreed to provide the data, but told them not to share it with anybody – negating the value of “sharing”. The challenge, Dr. Wanser said, is to frame these issues in ways to help all parties understand what is involved and required. He assured the group that conversations and actions will become easier as we develop a language and do things for the second or third time.

Dr. Ganju expressed concern that the group had identified a wide array of “areas of interest” and urged the group to prioritize their goals. He presented a list of categories for transformation, which he had gleaned from TWG meeting discussions and executive staff interviews. The

general list included: 1) target populations, 2) programs/services (early intervention, crisis, etc.), 3) infrastructure development (consumer voice, community collaboratives, new technologies, data-sharing and coordination, workforce development and training, and financing proposed initiatives), and 4) a communications plan to market changes.

Dr. Ganju explained that each of these topics were all very broad. Using target populations as an example, he explained what he thought would be necessary to adequately explore this topic – including the subgroups of children/adolescents, adults, and elderly. Specifically, he stated that service improvements for children alone would likely include improving early intervention for children and adolescents, identifying high risk youth, assisting justice-involved youth with BH issues, and helping children and families of returning veterans, and targeting youth with mental retardation disabilities and behavioral health needs. Similarly, adult issue areas might include service improvements for justice-involved adults with BH needs, adults in need of crisis services, returning veterans, and adults with mental retardation disabilities and behavioral health needs. Service improvements to programs for the elderly would need to target those individuals with behavioral health needs.

To pare down the topic, Dr. Ganju asked the members to share with him the target populations on which they definitely wanted to focus. Ms. Garza reiterated her commitment to helping all consumers. Dr. Ganju reminded the group that, because funding and resources are limited, the group might want to select areas where the State can make the greatest impact.

Deanna Yates reminded the group that criminal justice had made great strides in the area of identifying and assisting justice-involved persons (both inside and outside prison). She suggested that, if we remove the silos and allow intra-agency access to prison databases, the group could effectively and efficiently address the needs of these individuals. She also proposed focusing on *early intervention* as a means to achieve the transformation goals, e.g. the early intervention for children, early intervention in treatment, etc.

Jon Weizenbaum added that the group could narrow the scope by not intensely focusing on subgroups such as persons with a disability who may also have mental illness. He indicated that very often these groups' needs are not vastly different than that of the general population and could be addressed as part of the larger transformation.

Dr. Ganju suggested the group develop criteria for determining the areas on which they would like to focus, such as the requirement that two or three agencies be interested and/or involved in an area or topic in order for the TWG to pursue the area in detail. For example, the needs of returning veterans and their families had been discussed at every TWG meeting thus far – indicating it cuts across agencies. This topic would also be of value as the VA employs technology, such as telehealth, from which the State could learn and there appears to be significant funding available at this time to make things happen around this issue.

Rudy Arredondo agreed that the VA could help the State move forward in the area of electronic medical records. In the case of older adults, SAMHSA and the VA have worked together to develop a primary care program that screens for behavioral health issues.

Community Health Report Card

Dr. Wanser introduced Dr. Vince Fonseca, State Epidemiologist, who is currently working on a “community health record” assessment tool which assesses, among other things, behavioral health issues. Dr. Wanser explained that the community collaborative piece of this project will need to employ a similar assessment tool. He underscored the importance of this aspect of the Grant because at the local level, even the smallest changes can have a large impact on improving the health of a community.

Dr. Wanser also proposed reframing the children and adolescent topic to “families with children who are at elevated risk of requiring increased level of services to maintain quality of life for themselves and their families.” This change would make it inclusive of early intervention, high risk, and addressing children’s needs early to avoid services down the road. Similarly for adults, Dr. Wanser suggested focusing on “adults at risk of needing a wide array of services in order to maintain quality of life for themselves and their families.” Perhaps, he suggested, the target should not be groups, but instead the goal of not needing “increased levels of service.” Taking this theme through the various areas – albeit prevention programs or intensive in-home services – the goal would be for service levels not being above a predetermined level.

Dr. Wanser then asked Dr. Fonseca to present on the community health report card. Dr. Fonseca explained that the community report card is designed to isolate indicators that are most associated with wellness of a community and its residents. He reported that, by focusing on improving indicator scores, we would then see an improvement in the health of community members. However, he cautioned that in the case of behavioral health, connectedness with others in a community is a difficult criterion to measure.

Dr. Fonseca explained that the assessment tool has a number of components. The first section asks questions like “how many days out of the last 30 have I not been able to complete my usual activities;” “how many days out of the last 30 would I say my mental health was bad;” “how many days out of the past 30 would I say my physical health was bad.” He indicated that these types of data have never before been used to improve the overall community health and wellness. However, by using national numbers as a benchmark, he believes the State can make changes in services to improve community health.

Dr. Fonseca continued explaining that the next section of the report card focuses on other specific health-related issues which may be associated with mental health such as: 1) tobacco use, 2) alcohol: binge drinking, and drinking and driving, and 3) mental health symptoms: pain days, sad days, anxiety days, did I get enough sleep days, and energy days (tracked over time). All of these factors, he explained, combine to create a spectrum of mental health. The tool will incorporate youth (high school and junior high tobacco) survey data along with the adult data. The over-arching goal is to identify those in need of assistance early and provide them with appropriate treatment, e.g. early intervention.

Dr. Fonseca believes that tracking the health of Texans will shift the ownership/responsibility of health issues from large organizations back to the individual. The health assessment tool will measure changes over time and provide information by geographic region, by race, ethnicity, gender, education, and income. The data will reflect why this topic is important and demonstrate

what an individual can do to improve a community's overall health. He indicated first phase of the assessment tool will likely be implemented by FY07.

Dr. Wanser mentioned that the Mental Health Services Administration had discussed recently having community members measure "symptom days" in an effort to reduce the stigma of mental health issues. He explained that their intent was to open up a discussion of mental health in our community and normalize symptoms.

Dr. Wanser thanked Dr. Fonseca for his time.

TWG Subcommittees/Topic Areas

Returning to the issue of which populations the Grant should investigate, Dr. Ganju summarized the previous discussion as follows: in order for a topic to be studied in depth, a cross-section of agencies will need to have some ownership of the definitions of the specific population targets; and all improvements should be made with an eye toward early intervention and reduction in program needs. He suggested the same type of logic could be applied to services. For example, broad populations would seek and benefit from the crisis redesign system.

Dr. Ganju indicated that a draft report on services was included in the TWG members' packet (see attached). He explained that there is a lot of interest in the peer support services, crisis services, evidence based practices, prevention and early intervention, integration of health with mental health and anti-stigma programs. Under the rubric of a broad analysis of care, all of these services could be used in totality to address early intervention.

Dr. Wanser responded that it will be important to make the list inclusive – making sure that all services that improve outcomes for people are included on the list.

While service areas are important, Dr. Ganju underscored the need for consumer voice input in the State Comprehensive Plan. He explained the consumer and family member input could be used to address coordination of services across agencies, focus on recovery, peer support and consumer driven services, communication and coordination across consumer groups, and consumer/family member coordination. To tackle this large task, Dr. Ganju proposed having a full-time-employee serve to coordinate consumer input.

He also reminded the group that the community collaborative work is another very important aspect of the Transformation Grant. Through a subcontract with the Texas Health Institute, six Texas communities will be targeted and helped to transform their behavioral health service delivery system. Within these areas, grant staff will build broad-based coalitions of all the parties involved in behavioral health service delivery at the local level. These entities include but are not limited to hospital districts, local mental health authorities, school districts, and juvenile justice. The grant staff will provide expertise and support for the organizational development of a more coordinated system of care. The collaborative program would also use grant resources to integrate data coordination and technology. The idea behind this project is to use a few communities to learn what it takes to improve services and then implement what is learned in other communities across the state.

Technology as part of Transformation work

Dr. Ganju underscored the importance of technology – both in the collaborative project and the entire Transformation grant. He reminded the group that a common request in the agency interviews and the consumer voice meetings has been incorporating telemedicine and telehealth into service options. There are a number of agencies, like the VA, which are already using these technologies; however, state agencies need to use this technology more routinely. Technology could also be used for education purposes as well as agency communication. Dr. Ganju asked the members to share their thoughts on what they want to achieve in the next few years in the area of technology.

Dr. Wanser reminded the group that a number of partnerships that focus on technology already exist – either within state agencies or their subsidiaries. He urged TWG members to investigate technology programs within their agencies and share them with the group. For example, he noted Texas Tech is working with west Texas school districts around telemedicine for school health clinics (which provide MH/SA services). We need to assess the existence of technology programs within TWG members' respective agencies, Dr. Wanser stated.

Dr. Ganju suggested to members – for the purposes of the Comprehensive Plan – the group could use the VA system as a platform for integration of technology.

Jon Weizenbaum recommended investigating the Statewide Health Coordinating Council (SHCC) staffed through DSHS, as a model for the workforce recommendations. He explained that SHCC has explored the designation of a medically underserved area as a means of opening up telemedicine opportunities. He suggested this may be an opportunity at the state policy level to incorporate technology and address workforce needs.

Next, Dr. Ganju highlighted the merits of data sharing and coordination of services. He informed the group that TWG efforts could build on existing data-sharing programs and electronic health records initiatives. He asked the group if there were other agencies that are not currently included, that need to be a part of the coordination efforts. Additionally, he reminded them that, in order for departments to be able to share information, a mechanism must be established which works across databases *in real time*. Finally, he recommended that Texas become involved in a national study about how information is shared across agencies.

Dr. Wanser expressed interest in seeking input from the Legal Action Center to help agencies navigate complex privacy issues. Historically, he noted that sharing data has had many barriers. He suggested that technical assistance initiatives would help agency staff gain comfort in the area of sharing information and maintaining individuals' right to privacy. Right now, Dr. Wanser explained, issues like HIPAA and 42CFR are getting in the way. "If we are not able to share historical data files," he explained, "then we will never be able to truly transform the mental health system. Sharing information is vital to increasing efficiencies and providing consumers with better care."

Heidi McConnell suggested it would be beneficial to involve the Department of Information and Resources – to help facilitate data sharing efforts.

Workforce

Next, Dr. Ganju discussed developing a workforce training plan for the state. He recommended convening university and community college representatives to: 1) define barriers to implementation, and 2) suggest options for expanding current workforce. With their expertise, the TWG can explore options for scholarships and education subsidies and ways to encourage young people to matriculate in the area of behavioral health. Additionally, he reminded the group that web-based technology may be employed for training purposes – bringing education efficiently and effectively to areas which have previously been isolated. He noted that all efforts in the area of workforce development would be coordinated with the Hogg Foundation, which has expressed interest in this area.

Funding Options

The transformation process needs resources in order to be successful. Dr. Ganju reported that the TWG is pursuing funding options such as: 1) foundations – the Hogg Foundation has expressed interest, 2) legislative appropriation requests, and 3) federal grants.

A number of TWG members expressed interest in investigating what other creative financing options exist, such as financial services and leveraging Medicaid dollars. Dr. Wanser proposed using the report to Senator Nelson as a vehicle for exploring different types of financing options. Specifically, the report might explore standardized practices, other state models, public partnerships, federal reimbursement, and Medicaid.

Transformation Communications Plan

Finally, Dr. Ganju discussed the importance of communicating the outcomes/activities of the Transformation efforts to consumers, their families, and the public at large. To achieve this goal, he proposed having the TWG staff: 1) develop a quarterly newsletter outlining the grant activities, 2) expand the website to include programs and outcomes, 3) create Implementation Work Group and Transformation Work Group listservs, and 4) establish public comment periods. Additionally, agency workshops, conferences, and meetings may be used to communicate information about the transformation activities – internally and externally.

The group expressed interest in making sure “information is communicated to decision makers.” They decided a representative group of TWG members should be dispatched to the Capitol to brief legislative committees on the Work Group’s progress and ask for their help and guidance. Dr. Wanser suggested that this briefing be included in the communications component of the Comprehensive Plan.

III. Closing

Dr. Ganju closed by telling the members that his main goal for this meeting had been to share with them the progress regarding Comprehensive Plan. He reiterated his desire to have TWG members share with him information on successful state initiatives which have not been previously discussed and offer suggestions on how to operationalize proposed goals and policies. A draft of the Comprehensive Plan is due at the end of September.

The next meeting will be September 20th.