

# Meadows Mental Health Policy Institute Proposal to Conduct a Comprehensive Mental Health Needs Assessment in Nueces County

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THE MEADOWS MENTAL HEALTH  
POLICY INSTITUTE FOR TEXAS

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## Background and Overview

The Meadows Mental Health Policy Institute (MMHPI) is pleased to submit this proposal to Nueces County leadership to provide a comprehensive assessment of mental health needs in the county. This assessment will include:

- Compilation and analysis of prevalence and needs data by demographic variables, including poverty, ethnicity, and age;
- Identification of mental health providers and stakeholders;
- Identification of service gaps and strengths, with a focus on vulnerable populations; and
- Recommendations for systems improvement.

We (MMHPI) are superbly qualified to carry out this work. Since our inception, we have focused our efforts on improving mental health care for children and youth, veterans, and people involved in the criminal justice system. We have also conducted multiple system assessments throughout Texas (see Appendix A), which have prioritized collaboration with key stakeholders, integrated our findings with other relevant assessments in order to coordinate region-wide planning, and incorporated findings from state and federal agencies, including the Texas Legislature and the Texas Health and Human Services Commission (HHSC).

In this proposal, we describe how we will provide Nueces County with a comprehensive needs assessment that will inform short-term and long-term mental health system planning efforts. In doing so, we provide details about the system assessments we have performed in other regions in Texas. We also offer information about the team we have assembled to conduct this assessment, which will be led by the Institute's senior leaders and composed of our most experienced staff.

## Mission Statement and Experience

The mission of the Meadows Mental Health Policy Institute (MMHPI) is to provide independent, non-partisan, data-driven, and trusted policy and program guidance that creates systemic changes so all Texans can obtain effective, efficient behavioral health care when and where they need it. Our vision is for Texas to be the national leader in treating people with mental health needs.

Since our launch in 2014, we have been guided by six strategic priorities:

- **Improve State Level Policy:** Provide the Texas Legislature, executive branch agencies, and the judiciary with the information they need regarding mental/brain health needs and best practices to help them develop and implement effective public policy.
- **Develop Local Behavioral Health Systems:** Help Texas communities develop locally-driven, accountable, and collaborative local planning efforts that improve the capacity of delivery systems to meet the behavioral health needs of the entire local population.

- **Improve University Leadership Capacity for Mental and Brain Health:** Help Texas become a national and global leader in brain health and the integrated treatment of mental/brain illness by promoting systemic changes in medical education and clinical training, medical research, and the translation of research findings into practice for the benefit of the public.
- **Help Funders of Care Implement Financing Best Practices:** Help payers (governments, employers, insurers) and other funders (philanthropists, foundations) identify, develop, and employ best practices when they finance behavioral health in order to expand access to effective and efficient care for brain illnesses, comparable to care for other illnesses.
- **Change Public Awareness to Improve Access to Effective Care:** Increase public awareness of mental and brain diseases and their effective treatment so that Texans talk more openly about mental and brain health and help each other access effective care.
- **Identify, Share, and Promote Strategies to Take Population Best Practices to Scale for:**
  - **Texas Children and Youth:** Texas children and youth will receive effective mental health care as part of their overall health so that they can reach their full potential at home and school, and in the community.
  - **Texas Veterans:** Texas veterans and their families will receive the mental health care and support that they deserve in order to help them return home and thrive.
  - **Smart Justice:** Texans with serious mental health needs will only be involved in the criminal justice system if they commit a crime that warrants involvement.
  - **Critical Needs Across the Life Span,** including prevention of suicide and mental illness more broadly, reduction of homelessness, and meeting the needs of older adults.

These priorities, and our experience in pursuing them, align perfectly with our understanding of the goals of Nueces County leadership.

In addition, we are uniquely equipped to use key policy and funding initiatives of the Texas legislature and executive branch agencies to help create strategies that maximize opportunities for Nueces County. For example, we provided data, professional expertise, and analysis to lawmakers before and throughout the 86th Legislative Session. We were gratified to see this legislature appropriate an estimated \$8.2 billion for behavioral health across all funding sources. We estimate that this was an increase of \$616 million over the total funding appropriated by the 85th Legislature. By the end of the session, 29 out of the 33 items (bills or budget items) we actively engaged on during the session passed. Additionally, the legislature is investing over \$610 million in additional funding to meet the mental health needs of Texas children, youth, adults, and families. Just a handful of key successes include:

- **Intervening Early to Address the Mental Health Needs of Children and Youth – Senate Bill (SB) 11 (Taylor)**
  - Through the **Texas Child Mental Health Care Consortium**, SB 11 establishes the:
    - **Child Psychiatry Access Network (CPAN)**. CPAN enables pediatricians and primary care providers to work with child psychiatry consultation hubs at leading medical schools to reach timely, accurate treatment decisions.
    - **Texas Child Health Access Through Telemedicine (TCHAT)**. At the direction of parents, schools will have access to health providers via telemedicine and telehealth to help meet the mental health needs of at-risk children and youth.
    - The creation of a new **School Safety Allotment** to improve safety and security, including costs associated with hiring mental health personnel; prevention and treatment programs; and programs related to suicide prevention, intervention, and postvention.
- **State Hospital System Redesign – SB 500 (Nelson)** contains \$445 million to fund Phase II of the Comprehensive Plan, including \$165 million to begin construction of a 240-bed replacement for the Austin State Hospital, \$190.3 million to begin construction of a 300-bed replacement for the San Antonio State Hospital, and \$90 million to construct a new 100-bed unit at Rusk State Hospital.
- **Building on Prior Accomplishments – House Bill (HB) 1 (Zerwas)**
  - HB 1 contains \$60 million for the **Mental Health Grant Program for Justice-Involved Individuals** (85(R) SB 292), a \$12.5 million increase from fiscal year (FY) 2018–2019 levels. This funding will help local governments keep nonviolent people with mental illness out of our jails and off forensic hospital wait lists, while getting individuals who end up in jails out – and into treatment – as quickly as possible.
  - HB 1 also contains \$40 million for the **Community Mental Health Grant Program** (85(R) HB 13), a \$10 million increase from FY 2018–2019 levels. This funding will help local communities address gaps identified in the Statewide Behavioral Health Strategic Plan by developing locally-driven mental health programming.
  - This bill also contains \$20 million for the **Texas Veterans + Family Alliance (TV+FA) Grant Program** (84(R) SB 55). This funding will improve the quality of life for Texas veterans and their families by helping local communities expand access to mental health treatment and supports.
- **Leveraging Judicial Leadership – HB 601 (Price)** builds on reforms enacted through 85(R) SB 1326 by clarifying the meaning and scope of “assessments” for people with mental illness who are incarcerated, among other administrative and data collection reforms.

- **Leveraging Judicial Leadership cont. – SB 562 (Zaffirini)** includes reforms to the **competency restoration process** which will ensure individuals are assigned to state facilities based on a clinical evaluation; not solely on the underlying offense charged.

## **Deliverables**

The overall goal of this project is to provide a comprehensive needs assessment for Nueces County that can serve as the basis for a systemic approach to providing services for mental illnesses and substance use disorders, initially in Nueces County, but ultimately across the larger Coastal Bend region. In this section, we outline how we will approach each of the deliverables proposed in the assessment, drawing, as appropriate, on our work in other areas of Texas. We follow that discussion with a timeline for our work.

We have assembled a team of nationally recognized subject matter experts and consultants that is uniquely qualified to conduct a needs assessment that will define and contribute meaningful strategies to improve local behavioral health systems while creating a framework for a recovery-oriented and integrated local system of care. We will conduct this assessment using quantitative and qualitative methods to determine the prevalence of service needs, the capacity of and gaps in services, system strengths, costs, and challenges presented by current reimbursement structures, with a focus on vulnerable populations.

## **Prevalence, Service Capacity, and Reimbursement Issues**

For this assessment, we propose an examination of data that are not readily available from health care and other community partners to provide a deeper understanding of prevalence, comorbid conditions (including substance use issues/disorders), existing provider capacity, and reimbursement issues.

This part of our analysis will be led by Timothy Dittmer, PhD, MMHPI's Chief Economist. Dr. Dittmer has extensive experience in Texas and nationally in conducting such analyses. Most recently, he has provided an analysis of various quantitative data sets for an MMHPI assessment of the Harris County substance use disorder system assessment, conducted prevalence analyses and mapped existing capacity for the Institute's work on state hospital redesigns for the Austin State Hospital and San Antonio State Hospital, and completed quantitative work for a policy paper on the prevalence and impact of substance use disorders and the opioid crisis in Texas for the House Select Committee on Opioids and Substance Use Disorders in Texas. Additionally, Dr. Dittmer has provided data analysis for MMHPI's assessment of crisis services for children and youth in Travis County as well as our ongoing efforts to support schools and providers in their response to the mental health needs of children, youth, and their families in the aftermath of Hurricane Harvey.

For the comprehensive assessment of Nueces County, Dr. Dittmer will provide prevalence analyses based on national data that consider Texas-specific demographic and poverty data. These analyses will draw on data to which the Institute has access, including (as one example) the full data set of the Texas Health Care Information Collection (THCIC). The analyses will address:

- County-specific prevalence data on each of the major mental health disorder categories (including substance use disorders) for adults, children and youth, and veterans, including estimates for first episode psychosis, people in need of intensive services, numbers of suicides, and poverty levels;
- Licensed psychiatric bed capacity (for children and youth as well as adults) for each hospital in the designated area, and utilization of that capacity over a period of a year, to show any gaps between capacity and use as well as ebbs and flows in use over time;
- Existing publicly-funded mental health and substance use disorder programs and use; some of this data may be captured through interviews and document reviews; and
- An estimate of costs associated with hospitalization and emergency department use for psychiatric disorders and, if available, costs associated with local community mental health programs.

We also will use interviews with providers and stakeholders to further our understanding of how current payment systems and financing mechanisms affect the availability of services and access to care in Nueces County. Through this analysis, we will consider the role of Medicaid, private insurance, and local payors in the overall mental health system, and offer insights to help maximize resources for mental health care. We will review and share these findings with policymakers and stakeholders in an effort to help address policy barriers that unnecessarily encumber the current system.

This assessment will provide an understanding of the breadth and depth of the impact of mental illness and substance use disorders on education, employers, and service providers, using quantitative and qualitative approaches. It will also include an in-depth analysis of vulnerable subpopulations, primarily through qualitative methods, and suggest solutions to reduce disparities.

This assessment will be led by John Petrila, Vice President for Adult Policy, and Melissa Rowan, MSW, MBA, Senior Fellow for Program Implementation; assisted by B.J. Wagner, MS, Senior Director of Smart Justice and Adult Policy, Amanda Mathias, PhD, Senior Director of Innovation (Clinical Lead), Kyle Mitchell, JD, Senior Director of Veteran and Military Policy (Veteran's Lead), Kate Volti, MPA, Director of Program Innovation for Children and Youth (Children Lead), Marcellina Melvin, MA, Director of Program Implementation for Child and Family Policy, and Linda Rodriguez, EdD, Senior Director for School Behavioral Health.

## Approach and Intended Outcomes

To accomplish this work, we will analyze information collected from multiple stakeholders from across the local system. We will work with county leadership to create a list of representatives from local organizations whom we could interview, and anticipate gathering information from Nueces County officials, City of Corpus Christi leadership, and public and private clinical providers as well as other mental health and substance use providers, regional hospitals, school districts, county courts and probation departments, emergency medical personnel (fire/emergency medical services), Corpus Christi Police Department, Nueces County Sheriff's Office, and other key informants identified during the initial phase of the project. Our approach to these interviews will incorporate techniques we have refined in other system assessments, for which we have interviewed thousands of stakeholders in total. The information we collect will allow us to identify the current system's strengths and opportunities for improvement in addressing the changing behavioral health system needs and perspectives in Nueces County. Our approach will include the following activities:

- Key informant interviews and focus groups,
- Data requests and review of key documents (e.g., existing reports, data, and policies and procedures),
- Site review of operations conducted by a team of clinical and operations experts,
- Demographic study and capacity analysis,
- Cross-analysis of findings to generate specific improvement strategies, and
- Specific implementation recommendations to achieve project goals and objectives.

Our assessment process will address the behavioral health system as a whole and include analyses of specific populations and systems, including:

- The crisis service array;
- Services and supports for children, youth, and their families;
- Services for veterans and their families; and
- Services for people involved in the criminal justice system.

In addition, we will assess crisis response times, crisis care options, and gaps in crisis services. For children, youth, and their families, we will assess service gaps and needs in the foster care system, barriers to accessing integrated primary and mental health care, and the impact of serious emotional disorders within schools. For veterans, we will examine existing services in the community as well as gaps in services for this population. In our analysis of the criminal justice system, we will identify service gaps and needs focused particularly on strategies to enhance engagement and retention of people in treatment, increase justice system diversion, decrease utilization of the emergency system to treat chronic care needs, reduce the risk of juvenile justice involvement, and reduce jail and hospital recidivism for people living with



serious mental illness and substance use disorders. In each of these areas, we will also examine the existing telehealth infrastructure and programs, and consider opportunities to expand services to residents of Nueces County through telehealth.

In order to develop this framework, we will seek to understand and describe the factors that lead people to become trapped in cycles of emergency service utilization within the health care and criminal justice systems such as repeated, expensive, and ultimately ineffective use of jail, emergency room, and hospital services. We will identify barriers that inhibit access to prevention, intervention, and diversion services. To the extent possible, we will use clinical and demographic data that quantify service needs, as well as qualitative information collected through interviews and focus groups. As noted above, these discussions will include, at a minimum, providers and stakeholders from the following entities: county and municipal government, law enforcement, corrections, crisis response, housing services, schools, child protective services, the judiciary and court systems, community supervision departments, hospitals, non-profit organizations, consumers, and system leaders.

This assessment will provide Nueces County leadership and other stakeholders with data, information, and recommendations to support area and region-wide planning to improve the access to and impact of behavioral health services for the people who reside in the county and broader region. We will create a comprehensive needs assessment that community leaders can use to help achieve a range of outcomes over time. Below, we have outlined examples of short-term, intermediate, and long-term outcomes that could be achieved using the needs assessment as a foundation.

### **Short-Term Outcomes**

A needs assessment can help lead initially to an integrated regional planning approach with:

- Increased collaboration and new connections among key health care stakeholders and behavioral health partners;
- Increased understanding of gaps and inefficiencies as well as resources allocated across service sectors for people with complex behavioral health issues, including children, youth, and their families; veterans and their families; and people involved with the criminal justice system; and
- Concrete and specific plans for a uniform community-wide protocol to increase crisis prevention and manage care for people with acute or sub-acute problems related to behavioral health issues.

### **Intermediate Outcomes**

Community leaders will be able to develop an implementation plan that will facilitate the following:

- Police and first responders will be better equipped to respond to people with mental health issues when it is appropriate for them to do so;
- Information sharing opportunities will be identified for the use of integrated data within and across services systems;
- Providers who serve children and youth will become aware of opportunities for collaboration to improve child and youth well-being and mental health; and
- Data-driven resources for improved coordination and early intervention will be more widely available and used more strategically to reduce the strain on local hospitals, law enforcement, and the county jail, and reduce out-of-home placements for children and youth.

### Long-Term Outcomes

Implementation of a system improvement plan will result in:

- Fewer people in jails who are incarcerated for behavior resulting from behavioral health needs, including substance use issues/disorders;
- Reduced hospital recidivism for people with behavioral health needs, including substance use issues/disorders;
- Reduced reliance on child welfare and juvenile justice services to address complex needs of children and youth while increasing school-linked services and integrated care; and
- Reduced costs to hospitals and emergency rooms for treating people with behavioral health needs, including substance use issues/disorders.

### Overview of the Work Plan

Below, we provide an overview of key steps in the assessment process. We propose an eight-month timeline for this project, with additional work during a ninth month to ensure that Nueces County's system leaders agree with and are committed to collaborating on the development of operational recommendations. We can begin the project immediately upon the award of the contract, or on terms established by the county.

### Project Kick-Off

The first step of this project will be to engage quickly with local project leadership to finalize the work plan and request key information. We will schedule initial telephone calls with key leadership and staff to obtain their perspectives on the evaluation and determine who will be primary points of contact to the MMHPI project team. The lead consulting team members involved in the project – John Petrila, B.J. Wagner, Dr. Amanda Mathias, Kyle Mitchell, Melissa Rowan, Dr. Tim Dittmer, and Gary Bramlett, MMHPI Director of Community Engagement – will participate in these conference calls, and Dr. Andy Keller, MMHPI President and Chief Executive Officer, will provide overall guidance and direction. The deliverables resulting from the calls will

include an **updated work plan** that identifies a communications protocol and key contact information for local system leadership and project staff assigned to the consulting team. The plan will also outline all deliverables and due dates; reporting dates may be adjusted based on the outcome of the discussions. We anticipate these steps will be completed within two weeks of contract execution.

Initial calls will be followed by a **one-day on-site meeting** as quickly as possible upon award of the contract to gain a better understanding of the Nueces County behavioral health care systems, including hospitals, the criminal justice system, the local mental health authority (LMHA), children’s services, veteran-serving agencies, and other priorities for the broader behavioral health system identified by key system partners. The MMHPI project team will be on site, with other team members joining by phone to the extent needed. Our team will collaborate with the county to develop a draft site visit agenda. The information obtained during the initial visit will set the stage for all project tasks.

### **Desk Review and Primary On-Site Review**

The next major step in the project will be to conduct an off-site assessment of available reports and archival sources to ground the study team in available information. This grounding will help us make optimal use of subsequent on-site time. We will conduct this **desk review** of existing data, documents, reports, policies, and protocols so that our team develops an understanding of key processes pertinent to the project. To accomplish this, the project team will prepare a desk review tool and data request document based on information from the initial calls and site visit, as well as our deep understanding of Texas health, criminal justice, child and youth needs, and behavioral health systems. We will also conduct telephonic key informant interviews and conference calls with representatives from county and city government, law enforcement, the LMHA, child and youth serving providers, veteran-serving agencies, hospital leaders, educational institutions, major employers, and others, as needed, to inform the development of the tool and the data request. Following receipt of information from the data request, we will conduct the desk review and develop protocols for the on-site review. The following table outlines the expected timing for these information-gathering activities.

<b>Month</b>	<b>Activities</b>
One	Host kick-off meeting, finalize work plan, develop data tools, initiate prevalence and service capacity analysis.
One and Two	First set of data delivered to MMHPI (in response to data request), begin on-site reviews and focus groups.
Two and Three	All data delivered to MMHPI team, continue on-site reviews.
Three	Complete desk review, continue on-site review.

Month	Activities
Four	Complete on-site review, conduct final focus groups and interviews.
Five and Six	Complete data analysis and begin drafting initial report.
Six and Seven	Follow up with stakeholders to review emerging findings.
Seven	Produce first draft report for stakeholder review.
Eight	Finalize report and host stakeholder briefing.
Nine	Provide consultation as needed to review recommendations.

The **Full Team Primary On-Site Review** will span four days and is anticipated to occur after all data have been received (Months Three and Four). For this review, each of the project leads, joined by support staff as needed, will provide analysis of existing capacity, gaps in capacity, and opportunities to use financing and other strategies to meet behavioral health needs. This integrated team approach will allow us to take full advantage of the expertise of each team member across the assessment. For the most part, team members will conduct their interviews and reviews independently, reserving time each day to compare notes and emerging hypotheses.

### Qualitative Analysis

Beginning in Months Three and Four, the project team will initiate focus groups and key informant interviews with local stakeholders. The purpose of these structured interviews and focus groups is for our teams to identify central themes associated with access to care, availability of crisis and emergency services, and the impact of mental illness and unmet need across various service sectors. We will develop thematic tables for this part of our analysis and include this content in a draft report, which will be submitted at the end of Month Seven.

### Quantitative Analysis and Draft Report

Immediately upon execution of the award, Dr. Tim Dittmer will begin the analysis of prevalence, service capacity, and cost data. The initial analysis will be completed in early November 2019 (assuming an August/September 2019 contract award date), leaving an opportunity to factor in any new data gathered through the initial on-site review. The **draft report** of the needs assessment will be submitted at the end of Month Seven.

### Follow-Up On-Site Meetings, Final Report, and Final Presentation

**Follow-up on-site meetings** will then be held in Months Six and Seven to review emerging findings with local project leadership and other behavioral health system leaders. Project leads will attend these meetings in person. The focus of these meetings will be to review the draft

findings to refine them and address any gaps, with the primary goal of reviewing and deepening recommendations.

We will draft and submit the **final report** of the needs assessment for project leadership’s review by Month Eight. We propose scheduling the **final presentation** of findings and achievable recommendations for local leadership after the report has been finalized.

## Proposed Project Budget

Project Component	Amount
<b>Comprehensive Needs Assessment</b>	<b>\$411,201</b>
<p>For the primary on-site review, the policy teams (listed below) will initiate focus groups and key informant stakeholder interviews to identify central themes associated with access to care, availability of crisis and emergency services, and the impact of mental illness and unmet need across various service sectors. On-site reviews will include each of the project leads, joined by support staff, who will provide analyses of existing capacity, gaps in capacity, and opportunities to use financing and other strategies to meet behavioral health needs. We will also examine ways in which telehealth programs can be enhanced to serve each area described below. Themes that emerge from the qualitative analysis will be included in the final report.</p>	
Criminal Justice and Adult Policy	\$179,942
<p>We will identify service gaps and needs, focusing particularly on strategies to enhance engagement and retention in treatment, increase justice system diversion, decrease utilization of the emergency system to treat chronic care needs, reduce the risk of juvenile justice involvement, and reduce jail and hospital recidivism for people living with serious mental illness and substance use disorders.</p>	
Children, Youth, and their Families	\$124,817
<p>We will assess service gaps and needs in the foster care system, barriers to accessing integrated primary and mental health care, and the impact of serious emotional disorders within schools. We will examine gaps and inefficiencies as well as resources allocated across service sectors for children, youth, and their families.</p>	
Veterans and their Families	\$106,442
<p>We will examine existing services in the community as well as gaps in services for this population. We will look for increased collaboration and new connections among key health care stakeholders and behavioral health partners who serve veterans and their families.</p>	
<b>Quantitative Data Analysis</b>	<b>\$109,500</b>
<p>We will provide analyses of prevalence based on national data that considers Texas-specific demographic and poverty data for Nueces County. Additionally, we will provide analyses for licensed psychiatric bed capacity, and utilization rates over the past year, for each hospital in the region; existing publicly-funded mental health and substance use disorder programs, and their use; and costs associated with hospitalization and emergency department use for psychiatric disorders and, if available, costs associated with local community mental health programs.</p>	
<b>Total Proposed Budget</b>	<b>\$520,701</b>

## Budget Narrative

The proposed project budget is \$520,701, inclusive of all MMHPI staff and consultant time, meeting costs, travel costs, and material production. All deliverables will be provided in electronic format. Change orders will be based on a rate of \$195 per hour for all resource types (i.e., project team roles). This is an optimal budget; however, the total project cost can be amended and/or scaled to best fit the priorities of Nueces County. There are efficiencies in assessing needs across the three populations at the same time. Our teams will already be traveling to the area and can conduct multiple site visits during one trip, and production of the report and editorial review can be combined. If the Nueces County leadership wishes to explore options for adjusting the budget, please let us know.

## Expertise of the MMHPI Team

The team assembled for this project is expert in the specific system requirements of Texas counties and local mental health authorities as well as the complexity of today’s criminal justice and behavioral health systems, health reform, and state-of-the-art behavioral health system and service innovations. We all have worked for decades with complex behavioral health systems, resource challenges, and multifaceted organizational and programmatic needs. We offer a sophisticated knowledge base of health economists, clinical care, first responders, modern police science, risk-need-responsivity hybrid services in the criminal justice system, funding requirements, payment strategies, managed care systems, and the development of inpatient and outpatient clinical programming that combines financial viability and compliance with customer responsiveness, tailored to Texas counties, that results in successful outcomes. The table below summarizes the names and roles of the core team members.

Team Member	Role
Andy Keller, PhD	Executive Oversight
John Petрила, JD, LL.M	Project Lead
B.J. Wagner, MS	Project Co-Lead and Project Director
Kyle Mitchell, JD	Veterans’ Lead
Melissa Rowan, MSW, MBA	Children’s Lead
Amanda Mathias, PhD	Clinical Lead
Tim Dittmer, PhD	Quantitative Data Lead
Michele Guzman, PhD	Evaluation Oversight
Gary Bramlett, LMSWTBD	Local Systems Coordination Project Management
Linda Rodriguez, EdD	Children’s Support
Marcellina Melvin, MA	Children’s Support

This team has worked together to conduct system assessments – similar in whole or in part to the proposed project – in Austin, Dallas, Denton, El Paso, Houston, Midland, the Panhandle (Amarillo and 26 surrounding counties), the Rio Grande Valley (four counties), San Antonio, Tyler, Lubbock, and other complex urban systems across Texas and the nation. Our team brings together Texas and national leaders in system evaluation; managed care practices; behavioral health and criminal justice systems integration; children’s systems; veterans, service members, and family system development and analysis; and quality outcome-driven para-medicine and law enforcement practices in behavioral health crisis response and diversion. Working together, our team offers a unique and proven blend of expertise that is grounded in work that addresses the combination of constraints and opportunities that Texas counties face in delivering behavioral health services to populations with complex needs in an integrated and cost-effective manner. Our team is also able to apply successful approaches and sound practices from across Texas and the nation. Project team member biographies are provided below; we may also bring in other team members to address particular areas of needed expertise. Brief biographies for the entire MMHPI staff can be found at:

<http://texasstateofmind.org/about/our-team/>.

## **Project Team Bios**

### **Andy Keller, PhD, President and Chief Executive Officer**

#### *Project Executive Oversight*

Dr. Keller, President and Chief Executive Officer at MMHPI, will provide executive oversight for the project. Dr. Andy Keller is a psychologist (licensed in CO and MI) with more than 20 years of experience in behavioral health policy and is a recognized leader in health and human services integration, behavioral health financing, managed care systems and purchasing, and implementation of empirically supported practices for adults and children. Dr. Keller’s career has centered on large-scale system reforms, beginning with his work as a post-doctoral fellow, senior manager, and executive team member in the Denver mental health system in the 1990s implementing and managing large-scale ACT and housing developments for super-utilizers, continuing from 1999 through 2015 in his national consulting work, and focused now in Texas through his leadership in developing and now leading the Meadows Mental Health Policy Institute. Dr. Keller was also a founding partner of TriWest Group, a national behavioral health systems consulting firm focused on human service evaluation, community collaboration and management. His work has centered on helping local systems implement evidence-based and innovative care, as well as helping local and state governments develop the regulatory and financial framework to support them. Prior to forming TriWest, Andy worked in Colorado at the health plan level with a leading Medicaid HMO and at the provider level with the Mental Health Center of Denver. He has directed and led a range of community-based programs, including assertive community treatment teams, adult and child outpatient clinics, school-based and early childhood programs, and specialty programs for older adults and Latino communities. Dr. Keller completed his doctoral work in clinical and community psychology at the University of



Maryland College Park in 1994. His masters and doctoral work both involved consumer-driven research. He is a licensed psychologist in Michigan and Colorado.

**John Petрила, JD, LL.M, Vice President of Adult Policy**

*Project Co-Lead*

John Petрила will act as project lead. Mr. Petрила was a member of the founding board of the Meadows Mental Health Policy Institute and is a committed member of the MMHPI team. He is an attorney with 40 years of experience in mental health law and policy. Before joining MMHPI, he chaired the Department of Health Policy & Management at the University of South Florida College of Public Health. Prior to that, he chaired the Department of Mental Health Law & Policy at the Florida Mental Health Institute, where he built a department that worked extensively with administrative data to inform policy at the county and state level. He also was the first Director of Forensic Services in the Missouri Department of Mental Health and was Chief Counsel and Deputy Commissioner in the New York State Office of Mental Health. He received his law degree and an advanced degree in mental health law from the University of Virginia School of Law. He leads MMHPI's work on the redesign of the Austin and San Antonio State Hospitals as well as the Institute's other adult work in Bexar County, Dallas County, and other locations throughout Texas. He is past president of the International Association of Forensic Mental Health Services. In 2011, he was named a Fulbright Scholar to the Netherlands and taught and conducted research at the Forensic Psychology Program at Maastricht University.

**Melissa Rowan, MSW, MBA, Senior Fellow for Program Implementation**

*Project Co-Lead*

Melissa Rowan is a partner at Wertz&Rowan, a healthcare consulting firm located in Austin, Texas. Melissa is a health policy expert with 25 years of experience working with private and governmental clients on healthcare and social service policy. Her career has focused on federal and state health policy analysis, implementation and evaluation of behavioral health programs and Medicaid managed care system design. The former director of healthcare policy at the Texas Council of Community Centers, Melissa led the Council's efforts for behavioral health for the Texas 1115 Transformation Waiver. She has managed projects for two national consulting firms, and held positions at the Texas Health and Human Services Commission, the Texas Legislative Budget Board, and Integral Care, the local mental health authority for Travis County. She serves on the boards of directors for TMF Health Quality Institute and Lifeworks and served as vice chair of the Texas Health and Human Services Behavioral Health Integration Advisory Committee. She earned an MSW from The University of Texas at Austin and an MBA from Concordia University.

**B.J. Wagner, MS, Senior Director of Smart Justice and Adult Policy***Criminal Justice Lead*

Ms. Wagner will co-lead this project with Mr. Petrilas. In her role with MMHPI, Ms. Wagner helps communities across Texas transform systems to increase prevention and intervention services and reduce criminal justice system involvement for special populations. Ms. Wagner began her career in law enforcement as a county jailer and later as a law enforcement officer in North, East, and Western Texas. After graduate school and completing studies in clinical neuropsychology and counseling psychology at Texas A&M, she began working in community mental health clinics. She continued consulting with the field of law enforcement on best practices as she provided services to clientele through local mental health authorities. Ms. Wagner has developed curriculum for disciplines across the criminal justice system on mental health awareness, symptom recognition, and verbal de-escalation techniques. In her work with the Texas Department of Criminal Justice (TDCJ), Ms. Wagner developed front-end diversion and continuity of care systems for offenders with special care needs and guided Medicaid implementation for limited populations within the state's prison systems.

**Kyle Mitchell, JD, Senior Director of Veteran and Military Policy***Veteran's Lead*

Prior to joining the Institute, Mr. Mitchell served as the Deputy Executive Director of the Texas Veterans Commission – the state agency that supports Texas veterans and their families through its programs of claims assistance, employment services, education, and the Fund for Veterans Assistance. Mr. Mitchell joined the Texas Veterans Commission from the Office of Governor Rick Perry, where he served as a Governor's Advisor in the Office of Budget, Planning and Policy. In that role, he was responsible for military, veterans, criminal justice, and public safety issues. Mr. Mitchell is a native Texan who returned to Texas after serving the state of Florida in both the executive and legislative branches. He served as Special Counsel to the Secretary at the Florida Department of Business and Professional Regulation. He also worked as a committee attorney for the Florida House of Representatives. Prior to his government service, Mr. Mitchell worked at a law firm with a focus on representing clients before the Florida Legislature. Mr. Mitchell is a Major and Judge Advocate in the Texas Army National Guard. He is currently serving as the Brigade Judge Advocate for the 71st Expeditionary Military Intelligence Brigade in San Antonio. He previously served the Chief, Operational Law, for the 36th Infantry Division and in the United States Army Reserve.

**Amanda Mathias, PhD, Senior Director of Innovation***Clinical Lead*

Dr. Mathias holds a Doctorate of Philosophy in Marriage and Family Therapy, and is a licensed marriage and family therapist and licensed professional counselor. With nearly 20 years of experience in both community social services and community mental health, she has served in

various clinical and administrative capacities throughout her career. Dr. Mathias' service throughout Texas has centered on underserved populations, particularly people who are homeless and live in poverty. In her clinical and program development work, Dr. Mathias has applied her focus to people living with serious mental illness, co-occurring substance use disorders, and physical/medical conditions through evidence-based and innovative care. She has served, directed, and led a range of community-based programs, including an innovative project for people with complex health needs and high utilization of restrictive and expensive services, homeless services programs, and juvenile and adult forensic treatment and assessment. She also provided operational and clinical oversight for an inpatient rehabilitation center for offenders with mental illness. Dr. Mathias has concentrated her program development work on integrated, trauma-informed, person-centered treatment models while developing supervision/leadership models that support the clinicians of these highly intense assertive treatment projects. Dr. Mathias is recognized for her expertise in transforming the assertive community treatment model in Texas as well as providing assessment and clinical implementation strategies to improve the local mental health systems. She is also the Project Lead for MMHPI's work on the redesign of the San Antonio State Hospital.

**Tim Dittmer, PhD, Chief Economist**

*Quantitative Data Lead*

Dr. Dittmer is responsible for all econometric analysis for the Institute. He has consulted as an economist regarding behavioral health and human services for nearly two decades, having served as a professor and tenured chair of the Department of Economics at Central Washington University from 1999 to 2014. Dr. Dittmer is expert in applied economic analysis across a wide array of public policy domains, including health care, and has worked with a wide range of econometric methods for estimating the cost-benefits for behavioral health and human services interventions. His interests include veterans issues given his service in the United States Army and National Guard (1984-1992, 2001-2009) that included two tours in Iraq (2004-2005, 2008-2009) and award of the Combat Infantry Badge and Bronze Star.

**Michele Guzmán, PhD, Vice President of Administration and Senior Director of Evaluation**

*Evaluation Oversight*

Dr. Guzmán leads policy evaluation for the Institute. As Vice President for Administration, Dr. Guzmán oversees all grants and contracts, human resources, and organizational development for the Institute. In her role as Senior Director of Evaluation, she also provides oversight for all evaluation work conducted by MMHPI. She was the project lead for a four-county public mental health system assessment in the Rio Grande Valley, as well as a database and data collection technical assistance project for the Health and Human Services Community Resource Coordination Groups (CRCG). Dr. Guzmán co-led the development of a report on best practices in integrated behavioral health for the St. David's Foundation, and co-authored an evaluation of the Hogg Foundation for Mental Health Texas Psychology Internship Initiative. Previously, she

was Assistant Director of Research and Evaluation at the Hogg Foundation for Mental Health, which is part of The University of Texas at Austin's Division of Diversity and Community Engagement. In addition to leading and coordinating the Hogg Foundation's evaluation efforts, Dr. Guzmán developed and managed grant programs related to mental health provider workforce issues and mental health research. She has over 10 years of experience in research and the evaluation of behavioral health programs and taught multicultural counseling and conducted diversity research at the University of Texas at Austin for over 10 years, with a focus on ethnic and racial identity, and mental health issues affecting Latino communities. Dr. Guzmán received her Ph.D. in Counseling Psychology from the University at Albany, State University of New York and her Bachelor of Arts with honors in Psychology from Vassar College. She has also completed graduate coursework in Public Health, including Public Health Management and Policy, at the University of Texas Health Science Center-Houston.

### **Kate Volti, MPA, Director of Program Innovation for Children and Youth**

#### *Children's Support*

Ms. Volti has an extensive background working on health and human services issues for children and youth. Previously, Ms. Volti held several positions with the Health and Human Services Commission (HHSC), including Director of Community Access in the Office of Social Services, Senior Policy Advisor charged with designing the STAR Kids Medicaid managed care model for children with disabilities, External Relations Specialist, and lead for the Task Force for Children with Special Needs. Ms. Volti came to HHSC after serving in the Texas Senate as a Senior Policy Advisor, where she focused on initiatives to improve early childhood nutrition, increase coordination of services for children with special needs, require insurers to cover Applied Behavioral Analysis for children when medically necessary, and improve support for kin care providers of children involved with Child Protective Services. Ms. Volti received her Master of Public Affairs from the LBJ School at the University of Texas and her Bachelor of Arts in Cross Cultural Anthropology and Political Studies from Pitzer College.

### **Linda Rodriguez, EdD, Senior Director for School Behavioral Health**

#### *Children's Support*

Prior to joining the Institute, Linda worked as a District Coordinator of PBIS Multi-Tiered System of Behavioral Support/School Behavioral Health for Pasadena ISD. She has built her career in education working with at risk children and youth for over 30 years. Linda is a former bilingual elementary teacher, counselor, assistant principal, principal, Director of Education for a career and vocational training school, and district coordinator for PISD's McKinney-Vento Homeless program. She has worked at all school levels - elementary, middle and high school as well as in traditional, charter and alternative school settings. Linda has also written and coordinated several awarded grants that total over 4 million dollars. Linda received her bachelor's degree in Psychology from Texas A&M University, her first master's in counseling from the University of Houston, a second master's in educational leadership from University of St. Thomas, and finally

her doctorate in administrative leadership and supervision from the University of Houston. Linda is also an adjunct professor for the University of St. Thomas where she teaches graduate coursework in counseling and is a certified youth mental health first aid instructor.

**Marcellina Melvin, MA, Director of Program Implementation for Child and Family Policy**

*Children's Support*

Marcellina is licensed in the states of Texas and Tennessee as a Professional Counselor. She is an experienced and passionate clinician who for the past 20 years has successfully navigated and worked within a variety of clinical systems: residential, in-home, outpatient and school-based. She has worked as a clinician, clinical supervisor, administrator, and trainer. For 16 years she worked for a Community Mental Health Center in their School-Based Program. During this time she was able to expand mental health services received by children at school within Davidson County as well as the Middle Tennessee region. Marcellina has extensive clinical training and specializes in Dialectical Behavioral Therapy and Trauma Focus- Cognitive Behavioral Therapy. Marcellina is a Certified SAMA (Satori Alternative to Managing Aggression) Facilitator as well as a CANS (Children Adolescent Needs Strength) Assessment Trainer. She has provided trainings to several school systems across Middle Tennessee.

**Gary Bramlett, LMSW, Director of Community Engagement**

*Local Systems Coordination*

Mr. Bramlett has more than thirty years' experience in the mental health field. Beginning in direct care, he has held an array of positions, including Director of Special Programs at Rusk State Hospital; Mental Health Director for a local mental health authority; Deputy Executive Director of a community mental health/developmental disability center; and, most recently, the Executive Director of East Texas Behavioral Healthcare Network (ETBHN). ETBHN is an organization made up of eleven community centers covering over seventy counties in Texas, with services that stretch to over two hundred counties in total. While at ETBHN, Mr. Bramlett oversaw growth in the network from five to eleven centers and increased the service coverage area to over 200 Texas counties. In addition to overseeing a large closed-door pharmacy that served local mental health and developmental disability authorities (centers) across Texas, Mr. Bramlett built a large telemedicine service that employed over one hundred doctors and nurse practitioners, an authorization program for the provision of services at centers, and a behavioral health tele-health program. He also consolidated other services, such as medical director and human resource director, for centers interested in those services. This enabled ETBHN to not only save centers a large amount of money, which enhanced direct services, but also provide resources for educational conferences, seminars, trainings, and retreats for staff at ETBHN member centers. In addition, ETBHN was successful in securing several grants during Mr. Bramlett's tenure, including a federal health and human services grant for navigation services through the Affordable Care Act. The navigation services grant was the second largest grant in the United States. Mr. Bramlett has an undergraduate degree in social work from

Southern University in New Orleans and a Masters in Social Work from The University of Texas at Arlington.

The primary contacts for this proposal are John Petрила ([jpetrila@texasstateofmind.org](mailto:jpetrila@texasstateofmind.org)) and Phil Ritter ([pritter@texasstateofmind.org](mailto:pritter@texasstateofmind.org)).

MMHPI certifies that that this proposal will remain valid for Nueces County’s acceptance for a minimum of ninety (90) days after acknowledged receipt of the proposal by Nueces County , to allow time for evaluation, selection, and any unforeseen delays.

## References

**Judy Quisenberry, Executive Director**

**Valley Baptist Legacy Foundation**

956-335-3037

[jquisenberry@vblf.org](mailto:jquisenberry@vblf.org)

The Valley Baptist Legacy Foundation (Legacy Foundation) engaged the Meadows Mental Health Policy Institute (MMHPI) to conduct a review of mental health systems in the Rio Grande Valley (RGV).

**Russell Meyers, President and Chief Executive Officer**

**Midland Memorial Hospital**

432-221-1111

[russell.meyers@midlandhealth.org](mailto:russell.meyers@midlandhealth.org)

Community leaders in Midland County engaged the Meadows Mental Health Policy Institute (MMHPI) to review the performance of its behavioral health systems.

**Rebecca Brune, President and Chief Operating office**

**San Antonio Area Foundation**

210-775-5855

[rbrune@saafdn.org](mailto:rbrune@saafdn.org)

In the summer of 2015, Methodist Healthcare Ministries of South Texas, Inc. (MHM) engaged the Meadows Mental Health Policy Institute (MMHPI) to review the performance of Bexar County behavioral health systems.

**Alice Jewell, Chief Executive Officer**

**McKenna Foundation**

830-606-9500

[AJewell@mckenna.org](mailto:AJewell@mckenna.org)

The McKenna Foundation engaged the Meadows Mental Health Policy Institute (MMHPI) to provide an independent analysis of the local behavioral health system and identify specific strategies for Comal County to support continued development of a highly responsive, clinically effective, and efficient community behavioral health system for the population of the entire county.

## **Appendix A: Previous Behavioral Health Systems Assessments Conducted by Meadows Mental Health Policy Institute**

### **Deep East Texas Regional Mental Health Assessment**

**Completed September 2018<sup>1</sup>**

Thanks to the generous support of the T.L.L. Temple Foundation, the Meadows Mental Health Policy Institute (MMHPI) conducted an independent assessment of 22 counties across its 24-county service area in Deep East Texas. The purpose of the assessment was to identify strategies to support the development of a highly responsive, clinically effective and efficient community mental health system in this largely rural region. The goal of the report was to use the findings and recommendations to inform Temple’s strategic priorities for advancing mental health services in Deep East Texas.

### **Houston Endowment Substance Use Disorder Systems Assessment**

**Completed July 2018<sup>2</sup>**

Thanks to the generous support of Houston Endowment, the Meadows Mental Health Policy Institute (MMHPI) conducted a comprehensive assessment of health care system capacity in Harris County to meet the prevalence of needs for substance misuse and substance use disorders (SUD) for all people in the county, across all age, sex, race, ethnicity, and socioeconomic groups. Of particular importance, the MMHPI team developed a model of an ideal system of care for treating SUD, which, if implemented in Harris County, would be the first of its kind in the nation. The report concludes with recommendations to make progress toward an ideal SUD system of care; recommendations are aligned with the structural components of the ideal system, from prevention to integrated primary care, co-occurring capable specialty care, crisis services, and recovery supports. Key leadership in Harris County are using the preliminary findings and recommendations to begin planning for system changes. Once the full report is made public, a much broader array of stakeholders will be engaged to implement recommendations based on locally determined priorities.

### **System Assessment of Smith County Local Behavioral Health System**

**Completed November 2017<sup>3</sup>**

The Meadows Mental Health Policy Institute (MMHPI) was invited to provide an independent, objective assessment to identify general behavioral health needs and gaps in services, and provide concrete, practical recommendations to maximize the use of local capacity and resources within existing collaborative efforts in Smith County to address the identified needs

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<sup>1</sup> This report has been finalized and submitted to the funder, however, it has not yet been publicly released.

<sup>2</sup> This report has been finalized and submitted to the funder, however, it has not yet been publicly released.

<sup>3</sup> This report is not publicly available.



## **Behavioral Health System Assessment Proposal – Nueces County – Appendix**

and service gaps. The goal of the report was to provide findings and recommendations specifically to the Smith County Behavioral Health Leadership Team that would inform next steps and priorities toward advancing behavioral health services in Smith County. Since the completion of the assessment, the Smith County Behavioral Health Leadership Team has used recommendations from the report to inform a formal strategic plan for establishing a mental health crisis center.

### **Harris County Mental Health Services for Children, Youth, and Families: 2017 System Assessment**

**Published October 2017**

Thanks to the generous support of Houston Endowment, the Meadows Mental Health Policy Institute (MMHPI) conducted a comprehensive assessment of health care system capacity for providing mental health services for Harris County children, youth, and families. From this assessment, an “Ideal System of Care” for treating the mental health needs of children was developed with four components: 1) Integrated Behavioral Health, 2) Specialty Behavioral Health, 3) Rehabilitation Services, and 4) Crisis Care Continuum. MMHPI identified higher-risk areas by mapping poverty rates overall and by school district, and found multiple pockets of need across the county, with higher rates of poverty outside the Inner Loop 610 area than inside it. MMHPI also mapped current provider locations across school districts, noting that many areas with the highest need are far from treatment providers and public transportation routes, and many outlying school districts lack providers within their geographic borders. All children, youth, and families in Harris County – whether inside or outside of the child welfare and juvenile justice systems – face stark gaps in care and poor outcomes as a result, and the report’s recommendations focused on how to bolster services based on the identified “Ideal System of Care” to best fill those gaps and improve outcomes for children, youth, and their families. Findings – and relationships that were formed as a result of the system assessment in Harris County – have led to significant developments in children’s mental health care. Findings from the final report have been widely shared and well received across the community, leading to efforts to expand integrated primary and psychiatric care through the expansion of child psychiatry access programs (CPAP). Relationships formed with key players in the foster care system led to a current project funded by DePelchin Children’s Center to prepare the community for anticipated changes in the foster care delivery system. Additionally, findings from the assessment have helped generate over \$6 million for area health care systems to address the recommendations.

## **Valley Baptist Legacy Foundation Rio Grande Valley Behavioral Health Systems Assessment**

**Published October 2017**

The Valley Baptist Legacy Foundation (Legacy Foundation) engaged the Meadows Mental Health Policy Institute (MMHPI) to conduct a review of mental health systems in the Rio Grande Valley (RGV). The primary purpose of the assessment was to understand the current capacity of the RGV to meet its population’s mental health needs (ranging from mild to severe), develop practical recommendations that would allow local stakeholders to build on current strengths, and support advancement of the counties’ delivery systems for mental health services. The assessment included provider site visits and over 115 interviews of key informants to gain an understanding of the current service array across the four-county RGV region (Cameron, Hidalgo, Starr, and Willacy counties). This process led to the development of recommendations for bolstering the behavioral health systems of the RGV region, particularly identifying consensus on the need for county-level planning to coordinate and enhance services. Since the report was published, local mental health authorities in the RGV have pursued and secured funds for crisis services and integrated care – efforts that are consistent with recommendations from this report. The publication of the report has also led to emerging partnerships with local providers to pursue recommendations listed in the report, particularly with respect to primary care, and engage MMHPI in providing consultation and technical assistance to plan and implement these innovations.

## **Bexar County Mental Health Systems Assessment**

**Published September 2016**

In the summer of 2015, Methodist Healthcare Ministries of South Texas, Inc. (MHM) engaged the Meadows Mental Health Policy Institute (MMHPI) to review the performance of Bexar County behavioral health systems. The review was conducted in the fall of 2015 and early 2016. While approximately 500,000 people in the county suffer from some level of mental health need, the primary focus of this assessment was on the most severe needs: adults with serious mental illness (just over 60,000) and children with serious emotional disorders (just over 37,500). An additional focus was on the over 56,000 people (nearly 35,000 adults and nearly 21,500 children) in poverty (under 200% FPL) that serve as the benchmark of need to be met by the overall public mental health system. MMHPI identified numerous high-quality programs, providers, and pockets of excellence in Bexar County, but found that the primary challenge was the need to transform the existing behavioral health service array from a set of discrete programs and special projects into a high performing system of care. Moreover, MMHPI recommended that the system of care should be managed by a collaborative of elected officials, local funders, and leading providers. Immediately following the report, the Southwest Texas Regional Advisory Committee (STRAC) took on the task of working with MHM, leaders of all local hospital systems, The Center for Health Care Services, Haven for Hope, Bexar County,

and first responders (fire and law enforcement) to address the adult recommendations. They immediately enacted the primary recommendation of developing a locally driven, empowered behavioral health leadership team to lead collaborative efforts by including all key local leaders and serving as the forum for planning.

### **Initial System Assessment of Texas Panhandle Local Behavioral Health Systems Published September 2016**

The Meadows Mental Health Policy Institute (MMHPI) was invited to conduct an initial assessment of behavioral health systems in the Texas Panhandle region as a means of coordinating planning efforts and resources to improve service delivery in the region's 26 counties. The goal of this report was to provide a better understanding of the mental health needs in the Texas Panhandle and to inform strategic priorities of the Panhandle Behavioral Health Alliance (a community collaborative), to advance the mental health services in the Texas Panhandle. The Panhandle Behavioral Health Alliance and member agencies have successfully sought and procured grants to make significant service delivery improvements in the Texas Panhandle counties.

### **Midland County Mental Health Systems Assessment Completed September 2016<sup>4</sup>**

Community leaders in Midland County engaged the Meadows Mental Health Policy Institute (MMHPI) to review the performance of its behavioral health systems. These leaders included Midland County, the Midland County Hospital District, the Midland Independent School District, Permian Basin Community Centers, the Abell-Hanger Foundation, the Scharbauer Foundation, United Way, and Texas Tech University Health Sciences Center-Permian Basin. The objective of the assessment was to evaluate current capacity for service delivery, system development, and population health management to determine viable strategies that build on existing strengths to further develop the system of care for the region. MMHPI provided findings and recommendations for each major behavioral health provider and agency that was engaged in the systems assessment process. Specifically, MMHPI made specific recommendations for ensuring the commitment and alignment of key local leaders to support the development of a trusted and effective forum for local systems planning and coordination. The Midland community leadership has hired staff and continued to pursue actions that were recommended in the report, and has recently launched a successful Okay to Say campaign.

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<sup>4</sup> This report is not publicly available.

## **Review of Harris County Mental Health Systems Performance**

**Published May 2015**

Harris County engaged the Meadows Mental Health Policy Institute (MMHPI) to review its public mental health service delivery systems, with a primary focus on the local mental health and mental retardation authority (MHMRA) of Harris County, the county's largest publicly funded mental health provider. The broader service delivery systems that also offer mental health and related services were included in the review, such as additional public health care services, social services and human services systems, the criminal justice system, managed care organizations, and schools. The report includes findings and recommendations from MMHPI's county-wide review of mental health services and the findings and recommendations on the MHMRA's role within the county. Particularly, recommendations focused on how the MHMRA could streamline services and enhance its current organizational structure to best meet the needs of people in the community. Harris County has continued to engage MMHPI for input and support as it implements recommendations from the report.

## **Mental Health Best Practice Opportunities for Denton County**

**Published March 2015**

United Way of Denton County, on behalf of the Denton County Citizen's Council on Mental Health (Citizen's Council), contracted with the Meadows Mental Health Policy Institute (MMHPI) to carry out an independent analysis of the county's local mental health system performance and identify specific strategies for Denton County to support continued development of a highly responsive, clinically effective and efficient community behavioral health system for the population of the entire county. The project objectives focused on evaluating the then-current capacity based on a self-assessment completed by the Citizen's Council in 2014 and determining viable strategies to continue to develop a system of care for the community. MMHPI interviewed United Way leadership as well as several members of the Citizen's Council and developed recommendations that centered on shifting from fact-finding to action. One recommendation was to develop a behavioral health leadership team (BHLT) for Denton County, which was done and continues to operate.