

# Nueces County Behavioral Health System Assessment Second Deliverable

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Detailed Work Plan for Conducting the Comprehensive  
Mental Health Needs Assessment in Nueces County

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October 29, 2019



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THE MEADOWS MENTAL HEALTH  
POLICY INSTITUTE FOR TEXAS

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## Contents

<b>Project Overview .....</b>	<b>1</b>
<b>Approach and Intended Outcomes.....</b>	<b>1</b>
Short-Term Outcomes.....	3
Intermediate Outcomes .....	3
Long-Term Outcomes.....	3
<b>Overview of the Work Plan .....</b>	<b>4</b>
Timeline.....	5
Project Kickoff Meeting.....	6
Initial Leadership Calls and Meetings/ Communication Protocol Development.....	6
Prevalence and Hospital/Emergency Department Utilization.....	9
Review of Core Documents and Reports .....	11
Qualitative Analysis/Key Informant Interviews .....	11
Follow-Up Onsite Meetings, Final Report, and Final Presentation .....	12
<b>Appendix A: Corpus Christi Caller Times, New study will measure how Nueces County can improve its mental health services.....</b>	<b>14</b>

## Project Overview

The Meadows Mental Health Policy Institute (MMHPI) is pleased to provide Nueces County and the Nueces County Hospital District with a comprehensive assessment of behavioral health needs and service delivery system capacity 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.

The overall goal of this project is to provide a community 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.

This assessment will be conducted by our team of nationally recognized subject matter experts and consultants, who are uniquely qualified to 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 use quantitative and qualitative assessment methods to determine the prevalence of service needs, the capacity of services, gaps in care, system strengths, costs, and challenges presented by current reimbursement structures, with a focus on vulnerable populations.

## Approach and Intended Outcomes

In this work plan, we describe how we will provide Nueces County with a comprehensive community needs assessment that will inform short-term and long-term mental health system planning efforts.

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 with experience and expertise in the areas of focus (such as criminal justice, schools, and veterans),
- Analysis of the prevalence of behavioral health needs and the capacity of service providers,
- 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:

- Crisis services and response;
- Services and supports for children, youth, and their families;
- Services for veterans and their families; and
- Services for people with behavioral health needs who are involved in the criminal justice system.

In addition, we will assess crisis response capacity, 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, focusing particularly on strategies that help people with behavioral health needs engage and remain in treatment, increase diversion of people with behavioral health needs away from the criminal justice system, decrease the use of the emergency system to treat chronic behavioral health needs, and reduce jail and hospital recidivism for people 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.

We will also 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 we will collect through interviews and focus groups. As noted above, these interviews and groups will include, at a minimum, providers and stakeholders from the following entities: county and municipal government, law enforcement, corrections, crisis response service, housing services, local mental health and substance use disorder provider systems, 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. On the next page, 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 initially help lead 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 improve 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 using 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 may result in:

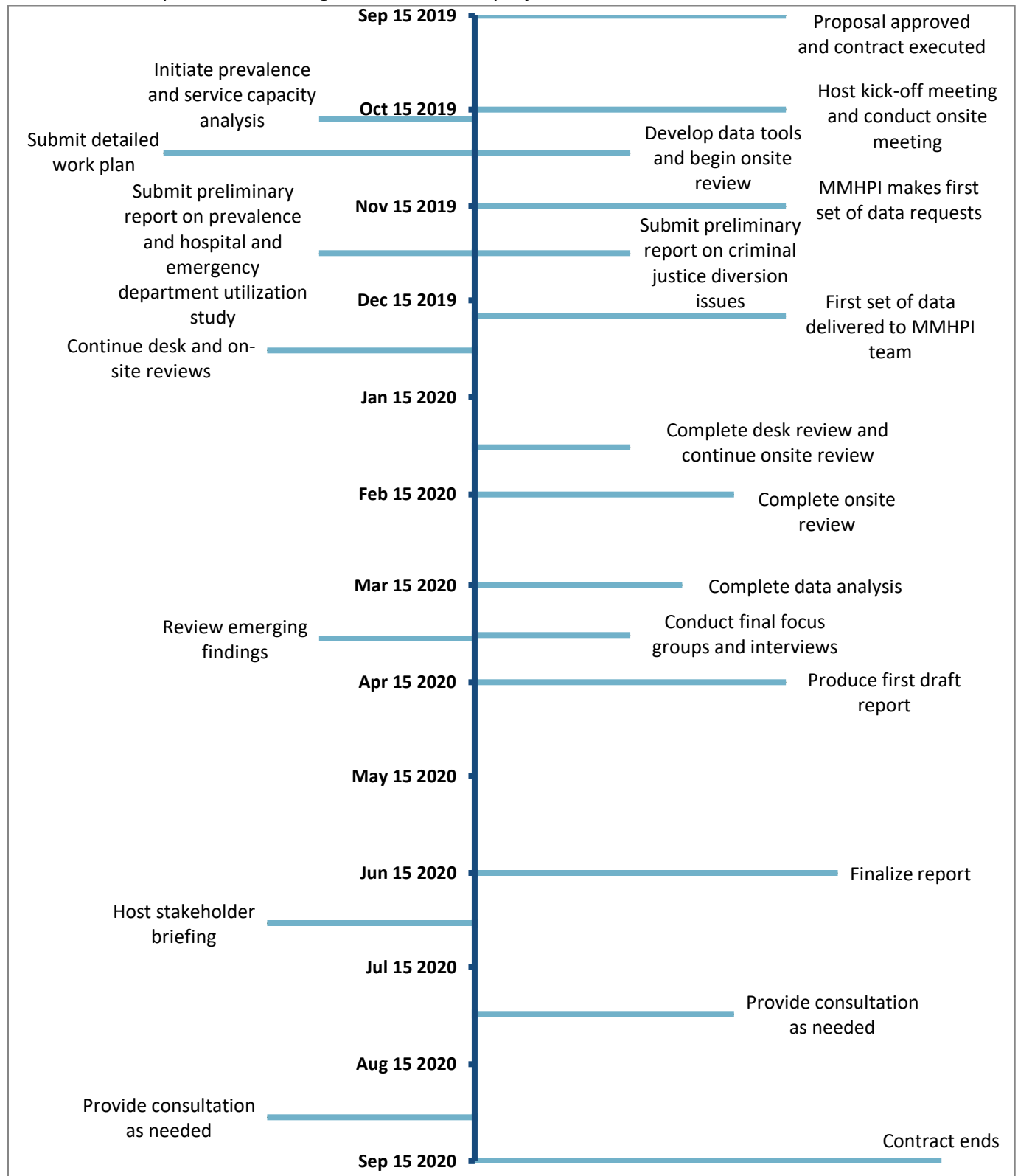
- Fewer people in jails who are incarcerated for behavior resulting from behavioral health needs, including substance use issues and disorders;
- Reduced hospital recidivism for people with behavioral health needs, including substance use issues and disorders;
- Reduced reliance on child welfare and 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 and disorders.

## Overview of the Work Plan

On the next page, we provide an overview of key steps in the assessment process. We have 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.

## Timeline

We have developed the following timeline for this project:



## Project Kickoff Meeting

The work for the community needs assessment officially began with the project kickoff meeting on Tuesday, October 15, 2019, with the support and leadership of Nueces County Judge Barbara Canales. The event was well attended and received extensive local press coverage. We have included the coverage by the Corpus Christi Caller-Times in Appendix A.

The kickoff continued the emphasis on transforming the mental health system in Nueces County that was initiated by Judge Canales, Nueces County, and the Nueces County Hospital District. At the press conference, Judge Canales spoke about the importance of good mental health to the quality of life and how critical it is to bring hope to people who are suffering with mental illnesses. She emphasized that her goal is to improve the justice system, the school system, and the general health care system.

Senator Juan “Chuy” Hinojosa also spoke at the event. He thanked Judge Canales in his remarks and said the legislature recognizes that it is crucial to improve behavioral health care and that it was time for local communities to take action to address this issue. He pledged his ongoing support for the effort.

The event was attended by over 50 people, including four of the five county commissioners, the sheriff, the district attorney, the administrator and chief executive officer of the Nueces County Hospital District, behavioral health system leaders, and interested community members. We made contact with a number of stakeholders at the event who will be included in our qualitative interviews.

## Initial Leadership Calls and Meetings/ Communication Protocol Development

Our next step in this project was to quickly engage with local project leadership to finalize the work plan and request key information.

We had initial telephone calls and meetings with key leadership and staff to obtain their perspectives on the evaluation and determine who will be primary points of contact for the MMHPI project team. We held **onsite meetings** on October 14 and 15, 2019, and October 22 and 23, 2019, with key leaders from criminal justice, Nueces County, and the Nueces County Hospital District. The deliverables resulting from the calls and meetings include this **updated work plan**, which outlines our communications protocol for local system leadership and project staff assigned to the consulting team. The plan also outlines all deliverables and due dates, although reporting dates may be adjusted based on the outcome of the discussions.



We developed a communication protocol, outlined below, which was informed by onsite meetings and leadership calls. Note that this is only a preliminary list of key stakeholders who will be interviewed; we will conduct many additional interviews beyond these core stakeholders. Also, the name of the primary interviewer in some cases may change, but these interviews will all be conducted by highly experienced members of our team.

Communication Protocol	
Local System Leadership	Project Consulting Staff
Barbara Canales, Nueces County Judge	John Petrila, Senior Executive Vice President of Policy  Kyle Mitchell, Vice President of Adult and Veterans Policy
Carolyn Vaugh, County Commissioner Precinct 1	John Petrila, Senior Executive Vice President of Policy  Kyle Mitchell, Vice President of Adult and Veterans Policy
Joe A. Gonzalez, County Commissioner Precinct 2	John Petrila, Senior Executive Vice President of Policy  Kyle Mitchell, Vice President of Adult and Veterans Policy
John Marez, County Commissioner Precinct 3	John Petrila, Senior Executive Vice President of Policy  Kyle Mitchell, Vice President of Adult and Veterans Policy
Brent Chesney, County Commissioner Precinct 4	John Petrila, Senior Executive Vice President of Policy  Kyle Mitchell, Vice President of Adult and Veterans Policy

Communication Protocol	
Local System Leadership	Project Consulting Staff
Hon. John B. Martinez	John Petrila, Senior Executive Vice President of Policy  Kyle Mitchell, Vice President of Adult and Veterans Policy
Dr. Jonny Hipp, NCHD CEO	John Petrila, Senior Executive Vice President of Policy  Kyle Mitchell, Vice President of Adult and Veterans Policy
J.C. Hooper, Sheriff, Nueces County	Paul Stokes, Senior Director of Intervention and Diversion Policy
Mike Markle, Chief, Corpus Christi Police Department	Paul Stokes, Senior Director of Intervention and Diversion Policy
Gary Hartmann, Vice Chancellor for Strategic Initiatives and Interim Senior Vice President, Health Science Center, Texas A&M Corpus Christi	Dr. Amanda Mathias, Senior Director of Innovation
Mike Davis, CEO, Nueces Center for Mental Health and Intellectual Disability	Melissa Rowan, Executive Vice President for Policy Implementation
Mary Dale Peterson, President and CEO, Driscoll Health Plan	Melissa Rowan, Executive Vice President for Policy Implementation
Jay Woodall, CEO, Corpus Christi Medical Center (HCA Affiliated)	Melissa Rowan, Executive Vice President for Policy Implementation
Dominic Dominguez, Senior Vice President of Group Operations and Interim CEO, Christus Spohn Health System	Melissa Rowan, Executive Vice President for Policy Implementation  John Petrila, Senior Executive Vice President of Policy
Dr. Osbert Blow, President and Chief Medical Officer, Christus Spohn Health System	Melissa Rowan, Executive Vice President for Policy Implementation  John Petrila, Senior Executive Vice President of Policy

Communication Protocol	
Local System Leadership	Project Consulting Staff
Maggie Iglesias-Turner, Chief Executive to County Judge Barbara Canales; Public Information Officer	Marilyn Headley, Project Manager
Monica Perez, Secretary to County Judge Barbara Canales	Marilyn Headley, Project Manager

The contact information for the MMHPI team is included below:

Project Consulting Staff Contact Information	
Consulting Staff	Email
John Petrila, JD, LL.M, Senior Executive Vice President of Policy	jpetrila@texasstateofmind.org
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Kyle Mitchell, JD, Vice President of Adult and Veterans Policy	kmitchell@texasstateofmind.org
Paul Stokes, Senior Director of Intervention and Diversion Policy	pstokes@texasstateofmind.org
Dr. Amanda Mathias, PhD, Senior Director of Innovation	amathias@texasstateofmind.org
Aaron Smith, Manager of Veteran Programs	asmith@texasstateofmind.org
Gary Bramlett, LMSW, Director of Community Engagement	gbramlett@texasstateofmind.org
Marilyn Headley, MPAff, Project Manager	mheadley@texasstateofmind.org

### Prevalence and Hospital/Emergency Department Utilization

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

Timothy Dittmer, PhD, MMHPI's Chief Economist, is leading this part of our analysis, working with Dr. Jennifer Gonzalez, MMHPI Senior Director of Population Health. 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 MMHPI's assessment of the Harris County substance use disorder services system, 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. Dr. Gonzalez, who recently joined the Institute from the University of Texas School of Public Health (Dallas), is an epidemiologist with extensive experience in data analysis and linking data from multiple data sets.

For the comprehensive systems assessment of Nueces County, Dr. Dittmer and Dr. Gonzalez will analyze the prevalence of behavioral health needs based on national data that consider Texas-specific demographic and poverty data. These analyses will draw on data that the Institute can access, including (as one example) the full data set of the Texas Health Care Information Collection (THCIC).

Our preliminary report on the prevalence of behavioral health needs and the utilization of hospital and emergency department services will guide our initial assessment and will address:

- The estimated number of people with mental illness, by age group, poverty level and diagnosis;
- The number of people receiving services from the local mental health authority, by age group and level of care;
- Capacity and daily utilization of psychiatric beds in local hospitals;
- The number of people from Nueces County who are receiving inpatient psychiatric care, by age group, payer type, length of stay, and hospital;
- The number of people throughout Texas who are receiving inpatient psychiatric care in Nueces County, by county of origin, age group, and payer;
- The number of people who are receiving emergency department treatment for mental illness, by age group, payer type, and emergency department; and
- The movement of people from emergency departments in Nueces County to inpatient psychiatric hospital beds throughout Texas, with breakouts by payer, age group, and law enforcement transport.

As part of the community needs assessment, we will also detail:

- Co-occurring mental health/substance use disorders for people admitted to a psychiatric bed,
- Comorbid medical conditions for people admitted to a psychiatric bed, and
- Emergency department visits related to attempted suicide.

### Review of Core Documents and Reports

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 foundation will help us make optimal use of subsequent onsite 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, children's mental health, and behavioral health systems. The following table outlines the expected timing for these information-gathering activities.

Month	Activities
October 2019	Host kick-off meeting, finalize work plan, develop data tools, initiate prevalence and service capacity analysis, and begin onsite review
November 2019	MMHPI makes first set of data requests; continue onsite review
December 2019	First set of data delivered to MMHPI team; continue desk and onsite reviews
January 2020	Complete desk review; continue onsite review
February 2020	Complete onsite review
March 2020	Complete data analysis

A **Preliminary Onsite Briefing** will take place no later than early January 2020. Consulting staff leadership will conduct a preliminary onsite briefing with key stakeholders to provide an overview of our findings to date. We will also offer multiple opportunities for community stakeholders to respond to and comment on our findings as the assessment progresses.

### Qualitative Analysis/Key Informant Interviews

Our project team began key informant interviews with stakeholders across the local system in October 2019; the team will also schedule focus group meetings. We are working 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. The information we collect will allow us to identify the current system's strengths and opportunities for improving efforts to address the changing behavioral health system needs and perspectives in Nueces County.

The purpose of these structured interviews and focus groups is for our team to identify central themes associated with access to care, availability of crisis and emergency services, and the impact of behavioral health conditions 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 in April 2020.

### **Follow-Up Onsite Meetings, Final Report, and Final Presentation**

Follow-up onsite meetings will then be held in March and April 2020 to review emerging findings with local project leadership and other behavioral health system leaders. Our 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 refining recommendations.

We will draft and submit the **final report** of the needs assessment for the project leadership's review by June 15, 2020. We propose scheduling the **final presentation** of findings and achievable recommendations for local leadership after the report has been finalized.

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.

The community needs assessment will use quantitative and qualitative approaches to provide an understanding of the breadth and depth of the impact of mental illness and substance use disorders on education, employers, and service providers. It will also include an in-depth

analysis of vulnerable subpopulations, primarily through qualitative methods, and suggest solutions to reduce disparities.

## Appendix A: Corpus Christi Caller Times, New study will measure how Nueces County can improve its mental health services

A Texas nonprofit will study Nueces County's mental health services for the next six months to identify how the county can improve its programs.

The county partnered with Meadows Mental Health Policy Institute, based in Austin and Dallas, to perform a countywide mental health needs assessment starting this month. The institute will evaluate the inpatient and outpatient mental health services Nueces County currently offers, identify which are inadequate and create a comprehensive plan to improve programs and technologies.

"Our will to do good is so instrumental in anything that we undertake," Nueces County Judge Barbara Canales said during a press conference at the county courthouse Tuesday. "But if our mind is not healthy, nothing works."

"This endeavor is about telling Nueces County: Let's figure out what we're doing right, where we are lacking, where these gaps are, and how can we put the pieces together of this puzzle to make it right?"

The county Commissioners Court approved the partnership in September, making it one of the county's latest efforts to address mental illness. The county will pay the Meadows Mental Health Policy Institute \$520,701 for the assessment, according to the groups' contract.



*Nueces County Judge Barbara Canales announces a partnership with the Meadows Mental Health Policy Institute, which will conduct a countywide comprehensive mental needs*



*assessment, during a press conference on Tuesday, October 15, 2019. (Photo: Rachel Denny Clow/Caller-Times)*

In the same meeting, the commissioners approved a \$2.5 million agreement between the county, the Nueces County Hospital District and the Nueces Center for Mental Health and Intellectual Disabilities to implement an array of mental health programs.

One of those was a crisis intervention team at the Nueces County Sheriff's Office, composed of officers trained in mental health and substance abuse issues. During calls for service, the team can identify which services a person would benefit from, with the goal of keeping people struggling with those issues out of the criminal justice system.

"When we're talking about behavioral health care, we're talking a lot about the criminal justice aspect of behavioral health care," Canales said. She added she's had discussions with Sheriff J.C. Hooper "about our desire to make certain that the largest psychiatric facility is not called the Nueces County jail."

John Petrila, vice president of adult policy for Meadows, gave a presentation during Tuesday's conference about the kinds of topics the institute will study and the timeline of its report to the county. Meadows has done similar assessments of 26 counties, large and small, Petrila said.

He said the group will analyze hospitalization practices, such as how many people are hospitalized for inpatient care for psychiatry by age and how many people are coming in from out of the county.

The group will also study veterans, children and other subpopulations and track data, such as substance use hospitalizations, suicides and patients with both physical conditions and mental illness.

One of the societal challenges to overcome, Petrila said, is the segregated treatment of mental illness from physical illnesses.

In Texas, there are fewer cases of first-episode psychosis each year than there are first cases of breast cancer, he said, yet the average person does not seek treatment for psychosis until seven years after the first manifestation.

"We need as much as possible — and it takes time — to try to integrate local responses to mental health crises within the general health system," he said.

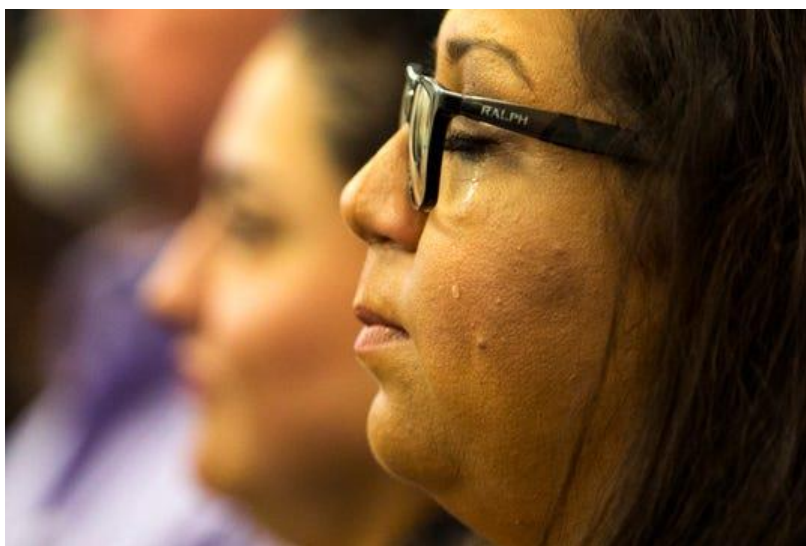
Help is on the way.

County officials will be able to review early findings of the assessment and give feedback. Meadows aims to present the county a final report by late spring so that the county can take into account the recommendations of the study during its next budget-writing process.

The Texas Legislature has made strides toward mental health care, appropriating a total of \$8 billion for mental health this year, state Sen. Juan “Chuy” Hinojosa said during the press conference. But it’s up to local communities to step up, he said, and Nueces County has been “proactive” in that effort.

“It’s a new day here,” said Hinojosa, D-McAllen. “We intend to do our fair share of working with the leadership here in Nueces County and all the agencies and people that work to try to focus on mental health.”

Jana Guerra, quality assurance director at the Nueces Center for Mental Health and Intellectual Disabilities, began to cry while listening to officials speak about the new partnership.



*Jana Guerra, quality assurance director, Nueces Center for Mental Health and Intellectual Disabilities begins to cry as a partnership between Nueces County and the Meadows Mental Health Policy Institute to conduct a county-wide comprehensive mental needs assessment is announced during a press conference on Tuesday, October 15, 2019 at the Nueces County Commissioner's Court. "Working in the mental health field I find it important that what is happening is coming to the forefront," she said. (Photo: Rachel Denny Clow/Caller-Times)*

She said she’d long felt she and her co-workers had been fighting the battle for mental health care alone. Her tears were those of relief and happiness, that help is finally coming, she said.

“Working in the mental health field,” she said, “I find it important that what is happening is coming to the forefront.”

*Vicky Camarillo covers education, immigration and other issues in South Texas and the rest of the Lone Star State. Support local journalism with a subscription to the Corpus Christi Caller-Times.*