Proposal to Conduct a Mental Health and Justice System Needs Assessment in the Metrocrest Region - Carrollton, Farmers Branch, Addison, and Coppell

PROPOSAL TO METROCREST SERVICES

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Contents

Background and Overview

The Meadows Mental Health Policy Institute (MMHPI) is pleased to submit this proposal to Metrocrest Services to assess the mental health and criminal justice/first responder systems' needs with a specific focus on homeless and transient populations in Carrollton, Addison, Farmers Branch, and Coppell. Specifically, our proposal outlines an assessment plan which, upon completion, will provide a report containing:

- 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 homelessness and transient populations and the impact on law enforcement and first responder systems; and
- Recommendations for systems improvement.

Since our inception, MMHPI has focused our efforts on improving mental health care for people involved in the criminal justice system — the same population of interest in this assessment. We have also conducted multiple system assessments throughout Texas 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 Health and Human Services Commission (HHSC).

In this proposal, we describe how we will provide the Carrollton, Addison, Farmers Branch, and Coppell areas (Metrocrest region) with a focused needs assessment that is shaped to fit the unique needs of these communities. 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 MMHPI's senior leaders and composed of our most experienced staff.

Mission Statement and Experience

The mission of MMHPI is to provide independent, nonpartisan, 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. MMHPI is superbly qualified to meet the needs of the Metrocrest region.

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 systemically 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 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:** Texas children will receive effective mental health care as part of their overall health so they can reach their full potential at home, school, and in the community.
  - **Texas veterans:** Texas veterans and their families will receive the mental health care and support 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.

We are uniquely equipped to provide key findings from the Metrocrest region assessment not only to local leadership but also to the Texas Legislature and executive branch agencies, as appropriate and as agreed to by Metrocrest region leadership. 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 pass 29 of 33 mental health-related bills that we had prioritized for this legislative session (an 87.8% success rate versus an 18.7% average rate for all bills filed for the session). Our legislative highlights that are relevant to this proposal include:

- SB 11 (Taylor), which, through the establishment of the Texas Child Mental Health Consortium, established the Child Psychiatry Access Network to enable pediatricians and primary care providers to work with child psychiatry consultation hubs at leading medical schools.
- HB 18 (Price), which enhances training requirements for school employees as well as program and curriculum development to better support student mental health.
- SB 1177 (Menendez), which allows intensive evidence-based practices that have good outcomes for children and youth with the most intensive mental health needs to be available as an option in Medicaid managed care programs.
- SB 500 (Nelson), which contains $445 million to fund Phase II of the comprehensive plan for state hospital redesign, including Austin, San Antonio, and Rusk State Hospitals.
- SB 2111 (Watson), which requires HHSC to establish a plan to contract with a local public institution of higher education to transfer operations of Austin State Hospital on completion of construction.
- HB 1 (Zerwas), which contains $60 million for the Mental Health Grant Program for Justice-Involved Individuals (SB 292), a $12.5 million increase from fiscal year 2018–2019 levels. It also contains $40 million for the Community Mental Health Grant Program (HB 13) and $20 million for the Texas Veterans + Family Alliance Grant Program (SB 55).
- HB 601 (Price), which builds on reforms enacted in the 85th Legislative Session by clarifying the meaning and scope of "assessments" for people with mental illnesses who are in jail.
- SB 562 (Zaffirini), which reforms the competency restoration process to ensure people will be assigned to state facilities based on clinical need, not solely on the underlying charged offense.
- HB 1 (Zerwas), which contains $2 million to fully fund the Judicial Commission on Mental Health over the 2020–2021 biennium. Dr. Keller and Dr. Tony Fabelo from MMHPI are members of the Judicial Commission.

Intended Outcomes

The overall goal of this project is to provide a focused needs assessment for the Metrocrest region. This assessment can serve as the basis for a regional, systemic approach to providing prevention-oriented mental health services, while reducing the use of emergency and first responder systems for mental health crisis services across the region.

This assessment will provide Metrocrest region leadership and other stakeholders with data, information, and recommendations to support region-wide planning to improve access to — and increase the impact of — behavioral health services for the people who reside there, and reduce the use of first responder and emergency services to address mental health crises. 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

Initially, a needs assessment can help lead to an integrated regional planning approach with:

- Increased collaboration and new connections among key health care stakeholders and behavioral health care partners;
- Increased understanding of gaps and inefficiencies, as well as resources allocated across service sectors for people with complex behavioral health issues, including people who are transient or homeless and people involved with the criminal justice and first response systems; 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 integrating data within and across services systems.
- 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 and law enforcement, reduce homelessness, and better meet the needs of the transient population within the region.

Long-Term Outcomes

Ideally, implementation of a system improvement plan will also result in:

- Reduced hospital recidivism for people with behavioral health needs, including the need for substance use disorder services;
- Reduced reliance on first responder and emergency services to address behavioral health care crises; and
- Reduced costs to hospitals and emergency rooms with respect to people with behavioral health needs.

Approach

For this assessment, we will use quantitative and qualitative methods to determine the prevalence of service needs, capacity of and gaps in services, system strengths, costs, and challenges presented by current services and response. We will use interviews with providers and stakeholders to further our understanding of how current service provision, payment systems, and financing mechanisms affect the availability of services and access to care in the Metrocrest region. Through this analysis, we will consider the role of Medicaid and local payers in the overall mental health system and offer insights to help maximize resources for mental health care. With the support of stakeholders from each community, we will also share these findings with policymakers in an effort to help address policy barriers that unnecessarily encumber the current system.

Based on available data, whether quantitative or qualitative, we will also provide Metrocrest region stakeholders with an understanding of the breadth and depth of the impact of homelessness, transient populations, and mental illness on first responder systems and emergency service providers, using quantitative and qualitative approaches for our an analysis.

To accomplish this assessment, we have assembled a team of nationally-recognized subject matter experts and consultants who are 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 reducing the use of first responder and emergency services for chronic mental health care needs.

In this section, we outline how we will approach the assessment, drawing, as appropriate, on our work in other areas of Texas. We follow that discussion with a timeline for our work.

Qualitative Data Analyses

We will accomplish this assessment by analyzing information we collect from multiple stakeholders from across the Metrocrest region. We will work with the public safety directors of each city, or their equivalent, to create a list of organizations and stakeholder to interview. We anticipate gathering information from 40 to 50 stakeholders, including city officials and leadership, Baylor Scott and White Medical Center, North Texas Behavioral Health Authority, Denton County MHMR Center, and Life Path Systems, as well as other providers of mental health and substance use disorder services; regional hospitals; county courts and probation departments; emergency medical personnel (fire/emergency medical services); Carrollton, Farmers Branch, Addison, and Coppell police and fire departments; and other key informants determined during the initial phase of the project. Our approach to these interviews will incorporate techniques we 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 systems' strengths and opportunities for improvement in addressing the changing

behavioral health system needs and perspectives in the region. 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 with 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 analyses of specific populations and systems, including:

- The crisis service array,
- Services for adults involved in the criminal justice system or who frequently utilize first response systems, and
- Services for adults experiencing homelessness or who are transient to the area.

Our assessment will examine crisis response times, crisis care options, and gaps in crisis services. For people involved in the criminal justice system or who encounter first response systems, we will examine services that are already being provided in the area as well as gaps in services for this population. Through our analysis of the criminal justice and first response system, we will identify service gaps and needs focused particularly on strategies to increase care engagement and retention, increase criminal justice system diversion, decrease emergency system utilization for chronic care needs, and reduce jail and hospital recidivism for people living with serious mental illness.

In order to develop this framework, we will seek to understand and describe the factors that lead people to become trapped in repeated cycles of 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, mental health providers, housing services, hospitals, non-profit organizations, consumers, and system leaders.

Prevalence Data Analyses

In preparing the analysis for the needs assessment of the Metrocrest region, we will perform prevalence analyses based on data that consider Texas-specific demographic and poverty data.

These analyses will be performed for each of the counties of Metrocrest region cities. We will complete this analysis by drawing on data we have permission to access, including (as one example) the full data set of the Texas Health Care Information Collection (THCIC). The analyses will provide:

- County-level 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 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, including an analysis of bed capacity for adults;
- Information regarding the interactions of homeless populations and populations transient to the region and area law enforcement and first responder systems;
- An analysis of the use of existing publicly-funded mental health and substance use disorder programs (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.

Overview of the Work Plan

Below, we provide an overview of key steps in our assessment process. We propose an nine-month timeline for this project, with additional work during a ninth month to ensure buy-in for collaboration on developing operational recommendations with the region's system leaders. We can begin the project immediately on award of the contract, or on terms established by the community. The following table outlines the expected timing for information gathering activities.

Month	Activities
One	Host kick-off meeting, finalize work plan, develop data tools, initiate prevalence and service capacity analysis.
One and Two	First set of data is delivered to MMHPI (in response to data request); begin on-site reviews and focus groups.
Two and Three	All data delivered to the MMHPI team; continue on-site reviews.
Three	Complete off-site review; continue on-site review.
Four	Complete on-site review; conduct final focus groups and interviews.

Month	Activities
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 of report for stakeholder review.
Eight	Finalize report.
Nine	Produce final report and host stakeholder briefing. Provide consultation as needed to review recommendations.

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 an initial kick-off conference call 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 — Melissa Rowan, Kyle Mitchell, and B.J. Wagner — will participate in these conference calls. 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, including key contact information for local system leadership and project staff and 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 one week of contract execution.

The initial kick-off call will be followed by a **one-day on-site meeting** within 30 days after award of the contract to gain a better understanding of the region's behavioral health care systems, including hospitals, the criminal justice system, and the local mental health authorities (LMHA) as well as other priorities for the broader behavioral health system identified by key system partners. The MMHPI project leads will be on site, with other team members joining by phone to the extent needed. Our team will prepare a draft site visit agenda and goals and submit this to local project leadership for review in advance of the site visit. The information obtained during the initial visit will set the stage for all project tasks.

Off-Site 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 the on-site time. We will conduct this **Off-Site Review** of existing data, documents, reports, policies, and protocols so that our team arrives with a preliminary understanding of key processes pertinent to the project. To accomplish this, the project team

will prepare a data request document based on information from the initial calls and site visit, as well as our deep understanding of Texas health, criminal justice, and behavioral health systems. We will also conduct telephone interviews with key informants and conference calls with representatives from city and county government, law enforcement, the LMHAs, hospital leaders, and others, as needed, to inform the development of 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 **Primary On-Site Review** will span several 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 conduct analyses of existing capacity, gaps in capacity, and opportunities to use financing and other strategies to meet need. The on-site review will include an integrated team approach to 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 needs across various service sectors. We will also consider homelessness, transient populations, and first responder services. 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, we will begin our analysis of prevalence, service capacity, and cost data. The initial analysis will be completed within the first 120 days of the project, leaving an opportunity to factor in any new data gathered through the initial on-site review. We will submit the **draft report** of the needs assessment at the end of Month Seven.

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

Follow-up on-site meetings will 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 our draft findings to refine them and address any gaps, with the primary goal of reviewing and deepening recommendations.

We will draft the **final report** of the needs assessment for the 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 in Month Nine.

Proposed Project Budget and Narrative

The proposed project budget is $300,000, inclusive of all MMHPI staff and consultant time, meeting costs, travel costs, and material production. All deliverables will be provided in electronic format. This is an optimal budget; however, we have included a scaled budget to best fit the priorities of the stakeholders and project funders.

Project Component	Amount
Focused Needs Assessment	**$300,000**
This component comprises all elements included in the proposal above. The primary on-site review will involve the policy teams listed below, who will initiate focus groups and 40-50 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 as specified in this proposal. On-site reviews will include each of the project leads, joined by support staff to provide analysis of existing capacity, gaps in capacity, and opportunities to use program development, scaling, financing, and other strategies to meet the need. Themes emerging from the qualitative analysis will be included in the final report.	
Reduced Scope Needs Assessment	**$200,000**
Our criminal justice and adult policy teams, with support from clinical subject matter experts, will identify service gaps and needs through a limited set of key informant and stakeholder interviews and available data analyses. These interviews, and accompanying data, will focus particularly on strategies to increase care engagement and retention, increase criminal justice system diversion, decrease first responder systems engagement, decrease emergency system utilization for chronic health and behavioral health needs, and reduce jail and hospital recidivism for people living with serious mental illness or substance use disorders, with a specific focus on people who are homeless.	
Quantitative Data Analysis Only	**$125,000**
We will prepare analyses of prevalence based on data that considers Texas-specific demographic and poverty data. These analyses will be performed for each of the cities specified in this proposal. Additionally, we will provide analyses for licensed psychiatric bed capacity for each hospital in the region and utilization rates over the past year; existing publicly-funded mental health and substance use disorder programs and use; and costs associated with hospitalization and emergency department use for psychiatric disorders and, if available, costs associated with local community mental health programs.	

Expertise of the MMHPI Team

The team assembled for this project is expert in the specific system requirements of Texas counties and LMHAs, 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 economics, 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
Melissa Rowan	Project Lead
Kyle Mitchell, JD	Project Coordination and Policy Lead
B. J. Wagner	Law Enforcement and First Responder Lead
Ron Stretcher	Criminal Justice System Support
Paul Stokes	Law Enforcement and First Responder Support
Amanda Mathias, PhD	Clinical Lead
Jennifer Gonzalez, PhD	Quantitative Data Lead
Tim Dittmer, PhD	Quantitative Support
John Petrila, JD	Systems Integration Consultation

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, 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 facing Texas counties to deliver 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. Brief biographies for the project principals are provided below. We may also bring in other team members to address particular areas of needed expertise. Additional information on the full MMHPI team 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 will provide executive oversight for the project. Dr. Keller is a licensed psychologist with over 20 years of experience and expertise in health and human services integration, behavioral health financing, managed care systems, and empirically supported practices for adults and children. He has led numerous complex behavioral health system change and reform initiatives, including 1) local behavioral health system assessment and redesign projects in Austin, Denton, Dallas, El Paso, Houston, Midland, San Antonio, the Panhandle, and the Rio Grande Valley in Texas; Omaha, NE; Santa Barbara, CA; Milwaukee, WI; Vancouver, WA; and numerous other local systems outside of Texas; 2) complex state-level system financing for transformation and service integration, including work since May 2012 in support of the development of MMHPI for Texas, with related work in other states, including statewide system assessments in Colorado, Nebraska, Kansas, Connecticut, and North Carolina as well as multiple statewide children's system of care planning projects, including Pennsylvania's 2011–2012 federal children's system of care expansion grant, Washington State's 2011–2012 children's mental health redesign and "TR" EPSDT settlement development, Louisiana's coordinated systems of care project in 2010–2011, and Massachusetts's 2008–2009 "Rosie D" EPSDT settlement planning; 3) behavioral health financing and regulatory expertise in numerous states, including the independent assessment of Kansas's 1915b/c Medicaid behavioral health waiver programs; State Plan amendments and related operational consultations in Texas, Delaware, Louisiana, Nebraska, North Carolina, and Pennsylvania; and managed care system reviews in California, Colorado, Connecticut, Florida, Kentucky, Louisiana, Massachusetts, Nebraska, New Mexico, North Carolina, Oregon, Pennsylvania, Utah, and Washington; and 4) hospital capacity development and financing projects in Colorado, Pennsylvania, Texas, and Washington. Dr. Keller completed his doctoral work in clinical and community psychology at the University of Maryland College Park in 1994. His master's and doctoral work both involved consumer-driven research. He is a licensed psychologist in Texas.

Melissa Rowan, MBA, Executive Vice President of Policy Implementation

Project Lead

Ms. Rowan was most recently a partner at Wertz & Rowan, a health care policy consulting firm she founded in Austin, and she has worked in and around Texas and national health systems for 25 years, focusing on broad health care issues, managed care, and behavioral health care. As a consultant to MMHPI for the last four years and taking an expanded role as Senior Fellow of

Policy Implementation this past year, Ms. Rowan has worked on several MMHPI projects, with a primary focus on service expansion and quality improvement in real-world settings and health care financing. She has previously served as Healthcare Policy Director for the Texas Council of Community Centers in Austin, working closely with the 39 community mental health centers across the state on innovation and design of behavioral health programs for adults and children. During her career, Ms. Rowan has managed projects for two national health care consulting firms and held positions at the Texas Health and Human Services Commission, the Texas Legislative Budget Board, and a community behavioral health provider. She has also been appointed to the boards of the TMF Health Quality Institute and LifeWorks, and has served as Vice Chair of the Texas Health and Human Services Commission's Behavioral Health Integration Advisory Committee. Ms. Rowan earned her MSW from The University of Texas at Austin and an MBA from Concordia University.

Kyle Mitchell, JD, Vice President of Veteran and Adult Policy

Project Coordination

Mr. Mitchell previously 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. He 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. He 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 United States Army Reserve. From 2013 to 2018, he served in the Texas Army National Guard with both the 71st Expeditionary Military Intelligence Brigade and the 36th Infantry Division. In 2017, he deployed as the Command Legal Advisor/Command Judge Advocate for Headquarters, Train, Advise, Assist Command–South in Kandahar, Afghanistan, in support of Operation Freedom's Sentinel.

B. J. Wagner, MS, Interim Executive Director of the Caruth Police Institute at the University of North Texas at Dallas

Policing and First Responder Lead

Ms. Wagner will direct the police and first responder systems analysis for the project. 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 curriculums 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 systems for front-end diversion and continuity of care for offenders with special care needs, and guided Medicaid implementation for limited populations within the state's prison systems.

Ron Stretcher, Senior Director of Systems Management

Criminal Justice System Support

Mr. Stretcher brings over 30 years of experience in the social, health, and judicial services fields to MMHPI. Mr. Stretcher retired after 26 years with Dallas County, serving the last 11 years as criminal justice director. He was instrumental in lowering and stabilizing the jail population, improving pre-trial release services, and expanding jail diversion for special populations. Mr. Stretcher also served 10 years as deputy director of the Dallas County Juvenile Department, where he developed and implemented family preservation programs, a charter school for local juvenile facilities, and an alternative education program for students expelled from school. Mr. Stretcher also managed several grant programs for Dallas County, including the Ryan White HIV Services and related programs. Prior to joining Dallas County, Mr. Stretcher worked for the Texas Department of Human Services (now part of the state HHSC) in the income assistance division (the former Food Stamps and AFDC programs). Mr. Stretcher represented the Dallas County Commissioners Court on the Board of Directors of the North Texas Behavioral Health Authority and was chairman of the board during the transition from managed care to a community center model of providing services. Mr. Stretcher was a founding member of the Dallas County Behavioral Health Leadership Team, which coordinates behavioral health services for the county. Mr. Stretcher also founded the Texas Criminal Justice Planners Executive Forum and is a past chair of the North Central Texas Council of Governments Policy Development Committee.

Paul Stokes, Senior Director of Intervention and Diversion Policy

Policing and First Responder Support

Mr. Stokes rose through the ranks of the Dallas Police Department (DPD), serving as Patrol Bureau Assistant Chief, Deputy Chief, Patrol Commander, Manager of the Public Information Office, a DPD helicopter pilot, and Commander of the Violent Crimes Task Force. His most recent assignment included serving as Assistant Chief of Police over the Investigations and Tactical Support Bureau, which includes violent crimes, homicide, crimes against children,

narcotics, gang, SWAT, and criminal intelligence services. Throughout his many areas of service, Mr. Stokes was widely known for his ability to establish collaboratives that enhanced community relations and public safety for the communities he served. He oversaw the establishment of a regional law enforcement alliance that focused on property crime reduction. This area-wide effort linked 16 participating agencies across North Texas that utilized emerging technologies to reduce crime. He was instrumental in the establishment of RIGHT Care in Dallas as part of the Caruth Smart Justice Project, an approach to early intervention with people in crisis that is helping transform the system of care in Dallas.

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 evidence-based and innovative care to her work with people living with serious mental illness, co-occurring substance use disorders, and physical/medical conditions. 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 local mental health systems. She is also the project lead for MMHPI's work on the redesign of the San Antonio State Hospital.

John Petrila, JD, LL.M, Senior Executive Vice President of Adult Policy

Systems Integration Consultation

Mr. Petrila was a member of the founding board of MMHPI 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 levels.

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 mental health 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.

Jennifer Gonzalez, PhD, Senior Director of Population Health

Quantitative Data Lead

Dr. Gonzalez's research interests include public health policy, data-informed public health and criminal justice practice, and development of innovative methods for linking people to needed care. She is especially interested in developing and testing the effectiveness of real-world solutions to improve the use of behavioral health services for those in need. She has published more than one hundred interdisciplinary articles focused on the health of people who come into contact with — and work within — the criminal justice system. Dr. Gonzalez earned her doctoral degree in epidemiology from the University of Florida, and an M.S. degree in criminal justice from the University of Cincinnati. Her research has been funded by the National Institute on Minority Health and Health Disparities, SAMHSA, the National Institute on Aging, the National Institute of Justice, and the Hogg Foundation for Mental Health.

Timothy Dittmer, PhD, Chief Economist

Quantitative Data Lead

Timothy Dittmer, PhD, is responsible for all econometric analysis for the Institute. He has consulted as an economist regarding behavioral health and human services for nearly a decade and just left his position as tenured chair of the Department of Economics at Central Washington University in January 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 veteran 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.

The primary contacts for this proposal are Melissa Rowan (mrowan@texasstateofmind.org) and B. J. Wagner (bjwagner@texasstateofmind.org).

References

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The Valley Baptist Legacy Foundation engaged MMHPI to conduct a review of mental health systems in the Rio Grande Valley.

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Community leaders in Midland County engaged MMHPI to review the performance of its behavioral health systems.

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The McKenna Foundation engaged 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: Selection of Previous Behavioral Health Systems Assessments Conducted by the Meadows Mental Health Policy Institute

Deep East Texas Regional Mental Health Assessment

Completed September 2018[1]

Thanks to the generous support of the T.L.L. Temple Foundation, we conducted an independent assessment of 22 counties across the Foundation's 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 the T.L.L. Temple Foundation's strategic priorities for advancing mental health services in Deep East Texas.

Houston Endowment Substance Use Disorder Systems Assessment

Completed July 2018[2]

Thanks to the generous support of Houston Endowment, we 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, our 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[3]

We were 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 and service gaps. The goal of the report was to provide findings and recommendations specifically to the Smith County Behavioral Health Leadership

[1] This report has been finalized and submitted to the funder; however, it has not yet been publicly released.
[2] This report has been finalized and submitted to the funder; however, it has not yet been publicly released.
[3] This report is not publicly available.

Team that would inform next steps and priorities for 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, we conducted a comprehensive assessment of health care system capacity for providing mental health services for Harris County children, youth, and families. From this assessment, we developed an "Ideal System of Care" for treating the mental health needs of children, which has four components: 1) Integrated Behavioral Health, 2) Specialty Behavioral Health, 3) Rehabilitation Services, and 4) Crisis Care Continuum. We 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. We 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 our 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 we 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 us 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, LMHAs 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 us 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 us to review the performance of Bexar County behavioral health systems. We conducted the review in fall 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. We 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, we 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 from our report. 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

We were 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[4]

Community leaders in Midland County engaged us 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. We provided findings and recommendations for each major behavioral health provider and agency that was engaged in the systems assessment process. Specifically, we made targeted 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. It has also recently launched a successful Okay to Say campaign.

Review of Harris County Mental Health Systems Performance

Published May 2015

Harris County engaged us 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

[4] This report is not publicly available.

and recommendations from our county-wide review of mental health services as well as our 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 us 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 us 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. We 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 accomplished; the BHLT continues to operate.