



**Consortium Executive Committee
Meeting Notes
February 6, 2020
Paso del Norte Health Foundation
Meeting Room C**

Participants:

Dr. Toni Blum	The University of Texas at El Paso – Assoc Provost
Sharon Butterworth	PdNHF Board - Mental Health Advocate
Jesus Calderon	Las Palmas del Sol – CNO
Phuong Cardoza	El Paso Behavioral Health System-CEO
Zulema Carrillo	El Paso Psychiatric Center-Superintendent
Ricardo Cerros	Representative Annello’s Office
Cathy Gaytan	El Paso Child Guidance Center-ED
Kristi Daugherty	Emergence Health Network - CEO
Mia Goldman	El Paso Behavioral Health System - COO
Emily Hartmann	PHIX – Health Information Exchange - ED
Marissa Quintanilla	Rio Grande COG
Jeanette James	Cohen Veterans Clinic at Family Endeavors El Paso-ED
Dr. Sarah Martin	Texas Tech Health Sciences Center El Paso Child Psychiatry
Nellie Mendoza	NAMI El Paso-Program Director
Dr. Paula Mitchell	El Paso Community College-Assoc Vice President
Dr. Tewiana Norris	Emergence Health Network-CNO
Elizabeth O’Hara	One Gas
Dr. Connie Ponce	VA of El Paso-Chief of Behavioral Health
Diana Schultz	Rio Vista Behavioral Health - CEO
Ivonne Tapia	Aliviane-CEO
Dr. Peter Thompson	Texas Tech Health Sciences PLFSOM -Chair Psychiatry
Dr. Joseph Villescascas	NAMI El Paso-ED
Mike Wendt	Mental Health Advocate
Richard Wiles	El Paso County Sheriff
Tracy Yellen	Paso del Norte Health Foundation – CEO and Chair EPBHC

A. Welcome and Introductions

Ms. Tracy Yellen convened the meeting at 1:35 pm. She welcomed Dr. Toni Blum, Associate Provost, representing UTEP on behalf of John Wiebe.

B. Paso del Norte Complete Count Committee and Census 2020

Ms. Elizabeth O’Hara, Co-Chair of the Paso del Norte Complete Count Committee (CCC) provided a presentation on the efforts of the CCC to reach the hard to count population in the county to achieve as accurate a Census count as possible. She provided flyers and a promotional cup requesting

Consortium partner support to help with the campaign. The flyer and promotional kit are included with these notes.

C. 2020 El Paso County Behavioral Health System Assessment Contract:

Mr. Enrique Mata called the group's attention to the Meadows Mental Health Policy Institute proposal sketch in the participant packet. He asked for anyone who had questions or additions to the deliverables to please contact him as soon as possible. He reinforced that the data gathering process will be transparent and that a group from the Executive Committee will review the full proposal. He added that while monetary contributions are welcome, commitments for contributions of time, reports, and other data will be vital for a quality document.

D. Child Inpatient Care Today and in The Future:

Zulema Carrillo, Superintendent, El Paso Psychiatric Center, Phuong Cardoza, CEO, El Paso Behavioral Health System, and Diana Schultz, CEO, Rio Vista Behavioral Health provided an overview of inpatient care in El Paso and shared insights into what can be expected with regard to child and adolescent inpatient psychiatric care. The conversation revolved around patient interaction with her/his support system (e.g. parents, siblings, other friends and loved ones) during inpatient psychiatric care, and what is currently being done to reconnect patients with their support systems post discharge. There are still significant concerns with post discharge support. Patients and their families still do not have sufficient support once they leave inpatient care. With the developing options for behavioral health integration into primary care settings (e.g. Child Psychiatry Access Network-CPAN) some solutions could be a goal for the next phase of Consortium priorities.

In lieu of progress reports, Ms. Yellen called for comments from meeting participants. Dr. Sarah Martin briefed the group on progress in developing the Child Psychiatry Access Network (CPAN). She explained that the project is ahead of most around the state and they are likely to have services available toward the end of March.

E. Other business

Ms. Yellen updated the group on upcoming events including; October 1st - Engage and Excel Conference in Plano, Texas and October 14th, the 6th Annual Consortium Progress Summit.

F. Adjourn the Next Meeting is scheduled for 1:30 pm, Thursday, May 7th at Paso del Norte Health Foundation.



How the 2020 Census will invite everyone to respond

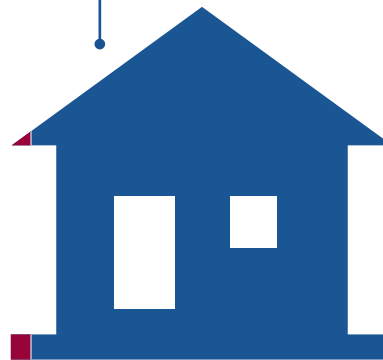
Nearly every household will receive an invitation to participate in the 2020 Census either in the mail or from a census taker.

95% of households

will receive their census invitation in the mail.

Almost 5% of households →

will receive their census invitation when a census taker drops it off. In these areas, the majority of households may not receive mail at their home's physical location (like households that use PO boxes or areas recently affected by natural disasters).



Less than 1% of households

will be counted in person by a census taker, instead of being invited to respond on their own. We do this in very remote areas like parts of northern Maine, remote Alaska, and in select American Indian areas that ask to be counted in person.

Note: We have special procedures to count people who don't live in households, such as students living in dorms, people living in nursing homes, or people experiencing homelessness.

2020CENSUS.GOV

**Shape
your future
START HERE >**

United States®
**Census
2020**

What to expect in the mail

When it's time to respond, most households will receive an invitation in the mail. Every household will have the option of responding online, by phone, or by mail.

Depending on how likely your area is to respond online, you'll receive either an invitation encouraging you to respond online or an invitation along with a paper questionnaire.

Letter invitation

- Most areas of the country are likely to respond online, so most households will receive a letter asking them to go online to complete the census questionnaire.
- We are working with the U.S. Postal Service to stagger the delivery of these invitations over several days. This way we can spread out the number of users responding online, and we'll be able to serve you better if you need help over the phone.

Letter invitation and paper questionnaire

- Areas that are less likely to respond online will receive a paper questionnaire along with their package. The package will also include information about how to respond online or by phone.

We understand that you might miss our initial letter in the mail.

- Every household that hasn't responded will receive reminders and will eventually receive a paper questionnaire.
- If you don't respond online, by phone, or by mail, we will follow up in person.

What we will send you in the mail:



March 12-20

An invitation to respond online to the 2020 Census.

(Some households will also receive paper questionnaires.)



March 16-24

A reminder letter.



March 26-April 3

A reminder postcard.



April 8-16

A reminder letter and paper questionnaire.



April 20-27

A final reminder postcard before we follow up in person.

For more information, visit:

2020CENSUS.GOV

D-FS-GP-EN-135

**Shape
your future
START HERE >**

United States[®]
**Census
2020**



**TOGETHER, FEARLESS,
WE COUNT.**

PASO DEL NORTE • CENSUS 2020

PASO DEL NORTE COMPLETE COUNT COMMITTEE TOOL KIT



**JUNTOS, CON CONFIANZA,
CONTAMOS.**

PASO DEL NORTE • CENSO 2020

Who we are - Paso del Norte Complete Count Committee

The Paso del Norte Complete Count Committee (CCC) was established in 2018 to develop and implement a robust, collaborative campaign to ensure a complete and accurate count of all residents, especially residents who are hard to reach, in El Paso County. We need your help today to ensure this campaign is a huge success.

The CCC consists of over 100 business leaders, community activists, organizers, neighborhood representatives, elected officials and representatives from the City of El Paso, County of El Paso, Paso del Norte Community Foundation, Region 19, businesses, and other governmental and non-profit organizations committed to a complete count.

El Paso County does not exist on an island; we're part of an area of the state that has more on the line than most other Texas cities when it comes to representation, especially minority representation. Let's stand together for what is at stake: the health and well-being of our entire community. If not counted accurately, El Paso County will not only be unfairly represented in Congress, but would feel a loss of over \$15,710 in federal dollars per person, per year. This funding includes critical support for schools, roads, hospitals, early childhood services, senior centers. The impact of the loss could be tremendous to local businesses as well. **WITH YOU. TOGETHER. FEARLESS. WE COUNT.**

What's at Stake

- A portion of **\$675 billion** in federal funds to support resources, programs and services critical to El Paso County residents.
- Three congressional seats for Texas.
- Securing accurate minority representation.

A 1% undercount could cost Texas \$300 million per year in federal funding.

**IF YOU DON'T FILL IT OUT,
EL PASO COULD LOSE FUNDING FOR ...**



Census 2020 Barriers

#1 - Fear

#2 - Apathy

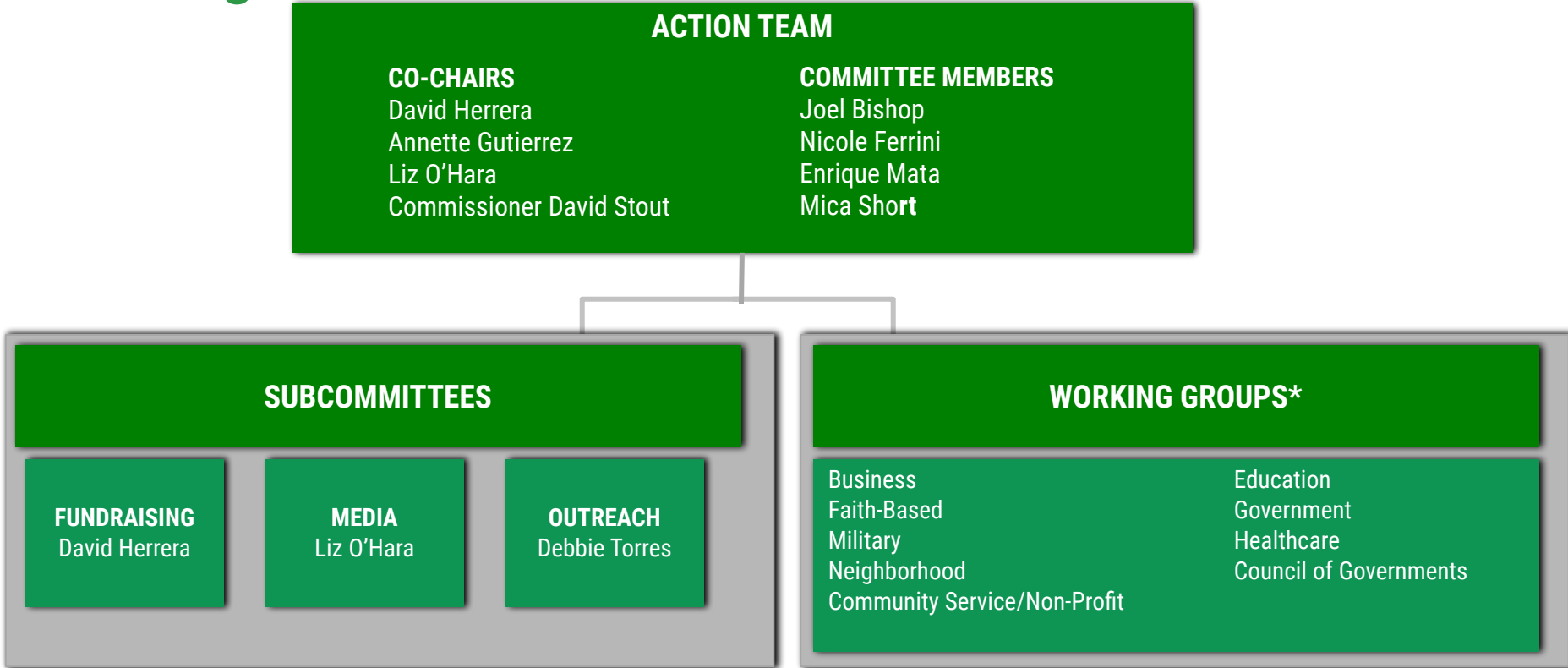
#3 - Lack of Knowledge

#4 - Making sure EVERYONE is counted

Let's come together as ONE community with ONE voice to remove these barriers.



CCC Organization



*See following page

CCC Organization

WORKING GROUPS

Leader & Census Bureau Liaison

- **BUSINESS** - Richard Dayoub
Frank Hernandez, Census Liaison
- **COMMUNITY SERVICE/NONPROFIT** - Carol Bohle
Luis Quezada, Census Liaison
- **EDUCATION** - David Herrera
Adriana Salas de Santiago, Census Liaison
- **FAITH-BASED** - Marissa Limon Garza
Mariana Gutierrez-Vega, Census Liaison
- **MILITARY** - Paul Albright
Frank Hernandez, Census Liaison
- **GOVERNMENT** - Nicole Ferrini
Frank Hernandez, Census Liaison
- **HEALTHCARE** - Nahum Apodaca
Luis Quezada, Census Liaison
- **NEIGHBORHOOD** - Fabiola Campos-Lopez
Paulina Lopez, Census Liaison
- **COUNCIL OF GOVERNMENTS** - Annette Gutierrez
Frank Hernandez, Census Liaison

Agency Contact List

Contact	Title	Contact info
Kim Taylor	CEO	kim@taylorcollective.com ; 202.253.5663
Anne Musial	Principal	anne@taylorcollective.com ; 310.621.3889
Gloria Tostado	Account Supervisor	gtostado@sanderswingo.com ; 915.996.5773
Hannah Johnston	Assistant Client Manager	hannah@taylorcollective.com ; 478.297.8031

CCC Contact List

CHAIRS:

David Herrera; dherrera@esc19hs.net; (915) 790-4684
Annette Gutierrez; annetteg@riocog.org; 915-533-0998
Liz O'Hara; Elizabeth.Ohara@onegas.com; (915) 680-7204
Commissioner David Stout; stout@epcounty.com; (915) 546-2111

CENSUS CONTACTS:

Business, Military, Government, Council of Government:

Frank Hernandez; frank.hernandez@2020census.gov; 915.314.8793

Community/NonProfit, Healthcare:

Luis Quezada; luis.r.quezada@2020census.gov; 915-613-7530

Education: Adriana Salas de Santiago;

adriana.s.de.santiago@2020census.gov; 915-314-8784

Faith-Based: Mariana Gutierrez-Vega;

mariana.gutierrez.vega@2020census.gov

Neighborhood: Paulina Lopez; paulina.lopez@2020census.gov;
915-314-8785

SUBCOMMITTEES:

Fundraising: David Herrera; dherrera@esc19hs.net; (915) 790-4684

Media: Liz O'Hara; Elizabeth.Ohara@onegas.com; (915) 680-7204

Outreach: Debbie Torres; deborah.j.torres@gmail.com; (915) 526-5306

WORKING GROUPS:

Business: Richard Dayoub; richard.dayoub@outlook.com; 915.203.6573

Community Service/NonProfit: Carol Bohle; cbohle.epch@elp.twcbc.com;
915-843-2170

Education: David Herrera; dherrera@esc19hs.net; (915) 790-4684

Faith-Based: Marissa Limoncellos Garza; mlimon@hopeborder.org;

Military: Paul Albright; AlbrightPD@elpasotexas.gov; 915.212.1679

Government: Nicole Ferrini; FerriniNM@elpasotexas.gov; (915) 212-0138

Healthcare: Nahum Apodaca; nahum@mcamerica.com

Neighborhood: Fabiola Campos-Lopez; ambar@votolatino.org

Council of Governments: Annette Gutierrez; annetteg@riocog.org;
915-533-0998

Promotional Materials

- How To Flyer
- One Page Training Handout with Talking Points
- Posters
- Newsletter ad sample (can be used as image in emails as well)
- Other
 - Premiums/giveaway items
 - Banners (or banner template)
 - Step and Repeat (background for larger events)
 - Training Presentation
 - English/Spanish community presentation

Available Premiums and Giveaway Items

1. Stickers
2. Buttons
3. Water Bottle Labels
4. Drawstring Bags
5. Tumblers
6. T-shirts (limited supply, for volunteers only)
7. Caps (limited supply, for volunteers only)

How to request materials

- Printed flyers, posters and premiums
 - Call Project Bravo at (915) 307-4951 to arrange to pick up materials at one of 6 locations throughout El Paso
- Basecamp contains the following: (English/Spanish)
 - Training handout pdf
 - Training presentation (English only)
 - Community presentation
 - Newsletter template
 - Logos
- Banners for events of step and repeat
 - Gloria Tostado - gtostado@sanderswingo.com
- Contact Gloria Tostado for any other specific requests or questions

How To Flyer

EL CENSO 2020 ESTÁ AQUÍ

SI NO PARTICIPAS, NUESTRA REGIÓN
PODRÍA PERDER FONDOS PARA ...



PARTICIPA ...



LLAMANDO



POR CORREO






EN LÍNEA



TUS RESPUESTAS ESTÁN
PROTEGIDAS Y POR LEY SON
ESTRICTAMENTE CONFIDENCIALES.

TODOS DEBEMOS SER CONTADOS,
HASTA LOS BEBÉS Y NIÑOS.
UNÁMONOS Y PARTICIPEMOS
EN EL CENSO 2020.
¡JUNTOS, CON CONFIANZA, CONTAMOS!



   #Censo2020
#JuntosConConfianzaContamos



THE 2020 CENSUS IS HERE

IF YOU DON'T FILL IT OUT,
OUR REGION COULD LOSE FUNDING FOR ...



PARTICIPATE BY ...



CALLING



MAILING






GOING ONLINE



YOUR RESPONSES ARE SAFE AND
REQUIRED BY LAW TO BE KEPT
STRICTLY CONFIDENTIAL.

EVERYONE MUST BE COUNTED,
EVEN CHILDREN AND BABIES.
LET'S COME TOGETHER AND
FILL OUT THE 2020 CENSUS.
TOGETHER, FEARLESS, WE COUNT!



   #Census2020
#TogetherFearlessWeCount



Training Handout With Talking Points

¡HABLEMOS SOBRE EL CENSO 2020!

El censo que da el censo tiene un papel importante en moldear los siguientes 10 años de El Paso. Para garantizar que recibamos los fondos federales que necesitamos, todos debemos ser contados, hasta los bebés y niños. Desafortunadamente, nos enfrentamos a diversos obstáculos como la apatía, falta de información y, particularmente en nuestras comunidades difíciles de contar, el miedo y la desconfianza hacia el gobierno.

Para muchos en estas áreas difíciles de contar, el riesgo asociado a la participación en el censo se percibe mayor que aquellos posibles beneficios al participar. Nuestra comunidad necesita comprender que hay muchas cosas en riesgo si no nos unimos y participamos, y cómo la falta de participación afectará no sólo a las comunidades difíciles de contar, sino a todo el Condado de El Paso.

Los principales programas en riesgo son Medicaid para niños y CHIP, además de fondos para otros servicios importantes como almuerzos escolares gratuitos, clínicas médicas de bajo costo, programas de vivienda, carreteras y parques. Incluso podría afectar la representación ante el gobierno en Washington D.C. Este dinero es esencial para nuestra comunidad y un censo bajo de sólo 1% en el estado de Texas pudiera resultar en una pérdida de \$300 millones en fondos.

Es necesario apelar al fuerte sentido de comunidad de nuestra gente para inspirarlos y animarlos a participar. El sentido de unidad será un recordatorio importante de cómo unidos somos más fuertes. Con el Censo 2020, la voz de nuestra comunidad será escuchada — ¡porque juntos, con confianza, contamos!

Puntos esenciales de discusión:

- Todos los residentes del Condado de El Paso debemos ser contados, hasta los bebés y niños.
- Tus respuestas están protegidas y por ley son estrictamente confidenciales.
- El censo está disponible en 13 idiomas — incluyendo español.
- Los fondos del gobierno federal que dependen del censo que da el censo no sólo son para Medicaid, SNAP, CHIP y asistencia para vivienda. Este dinero también se destina a las escuelas, clínicas comunitarias, organizaciones no lucrativas, carreteras, parques y más.
- Las empresas de fuera también dependen de los datos del Censo 2020 para decidir dónde invertir, así que futuras fuentes de empleo y desarrollo también pudieran estar en riesgo si hay un censo bajo de nuestra población.
- Por primera vez, el formulario del Censo 2020 estará disponible en línea. Las personas pueden llenarlo fácilmente en línea, por correo o llamando sin costo a la línea del censo.



Censo
2020

LET'S TALK ABOUT THE 2020 CENSUS!

The census count plays an important role in shaping the next 10 years in El Paso. To make sure we get all the federal funding we need, everyone must be counted, even babies and young children. Unfortunately, we face several barriers such as apathy, lack of knowledge and, particularly in our hard-to-count (HTC) communities, an overall fear and mistrust of the government.

For many in these hard-to-count areas, the risk associated with participating in the census is perceived as greater than the gain. Our community needs to understand there is a lot at stake to lose if we do not come together and participate, and how lack of participation will affect not only HTC areas, but also everyone in the El Paso County.

The main programs at risk are Medicaid for children and CHIP; however, funding for other important services is also at risk, including free school lunches, affordable healthcare clinics, housing programs, highways and parks. Even government representation in Washington D.C. could be affected. This money is essential to our community, and just a 1% undercount in the state of Texas could result in \$300 million in funding lost.

We must tap into people's strong sense of community to inspire and encourage them to participate. This sense of togetherness will be an empowering reminder of how together, we are stronger. With the 2020 Census, our community's voice will be heard — because together, fearless, we count!

Essential talking points:

- Everyone living in El Paso County must be counted — even children and babies.
- Your information is safe, secure and required by federal law to be kept strictly confidential.
- The census is available in 13 languages, including Spanish.
- Federal government funding that depends on the census count isn't just for Medicaid, SNAP, CHIP and Housing Assistance. This money also goes to schools, community clinics, nonprofits, highways, parks and more.
- Outside businesses also depend on the 2020 Census data to decide where they'll invest, so future jobs and developments can also be at risk if our population is undercounted.
- For the first time, the 2020 Census form will be available online. People can easily fill it out online, traditional mail or a toll-free census line.



United States
Census
2020

With You/Without You Posters (available now)

WITH
YOU



WITHOUT
YOU

The census count means more to our region than you know. It helps school, healthcare, food and housing programs get the funding they deserve. Without you, money that helps keep our community centers alive could disappear. We need to come together and be counted; if not, we all lose.



Participate online, by phone or by mail. Everyone must be counted, even all children and babies. Your census responses are safe and required by law to be kept strictly confidential.

United States
Census
2020

WITH
YOU



WITHOUT
YOU

The census count means more to our region than you know. It helps school, healthcare, food and housing programs get the funding they deserve. Without you, money that helps feed countless families could disappear. We need to come together and be counted; if not, we all lose.



Participate online, by phone or by mail. Everyone must be counted, even all children and babies. Your census responses are safe and required by law to be kept strictly confidential.

United States
Census
2020

WITH
YOU



WITHOUT
YOU


The census count means more to our region than you know. It helps school, healthcare, food and housing programs get the funding they deserve. Without you, money that helps keep our community healthy could disappear. We need to come together and be counted; if not, we all lose.



Participate online, by phone or by mail. Everyone must be counted, even all children and babies. Your census responses are safe and required by law to be kept strictly confidential.

United States
Census
2020

With You/Without You Posters




WITH YOU

WITHOUT YOU


Available Soon

The census means more to El Paso than you know. It helps school, healthcare, food and housing programs get the funding they deserve. Without you, money that helps our kids' education could disappear. We need to come together and be counted; if not, we all lose.

 **TOGETHER. FEARLESS.
WE COUNT.**
THE COMMUNITY OF EL PASO - CENSUS 2020

Participate online, by phone or mail. Everyone in El Paso County must be counted, even if you are not a citizen or resident, and you will not be asked if you are one. Your information is confidential and cannot be shared with immigration authorities.

United States
Census
2020




WITH YOU

WITHOUT YOU

Available Soon

The census means more to El Paso than you know. It helps our school, healthcare, food and housing programs get the funding they deserve. Without you, money that helps people keep a roof over their heads could disappear. We need to come together and be counted; if not, we all lose.

 **TOGETHER. FEARLESS.
WE COUNT.**
THE COMMUNITY OF EL PASO - CENSUS 2020

Participate online, by phone or mail. Everyone in El Paso County must be counted, even if you are not a citizen or resident, and you will not be asked if you are one. Your information is confidential and cannot be shared with immigration authorities.

United States
Census
2020

Newsletter Ad (Sample)

EL CENSO 2020 ESTÁ AQUÍ

SI NO PARTICIPAS, NUESTRA REGION PODRÍA PERDER FONDOS PARA ...
ESCUELAS • VIVIENDA • SALUD • ALIMENTOS • CONSTRUCCIÓN

PARTICIPA ...



LLAMANDO



POR CORREO



EN LÍNEA



- TUS RESPUESTAS SON CONFIDENCIALES.
- TODOS DEBEMOS SER CONTADOS, HASTA LOS BEBÉS Y NIÑOS.

UNÁMONOS Y PARTICIPEMOS EN EL
CENSO 2020 ESTA PRIMAVERA.
¡JUNTOS, CON CONFIANZA, CONTAMOS!



#Censo2020
#JuntosConConfianzaContamos



United States[®]
Census
2020

THE 2020 CENSUS IS HERE

IF YOU DON'T FILL IT OUT, OUR REGION COULD LOSE FUNDING FOR ...
SCHOOLS • HOMES • HEALTH • FOOD • CONSTRUCTION

PARTICIPATE BY ...



CALLING



MAILING



GOING ONLINE



- YOUR RESPONSES ARE CONFIDENTIAL.
- EVERYONE MUST BE COUNTED, EVEN CHILDREN AND BABIES.

LET'S ALL FILL OUT THE 2020 CENSUS THIS SPRING.
TOGETHER, FEARLESS, WE COUNT!

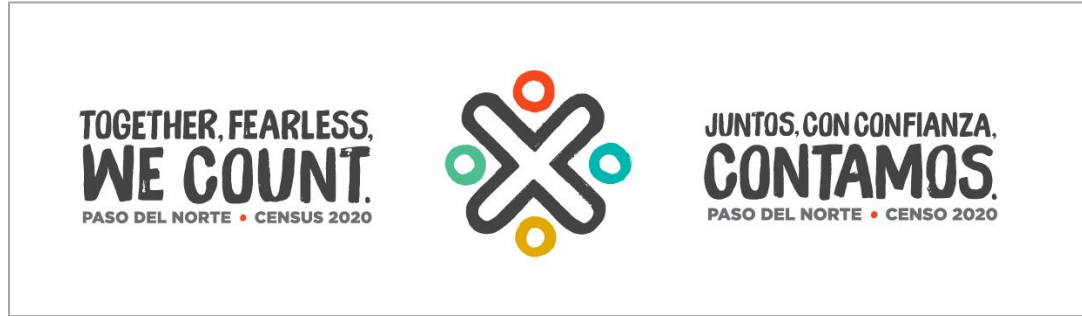


#Census2020
#TogetherFearlessWeCount



United States[®]
Census
2020

Banners and Step and Repeat Background



Banner



Step and Repeat Background

How you can help

- Join Paso del Norte Complete Count Committee
- Be one voice, one message in our community
- Volunteer for events or recruit volunteers from your organizations
- Provide list of your events and promote census participation via Basecamp
- Link to our social media and share/post on your organization's social media
- Help us secure on-camera faces for media interviews
- Invite others to join CCC
- Fill in contact info on Points of Contact list - this helps us fundraise
- Promote census jobs



Social Media



EIPasoCensus2020
CensoELP2020



EIPasoCensus2020
CensoELP2020



@ELPCensus2020
@CensoELP2020



EIPasoCensus_20
CensoELP_20



Cover Letter

Enrique Mata
Senior Program Officer
Paso del Norte Health Foundation
221 N. Kansas, Suite 1900
El Paso, Texas 79901

Dear Enrique and Paso del Norte Health Foundation Board of Directors:

Thank you for the opportunity to respond to the Paso del Norte Health Foundation's 2020 El Paso County Behavioral Health System Assessment Update and Consortium Evaluation Request for Proposals (RFP). The goal of the Paso del Norte Health Foundation (PdNHF) is to promote health and prevent disease in the Paso del Norte region through leadership in health education, research, and advocacy. PdNHF has identified mental and emotional well-being as a priority area and aims to reduce the stigma associated with mental illness, increase training for mental health providers, and explore structural changes in the region's behavioral health treatment system. The Meadows Mental Health Policy Institute (MMHPI) has a complimentary vision: to transform state and local policy of mental health services for all Texans. Simply stated, we want Texas to be the national leader in treating people with mental health needs.

In brief, our proposal requests \$550,000 to focus on five critical issues at the core of the work in El Paso: 1) Justice Diversion, 2) Crisis System Improvement, 3) Children's Mental Health Services, 4) Overall Access to Services, and 5) Social Determinants of Health. These five areas encompass the various criteria specified in the RFP for updating the 2014 Behavioral Health System Assessment. Our findings and recommendations on these major issues will also inform our response to the section of the RFP related to the Behavioral Health Consortium and governance more broadly.

MMHPI has an extensive and successful relationship with Paso del Norte Health Foundation. For example, in 2016 MMHPI conducted an assessment of the current functioning of the El Paso Behavioral Health Consortium to identify opportunities for strengthening its role in promoting system enhancements. This work resulted in the publication of the 2016 El Paso Behavioral Health Assessment: Final Report and Recommendations. In 2017, the Paso del Norte Health Foundation's Think.Change initiative invited MMHPI's "Okay to Say" campaign to partner to increase public awareness about mental health issues and services. In 2019, MMHPI staff were speakers at the 2019 State Legislative Briefing on Mental Health. Most recently, MMHPI was

engaged by Texas Tech University Health Sciences Center El Paso, which was recently awarded a grant by the Paso del Norte Health Foundation, to provide start-up consultation to establish the Child Psychiatry Access Network hub in West Texas.

MMHPI brings a wealth of experience in partnering with local agencies and community stakeholders to identify needs important to their communities, including policy analysis, expertise in analyzing behavioral health data, and skill at conducting collaborative impact work, which will be enhanced through this project.

Thank you for this opportunity to apply to the Paso del Norte Health Foundation. Please do not hesitate to contact us should you require additional information: Melissa Rowan, Executive Vice President for Policy Implementation (mrowan@texasstateofmind.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'AK PHD', is positioned above the typed name and title.

Andy Keller, President and CEO
Meadows Mental Health Policy Institute

**Proposal to Paso del Norte Health
Foundation to Update the 2014 El Paso
County Behavioral Health System
Assessment and Evaluate the El Paso
Behavioral Health Consortium**

FEBRUARY 10, 2020

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE



THE HACKETT CENTER
FOR MENTAL HEALTH

Proposal to Paso del Norte Health Foundation

Contents

Background and Overview1

Context for Our Proposal and Key Changes Since 20142

Summary of Our Proposal5

Organization Overview: Meadows Mental Health Policy Institute - Mission and Experience ...7

Scope of Work and Individual Elements of Proposal9

 Element 1: Diverting Adults with Mental Illness from the Justice System 10

 Element 2: Crisis Response System 10

 Element 3: Children’s Behavioral Health System 11

 Element 4: Overall Access to Services 12

 Element 5: Addressing Social Determinants of Health (SDOH) to Improve Population Health through Collaboration and Creating Financially Sustainable Approaches 14

Overview of the Work Plan16

Expertise of the MMHPI Team17

Appendix A: Selection of Previous Behavioral Health Systems Assessments Conducted by Meadows Mental Health Policy Institute.....26

Appendix B: Budget and Budget Narrative31

 Additional Funding..... 34

Background and Overview

The Meadows Mental Health Policy Institute (MMHPI) and its regional center in the Gulf Coast region, The Hackett Center for Mental Health (THC), are pleased to submit this proposal to the Paso del Norte Health Foundation (PdNHF) in response to the Request for Proposals (RFP) it released on January 10, 2020. The RFP seeks a proposal to update the 2014 El Paso Community Behavioral Health System Assessment¹ and to evaluate the El Paso Behavioral Health Consortium.²

The RFP requires that the update to the 2014 assessment review “the entire behavioral health continuum from advocacy through acute care to recovery including inpatient, outpatient, health promotion services and overall how culturally and linguistically appropriate current services are in the El Paso area.” This broad directive contains other requirements, including:

- An assessment of the current behavioral health delivery system and relevant available data to establish a community baseline;
- Recommendations for improvements to the system in preparation for future service needs and funding trends and an overview of existing local, state, national, and international models (e.g., Certified Community Behavioral Health Clinics; primary care integration; telehealth; service or support approaches shown to work in other counties, states, or countries);
- A review of behavioral health indicators, needs, services, and gaps in the El Paso community (El Paso County and Ft. Bliss);
- An assessment of opportunities and challenges posed by integrated health care highlighting key components shown to be effective (e.g., expanding use of Certified Peer Specialists, telemental health services, child relinquishment to obtain mental health services, relocation services for individuals experiencing long-term stays in state psychiatric hospitals, outpatient competency restoration);
- An evaluation of direct and indirect implications, opportunities, and challenges of recent legislative changes (e.g., Child Psychiatry Access Network, Mental Health Parity, integrated care and the mental health code project);
- An evaluation of current funding sources with recommendations for El Paso to improve its system in preparation for future service needs and funding trends (e.g., Certified Community Behavioral Health Clinics, value-based purchasing vs. fee for service, reimbursement options for social determinates of health);
- Interviews with at least 50 system leaders, clinicians, and stakeholders;

¹ TriWest conducted this 2014 assessment and made its report in February 2014. The report is titled *El Paso Community Behavioral Health System Assessment: Final Summary of Findings and Recommendations*.

² MMHPI provided an initial assessment of the consortium in 2017 in a report titled *An Assessment of the El Paso Behavioral Health Consortium: Final Report and Recommendations*. (March 23, 2017).

- Analysis of data on needs and existing local resources; and
- Updates to the existing list of national and international best and promising practices.

The evaluation of the Consortium must answer a series of questions regarding its performance and must provide prioritized recommendations for improvements to the Consortium and Leadership Councils in El Paso as well as measures for “measuring and documenting Consortium related progress toward achieving ideal adult and child systems of care.”

We describe the RFP requirements in detail for three reasons:

- The RFP focuses on the ideal system of care for adults and children. Since the initial 2014 assessment, our understanding of what an ideal system looks like has evolved considerably. This means that we will take a fresh look at the systems in El Paso in light of this advanced knowledge; it will be much more of a new assessment rather than simply updating an old one.
- The RFP requires MMHPI, if it is awarded this work, to provide a comprehensive assessment that embraces all systems in El Paso, includes adults and children, and incorporates both quantitative and qualitative sources of information and analysis. These goals require extraordinarily labor-intensive work. In our proposal, we organize our work around the core areas most relevant to thinking about ideal systems of care, and we assign prices to each core area. We do this because it is important for the PdNHF and the community to understand the breadth and complexity of work being requested.
- Finally, we devote comparatively little attention in the following narrative to evaluating the work of the Behavioral Health Consortium. This is because we will look at the Consortium, as well as other leadership structures within El Paso relevant to system transformation, but we will do so in the context of our more general examination of the current state of care in El Paso. Governance is an essential ingredient in creating and sustaining ideal systems of care, but our work since the initial assessments in El Paso suggests that governance must evolve as well. Although we do not price this part of our work separately (even though the RFP identifies the Consortium as a separate item), we will provide the analysis of the Consortium’s role as described in the RFP.

Context for Our Proposal and Key Changes Since 2014

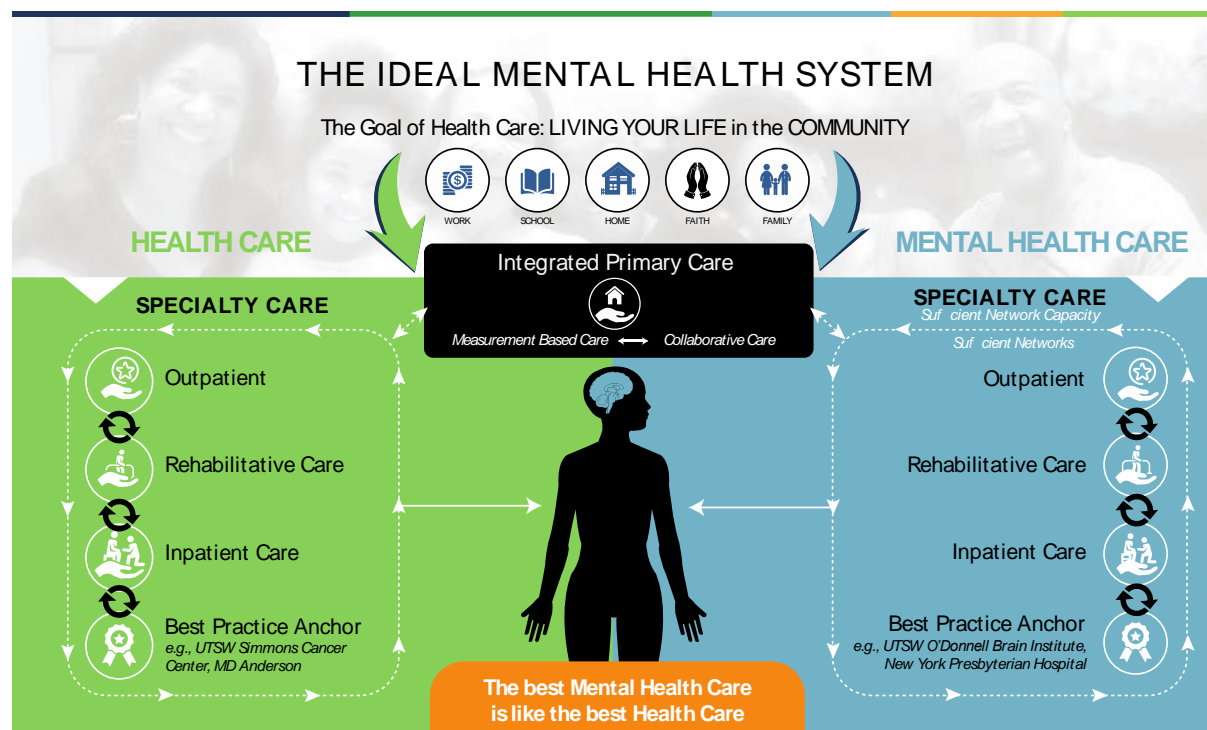
Although the 2014 assessment provided a forward-looking template for significantly improving behavioral health care in El Paso, the world has changed dramatically since then. Those changes will influence our work in El Paso in 2020, and we note three of the most significant changes here.

Our thinking about the ideal system of care has evolved.

The 2014 Community Behavioral Health Assessment recommended that the development of the El Paso system be guided by the Comprehensive, Continuous, Integrated System of Care framework. As the 2014 Assessment noted, the foundation of this model was to organize every system of care and every level within each system, “around the establishment of a welcoming, empowered, and helpful partnership” designed to help users of the system “achieve the happiest, most hopeful, and productive lives they possibly can.” The report recommended that care be integrated when serving both children and adults and provided recommendations for “necessary levels of care within an ideal behavioral health system.”

The values that serve as the foundation for the 2014 assessment still resonate (and are reflected in the RFP, for example, in its focus on “integrated health care” as well as the role of peer specialists). However, our understanding of the ideal system of care for people with mental illnesses and substance use disorders (MH/SUD) no longer focuses on levels of care (though those are important). Rather, we organize the ideal system of care for people with MH/SUD in the same manner as the ideal system of care for people with health conditions. **This is because mental illnesses and substance use disorders are illnesses like other health conditions and because the brain is part of the body.** It is impossible to continue the legacy of treating MH/SUD in separate systems – from crisis (where law enforcement are the primary responders, unlike any other illness) to providing hospitalization in free-standing psychiatric hospitals – unless the person requires care in the specialty care system.

We realize that this vision is aspirational and that no health system in the United States comes close to organizing itself in this way. However, this will be the frame we work within as we assess El Paso’s behavioral health system, with a long-term (10 year plus) vision of an ideal system for MH/SUD care that mirrors the ideal system for general health, as shown in the diagram below:



This means that as we examine the different systems of care in El Paso, we will focus explicitly on the role of the general health system, including the use of emergency departments as a primary locus of care as well as the various places children and adults from El Paso receive inpatient psychiatric care. We will also look for opportunities to integrate care from initial response to a crisis through hospitalization and discharge.

The policy and financial landscape in Texas has changed dramatically.

The RFP notes several significant legislative and policy developments in Texas since the 2014 assessment. These include SB 292, which created a funding program enabling counties to devise programs focused on justice-involved individuals; HB 13, creating a matching program enabling communities to devise programs to improve their mental health systems; and a host of other initiatives (the most recent of which are described in the section below on MMHPI's mission). The Texas Legislature has also increased funding significantly, invested in the redesign of the state psychiatric hospital system, and created the Texas Child Mental Health Care Consortium. In addition, the Texas Supreme Court and the Court of Criminal Appeals have created (and the Legislature has funded) a Judicial Commission on Mental Health, which is examining ways to improve judicial response to people with mental illnesses who find themselves in the justice system.

Although the policy landscape has changed significantly, and in nearly all cases for the better, there are financial threats to local initiatives. The Texas 1115 Medicaid waiver program, for

example, has supported multiple local initiatives to improve care. However, the waiver is ending, and the future of public financing for such initiatives is not yet clear. This is relevant to the section of the RFP that requests an “evaluation of current funding sources with recommendations...in preparation for future service needs and funding trends” as is the increased focus on value-based purchasing (also noted in the RFP).

We have a much greater appreciation of the relationship between physical health and behavioral health.

The final major change from 2014 is that the 2014 assessment had no data on physical health conditions. Yet we know that physical and behavioral health are inextricably linked. In our work in other communities in Texas, we have increasingly presented data in which physical health conditions are most associated with primary psychiatric and/or substance use diagnoses. Similarly, we now analyze the primary health conditions most associated with secondary psychiatric and/or substance abuse diagnoses. This is because people with co-morbid conditions have complex care needs. For example, an individual with diabetes may be brought to an emergency department, where her primary condition will be charted as diabetes, but she might arrive at the emergency department because of untreated depression (the secondary diagnosis). In short, our use of both quantitative and qualitative data reflects our increased understanding that we cannot simply focus on psychiatric diagnoses to understand service gaps and needs.

Summary of Our Proposal

We believe there are five critical elements at the core of the work in El Paso: 1) Justice Diversion, 2) Crisis System Improvement, 3) Children’s Behavioral Health Services, 4) Overall Access to Services, and 5) Social Determinants of Health. These five elements encompass the criteria spelled out in the RFP for updating the Behavioral Health System Assessment. As noted above, our findings and recommendations on these major issues will also inform our response to the section of the RFP on the Behavioral Health Consortium Evaluation and governance more broadly. This work will also acknowledge and take advantage of the changes in policy and financing noted above.

We propose the following activities. **Please note that whether we do one, several, or all of these activities will depend on the total amount of funding available. More detail about the cost of specific activities is provided in the budget narrative.**

- **Criminal justice system diversion strategy development** will enable El Paso to create financially sustainable interventions that divert people with mental illnesses and substance use disorders from jails and hospital emergency departments. We will provide a full analysis of current diversion efforts, focusing on both diversion from the justice system and diversion from emergency departments. This twin focus is another

change from the context that informed the 2014 assessment where diversion from the justice system was considered without reference to the impact on the health system.

- **Crisis system improvement analysis** will provide El Paso the ability to determine the effectiveness of current crisis intervention approaches, an understanding of prevalence rates and patient flow to inform the Behavioral Health Consortium about existing capacity and identified gaps, and specific strategies and plans of action that can be taken to integrate crisis response to mental health and substance use disorders within the general health system. MMHPI is working on crisis system redesigns across Texas, and our 2016 white paper provides an overview of our general approach,³ which we have refined over the past three years through intensive crisis system redesign projects in Dallas, Collin, Lubbock, Abilene, and Tarrant counties.
- **Children’s behavioral health strategy development** will focus on strengthening practices for children and youth with intensive behavioral health needs who are involved with – or at risk of becoming involved with – the child welfare and juvenile justice systems. It will emphasize maximizing opportunities for service expansion and development based on laws passed during the 86th Legislative Session (e.g., the primary care consultation and school-based telehealth components of Senate Bill 11, each item mentioned in the RFP).
- **Overall access to services** will include an evaluation of the capacity, access to, and utilization of mental health and substance use services in El Paso across the developmental continuum. This analysis will yield results to assist the Consortium and other leadership in making decisions about use of existing resources, strategies for resource maximization, and areas for potential growth or expansion. It will include access through primary care (including federally qualified health centers), non-traditional settings such as schools, major public and private specialty behavioral health providers, and inpatient settings across the region that currently serve El Paso County residents.
- **Social determinants of health (SDOH) analysis** will focus on identifying the key elements that underlie many of the mental, emotional and behavioral challenges facing the residents of El Paso. Health system leaders are increasingly recognizing that social determinants drive variability in health outcomes more than in health services.⁴ Understanding through data how poverty, education, social connectedness, community resources and context, health, and health care – along with neighborhood and built

³ Meadows Mental Health Policy Institute. (2016, December). *Behavioral health crisis services: A component of the continuum of care*. Commissioned by St. David’s Foundation. Retrieved from https://www.texasstateofmind.org/wp-content/uploads/2017/01/MMHPI_CrisisReport_FINAL_032217.pdf

⁴ Artiga, S. & Hinton, E. (2018, May). *Beyond health care: The role of social determinants in promoting health and health equity*. Kaiser Family Foundation. Retrieved from <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

environment factors – can be addressed is responsive to the RFP. This understanding will also position El Paso leadership to expand and strengthen collaborative system improvement efforts grounded in a population health approach to behavioral health disorders and comorbid conditions. This element will include consultation on funding sustainability and expansion recommendations to address existing resource challenges, new opportunities developed during the 86th Legislative Session, and potential opportunities in the 87th Session. We will also examine current best practice programs addressing SDOH in the context of health systems, including the statewide approach in North Carolina⁵ and county level efforts in Philadelphia, PA.

In this proposal, we describe how we will provide El Paso public health, judicial, and behavioral health leadership (with a focus on the Consortium) with an assessment and with recommendations specifically responsive to local needs. We also offer information about the team we have assembled to conduct this assessment. This team will be led by MMHPI's senior leaders and composed of our most experienced staff.

Organization Overview: Meadows Mental Health Policy Institute - Mission and Experience

The RFP requests an organization overview with examples of organizational capacity. We provide this here.

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 and substance use disorder needs. MMHPI is superbly qualified to meet the needs and requests of the PdNHF.

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.

⁵ State of North Carolina Division of Health Benefits. (2018, November). *Healthy Opportunities Pilots fact sheet*. North Carolina Department of Health and Human Services. Retrieved from <https://files.nc.gov/ncdhhs/SDOH-HealthyOpptys-FactSheet-FINAL-20181114.pdf>

- **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 behavioral health care as part of their overall health so 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 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.

In 2017, The Hackett Center (THC) launched in Houston as a permanent primary operating center of MMHPI in the Gulf Coast region. The establishment of THC provides MMHPI with institutional capacity in the region for mental health policy and program research and evaluation, policy and system capacity development, and technical assistance on state-of-the-art best practices to effectuate positive transformation of health systems in the Harris County and broader Gulf Coast region. THC is based on the premise that health system transformation requires a sustained focus on local system collaboration and capacity enhancement, as well as broader policy and payment system reforms, and will advance MMHPI's mission by serving as a resource to the region, supporting strategies defined by the community leaders in the region.

Appendix A provides summaries of many recent assessments performed by MMHPI. In addition, bolstered by the local capacity and expertise provided by THC, MMHPI is uniquely equipped to take key findings from El Paso not only to local leadership but to the Texas

Legislature and executive branch agencies, as appropriate and as agreed to by El Paso 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 behavioral health-related bills that we had prioritized for the 86th Legislative Session (an 87.8% success rate versus 18.7% average rate for all bills filed for the session).

Highlights relevant to this proposal include:

- SB 11 (Taylor), which through establishment of the Texas Child Mental Health Consortium creates 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 behavioral health.
- SB 1177 (Menendez), which makes intensive evidence-based practices known to have good outcomes for children and youth with the most intensive behavioral health needs 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 the Health and Human Services Commission 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 session by clarifying the meaning and scope of “assessments” for individuals with mental illness in jail.
- SB 562 (Zaffirini), which reforms the competency restoration process to ensure individuals 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 2020–21 biennium. Dr. Keller and Dr. Tony Fabelo from MMHPI are commissioners.

Scope of Work and Individual Elements of Proposal

As with the 2014 assessment, MMHPI will use quantitative and qualitative methods for this consultation. In addition, we will draw on our work in other counties, as appropriate, to inform our work in El Paso while ensuring that our recommendations and findings are specific to El

Paso. We describe the individual elements of our proposal below.

Element 1: Diverting Adults with Mental Illness from the Justice System

The RFP notes that outpatient competency restoration is one of the issues to be explored. But, as El Paso leadership recognizes, competency restoration is one part of a larger set of issues in the justice system, where jail is still too often used as a default response to a mental health crisis. The question of diversion is tied up in the larger crisis system (discussed immediately below), but there are also critical issues within the justice and law enforcement systems that must be examined. As part of our work here, we will analyze available data related to bookings of people with mental illnesses, examine law enforcement practices for intervening with individuals who may have a mental illness and/or substance use disorder, and assess efforts at reentry to the community from the jail.

John Petrila, JD, LL.M, Executive Senior Vice President of Policy, and Kyle Mitchell, JD, Vice President of Adult and Veterans Policy, will lead this part of the project. As the attached biographies illustrate, Mr. Petrila has more than 40 years' experience working on mental health policy issues with a particular focus on justice-related and legal issues. Mr. Mitchell has extensive experience across Texas working with the State of Texas and communities on policy issues related to both the justice system and veterans; he also leads our work on a similar assessment in Nueces County. Ron Stretcher, Senior Director of Systems Management, and Paul Stokes, Senior Director of Intervention and Diversion Policy, will also participate in this part of our work. Mr. Stretcher has over 30 years' experience in the social, health, and judicial services fields and, before joining MMHPI, worked for Dallas County for 26 years, serving the last 11 years as criminal justice director. Mr. Stokes is a Marine and a 30-year veteran of the Dallas Police Department whose last 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. Amanda Mathias, PhD, Senior Director of Innovation, will also support this part of our work. Dr. Mathias is an experienced mental health professional who has led Assertive Community Treatment (ACT) teams that drew people from jail to treatment and is an expert on bringing such teams to best practices. In addition, Dr. Mathias led our work on the redesign of San Antonio State Hospital, working closely with Mr. Petrila.

Element 2: Crisis Response System

We will provide a quantitative and qualitative analysis of current capacity, access to, and utilization of crisis services in El Paso. We will focus particularly on gaps in crisis response as well as the manner in which the response to behavioral health crises is (or is not) integrated within the response to general health crises. This part of our analysis will include an examination of current capacity to deliver services such as ACT and Forensic Assertive

Community Treatment (FACT), two interventions that can affect hospital utilization and jail bookings. We will also examine the relationship between general response to health crises and specialty response to behavioral health crises and opportunities to integrate the latter within the former.

Our work in this area will be informed by the 2016 white paper on crisis system redesign referred to earlier.⁶ In that paper, we describe not only the evidence-based components of a successful crisis response system, but discuss how to measure the functioning and improvements that systems adopt in transforming their crisis system. The white paper and our approach to this issue across Texas are informed by the perspective that the best response to a behavioral health crisis resembles the response to a physical health crisis. We have worked with communities such as Dallas to create fundamental change in crisis response, are working with Lubbock to implement recommendations that will result in such change and will soon be working with Collin and other counties on this issue.

Amanda Mathias, PhD, Senior Director of Innovation, will lead this work. She will be supported by Ron Stretcher, Senior Director of Systems Management, and Paul Stokes, Senior Director of Intervention and Diversion Policy. Their qualifications are noted above and in the attached bios.

Element 3: Children’s Behavioral Health System

El Paso is committed to strengthening services for children and youth who are involved in the juvenile justice and child welfare systems. MMHPI will carry out this part of the assessment through meetings with key stakeholders and data analysis to understand the needs of El Paso children and youth with severe behavioral health needs who are involved in the child welfare, juvenile justice, and educational systems.

This assessment will result in a plan to establish an effective system of care for children and youth with severe behavioral health needs. The plan will include suggested strategies to reduce reliance on the child welfare and juvenile justice systems as places to treat children and youth with severe behavioral health needs. It also will emphasize maximizing opportunities for service expansion and development that were created during the 86th Legislative Session related to school safety and trauma-informed care in primary care and school settings.

In addition, and as noted in the RFP, the 86th Legislature created an extraordinary opportunity to make pediatric offices the primary gateway to mental health assessment and care through

⁶ Meadows Mental Health Policy Institute. (2016, December). *Behavioral health crisis services: A component of the continuum of care*. Commissioned by St. David’s Foundation. Retrieved from https://www.texasstateofmind.org/wp-content/uploads/2017/01/MMHPI_CrisisReport_FINAL_032217.pdf

Senate Bill 11, which establishes the Texas Child Mental Health Consortium and creates the Child Psychiatry Access Network to enable pediatricians and primary care providers to work with child psychiatry consultation hubs at leading medical schools. Through these programs, children receive assessments by pediatricians backed up by virtual and in-person consultation with child and adolescent psychiatrists and mental health specialists. SB 11 also expanded access to urgent assessment resources for moderate to high need children and youth in schools through the Texas Child Health Access Through Telemedicine program, relying on telehealth as the primary vehicle for assessment. We can help PdNHF develop a plan to ensure that pediatric primary care providers in the county are poised to maximize participation in that program as it launches.

This element will build on assessments MMHPI carried out in Harris County (2018), San Antonio (2019), and Dallas County (2019).⁷ These assessments were comprehensive and examined existing and potential capacity expansion strategies in primary care, schools, community agencies, public and private specialty behavioral health providers (including the local mental health authority. They also considered a broader range of major non-profit and community providers); specialized crisis services for children, youth, and families (intersecting with Element 2); and inpatient and broader out-of-home services capacity.

Gary Blau, PhD, THC Executive Director, and Marcellina Melvin, MA, Director of Program Innovation for Child and Family Policy, will lead this part of our work. Dr. Blau is a clinical psychologist with over 30 years of experience, including 15 years as Chief of the Child, Adolescent, and Family Branch at the federal Substance Abuse and Mental Health Services Administration, where he provided national leadership for children's behavioral health, including the creation of systems of care across the country. Ms. Melvin is a licensed professional counselor with more than 20 years of clinical experience in residential, in-home, outpatient, and school-based settings.

Element 4: Overall Access to Services

Access to care is a serious issue for El Paso residents across populations and systems. It is critical to understand prevalence of mental illness, substance use disorders, and serious

⁷ The Dallas assessment is still in process and will be released in early 2020, but the Harris County and San Antonio reports are both currently available: Meadows Mental Health Policy Institute. (2017, October). *Harris County mental health services for children, youth, and families: 2017 system assessment*. Retrieved from <https://www.texasstateofmind.org/wp-content/uploads/2018/04/Harris-County-Mental-Health-Services-for-Children-2017-Assessment-abridged-1.pdf>; Meadows Mental Health Policy Institute. (2019, February). *Bexar County children and youth rapid behavioral health assessment*. Retrieved from <http://saafdn.org/Portals/0/Uploads/Documents/research/Bexar%20County%20Children%20and%20Youth%20Rapid%20Behavioral%20Health%20Assessment%20-%20FINAL.pdf>

emotional disorders within El Paso (for adults and children), how many individuals are likely to develop first-episode psychosis, how many people live in poverty, how much capacity for inpatient care exists, and how much care is actually utilized. We are best able to inform this issue through quantitative data analysis. This part of our work will be based on an analysis of the prevalence of behavioral health and substance use disorders as well as serious emotional disorders in El Paso.

We will prepare prevalence analyses based on national data that factor in Texas-specific demographic and poverty data. These analyses will draw on data to which MMHPI has access, including (as one example) the full data set of the Texas Health Care Information Collection.

These analyses will permit us to describe:

- County-specific prevalence data on each of the major mental health and substance use disorder categories, including substance use disorders, for adults, children and youth, and veterans. This analysis will include 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 period of 12 months– to show any gaps between capacity and use as well as ebbs and flows in use over time. This analysis will consider bed capacity for children, youth, and adults.
- An estimate of costs associated with hospitalization and emergency department use for psychiatric disorders and, if available, costs associated with local community mental health and substance use disorder programs.

We have completed in-depth estimates for multiple counties and regions using this methodology, including current projects in Nueces County and the Texoma region as well as past projects in Bexar County (2016, 2019), Dallas County (2017, 2019), Lubbock County (2018), over 20 counties in Deep East Texas (2018), Abilene (2018), Harris County (2015, 2017), Midland County (2016), Denton County (2015), four counties in the Rio Grande Valley (2017), El Paso County (2016), Smith County / Tyler (2017), and over 20 counties in the Panhandle (2016). Please see Appendix A for more details.

Jennifer Gonzalez, PhD, MMHPI's Senior Director of Population Health, will lead this part of our work. Dr. Gonzalez is an epidemiologist who joined the Institute in October 2019 with extensive experience in leading competitive, federally funded grants in health care, criminal justice, and the social determinants of health.

Element 5: Addressing Social Determinants of Health (SDOH) to Improve Population Health through Collaboration and Creating Financially Sustainable Approaches

We address sustainability in Element 5, rather than in a separate section, because sustainability is inevitably a function of matching financing strategies to clinical strategies. In the current environment, major changes in the Delivery System Reform Incentive Payment (DSRIP) program, as well as a desire to more effectively utilize primary and integrated care in treating behavioral health disorders, create a critical need for communities to understand how social determinant factors such as poverty, race, and housing status affect access. Because the DSRIP program focuses on individuals living in poverty, understanding these issues is essential to creating sustainable financial strategies for the post-DSRIP world – though SDOH strategies have the potential to go well beyond DSRIP.

To help El Paso leadership develop a strategy to sustain momentum in the post-DSRIP funding environment and continue to improve performance through its many current collaborative endeavors, we will work closely with the local leaders to review the status of current DSRIP programs, current planning for sustainability of those programs, and potential strategies if the programs lose funding. This work will consider social determinants of health as relevant. As part of this work, we will:

- Explore governance issues, including the role of the Behavioral Health Consortium, to ensure that the organizational design of efforts in El Paso is optimally positioned looking forward;
- Identify key partners necessary to sustain and expand collaborative activities, including the potential of developing a broad-based Population Health Leadership Team to own responsibility for population-level behavioral health outcomes;
- Identify potential sources of post-DSRIP funding through hospital partners (for adults) and Medicaid (for children); and
- Identify broader strategies to incorporate social determinant data and leveraging of current SDOH supports as a driver for the integration of care, broader system improvement, and improved health and wellness outcomes overall.

We will also explore the potential applicability to El Paso of best practices, such as North Carolina's statewide program. In 2018, North Carolina obtained a federal agreement under a Medicaid waiver to pilot a program to address the social determinants of health for high-risk, high-cost beneficiaries. The pilot program will provide enhanced case management and other services to people who are eligible. For eligibility, individuals must have at least one physical or behavioral health risk factor (e.g., multiple chronic conditions or history of a poor birth outcome) and have at least one social risk factor (e.g., homelessness/housing insecurity or food insecurity).

- **Housing** includes tenancy support and sustaining services, housing quality and safety improvement, access to legal assistance, support for a security deposit, and post-hospitalization assistance.
- **Food** includes food support services such as nutrition counseling and education, and funding for nutrition provided through food banks, for medical conditions, and meal delivery services.
- **Transportation** includes non-emergency health-related transportation such as public transit and private services (taxis, ridesharing) for accessing the pilot services.
- **Interpersonal Violence/Toxic Stress** includes transportation, support resources (including helping people transition out of traumatic situations), access to legal assistance, and child-parent support.⁸

Melissa Rowan, MSW, MBA, Executive Vice President for Policy Implementation, and Andy Keller, PhD, President and Chief Executive Officer of MMHPI, will lead this part of our work. Ms. Rowan and Dr. Keller are the leading experts in Texas on public financing strategies. Ms. Rowan has worked closely with local mental health authorities throughout Texas as a private consultant and has extensive Texas government experience. Dr. Keller has worked throughout Texas and nationally on innovative financing strategies for services delivered in both the specialty mental health sector and in the general health sector. They will be assisted by Gary Bramlett, LMSW, MMHPI's Director of Community Engagement, who has worked closely with multiple LMHAs in Texas, including many rural counties and counties transitioning from rural to urban.

In addition, the scope of this strategy includes in-depth funding sustainability and expansion recommendations to address the future reductions of 1115 Medicaid Waiver DSRIP funding and new opportunities developed through the 85th and 86th Legislative Sessions. The population health strategies outlined above will identify funding mechanisms available post-DSRIP. If funding for the project permits, we would also provide detailed analysis of how those strategies might be implemented specifically in El Paso: analyzing existing resources in the health and behavioral health systems, existing programs that could be expanded through alternative financing, and financial strategies most helpful in creating an integrated care system, including Medicaid funding.

⁸ State of North Carolina Division of Health Benefits. (2018, November). *Healthy Opportunities Pilots fact sheet*. North Carolina Department of Health and Human Services. Retrieved from <https://files.nc.gov/ncdhhs/SDOH-HealthyOpptys-FactSheet-FINAL-20181114.pdf>

Overview of the Work Plan

We propose a 10-month timeline for this project, which includes post-assessment consultation on working with stakeholders to ensure understanding and buy-in of recommendations. We can begin the project within 30 days of award of the contract or on terms established by the community.

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 delivered to MMHPI (in response to data requests), begin on-site reviews and focus groups.
Two and Three	All data delivered to MMHPI team, continue on-site reviews.
Three	Complete off-site reviews, continue on-site review.
Four	Complete on-site review, conduct final focus groups and interviews.
Five and Six	Complete data analysis, 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, host stakeholder briefing.
Nine and Ten	Provide consultation as needed to review recommendations.

We will use both qualitative and quantitative methods in our work, described briefly below.

Qualitative Analysis

The RFP specifies completing at least 50 interviews. We will use structured interviews and focus groups with key stakeholders to identify central themes associated with access to care, availability of crisis and emergency services, and the impact of mental illness, substance use disorders, and unmet need across various service sectors. We have conducted thousands of interviews across Texas as part of our assessments and use a structured approach that ensures that all stakeholders have the opportunity to identify issues they consider critical for system transformation as well as specific strengths that should be sustained or expanded.

Quantitative Analysis

When the award is in place and a start date determined, we will begin the analysis of prevalence, service capacity, and cost data noted above. We have used these quantitative

methods in multiple assessments across Texas, and they are the best possible approaches with the data and methodology currently available. We will share our approach with the community on method and data sources as desired.

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

We will meet with community stakeholders midway through our work to review emerging findings with local project leadership and other relevant system leaders. We anticipate project leads will attend these meetings in person. These meetings will focus on reviewing draft findings to refine them and address any gaps, with the primary goal of reviewing and deepening recommendations. A draft report of findings with opportunity for community review will follow.

After community review and comment, we will draft and submit the final report for project leadership's review in month eight. We propose scheduling the final presentation of findings and achievable recommendations for local leadership after the report has been finalized. No findings will be distributed beyond local leadership until every party affected by the findings and recommendations has an opportunity to review and comment prior to release.

Expertise of the MMHPI Team

The team assembled for this project comprises experts 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. Each senior member of the team has decades of experience in complex behavioral health systems. We offer a professional staff with experience in the design of clinical care systems, first response to crises, and modern police science as well as knowledge of funding requirements, payment strategies, managed care systems, and the development of inpatient and outpatient clinical programming that combines financial viability and responsiveness to customer needs. Our experience is tailored to Texas – to each county and community with which we work – but we are able to draw from knowledge of successes in other communities that might be relevant to El Paso. The table below provides the names and roles of our core team members.

Role	Team Member
Executive Oversight/Strategy Lead	Andy Keller, PhD
Project Oversight/Element 1 Lead	John Petrila, JD, LL.M
Project Director/Element 5 Lead	Melissa Rowan, MSW, MBA
Lead Children's Behavioral Health Expert/Element 3 Lead	Gary Blau, PhD
Project Lead/Elements 1, 2, 4, and 5	Kyle Mitchell, JD

Role	Team Member
Elements 1, 2, and 3	Ron Stretcher
Elements 1 and 2	Paul Stokes
Element 2/Adult Clinical Lead	Amanda Mathias, PhD
Consultant on Elements 1 and 2	BJ Wagner, MS
Element 3/Children's Clinical Lead	Marcellina Melvin, MA
Population Health and Quantitative Data Lead	Jennifer Gonzalez, PhD
Stakeholder Lead/Element 2	Gary Bramlett, LMSW
Element 3/Veterans Lead	Aaron Smith
Project Manager	Marilyn Headley

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, Abilene, and other complex urban, suburban, and rural systems across Texas and the nation. Team member biographies are provided below. MMHPI may also bring in other team members to address particular areas of needed expertise. Brief biographies for the entire MMHPI team can be found at: <http://texasstateofmind.org/about/our-team/>.

Andy Keller, PhD – President and Chief Executive Officer: Executive Oversight/Strategy Lead

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 the Meadows Mental Health Policy Institute 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 2011–12 federal children's system of care expansion grant, Washington State's 2011–12 children's behavioral health redesign and "TR" EPSDT settlement development, Louisiana's coordinated systems of care project in 2010–11, and Massachusetts's 2008–09 "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.

John Petril, JD, LLM – Senior Executive Vice President of Policy: Project Oversight/Element 1 Lead

Mr. Petril 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 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 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 – Executive Vice President for Policy Implementation: Project Director/Element 5 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. As a consultant to the Institute 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 Institute 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.

Gary Blau, PhD – Executive Director, The Hackett Center for Mental Health: Lead Children's Mental Health Expert/Element 3 Lead

Dr. Blau is a licensed clinical psychologist who joined MMHPI as Executive Director of The Hackett Center for Mental Health in September of 2019. Prior to The Hackett Center, he was Chief of the Child, Adolescent, and Family Branch for the federal Substance Abuse and Mental Health Services Administration, where he provided national leadership for child, youth, and young adult mental health and created systems of care across the United States. Dr. Blau also served as the Bureau Chief for Quality Management and Director of Mental Health at the Connecticut Department of Children and Families and as the Director of Clinical Services for the Child and Family Agency of Southeastern Connecticut. He has been acknowledged as the "father" of Youth MOVE (Youth Motivating Others through Voices of Experience), which now has over 60 chapters nationwide, and for creating the National Building Bridges Initiative, which is focused on improving outcomes for youth who receive residential interventions. Dr. Blau is the recipient of numerous awards, including the Connecticut Governor's Service Award, the Phoebe Bennet Award for outstanding contribution to children's mental health in Connecticut, and the Making a Difference Award presented by Connecticut's Federation of Families for Children's Mental Health. When Dr. Blau left Connecticut, the Governor proclaimed December 12, 2003, as "Dr. Gary Blau Day." Dr. Blau also received the Health and Human Services Secretary's Award for Meritorious Service for his national leadership in children's behavioral health, and he was the first recipient of the Rock Star Award, presented by Youth MOVE National for "being a true champion for the youth movement and advocate for youth voice." This award has now been named the "Dr. Gary Blau Award" and is given yearly to a mental health professional distinguished as a "voice for youth." Dr. Blau has over 70 professional publications and is the editor of eight books. He received his B.A. degree in psychology from the University of South Florida and his doctorate from Auburn University.

Kyle Mitchell, JD – Vice President of Adult and Veterans Policy: Project Lead/Elements 1, 2, 4, and 5

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 2013–2018, 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.

Ron Stretcher – Senior Director of Systems Management: Elements 1, 2, and 3

Mr. Stretcher brings over 30 years of experience in the social, health, and judicial services field 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. 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: Elements 1 and 2

Mr. Stokes rose through the ranks of the Dallas Police Department 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 enhancing community relations and public safety for the communities he served. He oversaw the establishment of a regional law enforcement alliance 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 care system in Dallas.

Amanda Mathias, PhD – Senior Director of Innovation: Adult Clinical Innovation Lead

Dr. Mathias has 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's 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 illnesses, co-occurring substance abuse disorders, and physical/medical conditions through evidence-based and innovative care. She has served, directed, and led numerous 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 for providing assessment and clinical implementation strategies to improve the local mental health systems. She was also the project lead for MMHPI's work on the redesign of the San Antonio State Hospital. Dr. Mathias holds a Doctorate of Philosophy in Marriage and Family Therapy and is a licensed marriage and family therapist and licensed professional counselor.

B.J. Wagner – Interim Executive Director of the Caruth Police Institute at University of North Texas at Dallas: Consultant on Elements 1 and 2

Ms. Wagner possesses a unique blend of first-hand law enforcement experience and a deep knowledge of police policy and operating procedures, program evaluation, technical advising and procedural reviews. A noted leader in law enforcement policy, her 2019 review of the Austin Police Department resulted in significant departmental policy improvements regarding the city's audit response and its capacity to capably deal with mental health-related situations.

And, as the primary architect of the RIGHT Care-Dallas program, and engineer of many of Texas' prison reentry systems, her work has led to the development of nationally recognized and internationally awarded law enforcement, criminal justice, crisis intervention, and response systems. Since joining MMHPI in 2015, Ms. Wagner has helped expand work on smart justice to larger behavioral and health systems and assisted communities across Texas to both increase prevention and intervention services and to reduce chronic crisis cycles and justice involvement for people with complex healthcare needs. In October 2019, Ms. Wagner was appointed by the University of North Texas Dallas through a unique relationship with MMHPI as the Interim Executive Director of the Caruth Police Institute. Ms. Wagner is currently pursuing a PhD in Qualitative Criminology at the University of Texas at Dallas.

**Marcellina Melvin, MA – Director of Program Innovation for Child and Family Policy:
Children's Clinical Lead**

Ms. Melvin 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 its 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. Ms. Melvin has extensive clinical training and specializes in Dialectical Behavioral Therapy and Trauma-Focused Cognitive Behavioral Therapy. Ms. Melvin is a certified SAMA (Satori Alternative to Managing Aggression) facilitator as well as a CANS (Child and Adolescent Needs and Strengths) assessment trainer. She has provided trainings to several school systems across Middle Tennessee.

Jennifer Gonzalez, PhD – Senior Director of Population Health: Quantitative Data Lead

Dr. Gonzalez's research interests include public health policing, data-informed public health and criminal justice practice, and development of innovative methods for linking individuals to needed care. She is especially interested in developing and testing the effectiveness of real-world solutions to improve use of behavioral health services for those in need. She has published more than 100 interdisciplinary articles focused on the health of those who come into contact with – and work within – the criminal justice system. Dr. Gonzalez earned her doctorate 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.

Gary Bramlett, LMSW – Director of Community Engagement: Stakeholder Lead/Element 2

Mr. Bramlett has more than 30 years' experience in the mental health field. Beginning in direct care, he has held several 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). Under Mr. Bramlett's leadership, the network grew from five to 11 centers and the service coverage area increased 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 100 doctors and nurse practitioners, an authorization program for the provision of services at centers, and a behavioral health telehealth 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 money, which enhanced direct services, but also provided 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 Master of Social Work degree from The University of Texas at Arlington.

Aaron Smith – Director of Veteran Initiatives: Element 3/Veterans Lead

Mr. Smith is a member of the Institute's Veterans Team and supports policy and technical assistance projects for Texas veterans and their families. As a Navy Hospital Corpsman 2nd Class (Fleet Marine Force) and Operation Iraqi Freedom veteran, he is intimately familiar with the military and post-9/11 veteran population of Texas. Prior to coming to the Institute, Mr. Smith established the Community Outreach Program at the Texas Veterans Commission. In that role he was responsible for working with communities to build collaborations among local organizations, assist them in accessing state programs and help them connect with veterans that were unaware or uninformed about state and federal veteran benefits. Since joining MMHPI, Mr. Smith has worked closely with the Texas Health and Human Services Commission to develop and support the Texas Veterans and Family Alliance grant program. He continues to support innovative programs and communities that help veterans and their families receive the care they need and deserve. Mr. Smith received his bachelor's degree in biology from Southwestern University and is an MBA student at Texas A&M University – Corpus Christi.

Marilyn Headley, MPA – Project Manager for Adult, Child, and Family Policy: Project Manager

Ms. Headley focuses primarily on projects related to community assessments, population health, and data sharing. Ms. Headley has spent her career working to empower people to improve their lives through policy change. Prior to joining MMHPI, she was a public health policy practitioner for the Florida Department of Health Tobacco Free Florida program. She was responsible for developing, implementing, and evaluating state and local health policy and systems change initiatives. Ms. Headley managed and maintained a local community coalition that successfully passed tobacco-free policies in the social, public, and private sectors. During her graduate studies, she worked at the Child and Family Research Partnership and interned with Results for America, a nonprofit with a mission to help decision-makers in government use evidence and data to solve challenges. Most recently, Ms. Headley was a senior staff member on the City of Dallas Legislative team, where she was responsible for assessing the impact of state and federal legislation. Ms. Headley received her Master of Public Affairs degree from the LBJ School at the University of Texas at Austin and her Bachelor of Science in Psychology from the University of Florida.

The primary contact for this proposal is Melissa Rowan (mrowan@texasstateofmind.org).

Appendix A: Selection of Previous Behavioral Health Systems Assessments Conducted by Meadows Mental Health Policy Institute

Deep East Texas Regional Mental Health Assessment Completed September 2018⁹

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 report was designed to provide 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 2018¹⁰

Thanks to the generous support of Houston Endowment, 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 age, sex, race, ethnicity, and socioeconomic groups. 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 concluded with recommendations to make progress toward an ideal SUD system of care. These recommendations 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 Lubbock Mental Health System Completed October 2018¹¹

At the invitation of five entities (the two major health systems, the County Commission, Texas Tech University, and StarCare), MMHPI completed a comprehensive assessment of the Lubbock area mental health system. The assessment identified strengths, gaps, and opportunities for

⁹ This report has been finalized and submitted to the funder, however, it has not yet been publicly released.

¹⁰ This report has been finalized and submitted to the funder, however, it has not yet been publicly released.

¹¹ This report has been finalized and submitted to the funder, however, it has not yet been publicly released.

improvement in the mental health system generally, with a particular focus on people who are justice-involved, veterans, and children and youth and their families.

System Assessment of Smith County Local Behavioral Health System Completed November 2017¹²

MMHPI was invited to provide an independent, objective assessment to identify general behavioral health needs and gaps in services and to 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 report aimed to provide findings and recommendations to the Smith County Behavioral Health Leadership Team that would inform next steps and priorities toward advancing behavioral health services in the 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, MMHPI conducted a comprehensive assessment of health care system capacity for providing mental health services for Harris County children, youth, and families. In this assessment, MMHPI developed an “Ideal System of Care” for treating the mental health needs of children 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 provider locations across school districts, noting that many areas with the highest need were far from treatment providers and public transportation routes and that many outlying school districts lacked providers within their geographic borders. 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

¹² This report is not publicly available.

and psychiatric care through the expansion of child psychiatry access programs. 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 engaged MMHPI to conduct a review of mental health systems in the Rio Grande Valley (RGV). The primary purposes of the assessment were to understand the 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 key informant interviews to gain an understanding of the 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 region's behavioral health systems, particularly identifying consensus on the need for county-level planning to coordinate and enhance services. Since the report was published, RGV mental health authorities pursued and secured funds for crisis services and integrated care – efforts that are consistent with recommendations from the report. The report's publication 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 summer 2015, Methodist Healthcare Ministries of South Texas, Inc. engaged MMHPI to review the performance of Bexar County behavioral health systems. The review was conducted in fall 2015 and early 2016. Although approximately 500,000 people in the county suffer from some level of mental health need, the primary focus of the assessment was on the most severe needs: adults with serious mental illness (just over 60,000 at the time) and children with serious emotional disorders (just over 37,500). An additional focus was the over 56,000 people (nearly 35,000 adults and nearly 21,500 children) in poverty (under 200% FPL) that served 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 took on the task of working with Methodist Healthcare Ministries, 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

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 goals of this report were 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), with an aim of advancing the mental health services in the Texas Panhandle. The Panhandle Behavioral Health Alliance and member agencies successfully sought and procured grants to make significant service delivery improvements in the region's counties.

Midland County Mental Health Systems Assessment Completed September 2016¹³

Community leaders in Midland County engaged 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 assessment's objective was to evaluate capacity for service delivery, system development, and population health management to determine viable strategies that could 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 hired staff,

¹³ This report is not publicly available.

continued to pursue actions that were recommended in the report, and have recently launched a successful Okay to Say campaign.

Review of Harris County Mental Health Systems Performance

Published May 2015

Harris County engaged 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 offered mental health and related services were included in the review (e.g., additional public health care services, social services and human services systems, the criminal justice system, managed care organizations, schools). The report included 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 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 MMHPI to carry out an independent analysis of the county's local mental health system performance and to identify specific strategies for Denton County to support continued development of a highly responsive, clinically effective, and efficient community behavioral health system for the county's population. 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 for Denton County, which was done and continues to operate.

Appendix B: Budget and Budget Narrative

In developing this budget, we assumed multiple efficiencies. MMHPI is currently conducting assessments of law enforcement response to crises through Emergence Health Network and the adult criminal justice system in El Paso County that will yield efficiencies in Elements 1 and 2. We are also providing technical assistance funded by the Paso del Norte Health Foundation (PdNHF) to assist the Paul L. Foster School of Medicine at the Texas Tech University Health Sciences Center (TTUHSC El Paso). This assistance, funded through the Texas Child Mental Health Care Consortium, aims to maximize the development and capacity of the school's child mental health consultation and telehealth capacity and will yield efficiencies in Element 3. Furthermore, we are aware from the PdNHF that the County of El Paso is carrying out a local assessment of veteran's services in collaboration with the City of El Paso, El Paso Chamber, Steven A. Cohen Military Family Clinic at Endeavors, 151st Community Veterans Engagement Board, and multiple Veteran Service organizations. We hope to incorporate data from that assessment into our work. However, because each of these analyses looks at a single system component rather than the role of these organizations within the system as a whole, each is limited in its applicability to an overall system assessment. Although these efficiencies are substantial, the scope of work remains large. The estimated costs below are based on work currently being carried out by MMHPI in Nueces County and proposed for Fort Bend County.

Project Component	Amount
Comprehensive Needs Assessment	\$550,000
<p>For the primary on-site review, the policy teams (listed in proposal) 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 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. Assessment of the Consortium will be embedded across each section of the report.</p>	

Project Component	Amount
Adult Justice and Emergency Department Diversion Analysis	\$125,000
<p>Criminal justice system diversion strategy development will enable El Paso to create financially sustainable interventions that divert people with mental illnesses and substance use disorders from jails and hospital emergency departments. We will provide a full analysis of current diversion efforts, focused on both diversion from the justice system and diversion from emergency departments. This twin focus is another change from the context that informed the 2014 assessment. The costs for this component are discounted substantially from the \$175,000 that the assessment would cost were MMHPI not already working with El Paso County's adult justice system.</p>	
Crisis System Improvement	\$100,000
<p>Crisis system improvement analysis will provide El Paso the ability to determine the effectiveness of current crisis intervention approaches, an understanding of prevalence rates and patient flow to inform the Behavioral Health Consortium Evaluation about existing capacity and identified gaps, and specific strategies and plans of action that can be taken to integrate crisis response to mental health issues within the general health system. MMHPI is working on crisis system redesigns across Texas, and our 2016 white paper provides an overview of our general approach,¹⁴ which we have refined over the past three years through intensive crisis system redesign projects in Dallas, Collin, Lubbock, Nueces, Abilene, and Tarrant counties. The costs for this component are discounted substantially from the \$150,000 that the assessment would cost were MMHPI not already working with Emergence on crisis response.</p>	
Child and Family Behavioral Health Systems	\$100,000
<p>Children's behavioral health strategy development will focus on strengthening practices for children and youth with intensive mental health needs who are involved with – or at risk of becoming involved with – the child welfare and juvenile justice systems. It will emphasize maximizing opportunities for service expansion and development based on laws passed during the 86th Legislative Session (e.g., the primary care consultation and school-based telehealth components of Senate Bill 11, each item mentioned in the RFP). The costs for this component are discounted substantially from the \$150,000 that the assessment would cost were MMHPI not already working with TTUHSC El Paso on the SB 11 implementation with its focus on primary care and services in schools.</p>	

¹⁴Meadows Mental Health Policy Institute. (2016, December). *Behavioral health crisis services: A component of the continuum of care*. Commissioned by St. David's Foundation. Retrieved from https://www.texasstateofmind.org/wp-content/uploads/2017/01/MMHPI_CrisisReport_FINAL_032217.pdf

Project Component	Amount
Overall Access to Care	\$125,000
<p>Overall access to services will include an evaluation of the capacity, access to, and utilization of mental health and substance use services in El Paso across the developmental continuum. This analysis will assist the Consortium and other leadership in making decisions about use of existing resources, strategies for resource maximization, and areas for potential growth or expansion. It will include access through primary care (including federally qualified health centers), non-traditional settings such as schools, major public and private specialty behavioral health providers, and inpatient settings across the region that currently serve El Paso County residents. The costs for this component are discounted modestly from the \$150,000 that the assessment would cost based on the assumption that the data from the assessment of veteran's services can be incorporated.</p>	
Social Determinants of Health and Sustainability	\$100,000
<p>Social determinants of health (SDOH) analysis will focus on identifying the key elements that underlie many of the mental, emotional, and behavioral challenges facing the residents of El Paso. Health system leaders are increasingly recognizing that social determinants drive variability in health outcomes more than in health services.¹⁵ Understanding through data how poverty, education, social connectedness, community resources and context, health, and health care – along with neighborhood and built environment factors – can be addressed is responsive to the RFP. This understanding will also position El Paso leadership to expand and strengthen collaborative system improvement efforts grounded in a population health approach to behavioral health disorders and comorbid conditions. This option will include consultation on funding sustainability and expansion recommendations to address existing resource challenges, new opportunities developed during the 86th Legislative Session, and potential opportunities in the 87th Session. We will also examine current best practice programs addressing SDOH in the context of health systems, including the statewide approach in North Carolina¹⁶ and county-level efforts in Philadelphia, PA.</p>	

¹⁵ Artiga, S. & Hinton, E. (2018, May). *Beyond health care: The role of social determinants in promoting health and health equity*. Kaiser Family Foundation. Retrieved from <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

¹⁶ State of North Carolina Division of Health Benefits. (2018, November). *Healthy Opportunities Pilots fact sheet*. North Carolina Department of Health and Human Services. Retrieved from <https://files.nc.gov/ncdhhs/SDOH-HealthyOpptys-FactSheet-FINAL-20181114.pdf>

Project Component	Amount
Quantitative Data Analysis	Included in Each Project Component
We will provide analyses of prevalence based on national data that consider Texas-specific demographic and poverty data for El Paso 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, costs associated with hospitalization and emergency department use for psychiatric disorders, and, if available, costs associated with local community mental health programs. These costs are embedded above but represent approximately \$125,000 of the total cost.	
Total Proposed Budget	\$550,000
Discount Based on Current Project Work in El Paso County	\$175,000
Value of Project	\$725,000

There are economies of scale in having the five analyses done simultaneously, and we are happy to discuss specific items to conform to the PdNHF's priorities. This is an optimal budget; however, the total project cost can be amended and/or scaled to best fit the priorities of El Paso. There are efficiencies in assessing needs across 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.

Additional Funding

The RFP requires documentation of any additional funding that MMHPI may receive or is seeking from other funders to complement efforts within the proposal, though funding is not required to be matching or leveraging for this proposal. MMHPI is not seeking additional funding to complement or help fund this proposal because of the efficiencies we plan to leverage based on our currently funded work in El Paso. In addition, work done across Texas by MMHPI and paid for by other sources is leveraged for this proposal because of the extensive knowledge base it provides MMHPI staff who will be conducting work in El Paso.



Proposal Budget

Grant Period From: March 2020 to December 2020

Organization Name: Meadows Mental Health Policy Institute

Project Title: Update to the 2014 El Paso County Behavioral Health System Assessment/Evaluation of the El Paso Behavioral Health Consortium

Date: February 10, 2020

	Requested PdNHF Amount	In-Kind	Total Program Budget
Personnel			
			\$ -
			\$ -
Subtotal	\$ -	\$ -	\$ -
Supplies and Materials			
			\$ -
			\$ -
Subtotal	\$ -	\$ -	\$ -
Transportation and Travel			
			\$ -
			\$ -
Subtotal	\$ -	\$ -	\$ -
Program Equipment			
Subtotal	\$ -	\$ -	\$ -
Communication/Promotion			
Subtotal	\$ -	\$ -	\$ -
Other Expenses			
Adult Justice and Emergency Department Diversion Analysis	\$125,000		\$125,000
Crisis System Improvement	\$100,000		\$100,000
Child and Family Behavioral Health Systems	\$100,000		\$100,000
Overall Access to Care	\$125,000		\$125,000
Social Determinants of Health and Sustainability	\$100,000		\$100,000
Quantitative Data Analysis	-		
<i>Included Discount Based on Current Project Work in El Paso County</i>		\$175,000	
Subtotal	\$ 550,000.00	\$ 175,000.00	\$ 550,000.00
Project Subtotal	\$ 550,000.00	\$ 175,000.00	\$ 550,000.00

Indirect (10% of Project Subtotal)	\$ -	\$ -	\$ -
TOTAL (Project Subtotal + Indirect)	\$ 550,000.00	\$ 175,000.00	\$ 550,000.00

10/2014Ver.4

**Please be sure to include the budget narrative explaining the budgeted line items.*

Meadows Mental Health Policy Institute

Proposal to Paso del Norte Health Foundation

Budget and Budget Narrative

In developing this budget, we assumed multiple efficiencies. MMHPI is currently conducting assessments of law enforcement response to crises through Emergence Health Network and the adult criminal justice system in El Paso County that will yield efficiencies in Elements 1 and 2. We are also providing technical assistance funded by the Paso del Norte Health Foundation (PdNHF) to assist the Paul L. Foster School of Medicine at the Texas Tech University Health Sciences Center (TTUHSC El Paso). This assistance, funded through the Texas Child Mental Health Care Consortium, aims to maximize the development and capacity of the school's child mental health consultation and telehealth capacity and will yield efficiencies in Element 3. Furthermore, we are aware from the PdNHF that the County of El Paso is carrying out a local assessment of veteran's services in collaboration with the City of El Paso, El Paso Chamber, Steven A. Cohen Military Family Clinic at Endeavors, 151st Community Veterans Engagement Board, and multiple Veteran Service organizations. We hope to incorporate data from that assessment into our work. However, because each of these analyses looks at a single system component rather than the role of these organizations within the system as a whole, each is limited in its applicability to an overall system assessment. Although these efficiencies are substantial, the scope of work remains large. The estimated costs below are based on work currently being carried out by MMHPI in Nueces County and proposed for Fort Bend County.

Project Component	Amount
Comprehensive Needs Assessment	\$550,000
<p>For the primary on-site review, the policy teams (listed in proposal) 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 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. Assessment of the Consortium will be embedded across each section of the report.</p>	

Project Component	Amount
Adult Justice and Emergency Department Diversion Analysis	\$125,000
<p>Criminal justice system diversion strategy development will enable El Paso to create financially sustainable interventions that divert people with mental illnesses and substance use disorders from jails and hospital emergency departments. We will provide a full analysis of current diversion efforts, focused on both diversion from the justice system and diversion from emergency departments. This twin focus is another change from the context that informed the 2014 assessment. The costs for this component are discounted substantially from the \$175,000 that the assessment would cost were MMHPI not already working with El Paso County's adult justice system.</p>	
Crisis System Improvement	\$100,000
<p>Crisis system improvement analysis will provide El Paso the ability to determine the effectiveness of current crisis intervention approaches, an understanding of prevalence rates and patient flow to inform the Behavioral Health Consortium Evaluation about existing capacity and identified gaps, and specific strategies and plans of action that can be taken to integrate crisis response to mental health issues within the general health system. MMHPI is working on crisis system redesigns across Texas, and our 2016 white paper provides an overview of our general approach,¹ which we have refined over the past three years through intensive crisis system redesign projects in Dallas, Collin, Lubbock, Nueces, Abilene, and Tarrant counties. The costs for this component are discounted substantially from the \$150,000 that the assessment would cost were MMHPI not already working with Emergence on crisis response.</p>	
Child and Family Behavioral Health Systems	\$100,000
<p>Children's behavioral health strategy development will focus on strengthening practices for children and youth with intensive mental health needs who are involved with – or at risk of becoming involved with – the child welfare and juvenile justice systems. It will emphasize maximizing opportunities for service expansion and development based on laws passed during the 86th Legislative Session (e.g., the primary care consultation and school-based telehealth components of Senate Bill 11, each item mentioned in the RFP). The costs for this component are discounted substantially from the \$150,000 that the assessment would cost were MMHPI not already working with TTUHSC El Paso on the SB 11 implementation with its focus on primary care and services in schools.</p>	

¹Meadows Mental Health Policy Institute. (2016, December). *Behavioral health crisis services: A component of the continuum of care*. Commissioned by St. David's Foundation. Retrieved from https://www.texasstateofmind.org/wp-content/uploads/2017/01/MMHPI_CrisisReport_FINAL_032217.pdf

Project Component	Amount
Overall Access to Care	\$125,000
<p>Overall access to services will include an evaluation of the capacity, access to, and utilization of mental health and substance use services in El Paso across the developmental continuum. This analysis will assist the Consortium and other leadership in making decisions about use of existing resources, strategies for resource maximization, and areas for potential growth or expansion. It will include access through primary care (including federally qualified health centers), non-traditional settings such as schools, major public and private specialty behavioral health providers, and inpatient settings across the region that currently serve El Paso County residents. The costs for this component are discounted modestly from the \$150,000 that the assessment would cost based on the assumption that the data from the assessment of veteran’s services can be incorporated.</p>	
Social Determinants of Health and Sustainability	\$100,000
<p>Social determinants of health (SDOH) analysis will focus on identifying the key elements that underlie many of the mental, emotional, and behavioral challenges facing the residents of El Paso. Health system leaders are increasingly recognizing that social determinants drive variability in health outcomes more than in health services.² Understanding through data how poverty, education, social connectedness, community resources and context, health, and health care – along with neighborhood and built environment factors – can be addressed is responsive to the RFP. This understanding will also position El Paso leadership to expand and strengthen collaborative system improvement efforts grounded in a population health approach to behavioral health disorders and comorbid conditions. This option will include consultation on funding sustainability and expansion recommendations to address existing resource challenges, new opportunities developed during the 86th Legislative Session, and potential opportunities in the 87th Session. We will also examine current best practice programs addressing SDOH in the context of health systems, including the statewide approach in North Carolina³ and county-level efforts in Philadelphia, PA.</p>	

² Artiga, S. & Hinton, E. (2018, May). *Beyond health care: The role of social determinants in promoting health and health equity*. Kaiser Family Foundation. Retrieved from <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

³ State of North Carolina Division of Health Benefits. (2018, November). *Healthy Opportunities Pilots fact sheet*. North Carolina Department of Health and Human Services. Retrieved from <https://files.nc.gov/ncdhhs/SDOH-HealthyOpptys-FactSheet-FINAL-20181114.pdf>

Project Component	Amount
Quantitative Data Analysis	Included in Each Project Component
<p>We will provide analyses of prevalence based on national data that consider Texas-specific demographic and poverty data for El Paso 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, costs associated with hospitalization and emergency department use for psychiatric disorders, and, if available, costs associated with local community mental health programs. These costs are embedded above but represent approximately \$125,000 of the total cost.</p>	
Total Proposed Budget	\$550,000
Discount Based on Current Project Work in El Paso County	\$175,000
Value of Project	\$725,000

There are economies of scale in having the five analyses done simultaneously, and we are happy to discuss specific items to conform to the PdNHF's priorities. This is an optimal budget; however, the total project cost can be amended and/or scaled to best fit the priorities of El Paso. There are efficiencies in assessing needs across 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.

Additional Funding

The RFP requires documentation of any additional funding that MMHPI may receive or is seeking from other funders to complement efforts within the proposal, though funding is not required to be matching or leveraging for this proposal. MMHPI is not seeking additional funding to complement or help fund this proposal because of the efficiencies we plan to leverage based on our currently funded work in El Paso. In addition, work done across Texas by MMHPI and paid for by other sources is leveraged for this proposal because of the extensive knowledge base it provides MMHPI staff who will be conducting work in El Paso.

Meadows Mental Health Policy Institute

Proposal to Paso del Norte Health Foundation

The Meadows Mental Health Policy Institute (MMHPI) and its regional center in the Gulf Coast region, The Hackett Center for Mental Health, are responding to the Request for Proposals (RFP) the Paso del Norte Health Foundation released on January 10, 2020. As is evident in our proposal, the world has changed dramatically since 2014, and those changes will influence our work in El Paso in 2020. Three of the most significant changes include:

- Our thinking about the ideal system of care has evolved;
- The policy and financial landscape in Texas has significantly shifted; and
- We have a much greater appreciation of the relationship between physical health and mental health.

We believe there are five critical elements at the core of the work in El Paso. These five elements encompass the criteria spelled out in the RFP for updating the Behavioral Health System Assessment. Our findings and recommendations will also inform our response to the section of the RFP on the Behavioral Health Consortium Evaluation and governance broadly.

We propose the following activities:

- **Criminal justice system diversion strategy development** will enable El Paso to create financially sustainable interventions that divert people with mental illnesses and substance use disorders from jails and hospital emergency departments. We will provide a full analysis of current diversion efforts, focusing on both diversion from the justice system and diversion from emergency departments. This twin focus is another change from the context that informed the 2014 assessment.
- **Crisis system improvement analysis** will provide El Paso the ability to determine the effectiveness of current crisis intervention approaches, an understanding of prevalence rates and patient flow to inform the Behavioral Health Consortium about existing capacity and identified gaps, and specific strategies and plans of action that can be taken to integrate crisis response to mental health issues within the general health system. MMHPI is working on crisis system redesigns across Texas, and our 2016 white paper provides an overview of our general approach,¹ which we have refined over the past three years through intensive crisis system redesign projects in Dallas, Collin, Lubbock, Abilene, and Tarrant counties.
- **Children’s mental health strategy development** will focus on strengthening practices for children and youth with intensive mental health needs who are involved with – or at

¹Meadows Mental Health Policy Institute. (2016, December). *Behavioral health crisis services: A component of the continuum of care*. Commissioned by St. David’s Foundation. Retrieved from https://www.texasstateofmind.org/wp-content/uploads/2017/01/MMHPI_CrisisReport_FINAL_032217.pdf

risk of becoming involved with – the child welfare and juvenile justice systems. It will emphasize maximizing opportunities for service expansion and development based on laws passed during the 86th Legislative Session (e.g., the primary care consultation and school-based telehealth components of Senate Bill 11, each item mentioned in the RFP).

- **Overall access to services** will include an evaluation of the capacity, access to, and utilization of mental health and substance use services in El Paso across the developmental continuum. This analysis will assist the Consortium and other leadership in making decisions about use of existing resources, strategies for resource maximization, and areas for potential growth or expansion. It will include access through primary care (including federally qualified health centers), non-traditional settings such as schools, major public and private specialty behavioral health providers, and inpatient settings across the region that currently serve Fort Bend County residents.
- **Social determinants of health (SDOH) analysis** will focus on identifying the key elements that underlie many of the mental, emotional, and behavioral challenges facing the residents of El Paso. Health system leaders are increasingly recognizing that social determinants drive variability in health outcomes more than in health services.² Understanding through data how poverty, education, social connectedness, community resources and context, health, and health care – along with neighborhood and built environment factors – can be addressed is responsive to the RFP. This understanding will also position El Paso leadership to expand and strengthen collaborative system improvement efforts grounded in a population health approach to behavioral health disorders and comorbid conditions. This element will include consultation on funding sustainability and expansion recommendations to address existing resource challenges, new opportunities developed during the 86th Legislative Session, and potential opportunities in the 87th Session. We will also examine current best practice programs addressing SDOH in the context of health systems, including the statewide approach in North Carolina³ and county-level efforts in Philadelphia, PA.

In our proposal, we describe how we will provide El Paso public health, judicial, and behavioral health leadership with an assessment and with recommendations specifically responsive to local needs. We also offer information about the team we have assembled to conduct this assessment. The team will be led by MMHPI's senior leaders and composed of our most experienced staff.

² Artiga, S. & Hinton, E. (2018, May). *Beyond health care: The role of social determinants in promoting health and health equity*. Kaiser Family Foundation. Retrieved from <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

³ State of North Carolina Division of Health Benefits. (2018, November). *Healthy Opportunities Pilots fact sheet*. North Carolina Department of Health and Human Services. Retrieved from <https://files.nc.gov/ncdhhs/SDOH-HealthyOpptys-FactSheet-FINAL-20181114.pdf>