

Meadows Mental Health Policy Institute Annual Report

Copy by Matthew B. Thompson

This is one of five annual reports I produced for Meadows Mental Health Policy Institute, drafting the copy after interviewing more than a dozen people and working with numerous departments within the Institute.

I also drafted language for a wraparound addressing the COVID-19 pandemic once the scope of that crisis became clear.

A Note About COVID-19

While we were in the process of putting together this report, the world was hit by a crisis it hadn't seen in more than a century.

The COVID-19 pandemic is a watershed event and, in some ways, it is difficult to even imagine what the "new normal" will be like. From that perspective, we were sensitive to creating an annual report about a time and place that does not exactly exist anymore.

In the shadow of COVID-19, even the theme of our 2019 report, "Wonder," felt strange to our ears. However, the truth is, it is in our most trying times that we need "Wonder" the most.

Within this report, we reflect on 2019's successes and celebrate the excitement mental health proponents have been feeling as we see the state moving forward on the right track.

We are not only proud of what we accomplished in 2019, we are even more inspired by it as we face new challenges and increased needs that will be created by COVID-19. Each of us, individually and through our organizations, is here at this time and this place for a reason.


More than ever, we know that we can dream of big things and, working together, make those dreams come true.



A photograph of a person walking a dog on a dirt path through a dense forest. The sun is shining brightly from the upper right, creating a lens flare effect and illuminating the path. The trees are tall and thin, with green foliage. The overall mood is peaceful and natural.

Wonder

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE



Our sense of **wonder** needs to be cherished and nurtured in our children, and **we are dedicated to that cause.**

Our History, **MISSION, AND VISION**

The Meadows Mental Health Policy Institute provides 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.

The Institute grew out of The Meadows Foundation's unyielding concern for the people of Texas. In 2014, The Meadows Foundation established the Institute as an independent nonprofit organization. With offices in Austin, Dallas-Fort Worth, Houston, and San Antonio and projects in every region of the state, the Institute has become Texas's most trusted source for results-oriented information and analysis of effective and efficient mental health policy and programs.

We work at the state, regional, and local levels to help mental health systems improve, share best practices, develop resources, and increase public awareness on the most effective ways to treat mental illness and help people recover. The Institute's vision is for Texas to be the national leader in treating people with mental health needs.



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Message from **CHAIRMAN OLSON**

When we launched MMHPI, it reflected a vision of Texas as a national leader in the treatment of mental health issues. In 2019, through coordinated teamwork from the community level to the highest reaches of state government, Texas made great strides toward that goal.

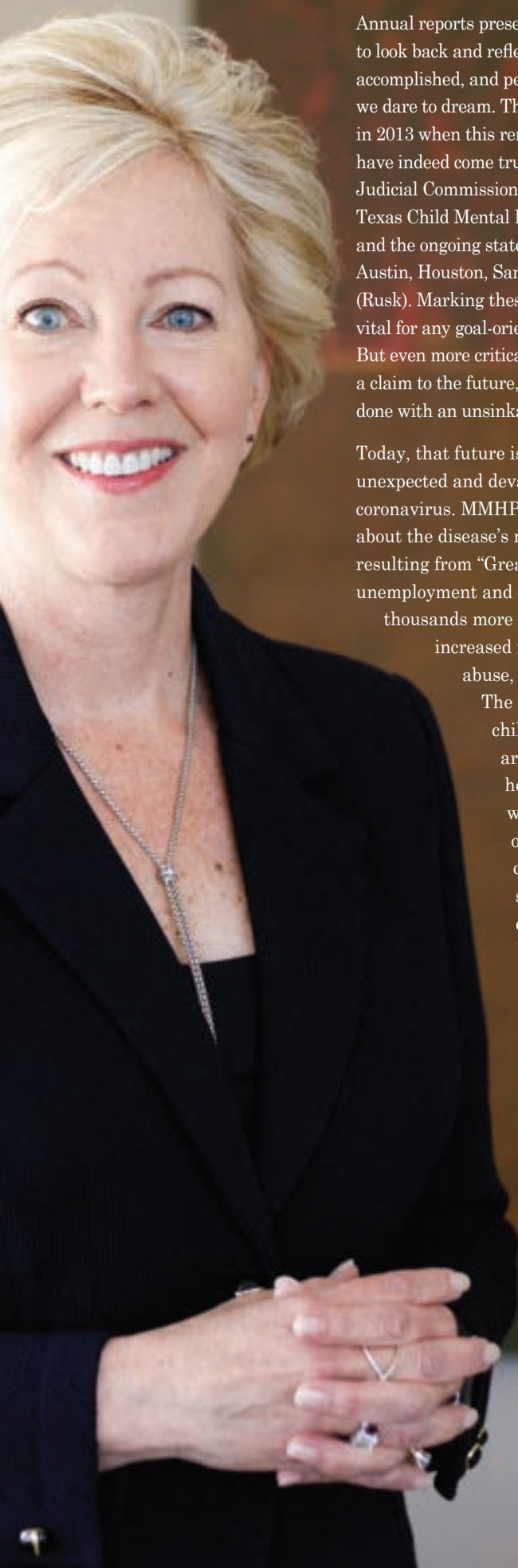
Perhaps the most pleasant surprise was that, in the midst of what could be charitably described as a contentious era in American politics, Republicans and Democrats alike came together to address what we all understand is a vital issue for all Texans. In a time when bipartisanship has proven to be an elusive quality, we all understood that mental illness is not a “left” or “right” issue, it’s a human issue.

What this all demonstrates is that when everyone is pulling in the same direction, progress is so much easier to achieve. In the pages that follow, you will read a lot about the beneficial changes that are coming, or have arrived, for the people who need care in the Lone Star State. These changes have occurred as a result of a lot of thought, a lot of cooperation, and a lot of hard work.

Some have remarked that we have come a long way in a short time. This is true. But it’s also important to remember the people who spent many years, even decades, putting their hearts, souls, and lifetimes of service into this issue. We should all be proud of MMHPI’s role in the state’s progress. In particular, I want to commend Dr. Andy Keller for his steady leadership, along with the quality staff he has put together. These are real professionals dealing with real issues, and they are finding real solutions. MMHPI continues to build a strong reputation for its leadership, its candor, and its reliable data, and I will forever be honored to be a part of it.



Lyndon L. Olson, Jr.
Chairman, MMHPI Board of Directors,
October 2017–October 2019



Message from **CHAIR O'NEILL**

Annual reports present a unique opportunity to look back and reflect on what we have accomplished, and peer into the future of what we dare to dream. Things that we dared to dream in 2013 when this remarkable journey began have indeed come true — things like the Texas Judicial Commission on Mental Health, the Texas Child Mental Health Care Consortium, and the ongoing state hospital redesigns in Austin, Houston, San Antonio, and East Texas (Rusk). Marking these and other milestones is vital for any goal-oriented organization like ours. But even more critical is our willingness to stake a claim to the future, as Texans have always done with an unsinkable “can do” spirit.

Today, that future is challenged by an unexpected and devastating threat: the novel coronavirus. MMHPI's initial projections about the disease's mental health impacts resulting from “Great Depression” levels of unemployment and ongoing trauma show that

thousands more of our fellow Texans face an increased risk of suicide, substance abuse, anxiety, and depression.

The stresses on families and children are immense, as are the threatening mental health consequences. We will, of course, rise to the occasion. After all, our corner of the world is no stranger to such daunting disasters as tornados, hurricanes, and drought, yet Texans have always risen in the aftermath.

But in addressing the urgency of the pandemic's mental health effects, we must not lose sight of our long-term objectives. In 2019, we celebrated the Texas command center that 50 years ago landed humans on the moon — a “giant leap for mankind” that seemed unimaginable at the time. Fittingly, MMHPI resolved to

think about our future goals for mental health in the same way, as “moonshots” — seemingly intractable challenges that can be solved if we spur the “anything is possible” dialogues needed to arrive at solutions that can be attained.


We can eliminate the use of jails and emergency rooms for routine mental health treatment.

We can end depression and suicide related to depression. We can end psychosis through early identification and treatment programs. We can treat mental illness as a pediatric illness. We can help every Texas student be emotionally well in order to learn and thrive at school. We can ensure access to “family first” care for every child, youth, and family with intensive mental health needs. We can secure for every Texas veteran and their family the mental health care we promised them.

These are the “moonshots” we are committed to. All of this and more is within our grasp. It is just a matter of having the vision to see it and the will to make it happen. If our achievements over the last few years have demonstrated anything, it's that the will is surely there. And the visionaries who have made the sea changes of 2019 possible — The Meadows Foundation, Tom Luce, Linda Perryman Evans, Lyda Hill Philanthropies™, Maureen Hackett, Deedie Rose, Charles Butt, and so many others — will continue to lead and inspire as we chart our course for the future.

I also want to celebrate the remarkable leadership of our outgoing Chair, Lyndon Olson. With his strong and steady hand at the helm these past years, the Institute has played a key role in mobilizing state and local leaders to boldly advance mental health care in Texas. His shoes are hard to fill. But the path ahead is filled with promise, because Texans are used to thinking big. Together we will overcome the challenges of COVID-19, and we will summon the will to make a giant leap for effective, efficient mental health treatment — because we can.

Harriet O'Neill
Chair, MMHPI Board of Directors,
October 2019—Present

A man with a grey beard and glasses, wearing a dark blue suit, white shirt, and patterned tie, stands in front of a large window. The background shows a blurred view of a city or landscape. A yellow vertical bar is on the left side of the page.

“Indeed, the line between wonder and worry is very thin. For children who find themselves in the most difficult situations, that sense of wonder is easily lost.”

Message from the **PRESIDENT AND CEO**

For years, Texas has been working to improve its mental health care systems, but never has the state's commitment to the cause been more evident, or more profound, than in 2019.

From Governor Abbott declaring mental health reforms an emergency item for the 86th Texas Legislature, to the creation of the Texas Child Mental Health Care Consortium with a vision to provide needed care to every Texas child experiencing a mental health challenge, the state put in place the needed infrastructure to help Texas children lead healthier, happier lives. This was a response not only to events happening on both the state and national levels, but also to a growing awareness that mental illnesses are, effectively, pediatric illnesses. More than half of mental illnesses show signs by the time a child turns 14. And through the new Consortium, we now have a mechanism to help these children as soon as symptoms first emerge.

That is a big part of the reason we chose “Wonder” as the theme of this report. On one level, it’s an opportunity for us to collectively step back and recognize how far Texas has come in recognizing the importance of treating mental illness. Many of the actions taken by state and local leaders would have been, frankly, impossible to imagine just a short time ago. That, in itself, is a wonder. But in a larger sense, “Wonder” is about those who should have the unlimited capacity to imagine their futures: our children. Childhood is almost synonymous with imagination, and we all love to watch our children believe in amazing things and opportunities. Losing that sense of wonder, that rite of childhood passage, is in many ways the biggest tragedy when mental illness strikes. Even before COVID-19, the line between wonder and worry was very thin for a growing number of Texas children and their families. With thousands of loved ones dead and millions unemployed because of COVID-19, today greater numbers of Texas children than ever find themselves in the most difficult situations, where a sense of wonder and hope can be easily lost.

Throughout this report, you will see examples of what is being done to rekindle the hope that we, as people, are much more capable of dealing with trauma and pain than we sometimes believe. Texans can cope with adversity and Texans can get better when that adversity includes mental illness; it’s as simple as that.

From a personal perspective, I was a pretty anxious child growing up in the ‘60s and ‘70s. We had family friends die in war, and that didn’t make a lot of sense to us in our farming town. We also lived in a world of oil shock and the threat of nuclear war and, by the time I entered high school in the late ‘70s, high unemployment and dimming hope. And my overly anxious brain would constantly flip back and forth from belief in the magic of the world to worries about all the things that could go wrong. I was lucky, though. I had a mom who had the resources and insights to help me through that. She taught herself how to help me and how to guide me through the roughest stretches. Too many Texas parents today do not have such resources, and too many that lack access to doctors or pastors or trusted others able to provide the insights necessary to understand what is happening when their children worry too much or lose hope. And in the face of COVID-19, as well as individual histories of family adversity involving tornados, hurricanes, or traumas closer to home, millions of Texas children are having their sense of wonder challenged as never before.

So, Texas needs to be stronger for them, and the strides taken in 2019 position us better than ever to do that. Never before in the history of humanity has a state assembled a network of 12 medical schools, partnering with 39 local mental health authorities, hundreds of independent school districts, and thousands of primary care practices to stand ready to help its children and families in need. We need to pursue the goal of building a world where all children have a support system in place to help them remain strong enough, physically and emotionally, to absorb the setbacks and, yes, trauma that the world inflicts upon everyone. We need to make it easier for them to retain that sense of wonder, of belief, as they become adults.

That sense of wonder needs to be cherished and nurtured, and we are dedicated to that cause. I’m proud of and grateful for all of the dedicated staff at MMHPI who help make our accomplishments possible. I hope you enjoy this report, which is both a reflection of a tremendous year and a celebration of the state and the people who have committed themselves to making Texas a national leader in mental health.



Andy Keller, Ph.D.
President and Chief Executive Officer

2019

YEAR IN REVIEW

This year was one of true **WONDER** in the transformation of Texas mental health

JANUARY

- The 86th Legislative Session was gaveled into session with a historic focus on mental health. **Governor Greg Abbott declared mental health an emergency item**, and Lieutenant Governor Dan Patrick also made it a Senate priority.
- Methodist Healthcare Ministries coordinated with the San Antonio State Hospital Redesign Committee to engage **MMHPI to develop the focused objectives of the Phase II planning**.
- A St. David's Foundation grant enabled MMHPI's policy work for the year to encompass key Central Texas priorities, including **Home Visiting Programs through the Nurse Family Partnership and engagement with Austin-area nonprofits**.

FEBRUARY

- MMHPI President and CEO **Andy Keller, Ph.D., testified in support of Senator Jane Nelson's Senate Bill 10** (ultimately passed as part of SB 11), the first bill taken up at the first hearing of the Senate

Committee on Health and Human Services.

- **Abilene's Behavioral Advisory Team added a behavioral health clinician to all 9-1-1 calls involving a mental health crisis** as part of its implementation of crisis response teams, similar to the Dallas RIGHT Care model.
- **MMHPI released its Bexar County Children and Youth Rapid Behavioral Health Assessment Report** to inform children's mental health priorities for San Antonio providers, funders, and legislative advocacy efforts.

MARCH

- Experts from **MMHPI and The Hackett Center testified before multiple legislative committees** on topics including early intervention, the state hospital redesign, and opioid education. During the 86th Legislative Session, **MMHPI and The Hackett Center personnel provided invited testimony 11 times**.
- **Audio spots promoting Okay to Say™ began airing on public radio** programs across Texas.
- **T.L.L. Temple Foundation funded outreach to pediatric primary care providers** in the T.L.L. Temple

Governor Greg Abbott declares
mental health an
emergency
item

Okay to Say™
airs spots
on public radio
across Texas

Senator Jane Nelson's
Senate Bill 10
first bill heard in **Senate**
HHS Committee

MMHPI provides invited
testimony 11 times
during the 86th Legislative Session

22-county catchment area to **prepare the region for rapid uptake of the Child Psychiatry Access Networks (CPAN)** that SB 11 would form.

- **MMHPI helped Texas 2036 staff formulate health care and justice strategies** that contributed to its “strategic framework for Texas,” ultimately unveiled in 2020.

APRIL

- **MMHPI completed a rate study** ultimately sent to Texas Health and Human Services, in collaboration with the Texas Center for Child and Family Studies and Deloitte Consulting, offering multiple **recommendations to improve the methodology for determining costs of high-quality foster care and sharing risk through the Community-Based Care program.**

- **MMHPI sponsored Texas’s participation in the Blue Cross Blue Shield Massachusetts Foundation Health Coverage Fellowship**, which helps newspaper, radio, television, and online reporters and editors do a better job in covering health and mental health care.

- **MMHPI went to Washington D.C. to participate in “Opportunities to Improve Suicide Prevention in Health Care,”** a convening at the Pew Charitable Trusts where we were joined by top leaders in suicide prevention from The Joint Commission, National Institutes of Health and Mental Health, Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, and American College of Emergency Physicians.

- **MMHPI officially kicked off its needs assessment of the Texoma region**, more specifically the Sherman-Denison area.

MAY

- The legislative session ended as one of the most significant in history for mental health issues. In total,

29 of the 33 priority bills and budget riders we identified became law.

- The Texas **Legislature approved funding to begin construction** of the new **Austin State Hospital** and **San Antonio State Hospital.**

- Episcopal Health Foundation approved a two-year, **\$500,000 grant to support MMHPI’s core state policy work.**

- Okay to Say™, in partnership with The Hackett Center, **kicked off a series of screenings of the documentary *Angst***, which examines the impact of anxiety in young people. Screenings were held in Houston, Austin, the Panhandle region, and Nantucket, Massachusetts.

- Through the support of The Rees-Jones Foundation, **MMHPI kicked off an in-depth assessment of Dallas County’s children’s mental health service delivery system**, documenting the strengths and gaps in the service delivery system and developing recommendations for systemic improvement.

JUNE

- **SB 11 was signed into law** by Governor Abbott, along with **all of MMHPI’s 28 other priority bills and budget riders passed by the legislature.** SB 11 included CPAN and the Texas Child Mental Health Care Consortium.

- **MMHPI held its sixth semi-annual all staff meeting and retreat, this time in Galveston**, to build unity and foster communication across our teams. Highlights included an insider’s **retelling of the events surrounding SB 11’s ultimate passage**, an update from **Galveston County officials** about their **work to improve mental health in their justice systems**, and a **celebration of Susan Fordice’s exceptional work as The Hackett Center’s inaugural executive director.**

MMHPI joins top leaders
in **suicide prevention**
in **Washington D.C.**

SB 11 signed
into law, **improving**
mental health care
for **Texas Children**

Construction funded for
state-of-the-art, modern state hospitals
in Austin, San Antonio, and Rusk

29 of our **33** identified
priority bills and budget riders
become law

2019

YEAR IN REVIEW

Continued

JULY

- One of the handful of MMHPI's legislative priorities that were not passed by the legislature became official policy after the session anyway. **Texas Education Agency (TEA) Commissioner Mike Morath** officially changed the Student Attendance Accounting Handbook for 2019-2020 to **classify students' telemedicine and telehealth visits in schools as excused absences.**
- Officials from the **U.S. State Department's Bureau of International Narcotics and Law Enforcement** visited **Dallas to study RIGHT Care** as part of its Drug Demand Reduction efforts.

AUGUST

- The **Hackett Center's Children's Mental Health Summit brought together** some of the **top minds in mental health care** from Texas and Massachusetts to **address a variety of critical topics, including crisis care and suicide prevention and response.**
- The **Texas Child Mental Health Care Consortium** was formally **established and held its first meeting.** MMHPI was named a member of the Consortium, and Dr. Keller was named to the Executive Committee.
- MMHPI successfully **completed a multi-million-dollar grant** from the American Red Cross, which **benefitted thousands of students** in Hurricane Harvey-affected schools and their families.

- MMHPI partnered with the **Texas Alliance of Child and Family Services** on a project to **help 12 North Texas counties** plan and prepare for the implementation of new measures to **improve the foster care system through the Community-Based Care program.**
- MMHPI worked with the Austin Police Department and a diverse set of stakeholders to **develop a series of recommendations to improve the department's response to mental health crises,** including mental health training for all patrol officers.

SEPTEMBER

- **Gary M. Blau, Ph.D., was named Executive Director of The Hackett Center for Mental Health.** He had previously served as Chief of the Child, Adolescent and Family Branch for the federal Substance Abuse and Mental Health Services Administration (SAMHSA).
- The 4th annual **Engage & Excel Conference brought together more than 300 people in Austin.** Highlights included a speech by Dr. Altha Stewart, immediate past President of the American Psychiatric Association, along with 48 speakers on four different tracks — Texas Children, High-Need Adults, Putting Policy into Practice, and Individual Sessions.
- MMHPI released **Community-Based Care Comprehensive Assessment and Environmental Scan of Harris County,** a study designed to enable **planning for upcoming improvements to the region's foster care system.**

U.S. State
Department looks to
RIGHT Care
as a **model**

Texas **Child
Mental Health
Care Consortium**
is established

MMHPI launches
partnership with
**Caruth Police
Institute** at UNTD

New partnership formed
to improve **Harris County's
foster care system**

- MMHPI and The Hackett Center were **awarded a Rebuild Texas grant** to provide social and emotional training sessions to daycare staff, elementary teachers, and parents in Dickinson, Texas.

- The Hackett Center received funding to **provide training** and conduct a **longitudinal evaluation** as part of the **City of Houston’s \$4 million federal system of care grant**.

OCTOBER

- MMHPI launched a **historic partnership with the Caruth Police Institute** at the University of North Texas at Dallas to help transform it into a **premier police training, policy analysis, technical assistance, and research organization for Texas and the nation**.

- MMHPI participated in the ground breaking for the construction of a **modern, state-of-the-art psychiatric hospital** to replace the buildings on the Austin State Hospital campus.

- The Harold Simmons Foundation commissioned MMHPI to **provide technical assistance** to leading North Texas providers to **build capacity and expand access to intensive, time-limited home and community-based services and supports in Dallas County**.

NOVEMBER

- Okay to Say™ launched a new call to action: **“Speak up. Share hope.”** This new direction was developed to help people with loved ones who have a mental illness **learn how they can get involved, communicate, and help friends and family members get better**.

- MMHPI and representatives of top Texas employers – American Airlines and Royal Dutch Shell – gathered with other leading employers and partners with the National Alliance of Healthcare Purchasing Collaboratives and the American Psychiatric Association to **launch the Path**

Forward for Mental Health and Substance Use, a national collaboration to **help America’s largest companies improve how they purchase behavioral health care**.

- **Ground was broken for new patient units at Rusk State Hospital in East Texas**, part of the state hospital redesign in which MMHPI is participating.

- Methodist Healthcare Ministries engaged MMHPI to **help San Antonio create a strategic framework and action plan** to develop **certification standards for trauma-informed care**.

- MMHPI kicked off a **comprehensive mental health needs assessment of Nueces County**. This region has demonstrated the will to make much-needed changes to its formal mental health care systems, schools, hospitals, and criminal justice systems.

DECEMBER

- Dr. Keller provided invited **testimony** before the Texas Senate Select Committee **on Mass Violence Prevention and Community Safety in reaction to the shooting tragedies in El Paso and Midland-Odessa**.

- Representatives from MMHPI **attended the White House Summit on Transforming Mental Health Treatment to Combat Homelessness, Violence, & Substance Abuse** in Washington, D.C. Senator Jane Nelson was invited as a featured panelist.

- **Dr. Blau was named** to the **Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families**.

- The Path Forward for Mental Health and Substance Use **announced eight RESET Regions across America** to spearhead employer efforts to improve access to effective care. **Texas was selected as an inaugural region, with a focus on Dallas and Houston**.

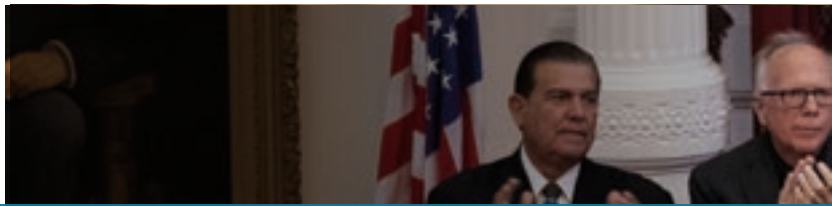
Former SAMHSA branch chief, **Gary Blau, PhD**, named **Executive Director** of **The Hackett Center**

Engage & Excel convenes **over 300** in **Austin**

MMHPI joins launch of **The Path Forward** in **New York** to help employers improve how they purchase health care

Okay to Say™ launches **“Speak up. Share hope.”**

Nueces County assessment kicks off, advancing much-needed changes to its **systems of care**



Even before the 86th Legislative Session began, Senator Jane Nelson made it clear that mental health would be among the most important issues addressed in 2019. Ultimately, no one could have imagined how correct she would be, and the significant impact this Legislative Session would have on mental health care. In fact, by the end of the year, Senator Nelson was among just a handful of state leaders from across the country who were invited to the White House to discuss mental health issues in a December conference. It was a well-earned honor.

Senator Nelson's remarkable efforts, Governor Greg Abbott's declaration of mental health issues as an "emergency item" during the State of the State address, and the passage of effective and sweeping legislation highlighted a truly historic session for the Lone Star State. Under the leadership of Governor Abbott and Lieutenant Governor Dan Patrick, who also made mental health a top priority in the Senate, the stage was set for major steps forward, particularly for Texas children.

Senator Nelson filed Senate Bill 10 to create the Texas Child Mental Health Care Consortium (TCMHCC). The momentum for this bill's passage started off strong, first as an emergency item, then as the first bill to be heard in the Senate Committee on Health and Human Services, where it passed out of the committee unanimously. After working its way successfully through the Senate, again unanimously, SB 10 was scuttled in the House of Representatives by a "point of order," a tactic that has sunk untold numbers of bills in the past.

This time, however, the legislature, specifically Representative John Zerwas, moved heaven and earth to find an alternative vehicle for the Consortium, eventually attaching SB 10 to a related bill (SB 11, Taylor) and bringing it back for approval in the House, which it received in the late hours of one of the last nights before the legislature recessed for the biennium. If the emergency designation did not prove how important mental health care is in Texas right now, the extreme measures to save the erstwhile SB 10 made it even more clear. Of course, that was far from the only action during the session.

Following the lead of Senator Kirk Watson, the legislature built upon the 85th Legislature's State Hospital System Redesign, entering Phase II with a focus on new construction projects. Further, effective programs that were started in the previous sessions were funded again and, in some cases, expanded. Altogether, 29 of 33 bills and budget riders that we prioritized at the outset of the session became law.

AMONG THE HIGHLIGHTS:

Senate Bill 10 (Nelson): Though it didn't pass in this form, SB 10 was the original bill establishing the TCMHCC to foster collaboration among our state's medical schools, with a focus on the well-being of Texas children. SB 10 ultimately passed as a component of Senator Larry Taylor's SB 11. The Consortium is charged with implementing five key initiatives:

- The Child Psychiatry Access Network (CPAN) enables pediatricians and primary care providers to work with child psychiatry consultation hubs at leading medical schools to reach timely, accurate treatment decisions.
- Texas Child Health Access Through Telemedicine (TCHAT) allows schools, at the direction of parents, to have access to health providers via telemedicine and telehealth to help meet urgent mental health needs of at-risk students.
- SB 11 also supported community psychiatry workforce expansion, a dramatic increase in fellowships to train



Governor Abbott Delivers 2019 State Of The State Address | Miguel Gutierrez Jr., The Texas Tribune

new child and adolescent psychiatrists, and collaborative research across the psychiatric departments of 12 state-funded medical schools.

As a member of the TCMHCC executive committee, MMHPI will continue to provide data-driven insight to support implementation of this landmark legislation.

House Bill 1, the state budget, provided \$99 million to fund the Consortium's initiatives.

SB 11 (Taylor): In addition to carrying the final language that established the TCMHCC, SB 11 also created a new School Safety Allotment to improve school safety and security, cover costs associated with hiring mental health personnel, and establish prevention and treatment programs, including programs related to suicide prevention, intervention, and postvention.

HB 1 provided \$100 million to the fund the new allotment.

SB 500 (Nelson): This bill contained \$445

million to fund Phase II of Texas' State Hospital System Redesign, including \$165 million to begin construction of a 240-bed replacement for the Austin State Hospital, \$190.3 million to begin construction of a 300-bed replacement for the San Antonio State Hospital, and \$90 million to construct a new 100-bed unit at Rusk State Hospital.

SB 2111 (Watson): SB 2111 requires the Health and Human Services Commission to develop a plan to contract with and transfer operations of the Austin State Hospital (on completion of construction) to a local public institution of higher education.

HB 18 (Price): This bill enhances training requirements for school employees and improves curriculum requirements, education programs, and health care services for students to better support mental health.

SB 1177 (Menéndez): SB 1177 supports better access to intensive, evidence-based practices with known positive outcomes for children and youth with the greatest

mental health needs to be available as an "in lieu of" option in Medicaid managed care programs.

HB 601 (Price): This bill builds on reforms enacted through 85(R) SB 1326 by clarifying the meaning and scope of "assessments" for people with mental illness who are in jail, along with other administrative and data collection reforms.

SB 562 (Zaffirini): SB 562 reforms the competency-restoration process to ensure people will be assigned to state facilities for treatment based on clinical need, not solely on the underlying offense charged.

HB 1501 (Nevárez): This bill established the Texas Behavioral Health Executive Council to streamline and expedite the licensing process for psychologists, marriage and family therapists, professional counselors, and social workers.

SB 822 (Nelson): This bill lowers the match required by the Texas Veterans + Family Alliance (TV+FA) grant program for programs located in counties with populations of less than 250,000 to align

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86th Legislature **WRAP-UP** Cont'd

with requirements of the Mental Health Grant Program for Justice-Involved Individuals and the Community Mental Health Grant Program.

SB 435 (Nelson): SB 435 requires local school health advisory councils to recommend appropriate curriculums for districts to educate students about the dangers of opioid abuse and how to safely administer a “rescue drug” in the event of an overdose.

SB 436 (Nelson): SB 436 expands the Texas Alliance for Innovation in Maternal Health (TexasAIM) program to curb maternal opioid use disorders.

SB 1564 (West): This bill aligns Texas Medicaid policy with federal law’s definition of “qualifying practitioner,” allowing more practitioners to prescribe medication-assisted treatment (MAT) for opioid use disorder and directing the Health and Human Services Commission to allow Medicaid reimbursement for these qualifying practitioners.

HIGHLIGHTS FROM THE STATE BUDGET, HB 1 (ZERWAS):

Overall, the budget funded \$8.2 billion in behavioral health services across all funding sources, an increase of \$616 million over the prior budget.

This included:

- \$60 million for the Mental Health Grant Program for Justice-Involved Individuals (85(R) SB 292), a \$12.5 million increase from fiscal year (FY) 2018–2019 levels. This funding will help local governments keep nonviolent people with mental illness out of our jails and off forensic hospital wait lists while getting people who end up in jails out, and into treatment, as quickly as possible.
- \$40 million for the Community Mental Health Grant Program (85(R) HB 13), a \$10 million increase from FY 2018–2019 levels. This funding will help local communities address gaps identified in the Statewide Behavioral Health Strategic Plan by supporting locally-driven mental health programs.
- \$20 million for the TV+FA grant program (84(R) SB 55). This funding will improve the quality of life for Texas veterans and their families by helping local communities expand access to mental health treatment and supports.
- \$59 million to address population growth, current and projected waitlists, and equity issues for community mental health services for adults, children, and youth.
- \$26 million to fund an additional 50 community inpatient psychiatric beds.
- A \$60.7 million increase to expand graduate medical education (residency) so there will be 1.1 residency slots for every Texas medical school graduate.
- \$2 million to fully fund the Judicial Commission on Mental Health over the 2020–2021 biennium.
- \$1 million to provide grants to counties to make medication-assisted treatment (MAT) for opioid disorders available to inmates who are re-entering their communities.

Spotlight: **LINDA PERRYMAN EVANS**

There are two types of people, some say: people who talk about things and people who get the job done. Then there are the kinds of people who get people to get the job done.

Enter Linda Perryman Evans. The 23-year President and CEO of The Meadows Foundation (and MMHPI Board Member) retired from her position with The Meadows Foundation in 2019, leaving behind a strong record of accomplishment and good works for the people who need help the most.



How has she done it? Friends and colleagues credit her ability to zero in on what's important, cut through static, and build broad support for her initiatives. "Linda is driven and has a clarity of thought," said Peter Miller, who succeeded Perryman Evans as President and CEO of The Meadows Foundation. "Mental health, for example, is a very complicated topic, and you can get mired in the minutiae. She takes away all the noise and confusion and brings clarity." To suggest she brought enthusiasm to the job is a bit of an understatement.

"Whatever it is, she brings the entire package," says Tom Luce, the first President and CEO of MMHPI. "She's a thoughtful, strategic person who is and always has been very determined." It was, in fact, those qualities, Luce says, that made MMHPI happen. "Throughout her life, she knew people who dealt with mental health issues and she became very determined to do something about it," Luce said. "She commissioned an effort to really look at what could be effective, and that's what led to the creation of MMHPI." Also key to MMHPI's creation was having The Meadows Foundation, and people like Linda Perryman Evans, making mental health care a priority at a time when people still did not talk openly about mental illness.

"When a prestigious organization and a prestigious person takes on a cause, it automatically elevates that issue in

important ways," said Bruce Esterline, Senior Vice President for Strategic Initiatives and Grants at The Meadows Foundation. "She helped change the conversation about mental health in Texas." From her perspective, Perryman Evans was just following a family tradition of service to the community. Among her earliest memories are times she wrapped presents alongside her mother for residents of a local nursing home at Christmas.

But the issue of mental health was one that personally affected her. "Mental illness affected everyone in my family, just like in every family," Perryman Evans said. "My generation talks about things more than previous generations did. Talking about mental illness was considered shameful, as some would say." That wasn't a problem for Perryman Evans. She made mental health care a priority not long after becoming president of the Foundation. "We were funding requests for mental health issues, but we weren't moving the needle," she said. "We realized you can't change a system unless you change policy." That's where MMHPI came in.

"It's been successful far beyond my wildest dreams," she said. "It's a humbling thing to see where this has gone. MMHPI is making a huge difference in Texas, and it's starting to spread to other states."

Texas Child Mental Health Care **CONSORTIUM**

During the interim prior to the 86th Legislative Session, Texas faced two challenges that highlighted gaps in mental health care for children and youth: Hurricane Harvey and the tragic shooting at Santa Fe High School. The Texas Legislature entered 2019 focused and ready to respond with a significant commitment to children's mental health.

The Texas Child Mental Health Care Consortium (TCMHCC), championed by Senator Jane Nelson and established by Senate Bill 11, was a solution designed to leverage our medical schools to help provide the kinds of care many children and youth need, care that has traditionally been difficult for many of them to find. The Texas Legislature provided significant funding as well, committing \$99 million to the Consortium for the next two years.

TCMHCC established the Child Psychiatry Access Network (CPAN) to connect pediatricians and primary care physicians with the information and resources they need to identify mental health needs early and provide more evidence-based care for children and their families. CPAN includes child psychiatry access hubs at state-funded medical schools around the state, which will provide behavioral health consultation services and training for pediatricians and primary care providers. The objective is to enroll 75% of primary care practices statewide in CPAN by the end of the

second year of implementation.

Another way TCMHCC will leverage our medical schools is through the Texas Child Health Access Through Telemedicine (TCHATT) program. TCHATT will connect Texas school districts to medical schools via telemedicine and telehealth to help identify and assess the urgent mental health needs of children and youth and provide access to needed mental health care for thousands of children in hundreds of Texas schools that have historically not had access to in-person health care resources.

The Consortium will also expand the public mental health workforce through its Community Psychiatry Workforce Expansion (CPWE) program, establishing academic medical directors at community mental health providers across the state and expanding new psychiatric resident rotation positions at these facilities. The psychiatrists supported by this initiative will treat children and youth and supervise the new residents rotating through training.

A related workforce initiative will dramatically expand training capacity for much-needed child and adolescent psychiatrists at Texas medical schools. The Consortium plans to establish 19 additional fellowship positions over the next two fiscal years and develop four entirely new child and adolescent psychiatry training programs in parts of the state that previously lacked them.

Beyond services and workforce, the legislature also prioritized investments in mental health research. Although Texas

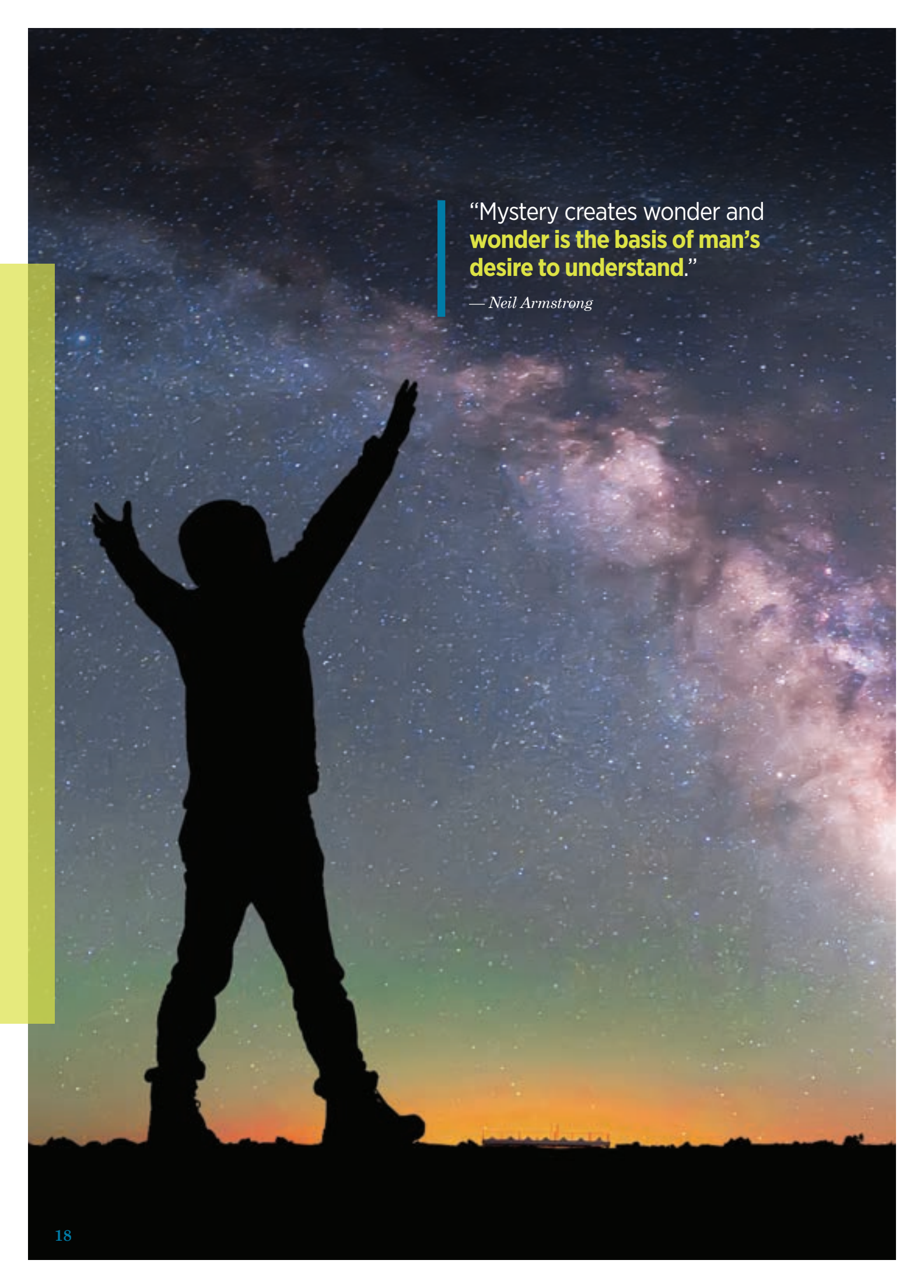
remains a bastion of research for other ailments such as cancer, research into mental and brain health has lagged. To address this, the Consortium will develop statewide research networks to promote and coordinate mental health research across the state, in accordance with the statewide plan developed by the Texas Health and Human Services Commission. This will help Texas close the gap in research funding through collaborative research, leveraging the strengths of Texas's state-funded departments of psychiatry. The new networks will focus on pediatric depression, suicide, and childhood trauma.

The Consortium met for the first time in August 2019 and immediately started work, selecting Dr. David Lakey of The University of Texas System as its Presiding Officer. Thereafter, the Consortium held four additional meetings through the end of the year and formed workgroups for each initiative, which are meeting on a regular basis. These meetings culminated in a full implementation plan that was presented to the Legislative Budget Board in late November and approved just as the new year began.

In the years to come, the TCMHCC will become a model for how states can collaborate with their medical schools and make the most efficient use of available resources while also investing in finding new, effective treatments for mental illnesses. The end result will be a system that is better for all Texans, particularly the children and youth who need help the most.



Senate Bill 11 represents a true **revolution**, a total transformation in the way Texas thinks about, talks about, and **delivers mental health care in our state.**



“Mystery creates wonder and
**wonder is the basis of man’s
desire to understand.**”

— *Neil Armstrong*

Spotlight: DR. DAVID LAKEY

For years, Dr. David Lakey was the face of public health in Texas. More recently, he has been the point person on enhancing collaboration across health sectors and finding more efficient and effective ways to bring treatment to the people who need it.

And now, as the first Presiding Officer of the Texas Child Mental Health Care Consortium (TCMHCC), Dr. Lakey is heading up an organization that will do all that and much, much more. “It’s pretty exciting. We’re seeing a lot of enthusiasm at the different institutions to start doing our work,” Dr. Lakey said. “We have come a long way, thanks to Senator (Jane) Nelson and the legislature for making it possible, putting the money in place, and allowing us to do it.” For Dr. Lakey, it’s a long way from his native Indiana, not to mention a long way down the road from when he first arrived in Texas in the late 1990s with his mind on tuberculosis (TB). After studying infectious diseases at Vanderbilt, he was drawn to Tyler, which — believe it or not — was home to some of the most experienced TB researchers in the country.

It didn’t take long for his focus to expand, though, as he dipped his toes in public health, first locally and then on a state level, playing a leadership role in the state’s response to both Hurricanes Katrina and Rita. By 2007, Dr. Lakey was serving as Commissioner of the Texas Department of State Health Services, one of the most influential public health posts in the country. In 2015, he stepped down from that post and became Vice Chancellor for Health Affairs and Chief Medical Officer at The University of Texas System, where he quickly recognized a need for the state’s researchers to work together.

“This whole initiative started in many ways almost five years ago, when we began pulling chairs of psychiatry across the state together with state agencies and the key mental health philanthropic organizations,” Dr. Lakey said. “That group was initially brought together to figure out how to improve the interface between academia and state mental health hospitals.

But then we figured out there were a lot of advantages in coming together and having that larger conversation across agencies about mental health.”

Even then, the projects they were looking at could be considered relatively small. Dr. Lakey credits MMHPI, its President and CEO Andy Keller, Ph.D., and other organizations for helping expand the small projects into one big one. “They brought forth this opportunity to do something really big,” Dr. Lakey said.

“Andy and the MMHPI team were instrumental in that.”

From our perspective, leaders like Dr. Lakey are crucial to steadily improving mental health care in the Lone Star State. “The Consortium represents a great opportunity for Texas, but also a significant challenge as we look to put all the moving parts in order,” Dr. Keller said.

“Dr. Lakey is a proven leader with a wealth of institutional and clinical knowledge, and **he was the perfect choice to lead it from the beginning.**”

— Dr. Andy Keller

The Path Forward for **MENTAL HEALTH AND SUBSTANCE USE**

For most Texans, the quality and availability of mental health and addiction care directly relates to how easy it is to find effective care through their health insurance plans.

How well their insurance plans do that is a function of the choices made by their employers. That means the decisions made by employers and other purchasers of insurance plans are vital to the quality of care and availability of services for people and their families across Texas and the United States. During a time of rising rates of suicide and drug-related deaths, improving both the extensiveness of people's insurance and the overall quality of the care they receive is crucial to reversing the tragic outcomes that claim over 120,000 lives nationally and 8,000 in Texas each year.

To that end, in November 2019, a group of leading mental health policy groups, including MMHPI, established The Path Forward for Mental Health and Substance Use at a summit in New York City hosted by MMHPI. Along with



The National Alliance of Healthcare Purchaser Coalitions, the American Psychiatric Association, and the American Psychiatric Association Foundation's Center for Workplace Mental Health — and with the leadership of new MMHPI Board Member Dr. Henry Harbin — we are helping improve the choices made by health care purchasers, and the care itself, through the promotion of five highly-regarded priority strategies.

THE FIVE PRIORITY STRATEGIES INCLUDE:

Improving network adequacy for behavioral health. This centers on increasing the availability of in-network mental health and addiction specialists to levels comparable to other specialties, like cardiology and oncology.

Expanding adoption of the proven Collaborative Care Model for delivering behavioral health care in primary care. The Collaborative Care Model has been shown to be effective in over 80 randomized controlled trials and nearly every commercial insurer now pays for it. However, in practice, integration of behavioral health into primary care is still the

exception, not the rule. This is a critical step in improving the effectiveness of intervention and quality of treatment for depression, anxiety, trauma, and addictions at the point where care is most likely to be sought and to work: the family doctor.

Implementing measurement-based care in both the behavioral health and primary care systems. Surprisingly, most mental health care delivered in America today does not include the use of universal screening and repeated measures of symptoms necessary to monitor whether, or how much, progress is being made in treatment. Just like measuring blood sugar for diabetes and blood pressure for hypertension, consistent measurement of changes in psychiatric symptoms over time improves treatment outcomes by 20% to 60%.

Expanding tele-behavioral health. Repeated research shows that telehealth, including audio-only care, works just as well as or better than in-person care for most mental health therapies. With frequent shortages of mental health providers, especially in rural areas, as well as barriers to transportation in more populated areas, it's more important than ever to level the playing field and allow technology to connect providers with people in need.

Ensuring mental health parity compliance. Many insurance plans continue to leave people with limited in-network options for mental health and substance use disorder care, as well as restrictions that result in either no access or having to pay much more for these services out of their own pockets. Although parity — meaning identical reimbursement for mental health and physical health treatments — is the law in Texas and across the nation, more oversight is needed to ensure it is enforced.

The goals of The Path Forward for Mental Health and Substance Use will be achieved through the influence of employers who are motivated for change and supported by leading behavioral health experts' guidance, a focus on a coordinated set of clear and attainable process reforms and outcomes, and the knowledge and expertise that can address dysfunction within the current system and improve behavioral health care not just for Texans, but for all Americans. This is essential given how many leading Texas businesses have employees and dependents across the nation. A key part of the initiative is eight Regional Employer Stakeholder Engagement Teams (RESET) Regions across the nation, which will work with regional business coalitions and their employer and other purchaser members to influence change. Texas' RESET Region launched in December 2019.

The Path Forward has mapped out a clear direction toward effecting real change as quickly as possible for the millions of Texans with employer-sponsored health insurance. Every day the system remains unchanged is another day a person either fails to find help or doesn't get the quality care they need.

Fulfilling the Promise to **OUR VETERANS AND THEIR FAMILIES**

In 2019, we built upon our ongoing efforts to help all Texas veterans and their families receive the mental health care they were promised. Our work with federal authorities, state legislators, and regional and local organizations has advanced veterans issues over the last year in a variety of ways:

- We achieved all our legislative goals for the 86th Legislative Session related to mental health services for veterans and their families, most notably reauthorization of the Texas Veterans + Family Alliance (TV+FA) grant program with full funding, elimination of the third-party administrator role, and reduced match requirements for rural regions.
- We partnered with 12 communities to help develop new TV+FA grants, with five partners submitting grants. Ultimately, our partners in North Texas, West Texas, and Houston received TV+FA grants. We will be strengthening these TV+FA collaboratives with technology support to describe the current mental health services that are available, estimate the level of need for services, and measure the existing capacity of providers to deliver mental health services to veterans and their families.
- We aided the Institute for Veterans and Military Families in its expansion of TXServes in the Rio Grande Valley, funded by the Valley Baptist Legacy Foundation. TXServes is a network that connects service members, veterans, and their families to services such as housing, employment support, and health care.
- We worked with Dr. Joseph Geraci from the U.S. Department of Veterans Affairs (VA) and a partner nonprofit in expanding the Expiration of Term of Service (ETS) Sponsorship Program in Texas. The ETS Sponsorship Program is a public-private partnership that engages transitioning service members one year before they leave the military and matches them with certified volunteer sponsors in their post-military hometowns. These sponsors connect transitioning service members to community networks and service providers (e.g., Combined Arms and TXServes) to reduce transition stressors related to housing, employment, community connections, family matters, and medical care. The VA has made a significant commitment to facilitate the expansion of the ETS Sponsorship Program to six cities across Texas within the next three years: San Antonio and Austin in early 2020, Dallas–Ft. Worth and El Paso before the end of 2020, and Houston and the Rio Grande Valley in 2021.
- We also continued our engagement with Sound Off, a mobile resource that connects veterans and service members with anonymous, long-term mental health support. Sound Off is the first and only mental health resource for veterans and service

members that allows both anonymity and repeat contact with clinicians or peers. All interactions between those seeking assistance and those offering it are contained entirely within the mobile application.

- We worked on two projects in Bexar County: (1) In San Antonio, we started an assessment of Haven for Hope’s work helping veterans who are experiencing homelessness, with the goal of developing recommendations for transforming policy; and (2) we started a project advising the Bexar County Military and Veterans Services Center through the use of process, asset, and resource mapping to connect veterans and their families to the ecosystem of supports in their communities.

We were also honored to work with Barbara Van Dahlen, Ph.D., Executive Director of the task force to create the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS). This task force, established in an executive order from President Donald Trump, reflects the nation’s mounting efforts to confront this crisis head-on.



Dr. Van Dahlen came to Texas for her first site visit and was the keynote speaker at the MMHPI 2019 Veterans and Families Symposium, underwritten by the Hersh Foundation, which took place the day before Engage & Excel and focused on the tragedy of veteran suicide.

“We are in Texas first because of all the things that are going on in Texas. This is a massive endeavor: the problem is massive but also **the opportunity is massive.”**

— Dr. Barbara Van Dahlen

In explaining her work, Dr. Van Dahlen told attendees, “PREVENTS is intentionally aspirational and intentionally a public health initiative, and it is the first time I’ve seen a public health initiative that originates from the federal government focusing on mental health.”

We will continue our work with PREVENTS, our TV+FA partners, Sound Off, and in Bexar County throughout 2020.



As a featured speaker at the September 2019 Engage & Excel Conference, Dr. Altha Stewart, the immediate past President of the American Psychiatric Association, discussed the overwhelming importance of working together in the effort to improve mental health care.

“I know that collaboration has been defined as an unnatural act between un-consenting adults,” Dr. Stewart told general session attendees. “But if you’re not naturally inclined to be a collaborator, if you still believe your silo is the only thing you have to worry about, I would encourage you to seek employment elsewhere. We can’t get to where we need to get if any of us have that mindset.”

E&E was built on that spirit of collaboration from its first conference in 2016, and it was again the foundation of all aspects of 2019’s conference, which returned to Austin after being held in Houston the year before. It was held blocks away from the Texas Capitol, which had been the site of a legislative session that dramatically advanced mental health care in the state a few months earlier. Over 335 attendees, including representatives from a dozen philanthropic organizations and dozens more provider and community partner organizations, gathered to hear more about the new policies put in place and guidance from state and national experts as well as Texas agencies already leading the way in how to translate them into practice.

The 2019 Engage & Excel Conference featured more than two days of discussions, collaboration, and celebration surrounding mental health policy, philanthropy, and practice. Attendees heard from 48 speakers on four different tracks — Texas Children, High-Need Adults, Putting Policy into

Practice, and Individual Sessions — and met with experts in a variety of fields from across the state and country, and even from the United Kingdom.

MMHPI CEO and President Andy Keller, Ph.D., noted the increasing professional diversity of the conference, as E&E has grown from a gathering of primarily mental health care professionals to one that includes law enforcement, judicial officials, policymakers, educators, and many others. New topics, including strategies that address health equity in mental health care, first responder suicide, and school safety, stimulated robust discussions among participants.

“On a personal note, watching 300 people give a standing ovation to Linda Perryman Evans and her **25 years of far-reaching change in Texas** is something I will never forget.”

— *Dr. Andy Keller*

Dr. Stewart, however, was a major highlight for all, as she shared her personal story and discussed mental health issues related to young people in the criminal justice and corrections



Dr. Altha Stewart

systems. She emphasized the importance of diverting young people away from the correctional system and toward the community-based care they need.

But it was her emphasis on collaboration and cooperation that particularly resonated at E&E, which has always been about bringing people together. The state's shared goals and vision have helped Texas accomplish a great deal over the past few years, and opportunities like E&E help individuals and organizations make the most of new laws and programs while laying the groundwork for success in the future.

Shortly after E&E, it was announced Dr. Stewart will continue contributing to the efforts here in Texas and elsewhere as a recently-appointed member of the MMHPI Board of Directors.



“But if you’re not naturally inclined to be a collaborator, if you still believe your silo is the only thing you have to worry about, I would encourage you to seek employment elsewhere. **We can’t get to where we need to get if any of us have that mindset.**”

— Dr. Altha Stewart



In 2019, Okay to Say™ focused on creating new opportunities for meaningful conversations between friends and loved ones about mental health concerns. Building on the momentum created over the past three years, the campaign expanded its call to action from speaking openly about mental illness to encouraging people to take active roles in supporting their loved ones who are dealing with a mental health concern. Working with MMHPI's Child and Family Policy Team, Okay to Say™ also expanded its offerings to better reach Texas' middle and high school-aged children and their parents. Here are a few of the highlights:



USING ANGST FOR GOOD

Kicking off in May, we teamed up with partners and friends of Okay to Say™ to bring the powerful documentary *Angst* to communities in Texas and beyond. Through candid interviews with youth, parents, and mental health professionals, the film brings attention to the growing issue of anxiety among youth and young adults, helping families better understand the issue and to recognize its signs.

We hosted 11 school and community screenings in Amarillo, Austin, Canyon, Houston, and even two in Nantucket, Massachusetts. Following each screening, mental health experts led a panel discussion, answered attendees' questions about issues raised by the film, and provided information about mental health resources that are available in their communities.

“After the screening, I asked my child about it in the car on the way home, if that was what was happening; she started crying and nodding. **Here we thought she was just being an ornery teenager and didn't want to communicate, not that her brain just wasn't cooperating in this situation!**”

— Parent Attendee



BRINGING MENTAL HEALTH AWARENESS TO THE GIRL SCOUTS

In August, Okay to Say™ partnered with the Girl Scouts of Northeast Texas to launch the first mental health Girl Scout patch. The patch program is designed to help girls develop greater social and emotional confidence and learn how feelings and thoughts can affect their own behavior and the behavior of others. The program is currently available

“The girls enjoyed this patch. They learned that it is **okay to express their feelings** and learned how to **identify safe adults to talk to about the heavy stuff in life.**”

— Girl Scout Troop Leader



to more than 30,000 Girl Scouts in the organization's Northeast Texas district, which covers 32 counties. By December, more than 600 girls had earned the patch.

ENCOURAGING TEXANS TO SPEAK UP AND SHARE HOPE

In November, Okay to Say™ announced an evolution to its campaign message. Although the mission of Okay to Say™ remains focused on inspiring people to talk openly about mental health, our new call to action — “Speak up. Share hope.” — encourages friends and family members to actively support loved ones who are facing mental health issues. Okaytosay.org now offers resources and helpful tips to guide supporters. The campaign also refreshed its online toolkit with new marketing materials to better support its community partners.

Reaching Children in Deep **EAST TEXAS,** **CENTRAL TEXAS,** and **EL PASO**

Even the best ideas remain just ideas until people put them into practice. The bold idea of improving early intervention by connecting pediatricians and primary care physicians with psychiatric consultation from Texas' leading medical schools was mapped out in 2018 during the first Nantucket Children's Mental Health Summit. The next year, Texas established the Child Psychiatry Access Network (CPAN), and it will soon be put into practice by communities across the state.

Insight into how to treat non-critical cases of mental illnesses is particularly important for the state's pediatricians, as half of all mental illnesses begin to emerge by the age of 14. Before CPAN can be implemented, however, communities across Texas have to prepare for it, and that's why, in 2019, we began helping leaders and care providers across the state learn how the program will operate while connecting them with the medical schools that will serve as their consultation hubs.

Our first focus was Deep East Texas, which covers a mostly rural 22-county region with many needs but few mental health providers. Through the generous support of the T.L.L. Temple Foundation, we engaged nearly 120 pediatric and primary care practices through forums across the region, partnering with both the Baylor College of Medicine and The University of Texas Medical Branch to develop plans to more rapidly expand access to their CPAN programs once they launch in Spring 2020.

In Central Texas, we partnered with Dell Medical School at the University of Texas at Austin (with funding from the Michael and Susan Dell Foundation) to accelerate the strategic design and on-the-ground implementation of their CPAN and Texas Child Health Access Through Telemedicine (TCHATT) programs within the 13-county area they serve. We hosted multiple provider forums across the region, which covered multiple counties including Travis, Hays, Blanco, Williamson, and Bastrop. Additionally, we worked with Dell Medical School to expand outreach to school districts to engage them in the TCHATT school-based telemedicine program.

Farther west, the Paso del Norte Health Foundation funded Texas Tech University Health Science Center El Paso (TTUHSC EP) to expand its capacity to serve the behavioral health needs of children and youth within a 16-county region, anchored by El Paso. TTUHSC EP partnered with us for help with operational design and financial strategies for implementing its CPAN and TCHATT programs. This included educating pediatric primary care providers about CPAN and identifying and engaging potential school districts in TTUHSC EP's region that could participate in the TCHATT program.

Putting these programs into practice is part of a larger promise made to the children and youth of Texas that the state and their communities are committed to helping them live happier, healthier lives.



Assessment: **DALLAS COUNTY**

From May through the end of 2019, MMHPI's Child and Family Policy Team collaborated with The Rees-Jones Foundation and many of its key grantees on an in-depth assessment of Dallas County's mental health service delivery systems for children, youth, and families.

The study involved analyzing and taking an inventory of the county's mental health system and evaluated its current and potential capacity to deliver care to better meet the growing mental health needs of children and families that too often go unmet for years. The assessment included specific recommendations to promote earlier detection and effective care in primary care, expand the availability and rigor of evidence-based specialty care, and leverage new state investments in children's mental health to increase access to urgent care and crisis options.

Based on in-depth analysis of over 40 child and family-serving organizations, we and The Rees-Jones Foundation presented the core findings and recommendations for improvements to stakeholders over the course of three meetings

in the fall. The recommendations included implementing measurement-based care system-wide to improve quality of care by more proactively identifying needs and tracking progress; improving access to high-quality primary care through the upcoming Child Psychiatry Access Network (CPAN) program funded by Senate Bill 11; and increasing school-based and school-linked mental health services and supports by using the full range of opportunities made available in the 86th Legislative Session, including expanded urgent care options through the SB 11 Texas Child Health Access Through Telemedicine (TCHAT) program. This engagement with provider leaders and key stakeholders helped refine and build consensus for the report recommendations.

By studying existing systems and learning what is needed to improve them, communities such as Dallas County can make the very most of existing resources even as they pursue new opportunities and strategies to reduce increasing rates of anxiety, depression, and suicide among Texas children and youth and empower families to help their children thrive.

Assessment: **BEXAR COUNTY**

In early 2019, on behalf of the Kronkosky Foundation and the San Antonio Area Foundation, MMHPI carried out the final stages of a focused, in-depth assessment of behavioral health providers in San Antonio that serve children, youth, and families. The goals of this assessment were to take stock of resources; identify gaps in care; understand how various systems work or, in many cases, don't work together on behalf of Bexar County children and youth; and then identify near- and long-term opportunities to improve the quality and availability of behavioral health care systems in San Antonio.

For this assessment, we interviewed dozens of local behavioral health care leaders from 15 core behavioral health organizations serving children and families. We also conducted a focus group with high school-age youth to document their concerns and priorities related to mental health. We combined these results with inventories of the services provided by each organization, the needs they serve, and the ever-growing evidence base on effective pediatric mental health and addiction interventions.

The assessment identified multiple areas for improving the county's behavioral health care system for children and youth, coalescing around two key themes: (1) "upstream" strategies in schools, primary care, and the community for earlier intervention and evidence-based care; and (2) pursuing new opportunities through the 86th Texas Legislature, including the Child Psychiatry Access Network (CPAN), that support pediatric primary care providers by providing them with access to enhanced psychiatric supports for the children and youth they serve who have mental health needs.

The report gave system leaders in San Antonio an opportunity to forge a vision of improved pediatric care delivery that will serve as a foundation for future work, including expanded capacity for interventions in schools and other non-clinical settings as well as in primary health care and office-based specialty health care settings.

Assessments: **LUBBOCK COUNTY, TEXOMA, NUECES COUNTY**

From the Texas Gulf Coast to West Texas and up to the Texoma region along the state's northern border, MMHPI can be found helping communities and organizations improve services and systems of care to help the people who depend on them for mental health and addiction care.

LUBBOCK COUNTY

In 2019, we completed a comprehensive study of the Lubbock area on behalf of Lubbock County, the City of Lubbock, Texas Tech University Health Sciences Center (TTUHSC), the Community Foundation of West Texas, StarCare Specialty Health System (StarCare), University Medical Center (UMC) Health System, and Covenant Health System.

With a population of more than 300,000 people, Lubbock County presented a promising case: a population large enough to have all the infrastructure that is necessary to treat people with mental health issues – including the presence of a world-class university – while also being small enough to enable political and other leadership to fully commit, making it possible to produce systemic changes that could show results relatively quickly.

Among our findings was the region's need to expand inpatient beds for psychiatric care. Of all the inpatient admissions of Lubbock area residents, nearly half (47%) had to find care outside of the region. Among children and youth, the numbers simply could not be worse, with 100% being admitted to non-Lubbock hospitals, often far away from their families. At the same time, we were able to show that investments in other services, such as intensive community services, meant that the community would require fewer inpatient beds over time than many imagined.

Spotlight: **MICHELLE LEMMING** and **GAIL UTTER**

Nestled on both sides of the Texas–Oklahoma border just north of Dallas–Fort Worth, Texoma is home to more than 300,000 people, many of whom face the same sorts of mental health challenges people face everywhere.

When it comes to providing the help to overcome those challenges, every community can use people like Michelle Lemming and Gail Utter, accomplished women who have each shown an unwavering dedication to improving mental health in Texoma and beyond.

Lemming, President and CEO of the Texoma Health Foundation (THF), started her career in Louisiana, where she became the youngest health CEO in the state, later leading health care recovery efforts after Hurricanes Katrina and Rita. She is the founding CEO of THF, formed in 2007 to improve the health and well-being of the people in Texas' Grayson and Fannin counties and Oklahoma's Bryan and Marshall counties.



Gail Utter
Managing Director - Investments,
Utter Wealth Management
Group of Wells Fargo Advisors

We also recommended a strong focus on integrated care, relying on specialty care only when a person's condition requires it and ensuring these services could assess and treat complex, comorbid health and behavioral conditions at the same time. We also found that Lubbock's existing strong collaborative relationships will serve as a foundation for the community to expand coordinated care over time, including expanded options for children, youth, and their families.

TEXOMA

In May, we began a full needs assessment of the Texoma region around Sherman and Denison. A first for the community, it included a comprehensive review of data collected from hospitals, schools, local leadership, and law enforcement officials. We worked with the Texoma Behavioral Health Leadership Team, which includes 35 local organizations, to achieve the goals of improving care, reducing stigma, and

diverting people with mental health issues away from the criminal justice system.

NUECES COUNTY

In the last quarter of 2019, we kicked off a comprehensive mental health needs assessment of Nueces County. This region has demonstrated the will to make much-needed changes to its formal mental health care systems, schools, hospitals, and criminal justice system. The data we are bringing together and analyzing will help make those goals more focused and attainable.

Our assessments have the potential to go far beyond building consensus around data and plans, though. During the Nueces County kickoff event, a local official was moved to tears, saying that for years she had felt alone in striving for better mental health care and now she felt relief and joy that help was on the way.



Michelle Lemming
President and CEO of the
Texoma Health Foundation

In 2017, THF helped form the Texoma Behavioral Health Leadership Team (TBHLT), along with — you guessed it — Gail Utter. Utter, an accomplished financial advisor, is involved in dozens of projects and causes across the region and has helped lead the TBHLT in its efforts to expand access to care, promote anti-stigma efforts, and explore jail diversion projects.

In 2019, MMHPI began working with the TBHLT to conduct a behavioral health assessment for Grayson and Fannin counties, part of an effort to fully analyze and improve the local mental health care systems.

Lemming, Utter, and the TBHLT were also early partners with MMHPI's Okay to Say™ campaign, which promotes open dialogue about mental illness and spreads the message that everyone deserves access to effective mental health care.

These two individuals have made a huge difference in the lives of Texoma residents and remain an essential part of efforts to keep the region on the cutting edge in identifying and treating mental illness.



Smart JUSTICE

The business maxim goes, “Don’t work harder ... work smarter.” It turns out, that can also apply to work by law enforcement organizations, courts, and jails to make the most of their limited resources while also seeking better outcomes for people with mental health issues. It is all part of working toward the goal of eliminating the use of the correctional system as the backbone of mental health and addiction treatment systems in too many communities across Texas and the nation.

Increasingly, organizations and communities across Texas are implementing “smart justice” policies to more capably and strategically respond to mental health crises in health care settings instead of justice settings, as communities do for every other health condition. In conjunction with the W. W. Caruth, Jr. Foundation at Communities Foundation of Texas, MMHPI helped launch RIGHT (Rapid Integrated Group Healthcare Team) Care in 2018 as a pilot program in South Dallas to dispatch paramedics from Dallas Fire and Rescue and experienced mental health care experts from Parkland Health & Hospital System along with a police officer from the Dallas Police Department to mental health-related 9-1-1 calls. This program matured and came into its own in 2019, with hundreds of fewer arrests of people who were experiencing a mental health crisis, the majority of crises addressed at the scene or the next day through linkages to ongoing care, and improved accessibility to inpatient care for those in need of acute care, with fewer instances of diversion to either emergency rooms or jails. In 2019, the mindset behind RIGHT Care — that people in crisis should be helped, not punished — influenced several initiatives throughout the state.

In Abilene, a diverse collection of city and regional leaders came together to establish a Behavioral Advisory Team (BAT) to address just these sorts of dilemmas. The first major initiative for BAT was to add behavioral health clinical triage on all 9-1-1 calls involving a mental health crisis. This clinical triage was the first of its kind utilizing a “virtual clinician” through a crisis call agency. The clinician is connected to the 9-1-1 call by the original call taker, who then determines if the crisis can be handled over the phone or if additional mental health resources should be dispatched to the scene.

BAT utilized an existing contract between the local mental health authority and a crisis hotline provider to make this

service available to the city at no extra cost. The city has also implemented its own version of diversion based on RIGHT Care principles.

In Central Texas, we worked with the Austin Police Department (APD) and a diverse set of stakeholders to develop recommendations to improve the APD’s response to mental health crises. APD requested our assistance after an internal audit conducted in 2018 showed the need for systemic improvements. The recommendations included expanding crisis call identification and management training for 9-1-1 call takers and dispatchers within ADP’s call center, as well as expanding telehealth and Spanish-language community education. Later in the year, APD also became one of the first urban departments in Texas to train all of its officers in advanced mental health crisis or de-escalation techniques.

In Galveston, we have been working with officials on a wide range of criminal justice reforms such as changing the manner in which defendants with mental illnesses are handled by pretrial services and improving how the county responds to defendants with mental illnesses who are involved in the criminal justice system.

In October, U.S. Senator John Cornyn participated in a series of roundtables, including in Galveston, where participants reviewed program specifics and progress. This included the county’s progress toward improving the pretrial system to comply with constitutional requirements, identifying opportunities for improving mental health services, and confronting the challenges of creating a stronger coordinated delivery of services to address the needs of people with mental illness who are involved in the criminal justice system.

CARUTH POLICE INSTITUTE

MMHPI has long been committed to helping pioneer new approaches and programs that improve the methods police use when working with people in a mental health crisis while also supporting the mental health of the officers themselves.

That's why we entered into a partnership with the University of North Texas at Dallas (UNT) in December to help transform UNTD's Caruth Police Institute (CPI) into a premier police training, policy analysis, technical assistance, and research organization for Dallas, Texas, and the nation.

Originally founded in 2008 as a partnership between UNTD and the Dallas Police Department, CPI offers customized leadership courses, seminars, and research designed to inform law enforcement and public safety agencies throughout Texas and, increasingly, at the national level. CPI is supported by Communities Foundation of Texas (CFT), with base funding provided through the W. W. Caruth, Jr. Fund at CFT.

Through this new collaboration, MMHPI will work side-by-side with UNTD to enhance CPI's expertise in police policy and

add to its ability to conduct research, evaluate programs, and improve police operations. This partnership combines MMHPI's core strengths in bringing the best available evidence to practice with UNTD's commitment to maximizing its engagement with the surrounding community.

The new CPI, which officially launched in December, is led by MMHPI's B. J. Wagner, who is serving as its Interim Executive Director. Other MMHPI leadership staff, including Senior Executive Vice President of Policy John Petrila and Chief Operating Officer Phil Ritter, are playing key interim roles as well.

The partnership also created an 18-member Executive Advisory Board that includes a dozen police chiefs from departments across Texas and will be led by Jeff Spivey, Board Chair and Irving Chief of Police.

UNT Dallas President Bob Mong praised MMHPI as the project was being announced, saying, "By bringing MMHPI's abundant skill sets to CPI, we can increase the reach and scope of our training, add for the first time a powerful research component, raise the visibility of CPI in the community, and become one of the most important police training institutes in America."

First strategic planning meeting of CPI's Executive Advisory Board, December 2019.



Dallas County's **CARUTH SMART JUSTICE PROJECT**

The end of 2019 marked the end of year three of the Dallas County Smart Justice Project, which began in 2015 in partnership with the W.W. Caruth, Jr. Foundation at Communities Foundation of Texas, Dallas County, the City of Dallas, the Dallas Police Department, Dallas Fire and Rescue, Parkland Health & Hospital System, the Parkland Foundation, Metrocare Services, and other leading providers across the region. The goal was simple and ambitious: to work toward eliminating the need to use the Dallas County Jail for routine mental health care treatment.

The project, funded by the W. W. Caruth, Jr. Foundation, sets a full decade as its deadline for this moonshot, but major changes were accomplished in the first three years of change, which were funded by a \$7 million investment that further leveraged tens of millions in state and local funding. Among those changes:

- The project established the RIGHT (Rapid Integrated Group Healthcare Team) Care pilot program in South Dallas. Since implementation, the South Dallas service area is the only one

that has seen reductions in the number of people with mental illness being sent to jail and emergency rooms.

- It shifted the focus of emergency psychiatry from a single free-standing psychiatric hospital located far from major populations to a system of nine hospitals that provide care funded and managed by the North Texas Behavioral Health Authority (NTBHA) and anchored by Parkland Health & Hospital System.
- The Dallas County Jail has fundamentally shifted the way in which it approaches the incarceration of people with mental illness.
- The project's use of real-time data to provide information to emergency rooms and mental health providers was designed to link people with the most intensive needs more quickly to services.
- Parkland Health & Hospital System emerged as a community leader in behavioral health care.

RIGHT Care Visited by **STATE DEPARTMENT**

In July, officials from the U.S. Department of State came to Dallas to meet with MMHPI staff and local leaders about South Dallas' successful RIGHT Care program.

The State Department's Bureau of International Narcotics and Law Enforcement was seeking background on how to improve the overall response to crisis calls involving mental health and substance abuse issues.

RIGHT (Rapid Integrated Group Healthcare Team) Care is a pilot program in South Dallas that was made possible by a grant from the W. W. Caruth, Jr. Foundation at Communities Foundation of Texas. Under this program, when a mental health emergency call comes in, the team of professionals that is dispatched includes a paramedic from Dallas Fire and Rescue and a licensed mental health clinician from Parkland Health & Hospital System, backed up by the Dallas Police Department. Early results from this approach show promise in reducing arrests and emergency department drop-offs, with most cases resolved on scene and through linkages to ongoing care with community providers.

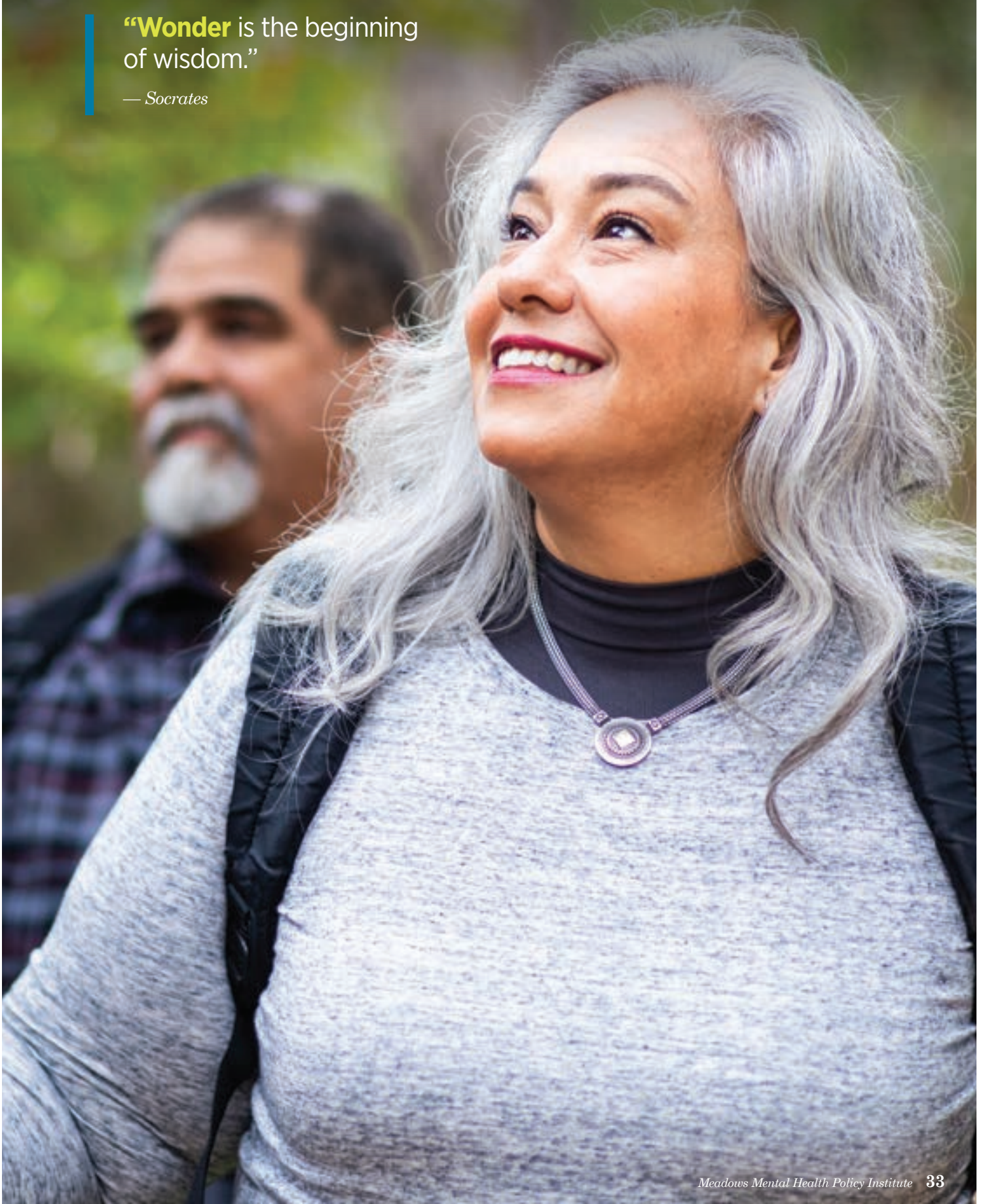
In addition, a clinician at the city's 9-1-1 call center is on hand to provide support and establish continuing care, if needed. This means better care is provided to the person in crisis, and valuable police department resources are freed up to allow them to focus on other emergencies — the RIGHT Care program has added the equivalent of a full-time officer to the force through its first eight months of operations.

By studying domestic approaches to improving crisis call responses, State Department officials hoped to curb drug trafficking internationally and were looking for program models they could export to countries around the globe. They said they liked how RIGHT Care reduced the number of people involved in repeat crises and its effectiveness in freeing up officers to concentrate on other public safety duties.

RIGHT Care continued to be recognized nationally and internationally for its impact on the public safety system in Dallas and the residents of South Dallas. The program was invited to present at the prestigious International Association of Chiefs of Police in Chicago in October, and the City of Dallas was awarded the Program Excellence Award for Community Health and Public Safety by the International City/County Management Association.

“**Wonder** is the beginning
of wisdom.”

— *Socrates*





“Lyndon is someone people have always trusted with the most important jobs. Whether as Texas Insurance Chair, or as Ambassador to Sweden, **he’s always been trusted to safeguard things that are vital to our state, our nation, and people’s lives.**”

— *Dr. Andy Keller*

Spotlight: **LYNDON OLSON JR.**

Throughout his career, Lyndon Olson, Jr. has been someone people knew they could rely on. Whether it was the people who voted him into the State House of Representatives when he was still in law school, or Texas Governor Dolph Briscoe, who appointed him Texas Insurance Chairman six years later, it was clear there was something about Lyndon Olson that made people believe in his ability to get the job done. And that was just by the time he was 30.

In the late 1990s, he was entrusted with U.S. relations with Sweden when President Bill Clinton appointed him U.S. Ambassador to that nation. Around this time, he chaired the insurance committee of the Holocaust Assets Commission, an international effort to recover funds and assets that were wrongfully taken from Holocaust victims, living or dead. That's not even mentioning the multitude of groups and organizations for which he has provided leadership on the community and state levels. "Lyndon is someone people have always trusted with the most important jobs," said Andy Keller, Ph.D., MMHPI President and CEO. "Whether as Texas Insurance Chair or as Ambassador to Sweden, he's always been trusted to safeguard things that are vital to our state, our nation, and people's lives."

At each step along the way, Ambassador Olson has demonstrated a profound ability to bring people together and form coalitions, no matter their politics. "Lyndon is a beloved figure across the state, loved by people from both sides of the aisle," said Tom Luce, MMHPI's first President and CEO. "He is just one of the most open people I've ever dealt with, and a great communicator who deeply cares about people."

So, when founding Board Chair Dr. Octavio N. Martinez Jr. stepped down in 2017, Lyndon Olson was a natural choice to take over. It would prove to be an exciting chapter in the Institute's young history. "He came in and

helped us build the Institute," Dr. Keller said. "He set us in the right direction, helping build our infrastructure and the institutional capacity to address the issues we face today."

In October, Ambassador Olson stepped down as Chairman — with former Texas Supreme Court Justice Harriet O'Neill taking over the reins — but he remains on the board. "Having someone with Ambassador Olson's character, intelligence, and drive on our Board of Directors is a huge asset for MMHPI, in any role he may occupy," Dr. Keller said. "We are grateful for all he has given us and all he will do for us in the time to come."

For his part, Ambassador Olson credits Dr. Keller and his staff for putting the right people in place for MMHPI to succeed. "It's always been about attracting the kinds of people who are committed to addressing mental health issues," Ambassador Olson said. "We are attracting people who understand the subject and can help us achieve our goals in a lot of different ways."

Under Ambassador Olson's leadership, MMHPI has expanded dramatically and contributed significantly to improvements in mental health care from the community level all the way through the halls of the Texas Capitol. "Texas is blessed to have a public servant like Lyndon Olson," Dr. Keller said, "and we are blessed to have him as part of MMHPI."



THE HACKETT CENTER

FOR MENTAL HEALTH

The Hackett Center: Unlocking Barriers to **MENTAL HEALTH**

Recognizing that half of all mental illnesses begin in childhood, The Hackett Center is elevating early prevention initiatives for lasting impact. Perhaps at no other time in history has awareness of the far-reaching impact of mental health been greater. Starting with its inaugural effort to heal communities traumatized by Hurricane Harvey, The Hackett Center for Mental Health has advanced mental health initiatives to significantly benefit families across Houston and the Texas Gulf Coast.

Within two years, The Hackett Center has supported implementation of trauma-informed care, worked to improve student mental health in schools, conducted community assessments, and addressed the needs of youth in child welfare and juvenile justice systems. One especially significant achievement in 2019 was the formation of data-driven recommendations and partnerships to create a comprehensive system of care to serve children and youth who experience serious mental health conditions. By forming key partnerships and successfully acquiring private, state, and federal funding, The Hackett Center is working to expand access and increase treatment capacity for the more than 310,000 children and youth who experience mental illnesses and substance use disorders each year in Harris County.

EXPANDING HARVEY RECOVERY THROUGH AMERICAN RED CROSS PARTNERSHIP

The Hackett Center underwrote and coordinated post-Hurricane Harvey grant applications that secured nearly \$3.2 million in American Red Cross funding to support mental health recovery in affected school districts, along with training to build sustainable infrastructure to improve trauma and crisis response. Partnering with the Texas Education Agency and the Hurricane Harvey Task Force, The Hackett Center provided technical assistance to support the grant's goals, including securing two behavioral health coordination specialists for each affected district to provide

outreach, recovery education, and emotional support and to build community partnerships. As a result, more than 3,700 students from seven participating school districts received care for critical mental health needs through grant-supported services. Grant-supported training prepared educators and staff to better identify trauma- and crisis-related symptoms as well as how to best access local mental health support.

Together, the American Red Cross grants and The Hackett Center established local networks to ensure improved access to mental health services and supports. "Two years after Harvey, when several schools re-flooded as a result of Tropical Storm Imelda, the Harvey-related supports we helped establish proved their efficacy and sustainability by reducing the risk of re-traumatization and long-term mental health issues in students within those impacted school systems," said Marcy Melvin, MMHPI's Director of Program Implementation for Child and Family Policy for The Hackett Center.

TRUSTED GUIDANCE ON EMOTIONAL WELLNESS FOR TEXAS STUDENTS AND SCHOOLS

The Region 4 Educational Service Center (Region 4), which serves more than 1.2 million students and nearly 100,000 professional staff across The Hackett Center's region, helps 87 school districts and charter schools improve student performance, operate more efficiently, and support



school leaders in their mission to provide the highest quality education to Texas students. Region 4 is also a long-standing leader statewide in promoting emotional wellness, pioneering the use of positive behavioral supports, leading much of the state response to schools devastated by Hurricane Harvey, and standing alongside district leaders, parents, students, and a community grieving after the Santa Fe High School shooting. Recognizing the central role schools play in developing emotional wellness; detecting and addressing mental health needs early; and implementing broad-based interventions such as Multi-Tiered Systems of Support (MTSS), an evidence-based framework to support each student's academic, emotional, and behavioral needs; Region 4 initiated a partnership with The Hackett Center to develop a comprehensive strategic mental health framework.

Using MMHPI's *Mental and Behavioral Health Roadmap and Toolkit for Schools*, which provides Texas schools and school districts with state-of-the-art knowledge on research-driven, evidence-based practices and practical guidance to assess and address student mental health needs, The Hackett Center partnered with Region 4 leadership to develop a strategic framework to organize and prioritize their current mental health activities and objectives into a sustainable, integrated set of strategic priorities. The *Texas Region 4 Emotional Wellness Strategic Implementation Framework* identified current mental health supports, service gaps and needs, and opportunities for Region 4 to

implement preventive, targeted, school-based programs to effectively assess and address student mental health needs.

EXPANDING THERAPY FOR YOUTH ON JUVENILE PROBATION

No group of youth in Texas has suffered more trauma or have more mental health needs than those in the juvenile justice system, and the Harris County Juvenile Probation Department (HCJPD) has been a leader in providing the youth and families they serve with state-of-the-art, evidence-based care. HCJPD pioneered the use of Multisystemic Therapy (MST) in Texas, the gold standard treatment for youth with the greatest needs, proven to reduce offending overall by over 50% and violence by over 75%. Unfortunately, because MST is not covered by Medicaid and counties are left alone to fund it, out of more than half of the 1,900 youth on probation in Harris County who need intensive mental health care, only 150 receive MST each year.

"Assessing children from a systems perspective includes all their interactions — family, school, health care, social networks — which is how MST evolved," said Bill Schnapp, Ph.D., a Senior Policy Advisor for MMHPI and a Commissioner on the Texas Judicial Commission on Mental Health. "Its multi-systems approach requires varied expertise, which is expensive and therefore has not become the standard of care yet in Texas, even though research supports its outcomes and cost-effectiveness."

A Hackett Center analysis of MST payment options found that if HCJPD directly enrolled Medicaid-eligible youth in treatment with a Medicaid provider, such as The Harris Center for Mental Health and IDD, the number of youth receiving MST could be doubled. As a result of this finding, a pilot program was launched that applies recommendations from the analysis, and it is expected that the program's revenues from Medicaid reimbursements will fund additional MST treatment services and extend this proven treatment to other Harris County youth on probation.

REIMAGINING FOSTER CARE THROUGH A COMMUNITY-BASED APPROACH

In preparation for the statewide rollout of Community-Based Care (CBC), a key reform for Texas child welfare systems to shift responsibility for care to the communities where families live, The Hackett Center and Houston Endowment funded an assessment to identify and describe the needs of children and youth in foster care, and the region's capacity to meet these needs. Aimed at improving the safety, permanency, and well-being of the region's most vulnerable children and youth, CBC offers communities the flexibility to customize delivery of foster care services through a local nonprofit that serves as the Single Source Continuum Contractor. The nonprofit organization is responsible for developing capacity, building a service provider network, engaging the community, placing children and youth in homes, and coordinating the delivery of services to children and youth in foster care and their families.

"CBC is a tremendous opportunity for Harris County to improve outcomes for nearly 3,200 children and youth in foster care," said Kate Volti, MMHPI Vice President for Child and Family Policy. "It requires intentional focus and informed strategies to strengthen our foster care system and provide better outcomes."

The assessment brought together information from 65 stakeholders from child and family-serving organizations across the region; focus groups with youth in foster care and their families; and data from over 40 organizations, including child-placing agencies, judges, experts on education and mental health, and other youth service organizations.

Findings from the public-private endeavor identified core community beliefs that are central to successful CBC implementation, including:

- Better care through cross-system partnerships between juvenile justice, education, health, and mental health care systems;
- Opportunities for typical, positive childhood experiences;
- Connections to strong, caring adults; and
- Access to timely services and supports to prevent the need for higher-level care.


"Children in foster care have already experienced at least two major traumas — abuse or neglect and removal from their family. The greatest opportunity for positive mental health outcomes is early intervention, which they desperately need," said Volti. "Critical mental health supports for older youth, who often experience negative outcomes from multiple disruptions in care, repeated placements, and aging out without a permanent placement, were also prioritized by the community."

SUPPORTING YOUNG PEOPLE THROUGH THE SYSTEM OF CARE FRAMEWORK

Until now, identifying children and youth who are at risk for severe mental illnesses and serious emotional disturbances early and connecting them with resources and intensive home and Community-Based Care has been difficult in Houston, as in most American communities. This is now changing with an unprecedented collaboration, newly adopted legislation, and a \$4 million grant from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). This four-year federal grant allows the City of Houston, hospital systems, mental health providers, advocacy and education organizations, schools, and community support entities to create a sustainable system of care for Houston-area children and youth with serious mental health conditions, particularly those who experience bipolar disorder or first-episode psychosis.

"The Hackett Center was instrumental in connecting us with city, community, and school partners essential to supporting the coordination required for successfully attaining and implementing this system of care grant," said Dr. Laurel Williams, Division Head for Child and Family Psychiatry at Baylor College of Medicine, and SAMHSA grant program lead. "It's evidence-based, in-home treatment model allows young people to stay engaged with their community and schools through relational, medical, and community supports, allowing for a better trajectory to manage chronic mental illness across their lifetime."

Under the grant, school screenings and assessments by mental health providers will ensure that young people with serious mental health disorders receive timely, appropriate treatment in their homes or through telehealth services. Their families and those identified as needing less intensive mental health services may also receive coordinated care through the newly created Texas Child Mental Health Care Consortium (TCMHCC), which has developed a telehealth network that links primary care providers with psychiatrists and telehealth screening programs to help schools identify students' mental health needs and facilitate access to care. The SAMHSA grant significantly impacts the lives of children, youth, and their families, positioning Houston and surrounding areas to advance children's mental health care. MMHPI will serve as the evaluator for this project and will support the system of care through continued work on TCMHCC and other policy initiatives.



“CBC is a tremendous opportunity for Harris County to **improve outcomes for nearly 3,200 children and youth in foster care.**”

—*Kate Volti*

Q&A with The Hackett Center Executive Director **GARY BLAU**

In September 2019, Gary M. Blau, Ph.D., assumed the role of Executive Director for The Hackett Center for Mental Health after serving as Chief of the Child, Adolescent and Family Branch of the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) in Maryland. Gary has earned a reputation as the nation's foremost thinker on creating systems of care that work for children, families, and communities alike. He has written more than 75 professional publications and edited nine books. His most recent volume, *Transforming Residential Interventions: Practical Strategies and Future Directions*, was released in February 2020.

Q: *What attracted you to be a part of The Hackett Center's vision to transform systems and influence mental health care policy through unprecedented collaboration?*

GB: Mental illness transcends everyone. It doesn't matter your background, race, ethnicity, geographic location, or socioeconomic status, mental illness impacts us all. What attracted me to MMHPI and serving as executive director of its first regional center is the amazing commitment to the importance of mental health shared throughout the organization, and by Maureen and Jim Hackett. To work alongside people with the vision, passion, and commitment that reflect the importance of this work, and to invest the skills I learned working in government at the state and national levels to benefit Greater Houston and the Texas Gulf Coast, were what drove me to be excited about this opportunity.

Q: *What visionary difference did you connect with that makes The Hackett Center different from what is being done elsewhere in addressing mental health?*

GB: The idea that MMHPI and The Hackett Center are independent, nonpartisan organizations that serve as trusted, data-driven entities, focused on "putting policy into practice" to transform systems, is really up my alley. It's exactly what I've done in my career. What I see for The Hackett Center is being able to use our expertise to serve as a facilitator and convener of varying entities, including policy makers, in a consensus-oriented way to make progress on improving the mental health of our communities.

Q: *Would you agree that there is a new level of understanding of mental health that has created a welcome opportunity for what MMHPI and The Hackett Center are doing?*

GB: Absolutely. The good news is that the entire country is turning its attention to the importance of mental health and making the connection that there really can be no health without mental health. It's also why MMHPI's Okay To Say™ campaign has gained traction in addressing the historical prejudice and discrimination that has been held against people with mental illness. For systemic change to take hold, people must speak out and share the hope that they've experienced from the many forms of therapies and support that are available to help.

Q: *From your 30-plus years in mental health as a clinician and in state and federal government, what do you believe The Hackett Center is uniquely poised to address?*

GB: Mental illness is really a pediatric issue. Half of all adult mental illnesses present by the age of 14 and 75% are present by the age of 24. A significant driver for launching The Hackett Center was Hurricane Harvey's impact on children's mental health. Promoting positive mental health and preventing mental illness from occurring through early intervention represents a significant opportunity for advancement. The work we are doing with the region's school districts to help address the mental health challenges for students and families, and identifying funding sources for effective therapy for young people in the juvenile justice system, is part of why I was excited to join this great team.



Related to that is the concept of integrating behavioral and mental health into primary care, which I consider to be a top priority. It has particular relevance for early intervention because for 75% of children, their first contact with a helping professional for a mental health issue is with their pediatrician. We can't separate health from mental health. The data are clear that the mind and body are truly interconnected. For instance, we know that people with depression are significantly more likely to have cardiovascular disease and respiratory issues. In reverse, a person with diabetes or cancer is much more likely to experience depression or anxiety. We need policies that address this so that people get the right services when and where they need them.

Q: *Integrated care is certainly a concept that has universal relevance, but its success is heavily dependent on established – or even nurtured – relationships. Is that an important advantage of The Hackett Center's region-specific focus?*

GB: Definitely. We're cultivating relationships with local government entities, doctor and physician groups, medical centers, researchers, provider organizations, and members of the business and faith communities. We cannot address mental health in silos. Mental health has to cut across all systems and we need relationships and partnerships with many sectors to have an impact on people's lives. I have often said, mental health is a business of relationships, and we need to make every relationship count.

Q: *And what about the business community itself?*

GB: Businesses are definitely more interested than ever before in how to improve mental health in their workforces. There are really good data for how costly mental illnesses such as depression and anxiety are to business. They understand that if they address mental health as a health care issue, they're going to improve recruitment efforts, realize greater productivity, and retain employees. Helping the business community is the hallmark of The Path Forward for Mental Health and Substance Use, which is another great example of MMHPI's vision to improve the way mental health care is delivered.

Q: *What do you see ahead?*

GB: I see the 2020s as a great opportunity for The Hackett Center to make a huge impact. We're about creating solutions to complex problems, addressing social determinants of health, improving our understanding of our neurobiology, increasing the use of evidence-based practices and technologies, and improving the way we measure success. Our goal is to make this decade a time when the best practices in mental health are being developed and implemented right here in the Greater Houston and Texas Gulf Coast area. My hope is to demonstrate success and then share that knowledge across Texas and throughout the country.



Nantucket
**CHILDREN'S MENTAL
HEALTH SUMMIT**



The Hackett Center: Second Annual **NANTUCKET CHILDREN'S MENTAL HEALTH SUMMIT**

Across the country, suicide is the second leading cause of death among youth and the prevalence of major depression in children and youth is increasing. In Texas, 65% of the children and youth who report symptoms consistent with a major depressive episode go untreated. In the summer of 2019, the second Nantucket Children's Mental Health Summit, hosted by The Hackett Center, provided needed hope by bringing together leading minds in children's mental health from Massachusetts and Texas to discuss solutions to these pressing issues.

The Summit's inaugural meeting in 2018 reinforced support for proposed legislation that would establish a statewide Child Psychiatry Access Network (CPAN) in Texas, modeled after a Massachusetts program introduced more than 15 years ago and successfully implemented in 30 states, to help pediatricians identify children and youth with mental health needs and respond with more evidence-based care. In 2019, CPAN was signed into law as part of a landmark school safety bill (Senate Bill 11) aimed at preventing school violence, funding \$200 million in mental health support for children and youth in schools, and establishing the Texas Child Mental Health Care Consortium (TCMHCC).

"Texas was dealing with really hard issues. We were still recovering from Hurricane Harvey and then there was a tragic school shooting — this gained real commitment from the legislature that changes needed to be made," said Andy Keller, Ph.D., MMHPI President and CEO. "Having already brought people together, Nantucket helped us be ready to offer solutions and move forward quickly when the opportunity presented itself the next year to adopt significant legislation in support of children's mental health."

In 2019, the focus of the Summit was on getting children, youth, and families access to care when urgent needs



Photos by Ron Lynch Photography.

like suicidal thinking or other crises emerged. In addition to CPAN, SB 11 established the Texas Child Health Access Through Telemedicine (TCHAT) program to respond to urgent psychiatric needs in schools through telehealth. Massachusetts had just completed a comprehensive analysis to drive a redesign of its approaches to respond to urgent needs, so the Summit provided an opportunity to learn from advances happening in both states.

Formation of the Nantucket Children’s Mental Health Summit was inspired from the knowledge that dialogue and collaboration can spur even greater opportunity for solutions.

“As an advocate for mental health for many years, I began to realize there was only so much impact I could have on my own,” said Maureen Hackett, who, with her husband, Jim Hackett, established The Hackett Center, which sponsors the Summit. “Bringing together these leading mental health experts to collaborate on best practices and better policy seemed a good start to moving the needle on mental health and potentially impacting legislation that could help for years to come.”

The Hackett Center is already working with MMHPI and the Massachusetts Association for Mental Health to plan the third Summit for Summer 2020 (which will be held virtually because of COVID-19). In addition to addressing supportive policy initiatives, the Summit will continue to focus on strategies to improve outcomes by connecting young people with care at the first sign of crisis, since 75% of all mental illnesses emerge by age 24.

The Hackett Center Leadership Cabinet

October 1, 2019

Maureen & Jim Hackett
Co-Founders and Chairs
The Hackett Center

Eric Boerwinkle, Ph.D.
Dean

*The University of Texas Health Science Center
at Houston School of Public Health*

Vicki Huff, Ph.D.
Associate Professor
The University of Texas MD Anderson Cancer Center

Julie Boom, M.D.
Director, Immunization Project
Texas Children’s Hospital

Marc Boom, M.D.
President and CEO
Houston Methodist

David Callendar, M.D., M.B.A., F.A.C.S.
President and CEO
Memorial Hermann Health System

Tonya Callendar, F.N.P., M.S.N.
Health Provider

Mary Klotman, M.D.
Dean
Duke School of Medicine

Paul Klotman, M.D., F.A.C.P.
President, CEO,
and Executive Dean
Baylor College of Medicine

Linda & Jim McIngvale
Co-Founders and Co-Owners
Gallery Furniture

Leila Mischer
Community Advocate


Walt Mischer
Partner
Mischer Investments, L.P.

Chase Untermeyer
Former U.S. Ambassador to Qatar and Chairman
Qatar-America Institute

Diana Untermeyer
Cultural Advisor
Qatar America Institute

Mark Wallace
President and CEO
Texas Children’s Hospital

Shannon Wallace
Community Advocate



“What was wonderful about childhood is that anything in it was a wonder. It was not merely a world full of miracles; it was a **miraculous world.”**

— *G.K. Chesterton*

Our Thanks to **Supporters**

Meadows Mental Health Policy Institute recognizes and appreciates the generosity of our supporters, whose involvement makes it possible for us to do the work we do. The Institute's vision is for Texas to be the national leader in treating persons with mental health needs. We have hope for the future and are working hard to make that future happen. Your support brings us closer to that vision. Thank you.

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“Wonder rather
than doubt is the
root of all knowledge.”

— *Abraham Joshua Heschel*

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