

STATE OF TEXAS

COUNTY OF DALLAS

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INTERLOCAL COOPERATION AGREEMENT
FOR MENTAL HEALTH AND JUSTICE
SYSTEM ASSESSMENT

This Interlocal Cooperation Agreement for Mental Health and Justice Systems Assessment (“Agreement”) is entered into by and among the Town of Addison, Texas (“Addison”), the City of Carrollton, Texas (“Carrollton”), the City of Coppell, Texas (“Coppell”), the City of Farmers Branch, Texas (“Farmers Branch”), and Dallas County, Texas on behalf of the Dallas County Criminal District Attorney (the “District Attorney”), (Addison, Carrollton, Coppell, and Farmers Branch are collectively referred to herein as the “Metrocrest Cities” and individually referred to herein as “Metrocrest Member”) (District Attorney and the Metrocrest Cities are collectively referred to as the “Parties” and individually as “Party”), each organized and existing under the laws of the State of Texas, and acting by, through and under the authority of their respective governing bodies and officials.

RECITALS:

WHEREAS, this Agreement is authorized pursuant to Chapter 791 of the Texas Government Code (hereinafter “Interlocal Cooperation Act”) to set forth the terms and conditions upon which the Parties agree to jointly engage a consultant to conduct an assessment of mental health and justice system needs for the Metrocrest Cities; and

WHEREAS, each Metrocrest Member and the District Attorney recognize the need for a regional, systemic approach to providing prevention-oriented mental health services, while reducing the use of emergency and first responder systems for mental health crisis services through each Metrocrest Member’s community; and

WHEREAS, the Parties desire to engage the services of a consultant to study and provide recommendations regarding prevention-oriented mental health services and the reduction of emergency and first responder systems for mental health services, a project that each could undertake individually as a governmental function; and

WHEREAS, the Parties desire to jointly participate in this Agreement to engage the services of a consultant to engage in a study of the Metrocrest Cities’ community and have determined it appropriate to authorize the District Attorney and Farmers Branch to enter into agreements with Meadows Mental Health Policy Institute (“Consultant”) to perform the study and provide the services set forth in **Exhibit “A”** attached hereto and incorporated herein by reference (the “Consultant Proposal”) and pursuant to this Agreement, to participate in the cost for the services provided by Consultant pursuant to the Consultant Proposal; and

WHEREAS, the scope of the study to be performed by Consultant will be in accordance with the terms of this Agreement, including without limitation, Article II hereof, and the scope outlined in the Consultant Proposal, such scope having been agreed upon by each Metrocrest Member and the District Attorney; and

WHEREAS, the City Council of each Metrocrest Member, District Attorney, and the Dallas County Commissioners Court have found that this Agreement and the services to be provided by the Consultant are valid governmental functions, will be paid by current revenues legally available to each Metrocrest Member and the District Attorney, and that the payments made hereunder fairly compensate for the services provided hereunder.

NOW THEREFORE, the Parties, for and in consideration of the premises and the mutual covenants set forth in this Agreement, and pursuant to the authority granted by the governing bodies of each of the parties hereto, do hereby agree as follows:

ARTICLE I TERM AND TERMINATION

1.1 This Agreement shall be effective upon execution by all Parties with the effective date commencing on the last date of execution hereof (“the Effective Date”). The term of this Agreement shall be for a period of twelve (12) months following the Effective Date.

1.2 Any Metrocrest Member or the District Attorney may terminate its participation in this Agreement not earlier than thirty (30) days after providing written notice to the other Parties. If a Party exercises its right to terminate its participation in this Agreement pursuant to this Section 1.2, the Party shall remain obligated to pay its portion of the costs for services provided pursuant to the Consultant Agreement; provided, however, if such Party’s termination results in a reduction in the total costs for the services under the Consultant Agreement, the terminating Party shall only be responsible for payment of such Party’s remaining proportionate share as provided in Article III, after application of any reduction in the Consultant Agreement costs, which shall be applied equally to all shares to be paid by the Metrocrest Cities.

ARTICLE II SCOPE OF WORK

2.1 The Consultant shall perform the study and perform the services as described in the Consultant’s Proposal (the “Services”). The Services are separated into two phases: (i) the Needs Assessment (hereinafter “Phase I”) and (ii) the Final Report with Findings and Program Recommendations (hereinafter “Phase II”).

(a) Phase I. By execution of this Agreement, the Parties hereby request and authorize the District Attorney to negotiate and execute an agreement with Consultant, consistent with the Consultant’s Proposal and the terms of this Agreement, to perform Phase I for the benefit of Parties (the “Phase I Agreement”).

(b) Phase II. By execution of this Agreement, the Parties hereby request and authorize Farmers Branch to negotiate and execute an agreement with Consultant,

consistent with the Consultant's Proposal and the terms of this Agreement, to perform Phase II for the benefit Parties (the "Phase II Agreement").

Upon final execution of both the Phase I Agreement by the District Attorney and the Phase II Agreement by Farmers Branch (collectively "the Consultant Agreement"), a copy of the Consultant Agreement shall replace and supersede the Consultant Proposal as Exhibit "A" hereto and shall be incorporated herein by written amendment by the Parties.

2.2 The Parties agree to participate in the Project and to assist Consultant, the District Attorney, and Farmers Branch in the performance of the Services. Farmers Branch also agrees to act as the liaison and point of contact for the Services; prepare, execute, and administer the communication with Consultant and the Parties. Any payments owed to the Consultant for the Services pursuant to Consultant Agreement shall be paid in accordance with **Article 3, "Consideration"** of this Agreement.

ARTICLE III CONSIDERATION

3.1 Phase I. The District Attorney agrees to pay for the cost of Phase I of the Services pursuant to the Consultant Agreement. The total cost of Phase I shall not exceed Two Hundred Thousand and No/100 Dollars (\$200,000.00). The District Attorney agrees to make payments for Phase I to Consultant in accordance with the Phase I Agreement, for and on behalf of the Parties.

3.2 Phase II. Addison, Carrollton, Coppell, and Farmers Branch each agree to pay an equivalent share of the cost of Phase II of the Services pursuant to the Consultant Agreement. The total cost of Phase II shall not exceed One Hundred Thousand and No/100 Dollars (\$100,000.00), or Twenty-Five Thousand and No/100 Dollars (\$25,000.00) for each Metrocrest Member. Farmers Branch agrees to make payments for Phase II to Consultant in accordance with the Phase II Agreement, for and on behalf of the Parties. Addison, Carrollton, and Coppell each agree to make payments to Farmers Branch for their proportionate share of Phase II, as provided in this Section 3.2, not later than thirty (30) days after receipt of invoice from Farmers Branch. The Metrocrest Cities agree the payments made hereunder by each of the Metrocrest Members for the Services and for services provided by Farmers Branch provide valid and sufficient consideration for the services rendered and payments made hereunder.

ARTICLE IV MISCELLANEOUS

4.1 Authorization. By executing this Agreement, each Party represents that it has full capacity and authority to grant all rights and assume all obligations that it has granted and assumed under this Agreement, and that this Agreement has been authorized by the governing body of the each Metrocrest Member and the Dallas County Commissioners Court.

4.2 Original Counterparts. This Agreement may be executed separately by the Parties in identical counterparts, each of which shall be deemed an original and all of which together shall be deemed to constitute one and the same instrument.

4.3 Notice. All notices required or permitted by this Agreement shall be in writing and be deemed received when deposited in the United States mail, postage prepaid, addressed to the following or such other person or address as the Parties may designate in writing, or by hand delivery or facsimile transmission to the address set forth below:

If intended for **Addison**, to:

Wes Pierson, City Manager
City of Addison, Texas
5300 Belt Line Rd.
Dallas, TX 75254

With a copy to:

Whitt L. Wyatt
Wood Banowsky, PLLC
3710 Rawlins Street, Suite 1000
Dallas, Texas 75219

If intended for **Carrollton**, to:

Erin Rinehart, City Manager
City of Carrollton, Texas
1945 E. Jackson Road
Carrollton, Texas 75006

With a copy to:

Meredith A. Ladd, City Attorney
City of Carrollton, Texas
1945 E. Jackson Road
Carrollton, Texas 75006

If intended for **Coppell**, to:

Mike Land, City Manager
City of Coppell, Texas
225 Parkway Blvd
Coppell, Texas 75019

With a copy to:

Robert E. Hager
Nichols, Jackson, Dillard,
Hager & Smith, L.L.P.
1800 Ross Tower
500 N. Akard
Dallas, Texas 75201

If intended for **Farmers Branch**, to:

Charles Cox, City Manager
City of Farmers Branch, Texas
13000 William Dodson Parkway
Farmers Branch, Texas 75234

With a copy to:

Peter G. Smith
Nichols, Jackson, Dillard,
Hager & Smith, L.L.P.
1800 Ross Tower
500 N. Akard
Dallas, Texas 75201

If intended for **District Attorney**, to:

With a copy to:

Attn: John Creuzot
Dallas County District Attorney
Frank Crowley Courts Building
133 N. Riverfront Boulevard
Dallas, TX 75207-4399

Paul E. Hamilton
First Assistant District Attorney
Frank Crowley Courts Building
133 N. Riverfront Boulevard, LB19
Dallas, Texas 75207-4399

4.4 Governing Law. The validity of this Agreement and any of its terms and provisions as well as the rights and duties of the Parties, shall be governed by the laws of the State of Texas; and venue for any action concerning this Agreement shall be in the State District Court of Dallas County, Texas.

4.5 Independent Parties/Governmental Immunity. The Parties agree and acknowledge that this Agreement does not create a joint venture, partnership, or joint enterprise, and that each is not an agent of any of the other entities and that each is responsible in accordance with the laws of the State of Texas for its own negligent or wrongful acts or omissions and for those of its officers, agents, or employees in conjunction with the performance of services covered under this Agreement. Notwithstanding the foregoing, nothing in this Agreement shall be construed as a waiver of any sovereign immunity, governmental immunity, or other defense available to the Parties. The provisions of this section are solely for the benefit of the Parties and are not intended to create or grant any rights, contractual or otherwise, to any third party. This Agreement is for the sole benefit of the Parties and shall not be construed to create any third-party beneficiaries.

4.6 Amendment. This Agreement may be amended by the mutual written agreement of the Parties hereto.

4.7 Severability. In the event any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect the other provisions, and the Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained in this Agreement.

4.8 Entire Agreement. This Agreement represents the entire agreement among the Parties with respect to the subject matter covered by this Agreement. There is no other collateral, oral or written agreement between the Parties that in any manner relates to the subject matter of this Agreement.

4.9 Recitals. The recitals to this Agreement are incorporated herein.

4.10 No Indemnification by Dallas County or the District Attorney. The Parties acknowledges and agrees that Dallas County and the District Attorney are prohibited by Article XI, Section 7 of the Texas Constitution from indemnifying it or any other third party for damages arising under this Agreement.

(signature pages to follow)

EXECUTED this _____ day of _____, 2021.

TOWN OF ADDISON, TEXAS

By: _____
Wes Pierson, City Manager

ATTEST:

Irma Parker, City Secretary

APPROVED AS TO FORM:

Whitt L. Wyatt, City Attorney

EXECUTED this _____ day of _____, 2021.

CITY OF CARROLLTON, TEXAS

By: _____
Erin Rinehart, City Manager

ATTEST:

Laurie Wilson, City Secretary

APPROVED AS TO FORM:

Meredith A. Ladd, City Attorney

EXECUTED this _____ day of _____, 2021.

CITY OF COPPELL, TEXAS

By: _____
Mike Land, City Manager

ATTEST:

Ashley Owens, City Secretary

APPROVED AS TO FORM:

Robert E. Hager, City Attorney

EXECUTED this _____ day of _____, 2021.

CITY OF FARMERS BRANCH, TEXAS

By: _____
Charles S. Cox, City Manager

ATTEST:

Amy Piukana, City Secretary

APPROVED AS TO FORM:

Peter G. Smith, City Attorney

EXECUTED this _____ day of _____, 2021.

**DALLAS COUNTY, TEXAS ON BEHALF OF THE
DALLAS COUNTY CRIMINAL DISTRICT ATTORNEY**

By: _____
Clay Lewis Jenkins, County Judge

RECOMMENDED:

By: John Creuzot, Dallas County Criminal District Attorney

APPROVED AS TO FORM: *

JOHN CREUZOT
DALLAS COUNTY DISTRICT ATTORNEY

By: Randall Miller
Assistant District Attorney
Civil Division

*By law, the District Attorney's Office may only advise or approve contracts or legal documents on behalf of its clients. It may not advise or approve a contract or legal document on behalf of other parties. Our review of this document was conducted solely from the legal perspective of our client. Our approval of this document was offered solely for the benefit of our client. Other parties should not rely on this approval and should seek review and approval by their own respective attorney(s).

**EXHIBIT “A”
CONSULTANT PROPOSAL**

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

**PROPOSAL SUBMITTED TO THE CITIES OF CARROLLTON,
FARMERS BRANCH, ADDISON AND COPPELL**

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Proposal — Mental Health and Justice System Assessment - Metrocrest Region

Contents

Background and Overview.....	1
Mission Statement and Experience.....	1
Approach and Intended Outcomes	3
Qualitative Data Analyses	4
Prevalence Data Analyses	5
Intended Outcomes	6
Short-Term Outcomes.....	6
Intermediate Outcomes	7
Long-Term Outcomes.....	7
Overview of the Work Plan	7
Project Kick-Off	8
Off-Site Review and Primary On-Site Review	8
Qualitative Analysis	9
Quantitative Analysis and Draft Report	9
Follow-Up On-Site, Final Report, and Final Presentation.....	9
Proposed Project Budget and Narrative	10

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

Background and Overview

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

- Compilation and analysis of prevalence and needs data, by demographic variables, including poverty, ethnicity, and age;
- Identification of mental health providers and stakeholders;
- Identification of service gaps and strengths, with a focus on homelessness and transient populations and the impact on law enforcement and first responder systems; and
- Recommendations for systems improvement.

Since our inception, MMHPI has focused our efforts on improving mental health care for people involved in the criminal justice system — the same population of interest in this assessment. We have also conducted multiple system assessments throughout Texas which have prioritized collaboration with key stakeholders, integrated our findings with other relevant assessments in order to coordinate region-wide planning, and incorporated findings from state and federal agencies, including the Texas Health and Human Services Commission (HHSC).

In this proposal, we describe how we will provide the Carrollton, Addison, Farmers Branch, and Coppell areas (Metrocrest region) with a focused needs assessment that is shaped to fit the unique needs of these communities. In doing so, we provide details about the system assessments we have performed in other regions in Texas. We also offer information about the team we have assembled to conduct this assessment, which will be led by MMHPI's senior leaders and composed of our most experienced staff.

Mission Statement and Experience

The mission of MMHPI is to provide independent, nonpartisan, data-driven, and trusted policy and program guidance that creates equitable systemic changes so all Texans can obtain effective, efficient behavioral health care when and where they need it. Our vision is for Texas to be the national leader in treating all people with mental health needs. MMHPI is superbly qualified to meet the needs of the Metrocrest region.

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

- **Improve state-level policy:** Provide the Texas Legislature, executive branch agencies, and the judiciary with the information they need regarding mental/brain health needs and best practices to help them develop and implement effective public policy.

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- **Develop local behavioral health systems:** Help Texas communities develop locally-driven, accountable, and collaborative local planning efforts that systemically improve the capacity of delivery systems to meet the behavioral health needs of the entire local population.
- **Improve university leadership capacity for mental and brain health:** Help Texas become a national and global leader in brain health and the integrated treatment of mental/brain illness by promoting systemic changes in medical education and clinical training, medical research, and translation of research findings into practice for the benefit of the public.
- **Help funders of care implement financing best practices:** Help payers (governments, employers, insurers) and other funders (philanthropists, foundations) identify, develop, and employ best practices when they finance behavioral health in order to expand access to effective and efficient care for brain illnesses, comparable to care for other illnesses.
- **Change public awareness to improve access to effective care:** Increase public awareness of mental and brain diseases and their effective treatment so that Texans talk more openly about mental and brain health and help each other access effective care.
- **Identify, share, and promote strategies to take population best practices to scale for:**
 - **Texas children:** Texas children will receive effective mental health care as part of their overall health so they can reach their full potential at home, school, and in the community.
 - **Texas veterans:** Texas veterans and their families will receive the mental health care and support they deserve in order to help them return home and thrive.
 - **Smart justice:** Texans with serious mental health needs will only be involved in the criminal justice system if they commit a crime that warrants involvement.
 - **Critical needs across the life span,** including prevention of suicide and mental illness more broadly, reduction of homelessness, and meeting the needs of older adults.

We are uniquely equipped to provide key findings from the Metrocrest region assessment not only to local leadership but also to the Texas Legislature and executive branch agencies, as appropriate and as agreed to by Metrocrest region leadership. For example, we provided data, professional expertise, and analysis to lawmakers before and throughout the 86th Legislative Session. We were gratified to see this legislature pass 29 of 33 mental health-related bills that we had prioritized for this legislative session (an 87.8% success rate versus an 18.7% average rate for all bills filed for the session). Our legislative highlights that are relevant to this proposal include:

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

Approach and Intended Outcomes

The overall goal of this project is to provide a focused needs assessment for the Metrocrest region. This assessment can serve as the basis for a regional, systemic approach to providing prevention-oriented mental health services, while reducing the use of emergency and first responder systems for mental health crisis services across the region. To accomplish this assessment, we have assembled a team of nationally-recognized subject matter experts and consultants who are uniquely qualified to conduct a needs assessment that will define and contribute meaningful strategies to improve local behavioral health systems while creating a framework for reducing the use of first responder and emergency services for chronic mental health care needs.

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

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

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

Qualitative Data Analyses

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

- Key informant interviews and focus groups,
- Data requests and review of key documents (e.g., existing reports, data, and policies and procedures),
- Site review of operations with a team of clinical and operations experts,

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- Demographic study and capacity analysis,
- Cross-analysis of findings to generate specific improvement strategies, and
- Specific implementation recommendations to achieve project goals and objectives.

Our assessment process will address analyses of specific populations and systems, including:

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

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

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

Prevalence Data Analyses

In preparing the analysis for the needs assessment of the Metrocrest region, we will perform prevalence analyses based on data that consider Texas-specific demographic and poverty data. These analyses will be performed for each of the counties of Metrocrest region cities. We will complete this analysis by drawing on data we have permission to access, including (as one example) the full data set of the Texas Health Care Information Collection (THCIC). The analyses will provide:

- County-level prevalence data on each of the major mental health disorder categories (including substance use disorders) for adults, children and youth, and veterans,

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including estimates for first episode psychosis, people in need of intensive services, numbers of suicides, and poverty levels;

- Licensed psychiatric bed capacity for each hospital in the designated area, and utilization of that capacity over a period of a year, to show any gaps between capacity and use as well as ebbs and flows in use over time, including an analysis of bed capacity for adults;
- Information regarding the interactions of homeless populations and populations transient to the region and area law enforcement and first responder systems;
- An analysis of the use of existing publicly-funded mental health and substance use disorder programs (some of this data may be captured through interviews and document reviews); and
- An estimate of costs associated with hospitalization and emergency department use for psychiatric disorders and, if available, costs associated with local community mental health programs.

Intended Outcomes

This assessment will provide Metrocrest region leadership and other stakeholders with data, information, and recommendations to support region-wide planning to improve access to — and increase the impact of — behavioral health services for the people who reside there, and reduce the use of first responder and emergency services to address mental health crises. We will create a comprehensive needs assessment that community leaders can use to help achieve a range of outcomes over time. Below, we have outlined examples of short-term, intermediate, and long-term outcomes that could be achieved, using the needs assessment as a foundation.

Short-Term Outcomes

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

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

Intermediate Outcomes

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

- Police and first responders will be better equipped to respond to people with mental health issues when it is appropriate for them to do so.
- Information sharing opportunities will be identified for the use of integrating data within and across services systems.
- Data-driven resources for improved coordination and early intervention will be more widely available and used more strategically to reduce the strain on local hospitals and law enforcement, reduce homelessness, and better meet the needs of the transient population within the region.

Long-Term Outcomes

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

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

Overview of the Work Plan

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

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

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

Project Kick-Off

The first step of this project will be to engage quickly with local project leadership to finalize the work plan and request key information. We will schedule an initial kick-off conference call with key leadership and staff to obtain their perspectives on the evaluation and determine who will be primary points of contact to the MMHPI project team. The lead consulting team members involved in the project — Melissa Rowan, Kyle Mitchell, and B.J. Wagner — will participate in these conference calls. Dr. Andy Keller, MMHPI President and Chief Executive Officer, will provide overall guidance and direction. The deliverables resulting from the calls will include an **updated work plan** that identifies a communications protocol, including key contact information for local system leadership and project staff and the consulting team. The plan will also outline all deliverables and due dates; reporting dates may be adjusted based on the outcome of the discussions. We anticipate these steps will be completed within one week of contract execution.

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

Off-Site Review and Primary On-Site Review

The next major step in the project will be to conduct an off-site assessment of available reports and archival sources to ground the study team in available information. This grounding will help us make optimal use of the on-site time. We will conduct this **Off-Site Review** of existing data, documents, reports, policies, and protocols so that our team arrives with a preliminary

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understanding of key processes pertinent to the project. To accomplish this, the project team will prepare a data request document based on information from the initial calls and site visit, as well as our deep understanding of Texas health, criminal justice, and behavioral health systems. We will also conduct telephone interviews with key informants and conference calls with representatives from city and county government, law enforcement, the LMHAs, hospital leaders, and others, as needed, to inform the development of the data request. Following receipt of information from the data request, we will conduct the desk review and develop protocols for the on-site review.

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

Qualitative Analysis

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

Quantitative Analysis and Draft Report

Immediately upon execution of the award, we will begin our analysis of prevalence, service capacity, and cost data. The initial analysis will be completed within the first 120 days of the project, leaving an opportunity to factor in any new data gathered through the initial on-site review. We will submit the **draft report** of the needs assessment at the end of Month Seven.

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

Follow-up on-site meetings will be held in Months Six and Seven to review emerging findings with local project leadership and other behavioral health system leaders. Project leads will attend these meetings in person. The focus of these meetings will be to review our draft findings to refine them and address any gaps, with the primary goal of reviewing and deepening recommendations.

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

Proposed Project Budget and Narrative

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

Project Component	Amount
Needs Assessment	\$200,000
This component comprises all elements included in the proposal above. The primary on-site review will involve the policy teams listed below, who will initiate focus groups and key informant stakeholder interviews to identify central themes associated with access to care, availability of crisis and emergency services, and the impact of mental illness and unmet need across various service sectors as specified in this proposal. On-site reviews will include each of the project leads, joined by support staff to provide analysis of existing capacity, gaps in capacity, and opportunities to use program development, scaling, financing, and other strategies to meet the need.	
Final Report with Findings and Program Recommendations	\$100,000
Our criminal justice and adult policy teams, with support from clinical subject matter experts, will identify service gaps and needs through the comprehensive needs assessment. Through these interviews, and accompanying data, we will focus particularly on strategies to increase care engagement and retention, increase criminal justice system diversion, decrease first responder systems engagement, decrease emergency system utilization for chronic health and behavioral health needs, and reduce jail and hospital recidivism for people living with serious mental illness or substance use disorders, with a specific focus on people who are homeless. Themes emerging from the needs assessment analyses will serve as the foundation for system enhancement and program development recommendations. A final report will include detailed findings and recommendations including any program additions and associated designs and implementation recommendations.	

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

Deep East Texas Regional Mental Health Assessment

Completed September 2018¹

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

Houston Endowment Substance Use Disorder Systems Assessment

Completed July 2018²

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

System Assessment of Smith County Local Behavioral Health System

Completed November 2017³

We were invited to provide an independent, objective assessment to identify general behavioral health needs and gaps in services, and provide concrete, practical recommendations to maximize the use of local capacity and resources within existing collaborative efforts in Smith County to address the identified needs and service gaps. The goal of the report was to provide findings and recommendations specifically to the Smith County Behavioral Health Leadership

¹ This report has been finalized and submitted to the funder; however, it has not yet been publicly released.

² This report has been finalized and submitted to the funder; however, it has not yet been publicly released.

³ This report is not publicly available.

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

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

Published October 2017

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

Valley Baptist Legacy Foundation Rio Grande Valley Behavioral Health Systems Assessment

Published October 2017

The Valley Baptist Legacy Foundation (Legacy Foundation) engaged us to conduct a review of mental health systems in the Rio Grande Valley (RGV). The primary purpose of the assessment was to understand the current capacity of the RGV to meet its population’s mental health needs (ranging from mild to severe), develop practical recommendations that would allow local

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stakeholders to build on current strengths, and support advancement of the counties' delivery systems for mental health services. The assessment included provider site visits and over 115 interviews of key informants to gain an understanding of the current service array across the four-county RGV region (Cameron, Hidalgo, Starr, and Willacy counties). This process led to the development of recommendations for bolstering the behavioral health systems of the RGV region, particularly identifying consensus on the need for county-level planning to coordinate and enhance services. Since the report was published, LMHAs in the RGV have pursued and secured funds for crisis services and integrated care – efforts that are consistent with recommendations from this report. The publication of the report has also led to emerging partnerships with local providers to pursue recommendations listed in the report, particularly with respect to primary care, and engage us in providing consultation and technical assistance to plan and implement these innovations.

Bexar County Mental Health Systems Assessment

Published September 2016

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

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Initial System Assessment of Texas Panhandle Local Behavioral Health Systems

Published September 2016

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

Midland County Mental Health Systems Assessment

Completed September 2016⁴

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

Review of Harris County Mental Health Systems Performance

Published May 2015

Harris County engaged us to review its public mental health service delivery systems, with a primary focus on the local mental health and mental retardation authority (MHMRA) of Harris County, the county's largest publicly funded mental health provider. The broader service delivery systems that also offer mental health and related services were included in the review, such as additional public health care services, social services and human services systems, the criminal justice system, managed care organizations, and schools. The report includes findings

⁴ This report is not publicly available.

and recommendations from our county-wide review of mental health services as well as our findings and recommendations on the MHMRA's role within the county. Particularly, recommendations focused on how the MHMRA could streamline services and enhance its current organizational structure to best meet the needs of people in the community. Harris County has continued to engage us for input and support as it implements recommendations from the report.

Mental Health Best Practice Opportunities for Denton County

Published March 2015

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

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