



THE MEADOWS MENTAL HEALTH POLICY INSTITUTE FOR TEXAS

TEXAS STATE  
*of*  
MIND

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**Texas Veterans Initiative: Collaborative Impact for Texas Foundations**

Andy Keller, PhD – Executive Vice President for Program and Policy – December 5, 2014

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# Meadows Mental Health Policy Institute



For Texas to be the national leader in treating people with mental health needs.



To support the implementation of policies and programs that help Texans obtain effective, efficient mental health care when and where they need it.

## *Initial Priority Populations:*

- Texas Veterans
- Texas Children
- Smart Justice

# Who is MMHPI?

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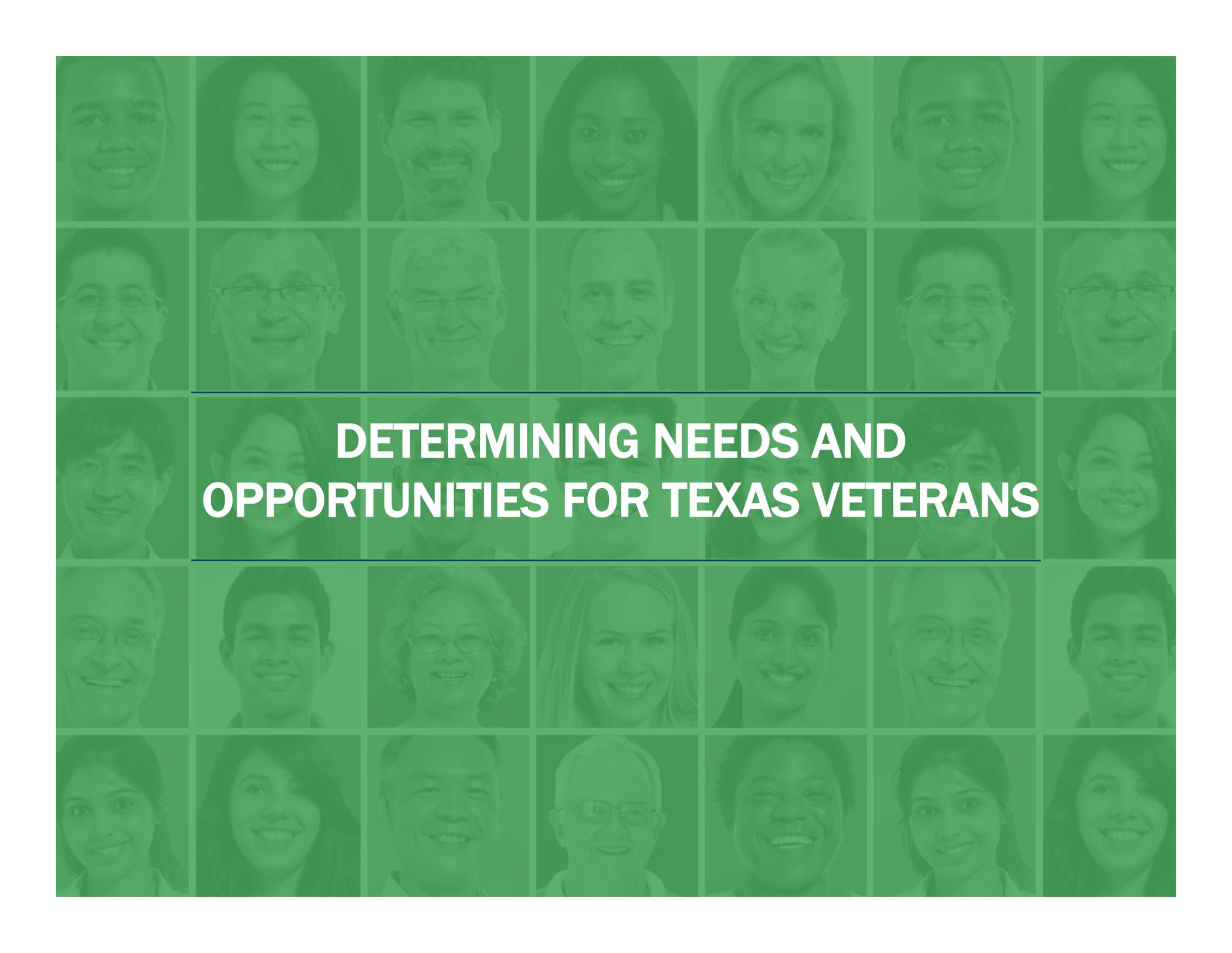
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**DETERMINING NEEDS AND  
OPPORTUNITIES FOR TEXAS VETERANS**

# MMHPI Priorities for Veterans

*Vision: Texas veterans and military families will receive the mental health care they need to return home to Texas.*

- Texas veterans and their families will receive the mental health care and support that they deserve – that we owe them.
- Texas will fill gaps in federal veterans programs through efficient and effective use of state and local resources.
- Communities will organize to help veterans and their families.
- Texans will stand alongside veterans to eliminate any stigma that keeps veterans and their families from seeking available mental health care.

# How Did We Identify Those Priorities

MMHPI has drawn on four primary data sources regarding needs:

- Our own review of the literature
- A Meadows Foundation funded study completed in 2013-14 by graduate students at the LBJ School of Public Policy
- Information gleaned through our 2013-14 statewide town hall meetings and conversation with veterans
- The latest research from Texas and national experts in post-traumatic stress and veteran / veteran families mental health

# Review of the Literature

- There are over 1.7 million veterans residing in Texas, ranking just behind California. Counting active duty and family members, nearly 5.3 million Texans are affected.
  - 250,000 (and growing) post-9/11 returning veterans
  - 1 million Texas veterans over age 55 (400,000 55 to 64)
- Each day nationally, 22 veterans take their own lives, up from 20 per day in 1999.
- Among OEF/OIF/OND veterans, one-third had post-traumatic stress (PTS), major depression, traumatic-brain injury (TBI), or a combination of these.
- Stigma: Nearly two-thirds of active duty service members strongly agreed that they would be “seen as weak” (65%) or treated differently (63%) if they received mental health care.

# LBJ School Assessment of Mental Health Services for Texas Veterans

- Cultural barriers to care:
  - Warrior culture discourages help-seeking, signs of weakness
  - Stigma of mental health and post-traumatic stress
  - Civilian culture gap – nationally less than 1% of Americans serve (though it's a larger percentage in Texas – 8.8% – over 90% of Texans are civilians)
  - Lack of trust / credibility for institutions
  - Generational differences OEF/IEF versus Vietnam
  - Gender differences, especially military sexual trauma
- Structural barriers to care: geography, overburdened systems, aging Vietnam-era cohort, Guard / Reserve issues

# LBJ School Assessment of Mental Health Services for Texas Veterans

- Top needs:
  - Traumatic brain injury (often co-occurring)
  - Post-traumatic stress
  - Military sexual trauma (1 in 5 women who serve)
  - Depression and suicide
  - Substance use disorders
  - Domestic violence
  - Strain on families
- Economic impact: PTS and depression alone cost \$4 billion to \$6 billion nationally (MMHPI is developing an econometric model for the Veterans Initiative to specify this for Texas, as well as our ability to reduce costs)

# LBJ School Assessment of Mental Health Services for Texas Veterans

- A complex system for active duty personnel (DoD):
  - Multiple national programs
  - Mental health services on site at 11 of 12 major bases
- A complex system for veterans (VA):
  - Multiple national programs (e.g., Veterans Crisis Line)
  - Multiple VA Medical Centers and clinics organized across three Veterans Integrated Services Networks (VISNs) – VISN 16 (East Texas, based on Shreveport, LA), VISN 17 (Central Texas, based in San Antonio), and VISN 18 (West Texas, based in Albuquerque, NM)
  - Collaborations in each VISN with local mental health agencies, multiple local initiatives

# LBJ School Assessment of Mental Health Services for Texas Veterans

- Multiple other agencies:
  - Programs in seven different state agencies
  - Initiatives across 39 local mental health authorities
  - Multiple county and municipal agencies
  - Approximately 600 non-profits in nearly 800 locations
- Major barriers:
  - Coordination and continuity across overlapping and sometimes redundant agencies
  - Service gaps statewide, particularly in rural/frontier areas
  - Lack of transparency and complexity
  - “Fleeting passions” and the “sea of goodwill”
  - Leadership gap

# The Evidence Base

The VA has prioritized several treatments nationally for PTS:

- **Exposure-based Treatments**, in which individuals re-experience the trauma to reduce symptom strength and develop ways to cope.
- **Cognitive Approaches**, including Cognitive Processing Therapy (CPT), which challenges and modifies maladaptive beliefs related to the trauma.
- **Eye Movement Desensitization and Reprocessing (EMDR)**, in which the person engages in virtual exposure to a trauma while simultaneously performing saccadic eye movements.

However, there are many other supports needed: co-occurring TBI, complex PTS, depression, family needs.

# LBJ School Assessment of Mental Health Services for Texas Veterans

- Texas is a leader in many ways:
  - Texas Veterans Commission (TVC) provides coordination and linkage supports, \$1.5 million Mental Health Grant Program in collaboration with Dept. State Health Services
  - Veteran Employment Program: 160 reps in 92 workforce centers in 72 Texas cities
  - Texas Coordinating Council for Veterans Services (TCCVS) established in 2012 to coordinate across agencies (there is a need for a similar process locally)
  - 20 veterans courts (and counting); more than any state
  - 83<sup>rd</sup> Legislative mental health investments – \$4 million to expand veteran peer support and counseling

# 2013-14 Texas Town Hall Meetings

- 22 town hall meetings from April 2013 to February 2014 involved over 700 people, identifying many of the same issues; however, we also found many strong programs, including:
  - MHA of Greater Houston’s local version of the “Texas Coordinating Council for Veterans Services“
  - Lubbock’s Veterans Resource Coordination Group
  - Veterans One Stop Center in Waco
  - Housing First programming at Haven for Hope
  - Community Blueprint work in Amarillo and Midland
- 2014 Texas State of Mind tour across Texas

# Texas and National Researchers

We also linked with numerous leading researchers, including:

- In Texas:
  - The Center for BrainHealth, UTSW Medical School / University of Texas at Dallas;
  - South Texas Research Organizational Network Guiding Studies on Trauma and Resilience (StrongSTAR) in San Antonio;
  - Waco Center of Excellence for Research on Returning War Veterans;
  - Baylor College of Medicine, Michael E. DeBakey VAMC in Houston;
  - Annual Texas Justice-Involved Veterans Conference.
- Nationally: Veterans Crisis Line, One Mind (General Pete Chiarelli) and the Army STAARS studies.

# The Bottom Line

The VA has demonstrated that it cannot resolve these problems without assistance:

- Wait times for MH treatment – both VA and state-funded services,
- Veterans' distrust of large bureaucratic systems,
- The forced involvement of local government because of a lack of local VA resources, homelessness, and criminal justice involvement, and
- Emerging promising practices and research that needs to be available more broadly and sooner.

**There is an overarching need for coordination.**



**EMERGING THEORY OF CHANGE**

# Theory of Change

The problem: There are multiple gaps that vary by community and that require a complex, coordinated response.

The theory of change underlying the initiative:

- This is a complex problem that requires a Collective Impact approach across federal, state, and local partners
- There are existing models to frame the role of behavioral health within overall veteran and family needs (Community Blueprint)
- There are specific service gaps that can be filled in each community continuum of care requiring expansion of best/promising practices services emerging across Texas.
- Success can catalyze new solutions at the state/federal level.

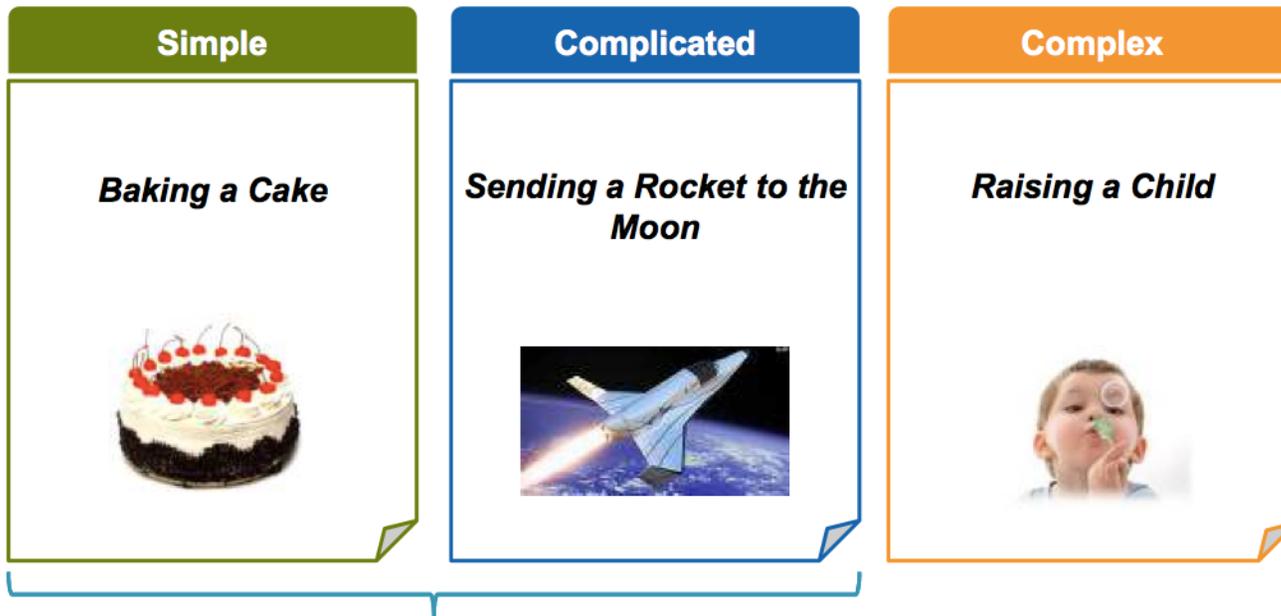
# Collective Impact

“(Collective Impact) is the long-term commitment(s) by a group of important actors from different sectors to a common agenda for solving a special social problem. Their actions are supported by a shared measurement system, mutually-reinforcing activities, and ongoing communication, and are staffed by an independent backbone organization.”

Kania & Kramer. (2011). Collective Impact. Stanford Social Innovation Review. 36-41

# Collective Impact and Social Change

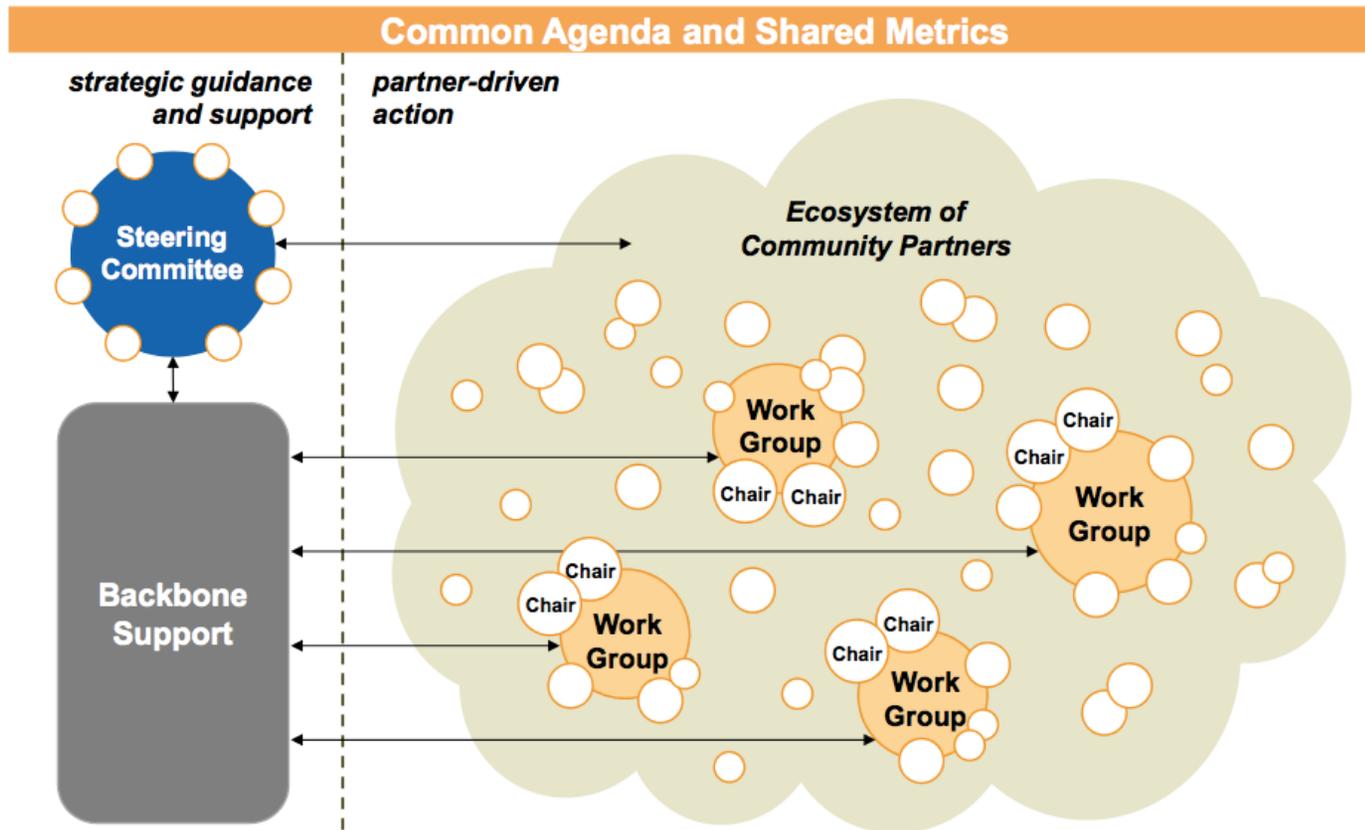
There are several types of problems



*The social sector often treats problems as simple or complicated*

# Collective Impact Design

In collective impact, a broad set of partners work to achieve the common vision



FSG adaptation from "Listening to the Stars: The Constellation Model of Collaborative Social Change, T. Surman and M. Surman, 2008.

# Community Blueprint

- To mobilize and organize community resources, the **Community Blueprint Initiative** has brought together a coalition of leading nonprofit organizations serving veterans and their families to develop an online tool to help local community leaders assess and improve support available in their community.
- The Blueprint focuses on:
  - Organizing local resources,
  - Providing information to community leaders on the challenges faced by returning veterans, service members, and their families, and
  - Offering advice on best practice approaches.
- Behavioral health is one of eight key **impact areas** addressed.

# Community Blueprint



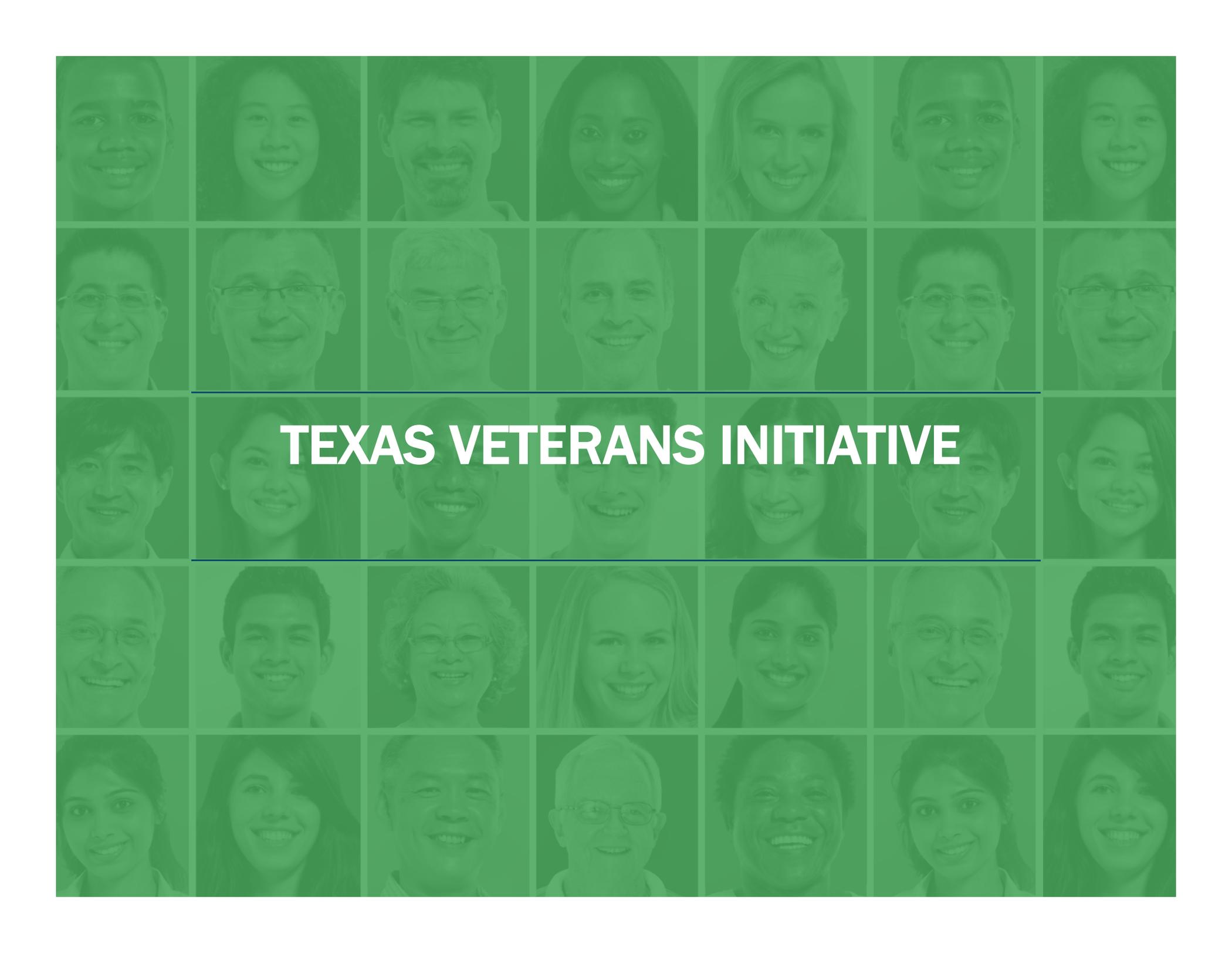
<http://www.pointsoflight.org/programs/military-initiatives/community-blueprint/toolbox>

# Community Blueprint for Behavioral Health

- Annual Anti-Stigma Campaign - Encourage veterans and their families to defy stigmas and seek help.
- Provider Training - Train local health providers on special issues on PTSD/TBI and other veteran issues and resources.
- First Responder Training - Train police, fire rescue, school personnel, and ERs about issues and resources that affect members of the military community.
- Ease of Access to Care - Make it easy for veterans, service members and their families to access mental health care.
- Community Action Team - Learn how to form a Behavioral Health Community Action Team.



**COMMUNITY EXAMPLE: MHA OF  
GREATER HOUSTON**



**TEXAS VETERANS INITIATIVE**

# TVI: A Public – Private Partnership

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- **State of Texas**
- **Private Donors**
- **Local Communities coming together**



# TVI: An Innovative Pilot Program

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✓ To address mental health needs of Texas Veterans and their families

- Formal competitive grant process
- Public to private match of at least 1:1 (at least equal)



# Public / State and Private / Local Match

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*The community should be able to leverage local funding and resources to match public / state funds requested on at least a 1:1 basis.*

## Local match options

- Identify as much as you can\*
- TVI will try to help with rest

\* Goes to strength of proposal

## Potential local funding

- Local financial funds
  - local foundations, private funding, etc.
- Pooled/braided funds
  - project partners, partner resources, etc.
- In-kind contributions

# Texas Veterans Initiative

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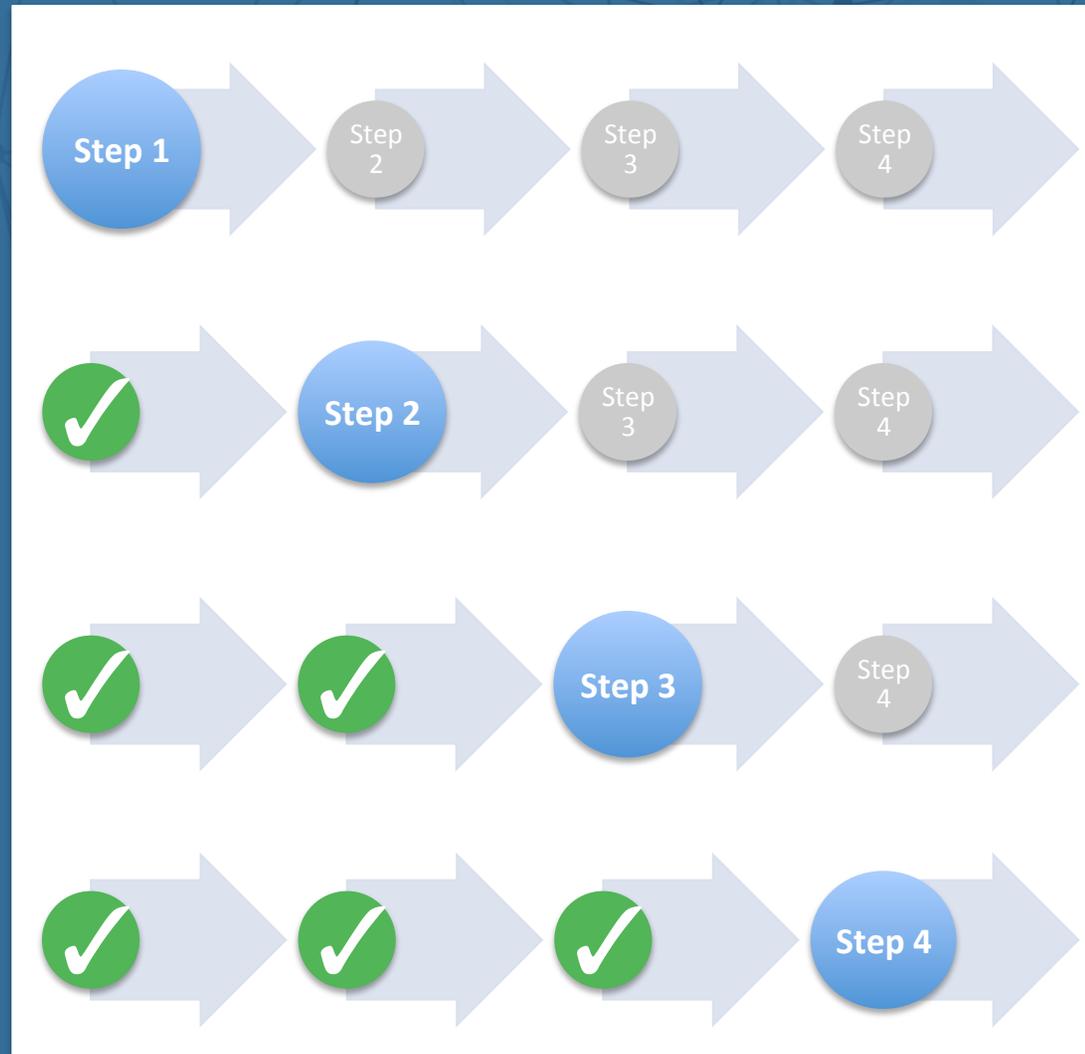
- Holistic self-directed approach
- Key elements – Access to effective services
- Integration – MH / PH / needed supports
  - Health care, employment, housing, education
- Lead with what the veteran wants to address

# GOAL:

**Help Texas veterans and their families seek and receive the mental health care they need to help them return and thrive at home.**

# GOAL:

**Bring together public and private resources and encourage community-wide, veteran-driven collaborative responses to identify and support promising sustainable programs to meet these needs.**



**TVI  
will be  
implemented in  
phases...**

**The first step is a  
“pilot phase”  
to demonstrate  
successful projects.**

# Texas Veterans Initiative – Phase 2?

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- The goal is between \$10 and \$20 million in additional state funding in Phase 2.
- While no money for the next biennium can be committed now, if the Texas Veterans Initiative generates widespread interest during the pilot phase, it will inform the legislature as it considers expansion of the program during the 2015 legislative session.
- Currently, Senate Finance Chairman Jane Nelson has filed SB 55 to continue the program and success in Phase 1 will play a large part in the success of that legislation.

# Request for Proposals – The Basics

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- One-time, two year grants
- Local demonstration projects
- Number of Projects: TBD based on quality of projects and proposed budgets
- Size of grants: target of \$500k / year

# RFP – Project Eligibility Criteria

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## ➤ Community Factors

- Leadership
- Readiness
- Commitment
- Veteran, Military Member, Family Involvement
- Cultural Competence
- Evidence-Based / Promising Practices
- Sustainability

# Request for Proposals

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- MMHPI will work with programs to measure improvements in veterans' mental health care
- Outcomes will include access to care, veteran satisfaction, and improvements in mental health
- MMHPI will disseminate these results to other communities considering their own veterans initiatives

# Planned Schedule

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November 19, 2014 | RFP PUBLISHED

December 4, 2014 | INFORMATIONAL TELECONFERENCE

December 18, 2014 | QUESTIONS DUE

January 15, 2015 | CLOSING DATE FOR GRANT REQUESTS

January 15, 2015 – February 15, 2015 | EVALUATIONS

March 1, 2015 | GRANTEES NOTIFIED/ GRANT CONTRACTING PROCESS BEGINS

Mid-Late March 2015 | INFORMATIONAL TELECONFERENCE



**OTHER OPPORTUNITIES FOR COLLECTIVE  
ACTION AND COLLABORATIVE IMPACT**

# Cross-Payer Needs and Opportunities

- Our biggest population health challenges require cross-payer collaboration:
  - Homelessness
  - Cycling through jails, EDs, and hospitals
  - Primary care and behavioral health integration
  - Mental health and social development for children and youth, especially in schools

Solutions must be locally driven to work

# Demonstration and Policy Projects

## DEMONSTRATION PROJECTS

We have chartered demonstration projects across Texas focused on demonstrating real-world best practices for:

- Integrated Behavioral Health
- Children and Families
- Criminal Justice / Smart Justice

## POLICY PROJECTS

- UT Austin Summary of 1115 Waiver Projects
- UT Houston, School of Public Health Study
- Texas A&M 1115 Waiver BH Evaluation
- Partnering with McKinsey & Company to create local mental health system mapping template
- Requested Medicaid consultation for HHSC

# Integration Challenges and Promise

- Texans with serious mental illness (SMI) die by age 49.5 (on average)
- Research in other states tells us:
  - Deaths are primarily driven by preventable and/or treatable diseases:
    - ▶ Metabolic diseases (e.g., diabetes, cardiovascular)
    - ▶ Respiratory diseases (e.g., COPD)
    - ▶ Infectious diseases
  - Costs billions of dollars annually



Per person health costs 3 – 10 times higher

# Integration Challenges and Promise

Funding a series of studies to determine costs in Texas:

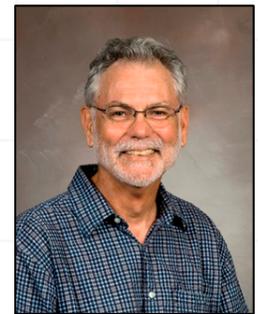
- Total costs of care for adults with SMI in Texas Medicaid Program
  - Collaboration with Texas Institute for Health Care Quality & Efficiency
  - Drs. Rowan & Begley, University of Texas Houston School of Public Health
- Analysis of private and public costs
  - For major Texas markets, beginning with Dallas & Tarrant Counties
  - Using Truven and THCIC data by McKinsey & Company

TEXAS INSTITUTE OF HEALTH CARE  
QUALITY AND EFFICIENCY

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



Paul Rowan, PhD



Charles Begley, PhD

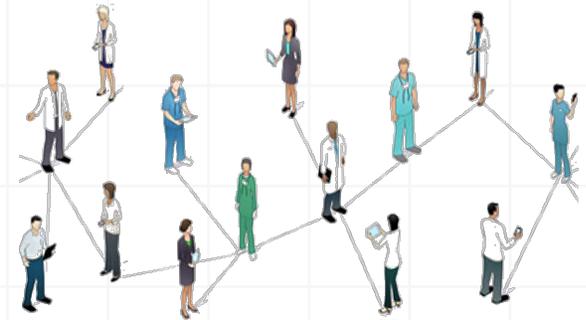
# Learning from Integration Leaders

States nationally are developing initiatives to address these costs:

- Financing: Specialized health plans for adults with SMI
  - New York, Tennessee, Arizona, and Florida
  - Some (e.g., New York) targeting those at risk in state hospital, inpatient, and jail settings (similar to Texas's 1915i SPA)
- Health Homes: First statewide results (Missouri) after just 18 months
  - Improved diabetes, hypertension, asthma/COPD outcomes
  - Reduced inpatient (12.8%) and ED use (8.2%)
  - \$2.4 million net savings for 12,000 people enrolled

# Cross-Payer Funding Challenges

- DSHS Mental Health Funds – \$1.16 billion/year:
  - Nearly \$500 million for state-funded hospitals
  - \$665 million in communities
    - ▶ Adult mental health: \$400 million
    - ▶ Crisis Services: \$130 million
    - ▶ Children: \$135 million
- DSHS Substance Abuse: \$160 million/year
- Medicaid: Over \$500 million/year
- 1115 Waiver: \$500 million+/year in behavioral health DSRIP
- Hundreds of millions more spent:
  - By counties: Jails, probation, county hospitals and EDs
  - By local schools and other hospitals
  - By other state & federal agencies



# Determining the Impact on Local Systems

We should soon better understand impacts for Texas counties:



- Texas Conference of Urban Counties
  - State-wide analysis of the costs of unmet mental health needs as part of a larger project to measure effectiveness of mental health policy
  - Based on county-level outcome indicators to estimate human & financial impacts related to:
    - ▶ Jail and probation use
    - ▶ Emergency department use
    - ▶ Broader health costs
    - ▶ Costs of untreated mental health

# Priorities for Children

*Vision: Texas children will receive effective mental health care as part of their overall health so they can reach their full potential.*

- *Within their families*, all Texas children will access physical and mental health care from their primary care provider.
- *Within their schools*, all Texas children will have access to the mental health services they need to be academically successful.
- *Within their communities*, all Texas children will have a network of support that works together to address mental health needs to prevent use of juvenile detention and adverse consequences in foster care.

# Priorities for Smart Justice

***Vision: Texans in mental health crisis will receive treatment in a health care setting instead of in the criminal justice system.***

- Public safety and crisis response systems will work together so Texans in MH crisis get *treatment rather than arrest*.
- If detained, *as many as safely possible will be diverted pre-trial*.
- Texas with mental health needs who are incarcerated for legal reasons will receive *needed care and reentry support to reduce the likelihood of re-offending post-release*.
- *Law enforcement agencies will be able to focus on community safety rather than serving as substitute settings for necessary mental health care.*

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[www.texasstateofmind.org](http://www.texasstateofmind.org)

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