



hope.

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

OUR GOALS MAY SEEM LOFTY, BUT WHY SHOULDN'T WE THINK BIG WHEN IT COMES TO MENTAL HEALTH TREATMENT?

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 information and analysis on effective and efficient mental health policy.

We work at the state, regional, and local levels to help mental health systems improve, share best practices, develop resources, and increase public awareness that mental illness is treatable. 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 Tom Luce asked me to join the MMHPI Board more than half a decade ago, I realized what a special group he was assembling: a team of people with diverse and undeniable talents. They were people who had demonstrated a commitment to addressing mental health issues. They were people who understood the subject, academically and personally. And they were people who could help us achieve our goals in a variety of different ways.

This initial group of members helped build an organization that today is transforming mental health care in the state of Texas. Since its establishment, MMHPI has evolved into one of the most effective organizations I've ever seen. Together, we've defined a common language, educated the general public and state leaders, and begun the long process of de-mythologizing mental illness to help destroy the stigma associated with it.

This is the organization Texas needs, at the time it needs it most – a time when all everyone seems to talk about is the division among us. However, in the midst of that partisan rancor and obfuscation, Texans stand united on one issue above all: the need to improve mental health care in our state.

These opportunities don't come along all that often, and they also don't last

forever. I can remember times when the state seemed to make progress on mental health issues, only to see the issue lose both its momentum and the gains that came with it. We can't let that happen again, and MMHPI is dedicated to ensuring it doesn't.


In my public service career – spanning the Texas House of Representatives to the ambassadorship of Sweden – **I've rarely seen an organization so well positioned and so well suited to effect real change. Lasting change.**

Over the years, our board, like MMHPI as a whole, has evolved into something more than the sum of its parts. While we might have initially been built upon the personalities and willpower of our founders, the Institute is now a large, sustainable force of its own.

In short, MMHPI – much like the improvements to systems and policies we advocate – is built for the long haul. We will make the most of opportunities when they present themselves, and make our own opportunities if they don't.

The state owes a great thanks to the visionaries who identified the need for such an organization and made it happen – people and institutions like The Meadows Foundation, Tom Luce, Linda Perryman Evans, Maureen Hackett, and Lyda Hill, among so many others.

Thanks to all of them, we have hope that the changes we are making will provide the kind of sustained, positive change Texas needs when it comes to mental health care.



Lyndon L. Olson Jr.

Chairman of the Board, October 2017–Present

■ MESSAGE FROM **THE PRESIDENT AND CEO**

Mental health care is just health care. It is really as simple as that. We can spend time drawing lines between what constitutes “physical health” and “mental health” for as long as we must, but in the end, these are just artificial constructs that serve only to make the delivery of mental health care more complicated and more difficult than it has to be.

What we need is to make it simpler. When people are in pain, does it really matter whether the source of the pain is physical, psychological, or emotional? Shouldn't the first step in all cases be as straightforward as just going to your doctor? Where did we get the idea that we need two systems of care? Two worlds of medicine?

These are outdated roadblocks that we desperately need to move past, and that is at the heart of what we have been doing at MMHPI. Over the past few legislative sessions, we've seen laws rewritten to enforce parity protections requiring insurance companies to treat mental health coverage the same as other physical health coverage. We're working with employers across the state to help them find better ways to meet their employees' mental health needs, particularly depression, and working alongside them to figure out how to be effective purchasers of their employees' health plans.

Of course, this is a massive undertaking, but reworking the way mental health is treated in Texas, and beyond, is going to be the work of decades, not years. To accomplish this, we absolutely need to think as big as Texas.

We need to imagine a state where every single person that suffers with depression receives care and is offered more hope of cures. We need to envision a day when each and every person whose mind and life is ravaged by psychosis receives care within weeks, rather than the multiple year-long delays they experience today. Every person. Within weeks. We need to think big.

And why shouldn't we think big when it comes to mental health? Thinking big has always been at the core of being Texan. We don't shy away from the goal of curing all cancers. We don't hide from the hope of eliminating heart diseases. Why does the idea of curing – and we use that word deliberately – mental illness feel so foreign to the discussion? Maybe it's because we are too used to thinking small about mental illness.

MMHPI was thinking big throughout 2018. From working alongside the Hackett Family to use their transformative gift to establish The Hackett Center for Mental Health to take the lead in the Gulf Coast Region (now those people know how to think big!), to new collaborations across the nation and around the world, to our largest-ever Engage & Excel Conference in Houston, our message of challenge and hope is spreading. And the future for MMHPI and the people of Texas is looking brighter.

We have big hopes for the future. Now, we must tap into the will to make that future happen.

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



IT WAS A YEAR OF NEW BEGINNINGS FOR THE MEADOWS MENTAL HEALTH POLICY INSTITUTE.

January saw the official **launch of The Hackett Center for Mental Health**, our first regional center, which is focused on existing and emerging needs and opportunities throughout the Texas Gulf Coast Region.

Established through a transformative **\$20 million gift** from the family of Maureen and Jim Hackett, The Hackett Center's initial focus was to help the region recover from the ravages of 2017's Hurricane Harvey.

That same month, thanks to a generous grant from the W.W. Caruth Jr., Foundation at Communities Foundation of Texas, we helped **launch the Rapid Integrated Group Healthcare Team (RIGHT) Care** pilot program in South Dallas, a new way of responding to mental health-related emergencies. This first-of-its-kind program in Texas is already contributing to better outcomes and is serving as an example for other communities seeking to improve how they respond to people in crisis with health care rather than a police car.

In May, the **Texas Judicial Commission on Mental Health** – championed by MMHPI Board Member and former Texas Supreme Court Justice Harriet O'Neill – had its **first-ever meeting**. The Commission, jointly convened by the Texas Supreme Court and the Texas Court of Criminal Appeals, brought together 31 commissioners and dozens of mental health experts, advocates, and professionals to **spearhead improvements in the quality, effectiveness, and timeliness of decisions affecting people with mental illness who are involved in the criminal and juvenile justice systems**. The creation of this Commission was a major achievement and a step forward to improve how the judicial system interacts with people who have mental health needs.

Throughout the year, we also continued **expanding our horizons across the country and around the world**. For example, in the summer, we convened medical schools, children's hospitals, and policy experts from Boston and Houston to **sketch out a vision for children's mental health care** at the 2018

Nantucket Children's Mental Health Summit. Some of the ideas discussed at the summit made their way into preliminary legislation filed in the run-up to the 86th Legislative Session.

In October, the Institute, The Hackett Center, and Okay to Say™ went overseas, traveling to **London** to sponsor and **participate in the Global Summit on Mental Health Culture Change**. Throughout the summit, Institute staff met and shared ideas with some of the world's leading minds in the field of mental health, giving Texas a seat at the table as mental health care is re-imagined across the globe.

In the midst of progress, however, events again occurred that reminded us of the critical importance of mental health care and underscored the importance of our work.

In May, a disturbed child set on violence killed nine students and a teacher at Santa Fe High School, sharpening our state's focus on school safety and, as part of that, the mental health of Texas students.



YEAR IN
REVIEW

2018

We worked diligently to respond within hours and throughout the months of the legislative interim **to requests from state officials** and Texas legislators to **help sift through the facts and myths surrounding the connection between mental health and violence.** In so doing, we helped frame a difficult issue during a painful time in Texas history.

While difficult and upsetting at times, we cannot shy away from these complex and challenging issues. Throughout the year, **MMHPI and The Hackett Center continued their important work with the Texas Education Agency and the Hurricane Harvey Task Force.** In August, we **helped secure \$3.2 million in grants from the American Red Cross** for seven districts and four Education Service Center (ESC) regions to maintain and expand vital programming for schools in affected areas just as federal funding was set to expire. Later in the year, we teamed with the **Texas Mental Health Collaborative Fund to publish**

a Mental and Behavioral Health Roadmap and Toolkit for Schools. This Roadmap offers guidance to teachers and administrators who need to identify the mental health needs of students and work with their parents and caregivers to help them find treatment.

Given the ongoing emphasis on Hurricane Harvey recovery and the new Hackett Center, it was only appropriate that **Engage & Excel**, our signature annual conference, would be held in Houston – and post its **largest attendance ever.** This conference continues to evolve into one of the most important annual events related to mental health policy in the state.

Okay to Say™ saw its social media audience skyrocket, and – thanks in large part to **program ambassador Mara Wilson – was a massive draw during the London trip.** This award-winning program is working toward the next phase of the **Okay to Say campaign.**

In the fall, Senator Jane Nelson filed legislation that directly reflected many of our long-term goals, including the statewide **establishment of the Child Psychiatry Access Network (CPAN)**, which will enable pediatric primary care providers to consult with child psychiatry hubs at Texas medical schools. The bill would also expand the state's behavioral health workforce and **establish the Texas Mental Health Care Consortium** – a consortium among our state's medical schools to collaborate on statewide mental health initiatives.

THE WORK
AND SUCCESSES
WE ACCOMPLISHED
IN 2018 HAVE
**SET THE
STAGE FOR
A PROMISING
2019.**



THE HACKETT CENTER

FOR MENTAL HEALTH

■ FROM CRISIS, CAME CLARITY

Hurricane Harvey's devastation inspired the fulfillment of a vision we shared with a family who, for decades, has been devoted to the advancement of mental health.

In January 2018, through an extraordinary \$20 million gift from Maureen and Jim Hackett, we established The Hackett Center for Mental Health. As MMHPI's first regional center, the Center's purpose is exact and game-changing: to transform systems and influence policy through unprecedented collaboration among exceptionally skilled researchers, community leaders, and health care providers in Greater Houston and throughout the Texas Gulf Coast region.

Shared knowledge, research, and best practices among industry leaders are key to The Hackett Center's goal of unlocking barriers to mental health care. The Center will convene academic thought leaders and accomplished clinicians from the region's leading medical institutions – along with MMHPI's data and practice experts – to achieve greater efficiencies, increase capacity, and improve outcomes. As one of the most diverse and fast-growing areas in the state, and home to the nation's fourth-largest city, the Texas Gulf Coast presents many unique challenges and opportunities that require effective mental health solutions. Recovery from Hurricane Harvey made the region's needs that much more profound.

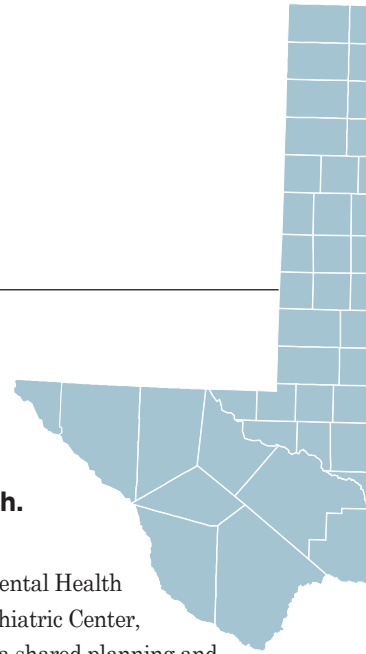
In addition to expanding efforts that MMHPI initiated to help the Texas Education Agency (TEA) implement its post-disaster mental health response, The Hackett Center worked alongside TEA, Baylor College of Medicine, Texas Children's Hospital, The University of Texas Health Science Center (UTHealth) at Houston, Mental Health America of Greater Houston, numerous school districts, Education Service Centers, and local mental health authorities to dramatically expand access to care. In the process, more than \$20 million in behavioral health grants were secured to provide on-site mental health treatment, counseling, and crisis response for students in school districts that were affected by the storm. In addition to its focus on recovery from Hurricane Harvey, The Hackett Center identified several other inaugural initiatives:

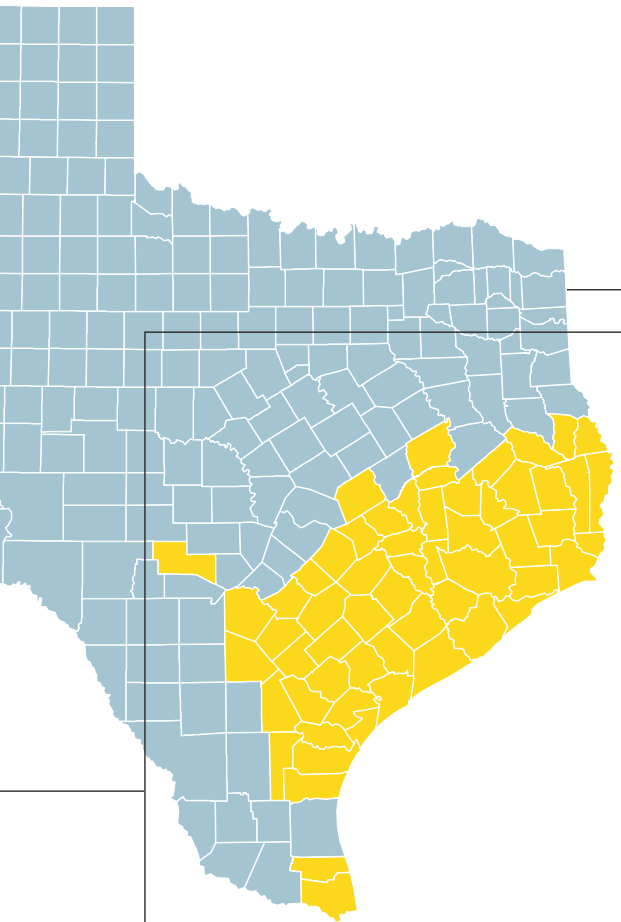
- **Improve Coordination Across Mental Health Care Systems in the Region:** At the request of Harris County Judge Ed Emmett, The Hackett Center began working with

Harris Health, The Harris Center for Mental Health and IDD UTHealth Harris County Psychiatric Center, and the Council on Recovery to develop a shared planning and coordination structure for more effective and efficient use of their limited resources. The Hackett Center also enlisted the telehealth capabilities of Baylor College of Medicine, Texas Children's Hospital, UTHealth Houston, and UT Medical Branch to enhance mental health care in underserved areas of the Texas Gulf Coast.

- **Support Initiatives that Integrate Behavioral Health into Pediatric Primary Care:** Early identification and treatment of mental health disorders are vital to successful outcomes. The Hackett Center is pursuing reforms that integrate mental and behavioral health into pediatric primary care and make mental health screening standard for all children by age 12.
- **Facilitate Inter-Institutional Collaboration of Behavioral Health Research:** Working with leadership from Baylor College of Medicine, UTHealth Houston, UT Medical Branch, and the University of Houston, The Hackett Center is working to secure regional representation in the Texas Mental Health Care Consortium, which will be enacted through SB 63.
- **Expand Strategic Business Alliances to Increase Demand for Integrated and Collaborative Mental Health Care:** Mental illness and substance use disorders carry a steep economic cost for employers. The Hackett Center is working to increase the region's business leaders' awareness of how integrating mental health care into primary care improves outcomes, and is also providing them with valuable tools for becoming more effective purchasers.

In addition to The Hackett Center's work to ensure that the unique needs of Greater Houston and the Texas Gulf Coast are addressed in the state's plans to increase access to care and improve mental health care policies, The Hackett Center's tailored, collaborative concept serves as a model for other potential MMHPI regional initiatives across the state.





Texas Counties Affected by Hurricane Harvey

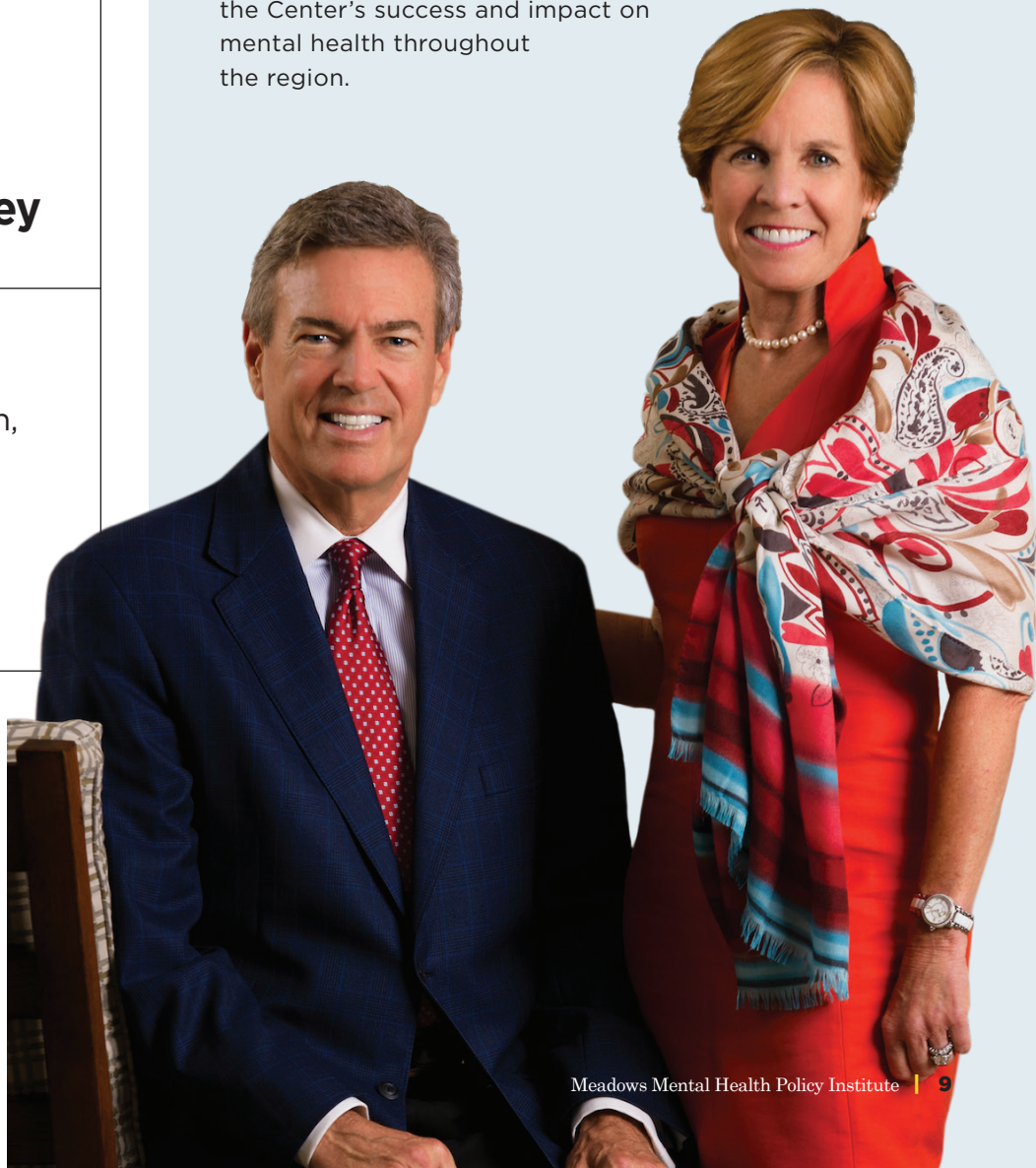
Of the 1.9 million students in the region, **1.4 million are in affected school districts.**

The Hacketts: A Family Legacy of Leadership

Maureen and Jim Hackett's passion as advocates for mental health care comes from witnessing the successful outcomes experienced by real people in their own lives who had access to effective treatment. In 1996, they established The Hackett Family Foundation to support greater understanding of brain diseases and promote the system changes that are needed for early identification, prevention, and access to mental health care for everyone.

The family's \$20 million legacy gift to MMHPI was grounded in both trust and admiration for our vision and substance of work. Maureen Hackett's insightful perspective as a member of the MMHPI board, and her belief - which we share - that the key to unlocking the state's progress toward mental health is through data-driven policy and transformed systems made the family's investment choice clear.

As The Hackett Center's co-founders, Maureen and Jim's reputation for excellence and respect among corporate influencers and community leaders will make a significant contribution to the Center's success and impact on mental health throughout the region.



Jim and Maureen Hackett

■ LEGISLATIVE INTERIM REPORT

Even before nine students and a teacher died in a shooting at Santa Fe High School in May, Texas was focused on how to help people who have suffered trauma find the care they needed to heal, particularly children who have been through personal upheaval.

With more than 1.4 million children affected by 2017's Hurricane Harvey, legislators – like everyone else – had already made it a priority to search for ways to help these children. The tragedy in Santa Fe, however, focused even more attention on the mental health needs of Texas's students. The intensity of that attention, and the universal desire to make the lives of Texas children better, has combined to create an opportunity for a truly transformative moment heading into the 86th Legislative Session.

Throughout the 2018 Interim, we worked to help lawmakers understand the data, avoid stigmatizing children and adults alike with mental health issues, and consider proactive measures they can take up during session to help schools identify and help children who need care more quickly and more effectively.

We produced information and helped prep key participants before Governor Abbott's much-publicized roundtables on school violence, helping frame the issue in terms of scope and predictability, and setting the stage for the state's subsequent explorations of the issue.

In June, MMHPI's CEO and President, Andy Keller, provided invited testimony before a joint hearing of the House Committees on Public Education and Public Health, helping the members work through the complexity of the issues and understand how data are collected and analyzed. In July, Dr. Keller had an opportunity to do the same in the Texas Senate, providing invited testimony before the Senate Select Committee on Violence in Schools and School Safety. In the wake of an event as unsettling as the Santa Fe tragedy, the simple act of presenting unbiased data can have a calming effect and, in so doing, Dr. Keller's panel became a focus of that hearing and received statewide media attention.

Between our testimonies, our reports and documents, and our work behind the scenes with numerous committees and legislators, we have provided relevant facts and promoted ways to improve each school's ability to help its students who need mental health care.

Of the 13 invited testimonies given by MMHPI personnel, six involved children's mental health, which is a clear indication that the 86th Legislature intended to make that a key issue going forward.

In fact, in November, Senator Jane Nelson – whose leadership on these issues we have worked extensively to support – filed legislation that directly incorporated many of our long-term goals, including the establishment of a statewide Child Psychiatry Access Network (CPAN), which will enable pediatric primary care providers to consult with child psychiatry hubs at Texas medical schools. Each CPAN hub will bring direct clinical consultation between family doctors and a child psychiatrist or behavioral health clinician during business hours; care coordination for assistance with referrals to community mental health services; and continuing professional education designed for primary care providers. This would enable children's primary doctors to have quicker access to better information that would help them treat any issue sooner and more successfully.

CPAN is a Texas version of a program currently available in 30 states that originated in Massachusetts over 15 years ago. We studied and discussed it and other best practices in children's mental health extensively at the 2018 Nantucket Children's Mental Health Summit, an initiative of The Hackett Center that brought together 25 children's mental health experts from leading medical schools along the Texas Gulf Coast and Massachusetts. This sort of growing

“By harnessing the expertise of our medical schools, we can spur research and innovate solutions to difficult challenges we face with improving statewide access to mental health services.” — *Senator Nelson*

connection between MMHPI and like-minded organizations and individuals across the country – and around the world – will serve Texans well as more good ideas are shared and modified to improve the quality and effectiveness of services in the state.

Senator Nelson’s legislation would also establish the Texas Mental Health Care Consortium, a consortium among our state’s medical schools to collaborate on statewide mental health initiatives. A major focus of MMHPI support for years, this consortium includes collaboration with David Lakey, M.D., Vice Chancellor for Health Affairs and Chief Medical Officer at The University of Texas System, and a group representing the chairs of departments of psychiatry from Texas medical schools. The pending legislation, to be taken up when the 86th Legislature convenes in January, also promotes research efforts and aims to expand our state’s behavioral health workforce by increasing psychiatric residency training capacity in community settings.

Additionally, much of our preliminary work for the 86th Legislative Session focused on implementation support for the priority investments in behavioral health through the state budget. We were active in efforts to continue and expand funding for the Mental Health Grant Program for Justice-Involved Individuals, 85(R) SB 292; continue and expand funding for the Community Mental Health Grant Program, 85(R) HB 13; and continue funding for the Texas Veterans + Family Alliance (TV+FA) Grant Program, 84(R) SB 55. We also continued to be actively involved in discussions regarding funding for Phase II of the state hospital plan, in addition to our work on the ground with the Austin State Hospital and San Antonio State Hospital planning efforts.

MMHPI is increasingly being called upon as the trusted source that lawmakers turn to for information and advice regarding mental health policy.



State Senator Jane Nelson



“Texas is, and always has been, a frontier — a place willing to **approach challenges in new ways** and a people who never take ‘it can’t be done’ for an answer.”

— *Andy Keller, Ph.D.*

children

■ SCHOOL MENTAL HEALTH ROADMAP AND TOOLKIT

Schoolteachers and administrators are in a position to know a child as well as anyone outside of his or her own family. As such, they are uniquely well positioned to identify students who might have a mental or behavioral health need, and – working with their parents or caregivers – to connect them to appropriate services or resources.

However, such a process can be confusing and, at times, potentially overwhelming for many educators and school staff. A problem may be self-evident, but what to do about it, sadly, often is not. In the wake of 2017's Hurricane Harvey and 2018's tragic events at Santa Fe High School, a new emphasis was placed on the need to identify and help students who require mental and behavioral health supports.

To that end, in 2018, we worked with the Texas Mental Health Collaborative Fund to develop a Mental and Behavioral Health Roadmap and Toolkit for Schools, a valuable resource that provides Texas school districts and individual schools with practical research-driven, evidence-based guidance to appropriately assess and address a student's mental and behavioral health needs.

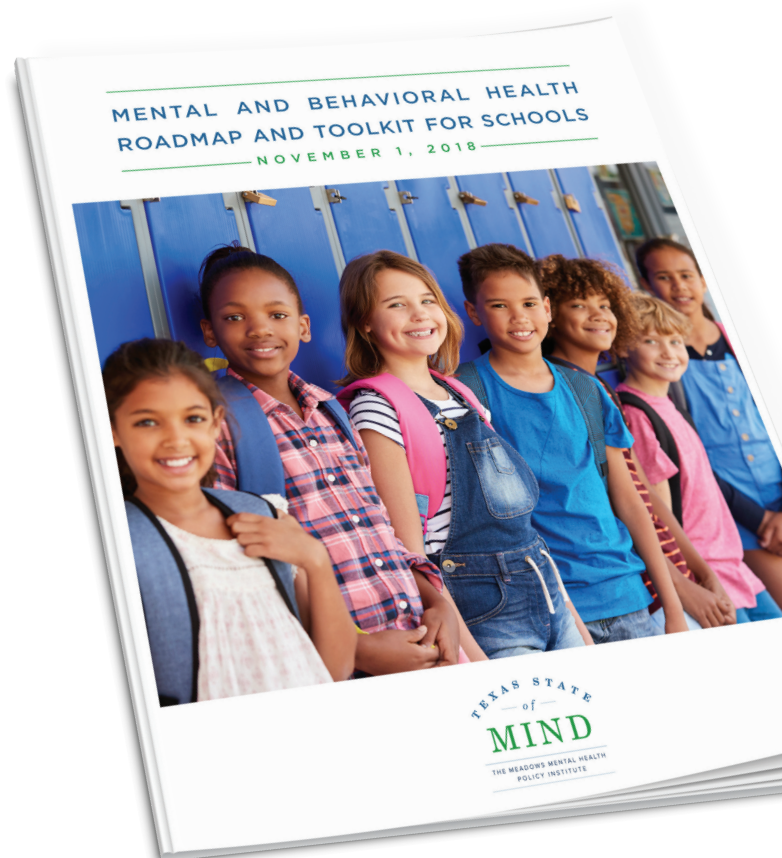
The Roadmap is built upon the framework of a Multi-tiered System of Support (MTSS), which provides an overarching organization of plans to address student needs, broadly, through early identification and intervention. As we all know, earlier interventions can prevent crisis events and result in better outcomes. Further, MTSS takes into account that districts, schools, and students have different needs and resources and helps schools identify the unique needs of students and address them through local community resources.

MTSS is a prevention framework that organizes school-level resources to address each student's academic and behavioral needs within three intervention tiers that vary in intensity. The MTSS framework comprises universal supports and interventions, which are implemented for all students; targeted supports and interventions for a subset of students with mild to moderate mental and behavioral health needs or academic deficits; and intensive supports and interventions. The latter are highly individualized for a select few students with complex mental and behavioral health needs or academic deficits.

The Toolkit contains detailed and practical information to support the implementation of school-linked mental and behavioral health programming, including tools that address:

- Funding opportunities;
- State legislation;
- Trauma-informed care in schools;
- Mental Health First Aid and Youth Mental Health First Aid;
- Staff self-care;
- State and community providers, coalitions, and partnerships; and
- Telemedicine and telehealth.

This valuable resource is making it easier for schools to effectively assess needs, identify resources, and select evidence-based interventions to meet students' needs and improve academic performance.



■ WORKPLACE MENTAL HEALTH

The devastation caused by mental illness is usually measured in the lives it impacts, the relationships it damages, and the personal pain it causes. However, for employers of people with mental health issues, it can also carry a cost to their business' bottom line.

Indeed, depression alone costs American employers over \$200 billion a year in lost productivity, absenteeism, and health care costs, and it is a leading cause of worker disability.

So, in addition to simply wanting their employees to be healthy and fulfilled, employers are becoming increasingly motivated to address mental health issues early and effectively to ensure their employees are not silently and, all too often, unsuccessfully battling a mental health issue on their own.

We have been working with business leaders across Texas to change the dynamic of health plan purchasing by helping employers understand the need for early detection and screening of mental health issues, and how an integrated care model can be both more efficient and more effective for their employees. We also worked with the Texas Department of Insurance to design data collection methodologies for a mental health parity study required under 85(R) HB 10. This shined a fresh light on the barriers that employees and their dependents still face, despite requirements that health insurance plans that offer mental health or substance use disorder benefits provide those benefits at the same level as they do for other medical and surgical benefits.

Our efforts to establish partnerships and working relationships with business leaders in key regions of the state have also paid dividends. In North Texas, the Dallas–Fort Worth Business Group on Health, led by Marianne Fazen, Ph.D., worked with us to raise awareness on the issue of mental health in the workplace, which included bringing together a group of leading Dallas–Fort Worth employers to participate in a Mental Health Advisory Group that recommended ways to increase awareness, eliminate stigma, and encourage best practices.

Along the Gulf Coast, Chris Skisak, Ph.D., CEO of the Houston Business Coalition on Health (HBCH), helped make mental health and substance abuse concerns a top priority, featuring these issues at HBCH's August conference in Houston. We continue to work with HBCH on how to best position the mental health issue with his organization's membership.

Business leaders across Texas are increasingly recognizing that supporting their employees' mental health is as important as supporting their physical health.

Looking ahead, we will continue to cultivate these relationships and use them to work toward dramatically reducing - or even eliminating - mental health issues, like depression, from the workplace and beyond.





Marianne Fazen, Ph.D.
President and CEO,
Dallas—Fort Worth
Business Group on Health



■ STATE HOSPITAL REDESIGN

The 10 state-run hospitals that provide psychiatric care for Texans have not only been crumbling physically, they also lag behind current system of care design standards. During the 85th Legislative Session, the Texas Legislature committed an initial investment of \$300 million for rebuilding at least some of these structures.

This initiative, however, extends beyond rebuilding aging physical structures; it also includes a commitment to re-imagining the systems of care themselves from the ground up, recognizing that state hospitals exist within much broader service delivery systems. The goal is to better serve the needs of the population from intake through treatment and into aftercare. The most innovative aspect of this approach requires each state hospital redesign to be led by an academic institution, ensuring that state-of-the-art thinking goes into each facility.

Throughout 2018, we actively assisted with this initiative through partnerships with the psychiatry departments at the UT Austin Dell Medical School and the UT San Antonio Health Sciences Center. These relationships kept us closely involved in the planning and redesign of the Austin State Hospital (ASH) and the San Antonio State Hospital (SASH), providing planners with critical information on best practices from stakeholders across the sprawling ASH and SASH service areas and analyzing data on prevalence as well as system capacity and use by people with mental illness diagnoses. Our work on SASH alone required interviews with more than 120 people from across the region.

In both cases, we analyzed hospital access, efficiency, emergency admissions, and the specific needs of local populations. We collaborated with local mental health authorities, the Texas Health and Human Services Commission, and others to ensure the new Texas state psychiatric hospitals become national centers of excellence.

This is a once-in-a-generation chance not only to replace aging physical structures, but also to assure that our state's investment in new buildings leads to the best possible care

for the Texans they serve. We are part of a broader effort to ensure that the redesign of the state hospitals does not simply end with rebuilding the campuses, but takes full advantage of this unprecedented opportunity to reshape care throughout their respective regions.

The state hospitals clearly need to be rebuilt to replace aging and unsafe buildings. But, just as clearly, the systems around those hospitals need to be reformed so that people in Texas receive the best mental health care in the world.

Concept renderings from the master plan of a future vision for the Austin State Hospital Campus, reimagined as more than a hospital, but a platform for the entire continuum of care for a brain health system. Images created by Page/ for Dell Medical School.







■ FAITH-BASED HELP

One of the most problematic casualties of a mental illness is too often a person's support system, and this can be exacerbated by stigma and misunderstanding of the illness being suffered. And that social isolation carries costs in terms of a person's ability to identify their need for help, promptly find care, and stay on the path of getting better.

In every community, congregations of faith have long provided the kind of meaningful, lasting social connections that are vital to recovery efforts from all sorts of afflictions. Whether a church, synagogue, mosque, or other faith community, these groups provide much-needed support to individuals and families fighting mental illness. The image of baking a casserole for the family of a community member in the hospital is a common one.

This connection between communities of faith and mental health needs, however, has not been extensively studied in Texas. So, in 2018, the Institute joined forces with the H. E. Butt Foundation to compile an inventory of faith and mental health initiatives in San Antonio and identify related best practices that can be applied elsewhere in Texas and across the nation.

San Antonio was a perfect place for such a study because of its long tradition of faith-based volunteers working to educate congregations and encourage and equip congregants to provide assistance to people suffering from mental illness. Indeed, the city's annual Pathways to Hope Conference is an orienting event designed to bring together communities of faith and people with mental health needs.

Working with the Wellness Centers for Families of Faith and NAMI San Antonio, the MMHPI team developed a comprehensive report that sheds new light on opportunities to better leverage these valuable community resources. The initiatives examined over the course of the review represent a wide array of efforts, each one enhanced by people of faith and their congregations who are working hard to improve the lives of their fellow Texans.

Given the broad nature of the inventory and its widespread relevance, the report can also be used as a template to generate similar assessments in other cities in Texas and across the United States. It details how regions can educate faith communities, equip them for mental health ministry, engage them as partners in mental health treatment, integrate them into larger systems, and embed mental health services in their communities.

The report also helped improve the existing system in San Antonio, identifying ways to more effectively harness the incredible energy, talent, and creativity of that community for even better outcomes.



Yolanda Ortega
Consultant, Mental Health Ministry Development,
Wellness Center for Families of Faith



Doug Beach
Board President and former
Executive Director, NAMI San Antonio

■ ENGAGE & EXCEL CONFERENCE

In 2018, the Engage & Excel Conference left Austin for the first time, heading to Houston to showcase The Hackett Center for Mental Health (THC) and, in the process, drawing its largest crowd ever with over 400 attendees.

The third annual E&E also made improvements to the program by establishing subject tracks, including justice, children's mental health ideal system of care, statewide planning, and substance use disorders and opioids. E&E also coordinated with the new Judicial Commission on Mental Health, which held its first-ever summit at the same venue, with some overlapping content, speakers, and attendance.

In the midst of all the changes, however, the essential focus of E&E remained the same: bringing together the state's top minds in mental health policy, philanthropy, and practice in one place to share innovative ideas, form new relationships, and recharge. That mission was especially important because the event was hosted in a region that is still recovering from 2017's Hurricane Harvey.

From pre-conference workshops focused on veterans and their needs, to a Welcome Breakfast hosted by THC, to the full slate of speakers and breakout sessions, E&E 2018 had something for everyone who attended. Highlights included:

- Maureen Hackett, MMHPI Board Member and THC Co-Founder, welcomed the audience to Houston and shared the progress of The Hackett Center to date.
- MMHPI CEO and President, Andy Keller Ph.D., laid out a vision for transformational change in how Texas addresses mental health needs. "While our nation seeks to end cancer and eliminate diabetes, aspirations are much more modest for mental health," Keller said. "Why shouldn't we think big when it comes to mental health treatment? Do we restrain our expectations when it comes to treating types of cancer that still lead to death for most people? Did our advances in treating heart disease stem from a tepid hope?"
- Dr. Keller moderated another informative discussion with key legislative staffers regarding the 2019 legislative session and the work completed during the interim to prepare.

- The Honorable Ed Emmett, Harris County Judge 2007–2019, received the Okay to Say™ Leadership Award.

- Dr. Keller interviewed Elizabeth Newlin, M.D., and Chad Lemaire, M.D., about their efforts to meet children's mental health needs posed by Hurricane Harvey.

- MMHPI's Vice President for External Affairs, Coby Chase, led a panel discussion about public awareness campaigns and shared the future direction of Okay to Say. Panelists included Ken Maxwell of LDWW, Ken Minkoff, M.D., of MMHPI, and Alex Belsey, Ph.D., of Thrive LDN, who discussed Thrive LDN's work in London.

Breakout sessions covered such topics as school mental health, the statewide behavioral health strategic plan, drug-use trends in Texas, and much more.

As always, one of the unique benefits of E&E is the opportunity to network with peers from across the state in a fun and collaborative environment. After the whirlwind of learning and engagement, positive reviews began rolling in. One attendee said, "Engage & Excel blended public policy, empirical research, an overview of available treatment options and a fun environment so colleagues could meet and plan for future collaborations." Another said, "It's such a great dynamic getting together to talk about what we can do instead of just complaining about what we can't do." These reviews were reflected in the post-event survey, with more than 95 percent either satisfied or very satisfied with the conference and nearly 97 percent saying they would recommend it to their peers.

In 2019, E&E will return to its roots in Austin, complete with updates generated from the Texas Legislature's 140 days in session at the Capitol. The conference will be held at the Hyatt Regency Austin September 26–27, 2019.

“This event is really **one of a kind in Texas**. I’ve not been to another conference that brings together so many great people doing work in this space. **Amazing networking and amazing content!**” — 2018 Attendee





“It’s Okay to Say
I have asthma;
it should be
Okay to
Say I have
depression.”

■ OKAY TO SAY™

Okay to Say is the award-winning public awareness campaign initiated by the Meadows Mental Health Policy Institute. The message is simple: mental illness is treatable, all Texans deserve access to effective mental health care, and it's okay to talk openly about mental health.

In 2018, Okay to Say focused its efforts primarily on its online presence, aiming to reach more Texans in rural areas of the state and capitalize on the many hours the average Texan spends online. These efforts garnered a social media audience growth of more than 90 percent across Facebook, Twitter, and Instagram.

In March, Okay to Say traveled to the University of Houston for an event – co-branded with The Hackett Center for Mental Health – aimed at encouraging younger Texans to focus on their mental well-being. Hosted by MMHPI Board Member Elizabeth McIngvale, Ph.D., LMSW, the event featured actress Mara Wilson and the presentation of the Okay to Say Community Hero Award to regional business leader and philanthropist Jim “Mattress Mack” McIngvale. Later that spring, United Way of Dallas awarded Okay to Say its 2018 Health Award for transforming the conversation about mental health.

In October, MMHPI, The Hackett Center, and Okay to Say went to London as leading sponsors of the 2nd Annual Global Summit for Mental Health Culture Change, an event created by the Campaign to Change Direction. This presented an extraordinary opportunity for MMHPI, The Hackett Center, and Okay to Say to take their seats at the table as leaders in a global awareness effort.

Okay to Say enjoyed high visibility throughout the week, including several events in conjunction with the Mayor of London’s Thrive LDN campaign and appearances by Okay to Say Ambassador Mara Wilson. The actress spoke about Okay to Say and her own issues with mental health to event attendees and the media, including the *Sunday Mirror*, *Evening Standard*, and *HuffPost*.

We also began work on adding a new dimension to Okay to Say. This new approach, slated to roll out in Fall 2019, focuses on informing people who are in a position to actively participate in the support of someone suffering with mental health challenges and empowering them to establish a personal support network. It will provide clinically-based resources and tools intended for dedicated people who are struggling every day alongside the people they care about, and who want to know how to be effective in their support.

2018 Okay to Say Ambassadors

Landon Donovan,
U.S. soccer player

Kirstin Maldonado,
Grammy Award–winning
singer and star of
Broadway’s *Kinky Boots*

Mara Wilson,
Actress, *Mrs. Doubtfire*
and *Matilda*





Jo Carcedo
Vice President for Grants,
Episcopal Health Foundation

■ SPOTLIGHT: JO CARCEDO

Today, integrated care is a growing part of the conversation surrounding mental health care. Not that long ago, however, integrated care – the practice of addressing both the physical and mental health of patients in a coordinated way by a team of primary care and behavioral health clinicians – was simply not on people’s minds.

One of the organizations that has led the way in changing this conversation has been the Houston-based Episcopal Health Foundation (EHF), a longtime partner of MMHPI that has had great success in helping transform the way mental health is administered in Texas. For Jo Carcedo, EHF’s Vice President for Grants, this is just business as usual for her organization, which was founded in 2013 with an immediate eye on helping local organizations provide better care to their communities. The concept of integrated care was just a smart way to utilize existing resources. “It was really data-driven, frankly,” Carcedo said. “What we know about where people present with mental health issues is in clinics and their primary care physicians. If they access care at all for mental health, the primary care physician is a likely place to start. And for low-acuity cases, much of the follow-up can occur in a primary care practice, with more serious cases requiring a behavioral care provider.”


Carcedo herself has long been involved with Houston health care and philanthropic communities, first coming to Houston from her native Tennessee to work for the Houston Department of Health. “I’d love to say this was part of a well-thought-out and executed plan; however, that is not the case,” said Carcedo. “At the time, I was living in Memphis and looking for opportunities. A friend of mine suggested I look into opportunities in Houston.”

From there, she worked for a variety of nonprofits, learning the ins and outs of grant work, usually involving health care of some sort. She was serving as Chief Administrative Officer for Houston’s Legacy Community Health when EHF began to take shape as an instrumentality of the Episcopal Diocese of Texas. The organization’s President and CEO, Elena Marks, was hired in late 2013, and Carcedo came aboard later that year.

EHF started off with a strong focus on the local level. “As part of our perspective, and really as a philanthropic organization, our vision is to have healthy communities,” Carcedo said. “Community health centers are a critical anchor, and we provide a lot of resources in developing capacity and competency in these clinics.”

Shortly thereafter, EHF began hearing about another young organization – the Meadows Mental Health Policy Institute. MMHPI, Carcedo said, was very helpful to a new organization seeking to find the best places to invest its resources to affect systemic change. “They were invited to consult with us about our portfolio, and helped review the mental health proposals being submitted,” Carcedo said. “They were extremely helpful in the beginning of our grant-making years to help lead us to where we are today.”

Today, EHF continues its strong work in helping improve health on a systemic level. And, thanks to the dedication of organizations like EHF, and individuals like Jo Carcedo, Texans are looking at a much brighter future for health care of all kinds in the years to come.



“As Texans, we’re trailblazers, pioneers, and innovators. NOW is the time to help make **Texas the national leader in treating people with mental health needs.**”

— Tom Luce

Crisis Care for Children and Youth

For too many Texas children and adolescents today, the point of detection of a mental health need is the moment of crisis, and too many families facing such a crisis see their child placed in or waiting for a hospital bed or other out-of-home setting. In an ideal crisis system, the young person and their parents or caregivers receive a rapid response to support de-escalation in the least restrictive setting possible, as well as connections to appropriate ongoing services to prevent a re-occurrence of the crisis.

In the second half of 2018, our Child and Family Policy Team worked with Integral Care (the local mental health authority serving Travis County) to assess expansion and improvement opportunities for crisis mental health services for children and youth. The purpose of the assessment was to support the objectives and recommendations developed by the Children's Crisis Services Task Force (Task Force), a community-wide group that is seeking to improve the delivery of crisis mental health services to local children, youth, and families. The MMHPI-led analysis addressed current crisis services and funding and identified opportunities to maximize the use of local, state, federal, and private resources. Through this work, we identified different ways to support the expansion of crisis services capacity, and to potentially fund systems recommendations made by the full Task Force.

SPOTLIGHT: KATIE OLSE

Throughout a career in state government, including positions with the Department of Family and Protective Services and the Health and Human Services Commission, Katie Olse could be found working to improve the lives of vulnerable children and families in Texas. Whether it was from within the public agency or, now, working with community nonprofits, she is often the first one to question, "How does this help a child or family?" "There are thousands of public employees and community partners working to help struggling families," said Olse, an Indiana native who moved to Texas in 2000. "But sometimes we work in isolation and don't maximize our efforts through partnerships."

So it made sense when, in 2016, she made the jump to lead the Texas Alliance of Child and Family Services (TACFS) to further her interest in helping support those who were working directly with community members around the state. TACFS is a network of child and youth service organizations that work every day with tens of thousands of Texas children, youth, and families who are involved or at risk of becoming involved in the child welfare or juvenile justice systems. These are the people who have direct contact with the children who need help the most, and they provide an array of much-needed supports and services within communities around Texas.

"It's thrilling to see the innovation, best practices, and straight-up determination that is happening on the ground," Olse said. "I'm in an incredible position where I get to learn, share, and encourage those doing the direct work and those at the highest level of policy making." What Katie is most excited about now is TACFS's "think tank" research arm, the Texas Center for Child and Family Studies (TCCFS), which provides research-based information and training to help agencies, organizations, and associations do their best work and stay on top of

THE FUTURE OF FOSTER CARE IN TEXAS

The Texas foster care system is in the midst of a much-needed overhaul that will have a significant impact on the mental health and well-being of the children and youth it serves. To that end, we are working to help ensure that these changes are implemented to achieve the best possible outcomes.

In 2017, the Texas Legislature passed legislation that directed the Department of Family and Protective Services to begin implementing the Community-Based Care (CBC) model for the Texas foster care system. The aim of this legislation was to have community-based organizations



Katie Olse
CEO, Texas Alliance of
Child and Family Services

emerging issues. “It’s hard to do today’s work and think ahead about what tomorrow’s need is. If we can help, we’re going to.”

The shared goals between Olse’s organizations and MMHPI have brought them together in an ongoing relationship that can be described as symbiotic. “In child welfare, we tend to preach to the choir,” said Olse, also an MMHPI fellow. “I want to grow the choir and reduce competing efforts of various systems aimed at helping vulnerable children.” MMHPI has helped in that mission. “They’re a partnership I really cherish,” said Olse. “The Institute has the best possible brains in the world of mental health who completely understand the ways behavioral health is intertwined with child welfare, juvenile justice, education, and more.”

TACFS and MMHPI have been actively involved in efforts to prepare communities across Texas for the upcoming implementation of Community-Based Care for foster children, which will shift the focus from directives from Austin to localized, collaborative efforts. “Community-Based Care is so much more than a change in contracting,” Olse said. “It is an opportunity for communities to come together, re-imagine their foster care system, and build a network of services and supports that maximize resources and potential for children and parents.”

Ongoing teamwork – like the type that MMHPI and Olse’s organizations enjoy – will be key to making that work.

in specified child welfare regions assume administrative and oversight functions for foster care that were previously administered through the state. Rolling out region by region, the CBC model is expected to cover nearly three-quarters of the state by the end of 2022. Each one of these rollouts represents a massive undertaking that requires months, if not years, of planning to achieve the desired outcomes.

In 2018, we began working with DePelchin Children’s Center, the Texas Alliance of Children and Family Centers, and key child welfare stakeholders to assist Harris County in preparing for this change. Our work in supporting this process includes conducting a community needs assessment and environmental scan to gather information on the characteristics of children and youth served through the local

foster care system, examining current service capacity, and looking at relevant trends in service provision. Our work will result in strategic guidance the community can use to prepare for systems change and CBC implementation.

In addition, we partnered with The Texas Center for Child and Family Studies – the charitable affiliate of the Texas Alliance of Child and Family Services – to study the methodology for determining the costs of the different components of high-quality foster care and related services, and to find opportunities to maximize federal funding to best cover those costs. We also worked with Deloitte Consulting to study and compare the costs of the current system of care and the CBC model, identify best practices used in other states, and provide guidance for future decisions on rates and costs.

■ SPOTLIGHT: CHARLES BUTT

In the days when MMHPI was little more than a concept, an email survey went out to a variety of influential Texans to gauge their feelings on whether or not Texas needed such a policy institute for mental health. Was there a gap to fill? Would it benefit Texas? Included in that outreach was visionary businessman and noted Texas philanthropist Charles Butt.

"I'd sent him the survey, mainly because I respect his judgement," said Bruce Esterline, Senior Vice President for Strategic Initiatives and Grants at the Meadows Foundation, who was active in the early planning. This led to a phone call a couple weeks later between him and the longtime H-E-B Chairman, with Bruce outlining the big-picture plans for such a still-hypothetical institute, and Mr. Butt asking questions and offering encouragement.

In addition to leading the largest employer in our state, people across Texas and the nation are very familiar with Mr. Butt's dedication to issues like public education and literacy. In 2017, he founded The Holdsworth Center to create a nonprofit leadership institute for Texas public school leaders, and supported scholarships and awards for the state's teachers. However, while his passion for the state of mental health care in Texas is less noted, his roots here also run deep.

When he was young, his mother, Mary Holdsworth Butt, who was among the first to recognize mental illness as an illness of childhood and was a pioneering presence on the governing board of Texas State Hospitals and Special Schools, would take him with her on an annual tour of the state hospitals. Over the miles, and often around the dinner table throughout the rest of the year, she would talk to him about the conditions she came across and the need for Texas to do better. He took that to heart. "He operates very quietly, and he invests in people who work on issues that mean something to him," Bruce said. "His upbringing, and his mother's passion for the issue, continues to be really important in his own thinking." Indeed, out of his own pocket or through his company's efforts, Mr. Butt and the company his father founded, H-E-B, have long been dedicated to issues related to public education, the environment, hunger, community involvement, and disaster relief.

In characteristic fashion, Mr. Butt stood up to financially back us before we even existed. Even more important for our long-term prospects, however, he lent us something significantly more valuable – his presence on our founding Board of Directors. Tom Luce had just agreed to lead the new Institute and was part of an effort to recruit Mr. Butt. "His willingness to join the board was a very significant factor in establishing early credibility for us," Tom said. "His reputation is so strong that his willingness to serve on the board had an immediate, lasting impact on our ability to influence mental health policy in Texas." "That was a game-changer," agreed Bruce. "That puts you on the map, right there."

Of course, having someone like Mr. Butt on the Board did more than just supply immediate credibility. He provided insights and guidance, borne of his family's passion for improving mental health care and his own lifetime of experiences in giving back to the state. Andy Keller, our current President and CEO, remembers well the day when he was first invited to visit Mr. Butt alone at his home, just prior to taking the reins of the Institute from Tom, as he waited outside the room where they would have lunch. "I felt like I was in a historic place about to talk with a person who knew a lot about making history," recalled Andy. "The insights he shared about approaching big challenges with sobriety and purpose were galvanized by his kindness and unyielding insistence on thinking through the details and potential consequences of our actions."

MMHPI's promise of systemic change dovetailed nicely with Mr. Butt's worldview. After all, his life's work has been about improving our great state, whether in growing his family's business in innovative ways, the cultivation of the H-E-B workforce, or his efforts involved with improving Texas public schools.

In many ways, MMHPI bears his stamp, although you aren't likely to see him saying so much in public. Never one for the spotlight, Mr. Butt prefers to keep most of his efforts in the background. All the more for that, his insights, inquisitive mind, and generosity behind the scenes are integral to affecting the kinds of positive, long-lasting change that is making Texas an even better place to live. When it comes to generosity, he has few equals. Bruce remembers that, following their initial phone call, a check for \$250,000 arrived in the mail. While appreciated, this presented a problem.

"We hadn't even decided to create the Institute yet," Bruce said. "I called his office and said, we had no place to put it, no organization yet. Why don't I send it back to you, and if and when we set an organization up, you can send it back. He said yes." Eight months later, on the way out of the meeting where Mr. Butt agreed to serve on the board, Bruce told him he'd love to have that check back now. A few days later, the check showed up ... only this time it was for \$1 million.

Charles Butt stepped down from the MMHPI Board in 2018, but his impact on the Institute, and on the mental health care of millions of people across Texas and beyond, will be a lasting legacy of his generosity and passion for our cause.





■ RIGHT CARE

Far too many people suffering from mental illness are likely to see the backseat of a police car before they see a mental health professional. Indeed, under the status quo, people in crisis often exclusively deal with law enforcement and eventually end up either in the hospital or in jail. Further, when they are released, they have no clear plan to get the help they need.

In January, MMHPI – in conjunction with the W.W. Caruth, Jr., Foundation at Communities Foundation of Texas – launched RIGHT Care, a pilot program in South Dallas with the goal of changing all that. Under the RIGHT (Rapid Integrated Group Healthcare Team) Care program, a team of professionals is dispatched to the scene of a mental health crisis, including a police officer, a paramedic, and a licensed mental health clinician. Back at the call center, another clinician is on hand to provide support and focus on establishing continuing care, if needed. This clinician works beyond program boundaries and serves the entire city as a resource in dispatch.

In practical terms, this means that people in crisis are treated as patients instead of suspects. Instead of going to jail and becoming part of the judicial system, they are steered toward appropriate help and stand a much better chance of promptly returning to their homes, their families, and their jobs.

The results of RIGHT Care’s first year are indeed striking. RIGHT Care responded to 2,921 calls in the South Central Patrol District, guiding 1,395 people to the care they need. Arrest numbers remained very low, with less than 2% of the people engaged by the team being arrested on a new criminal offense. Additionally, the RIGHT Care team exercised an emergency hospital detention in only 5% of its contacts, leading its sector of Dallas to be the only one that showed a year-to-year decrease in the number of emergency detentions at Parkland.

For South Dallas Police, reducing law enforcement resources dedicated to handling such cases freed them up to respond to other emergencies – the equivalent of one full-time officer was added back to patrol time through the first eight months of the program.

RIGHT Care’s success has attracted attention from across the state, with other communities exploring the opportunity to adapt the program to their own needs.

“There’s a vastness here and I believe that the people who are born here breathe that vastness into their soul. They **dream big dreams and think big thoughts**, because there is nothing to hem them in.”

— *Conrad Hilton (speaking about Texas)*



**Billy Phillips, Keino McWhinney
and John Opperman**
Key leaders of the West Texas and Panhandle efforts

■ WEST TEXAS AND PANHANDLE PROJECTS

In a state that prizes the diversity of its landscape and its populace, West Texas and the Panhandle present an intriguing collection of communities and cities that face a fair amount of challenges in treating the mental health needs of the people who live and work there. The cities are sizable, but not overwhelmingly so, which can make it easier to find and work with people who have a real ability to implement the kinds of changes necessary to get people the mental health care they need. Conversely, some of the rural regions are among the most remote areas in the state, and that is a distinction that creates its own unique hurdles to overcome.

MMHPI is certainly no newcomer to these regions. One of our biggest town hall meetings prior to our launch was in Lubbock, and, in 2016, we completed a major assessment of mental health systems in Midland and then worked with the Panhandle Behavioral Health Initiative to complete a thorough assessment of systems serving the 26 counties of the Panhandle.

In 2018, through efforts on a variety of projects, we continued making positive changes by helping stakeholders in the western reaches of our state – including Lubbock, Abilene, and the Panhandle – develop resources and systems appropriate to their communities’ sizes and populations.

One of the most visible actions in 2018 was the establishment of the Texas Tech Mental Health Institute (TTMHI), a collaboration between Texas Tech University – where MMHPI Board Member John Opperman is Vice Chancellor for Academic Affairs – and the Texas Tech University Health Sciences Center. Announced in the spring, the TTMHI, under the guidance of its director, Keino McWhinney, brings together researchers, community leaders, and policy leaders (including MMHPI) to address mental health issues in and around Lubbock.

Further out northwest, we helped form the Panhandle Behavioral Health Alliance, whose aim is to improve mental health service delivery through the development of a highly responsive, clinically effective and efficient mental and behavioral health system.

We also began work on an extensive mental health needs assessment of Lubbock County, working with local elected officials, hospital systems, law enforcement, the local mental health authority, Texas Tech, and others to identify ways in which Lubbock can integrate mental health care into its overall health care system.

In Abilene and the greater Taylor County area, we worked with local partners to complete a community behavioral health and criminal justice systems assessment. The assessment spurred the establishment of the Behavioral Advisory Team (BAT) – a stakeholder advisory group to guide implementation of the assessment recommendations. BAT leadership is planning to institute behavioral health emergency triage in their 911 system through the use of the local mental health authority’s crisis hotline – a first in the state. And in May 2019, Abilene will launch a RIGHT Care model team, referred to as the Abilene Community Response Team, to conduct crisis prevention, behavioral health outreach, intervention, and 911 response services to link people in need of care, and at risk of justice involvement, to the most appropriate care source in the community.

If any part of Texas proves the adage that “one size does not fit all,” it’s these regions. We will continue working with organizations and communities of all sizes to improve the quality of mental health care throughout the state and beyond.



“I do not mistrust the future; I do not fear what is ahead. For our problems are large, but **our heart is larger.**”

— *George H.W. Bush*

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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. Every dollar donated has a real impact in helping us identify, implement, and share transformational ideas about behavioral health reform, all with the goal of making Texas a national leader in treating people with mental health needs.

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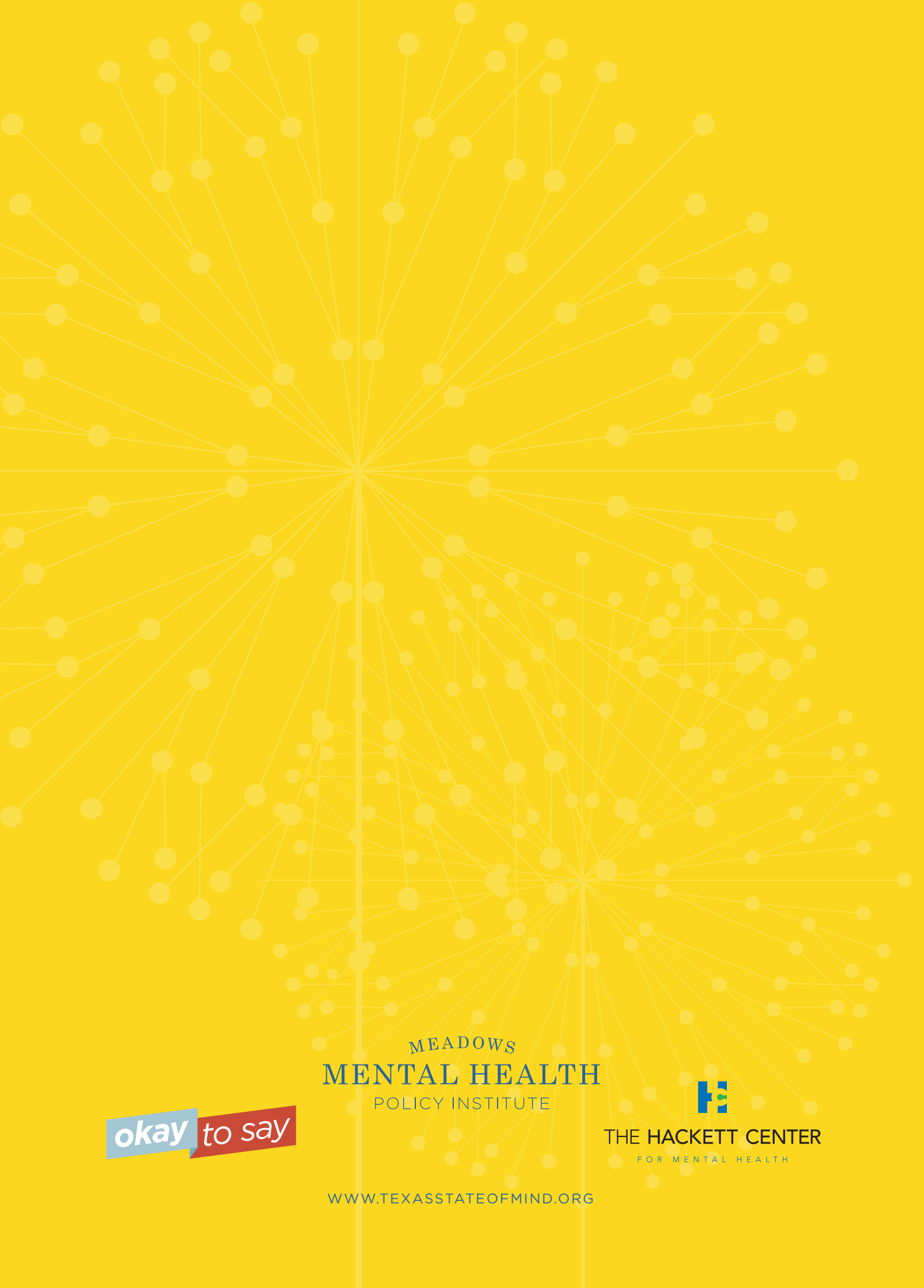
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