

**Dallas County Behavioral Health Leadership Team**

**Thursday, March 12, 2015**

**Henry Wade Juvenile Justice Center**

**2600 Lone Star Drive, Dallas, TX**

**Room 203-A at 9:30 -11:30 a.m.**

- I. Welcome and Call to Order
- II. Review/ Approval of Minutes from last meeting\*
- III. Sunset Commission
- IV. Presentations
  - 1115 Waiver Update- Christina Mintner, Vice President & RHP 9 Anchor, Parkland Health & Hospital System
  - Serial Inebriate Program (SIP) Update- Ron Stretcher, Director of Criminal Justice, Dallas County
- V. BHLT Activity Tracking
- VI. Dallas County Behavioral Health Housing Workgroup
- VII. Reports from and Charges to BHLT Committees
  - CSP Governance Committee
  - Clinical Operations Team
  - FACT
  - BHSC
  - Legislative Committee
- VIII. NorthSTAR Update
  - NTBHA Update
  - ValueOptions NorthSTAR Update
  - State Advisory Committees
- IX. The Cottages at Hickory Crossing Update
- X. Funding Opportunities
  - In-Jail Competency Update
- XI. Upcoming Events and Notifications
- XII. Public Comments
- XIII. Adjournment



Dallas County Behavioral Health Leadership Team  
Meeting Notes  
Thursday, February 12, 2015

**Welcome and Call to Order**

The meeting was called to order by Commissioner John Wiley Price at 9:30 AM.

**Review/Approval of Minutes**

The minutes from the BHLT meeting held on January 8, 2015 were included in the meeting packet. BHLT committee members voted to approve the minutes without modification.

**Introductions and Absent BHLT Members:**

Commissioner John Wiley Price and Commissioner Theresa Daniel stated that in case of a vote at this meeting, Sandy Potter designated Brandy Ruckdeschel and Shelah Adams designated Paige Smith to vote in their absence.

**Sunset Commission:**

Commissioner John Wiley Price and Commissioner Theresa Daniel opened the meeting for discussions on the Sunset Commission report. Ron Stretcher acknowledged Brittony McNaughton for all the hard work she had done in putting together the NTBHA Indigent Plan for Behavioral Health Services. Mr. Stretcher stated that the plan that was before BHLT states that we want to utilize North Texas Behavioral Health Authority (NTBHA) as the Local Behavioral Health Authority (LBHA) and will also designate NTBHA as the Community Mental Health Center (CMHC). All of this will be done in conjunction with DSHS and the community. The primary goal of NTBHA is to develop a recovery oriented system of behavioral health care for eligible indigent consumers. NTBHA will serve as the LBHA for Dallas County, Ellis County, Rockwall County, and Navarro County, and each of the partnering counties has provided a letter of endorsement from the County Commissioners, signed by the County Judge, naming NTBHA as the designated CMHC. Hunt and Kaufman County have not made a decision at this time.

NTBHA will enter into a contractual agreement with an outside entity to serve as an Administrative Services Organization (ASO) to administer specific aspects of the system. NTBHA will select the ASO through an appropriate procurement process. The ASO will ensure a competitive provider market and secure a robust network of providers capable of providing broad access to services. Mr. Stretcher stressed that the State has been clear that any providers in the NTBHA Network have to be Medicaid providers. A committee questioned if it's legal to blend Medicaid funding and Indigent funding. Sherry Cusumano, chair of ACOT, stated that Center Medicare Medicaid Services (CMS) had stated it is legal. Commissioner Price asked that Ms. Cusumano forward that information to the BHLT committee. Commissioner Price wants the committee to know that BHLT has taken an advocacy position (study of the Sunset Commission) and a fallback position (Indigent Local Plan). A motion was made to accept the document; however, the committee did want to allow an opportunity for anyone wanting to provide

commentary. Therefore, all comments and statements regarding the Preliminary Local Plan for Indigent Behavioral Health Services are due to Ron Stretcher by next Monday.

**Presentation:**

CSH: Lisa Castro, Director, Corporation for Supportive Housing, provided an overview of the CSH Program. The mission of CSH is to advance solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources and build healthy communities. CSH tries to combine affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity.

**BHLT Activity Tracking:** Mrs. Randolph stated that on pages 5-8 of the meeting packet was a running list of the most completed BHLT Action Items. BHLT staff will add the action items that were voted on during this meeting to that list. There will be a SIP presentation given within the next few months.

**Legal Research:** Mr. Stretcher stated that this research has been placed on hold.

**Behavioral Health Housing Work Group (BHHWG) Update:** Commissioner Daniel reported that the BHHWG continues to identify housing inventory. Commissioner Daniel reported that the Coordinated Access Committee continues to work on a coordinate access tool and there is now a MDHA link on the Dallas County HHS website. Liam Mulvaney announced his retirement and will be spending some time out of the country for a few months. The committee will be looking at finding a person to Chair the Coordinated Access Committee. The Coordinated Access system is in pilot phase and training will begin next week with the first group of agencies. Commissioner Daniel is working with Sharon Phillips at Parkland to explore how the committee can work with PCCI. Commissioner Daniel acknowledged Jay Dunn and reported that the Bridge is beginning a pilot with PCCI. The intent of this pilot is to track people from a service delivery perspective and associate that with cost before and after housing. Commissioner Daniel acknowledged Germaine White, Chief of Staff, for submitting a letter of intent and grant application on behalf of Dallas County for a Pay for Success technical assistance project in conjunction with several partners.

**Reports from and Charges to BHLT Committees**

**Crisis Services Project (CSP) Governance Committee:** Mrs. Randolph reported that the committee did not meet in January; however, the next meeting will be in April. Also, it was reported that CSP served 241 unique consumers during the month of December. The goal of CSP is to serve 350 unique consumers each month. Although CSP fell short of its December service goal, the project remains on schedule to meet its annual metric goal required for matched funding. Mrs. Randolph reported Transicare ended the month with 42 clients in its intensive wrap-around services, and this team continues to coordinate care for clients committed to Terrell State Hospital for competency restoration. Mrs. Randolph provided an overview of the MOU with ValueOptions for Care Manager Position and After-Care Engagement Package. Commissioners Price and Commissioner Daniel directed the committee's attention to BHLT resolution 01-2015 which approves the submission of the MOU. The BHLT committee voted to adopt the resolution.

**Clinical Operations Team (ACOT):** Sherry Cusumano reported that ACOT did not meet in January; however, they did meet on February 5, 2015. Ms. Cusumano is very concerned about how much time the Sunset Committee is taking up the committee's time. It seems that the Sunset issues are taking president to Clinical Operations.

**FACT:** Kelli Laos, co-chair of FACT reported that the committee reviewed the updated proposal for the Juvenile Justice Care Coordinator position to be submitted for a grant with Youth Services Advisory Board (YSAB). A committee member has been assigned to speaking with Mr. Durrand Hill with YSAB. Janie Metzinger updated the group on upcoming bills that are related to Children's Mental Health issues.

**BHSC:** Judge Kristen Wade provided an update on BSHC. Judge Wade reported that the new District Attorney Judge Susan Hawk attended the last meeting to state her plans of expanding the Mental Health Division and express the importance of mental health and drug courts in Dallas County. BHSC continues to work on the 530 funds, and the new CSCD Director attended the sub-committee meeting. Jay Meaders from the Bridge reviewed referral information and discussed how it allows caseworkers at the Bridge to be proactive in working with the clients and ensuring court orders are met. Lynn Richardson stated that on last year the Public Defender's (PD) office handled 45,000 cases and out of those cases half of them were Mental Health cases. Mrs. Richardson also introduced the new supervisor for the mental health division office, Ms. Vickie Rice.

**Legislative Advisory Committee:** Janie Metzinger stated that the Legislation is in session and that 3,000 House Bills had been filed and 400-500 Senate Bills.

**NTBHA Update:** Alex Smith stated that the board is forming a committee that will be taking another look at how the funds are being spent. In addition they have an additional 400,000 in funds that have been made available to the board.

**ValueOptions NorthSTAR Update:** Brandy Ruckdeschel reported that there were no updates at this time.

**State Advisory Committees:** Commissioner Daniel reported the Advisory Committee is surveying all Texas counties to establish baseline data on statewide mental health services. The Meadows Foundation, along with urban counties, setup a Mental Health Institute for the State of Texas to develop a matrix to define the need for mental health. The state-wide group has put together a preliminary index that will determine the cost of mental health services for courts, probation, juveniles, etc.

**The Cottages at Hickory Crossing Update:** Ron Stretcher reported that construction on the Cottages continues.

**In-Jail Competency Update:** Ron Stretcher stated that the In Jail Competency is currently on hold.

**Upcoming Events and Notifications:** Dr. John Burress provided information on the Autism Speaks event which will be held on February 25, 2015 at the Center for Cooperation. Ron Stretcher stated that there will be information coming out regarding the Safety and Justice Challenge Grant which is being launched by the MacArthur Foundation.

**Adjournment:** A motion was made, seconded, and approved to adjourn the meeting at 11:00 AM

# Parkland Memorial Hospital



2.9.1 - Enhance Patient Navigation

## Project Description

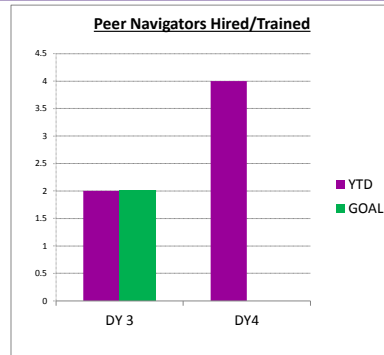
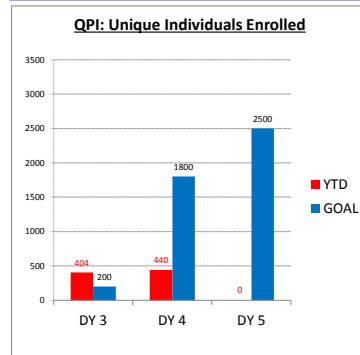
The Peer Navigation Program will develop and implement a new patient navigation program to provide support and assistance with connections to care for Parkland patients with mental health disorders that present in the emergency department or at community health clinics. The competencies for this navigator role will emphasize cultural and language competence and focus more on connecting patients to resources and support systems, addressing health and social barriers, facilitating communication, streamlining appointments and paperwork, implementing outreach strategies and supporting patient activation and self-management. Improved care navigation support and assistance to this sizable and vulnerable population would yield improved use of health care resources and better health status outcomes for the individuals. Further, because mental health resources are in particularly high demand, focused patient navigation support is necessary to assure appropriate care coordination occurs and individual needs are prioritized and met.

An additional best practice established by this project is the use of a pharmacist with a specialty certification in psychiatry. The ability of the Peer Support Specialists to refer the patients to a pharmacist with a specialized knowledge of the types of medications the patients require, whether they are in-house or in need after discharge, provides the patients with much needed support and education.



## Category 3 Outcome(s):

IT Reference Number: [IT-3.1]: All Cause 30-Day Readmission Rate



MA is a 20 year old female with a history of drug use since the age of 14. During those six years, she had not been sober for greater than a fourteen day period at a time. While seeking medical care at Parkland Health & Hospital System, she was enrolled in the Peer Support program and provided multiple resources and weekly follow-up phone calls by the peer recovery navigator. MA enrolled in out-patient Nexus recovery services. She has re-established her relationship with her mother, and has remained sober for 60 days and compliant with an active CPS case. MA answered four of the eight follow-up phone calls performed by the peers. During the follow-up phone calls she expressed appreciation for the follow-up, requested additional resources, and expressed a desire to share her story to help others. The NA group MA was attending was not a motivational fit, so the peer recovery navigator referred her to APAA and Stonewall NA. MA has now completed 2 months of follow-up phone calls and will receive her next call in 6 months. On her last follow-up call she mentioned that her 21<sup>st</sup> birthday was coming up soon, and that she had the desire to celebrate at one of her recovery meetings instead of following social norms of a 21<sup>st</sup> birthday celebration. She also has the number for the peer recovery specialists in the event she needs additional resources.

## DY 4 Accomplishments:

- o 5 peer navigators have started employment as of 2/15/15; metric accomplished.
- o Currently interviewing for 1 additional peer navigator positions.
- o Patient enrollement in the Peer Navigation Program has been initiated. Have enrolled 440 of the required 1800 patients into the Peer Navigator Program.

## Challenges/Lessons Learned:

- o Must have 1800 unique patients enrolled by September 30, 2015.
- o Collaboration with other providers has been helpful in identifying high risk and moderate risk population.
- o Modifications and updates have been required to the workflow since the initiation of the Peer Navigator program.

# Parkland Memorial Hospital

1.12.2 - Post-Partum Mental Health Initiative



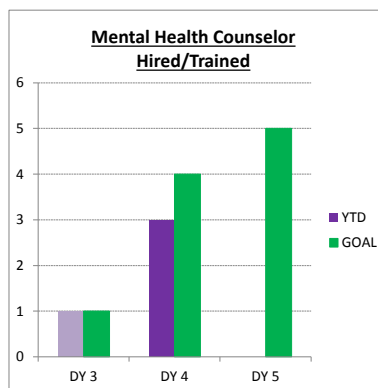
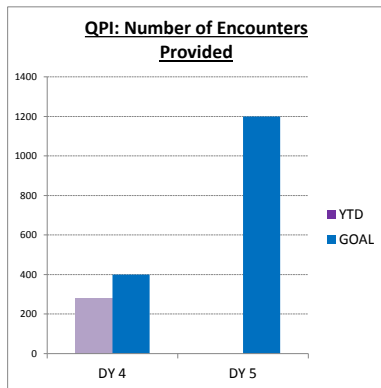
## Project Description

The Post-Partum Depression Program will integrate behavioral health services into the outpatient obstetrics setting, adding mental health counselors at multiple clinic locations. Currently mental health services are only available at the psychiatric clinic. Counselors will provide increased access to mental health services and an optimal environment for the treatment of postpartum depression at eight Women’s Health Centers located throughout the Dallas community. Services under the demonstration project will expand to include a wide array of interventions such as phone follow up, mothers groups, parenting groups, shared medical appointments (group counseling), as well as couples, family and individual counseling. Services will be based on the needs of our patients and families. Specialized psychiatric interventions will be offered at the psychiatric clinic as they are today. The community-based counselors will refer patients with complex psychiatric disorders to a psychiatrist for specialty care.



## Category 3 Outcome(s):

IT Reference Number: Behavioral Health / Substance Abuse Admission Rate (P4R) & All Cause 30-Day Readmission Rate



Patient AB was referred to a post-partum counselor due to an elevated EPDS (Edinburgh Postnatal Depression Scale) score of 11. AB’s case is also complicated in that she was a victim of domestic violence and was almost killed by her ex-partner, who is also the father of her baby. AB delivered her baby at 27 weeks and 1 day and the baby is currently in the NNICU and his health is improving. AB has limited resources and due to history of abuse as well as complications of the birth, she was very isolated, tearful, and extremely anxious, as well as experiencing feelings of worthlessness/hopelessness. AB was open to meeting with the post-partum counselor and a full initial assessment was completed. It was recommended that AB meet with a psychiatrist to discuss continued anti-depressant medication treatment, as she was already prescribed an anti-depressant during her pregnancy in the OB Complications clinic. Though Cognitive Behavioral Therapy with the counselor AB has already improved in 3 sessions. AB has an upcoming appointment with the psychiatrist to evaluate her medications as well. AB is living in a safe location and is working with police to have a restraining order put in place.

## In Progress

- Hiring of behavioral health counselors
- Interviewing candidates
- Expand number of community-based settings for post-partum behavioral health services (3 clinics are currently operating with this service.)

## Challenges/Lessons Learned:

- Development of referral process and reports
- Space for the counselors in some of the Women's Health Centers
- Selection of Category 3 metrics.

## BHLT Workgroup Recommendations for Action

### BHLT Action Items

	Suggestions, Recommendations & Motions	Person Initiating	Workgroup/ Person Tasked	Plan for Accomplishment	Current Status	Follow-Up	Date Completed
9/11/2014	Tom Collins expressed concern with having to visit non-medical facilities (such as boarding homes) before referring Green Oaks clients. Mr. Collins proposed having a dedicated entity responsible for this task.	Tom Collins	Behavioral Health Housing Work Group (BHHWG)	The BHHWG will facilitate a community discussion on how to address this issue.			This is being addressed by BHHWG.
10/9/2014	BHLT members asked for a description of boarding home standards.	Tom Collins	Janie Metzinger	Janie Metzinger will provide BHLT with a document that reviews boarding home standards.	In progress		This is being addressed by BHHWG.
1/8/2015	Provide presentation on SIP update	Ron Stretcher	Duane Steele/ Ron Stretcher	The presentation will be made at a BHLT meeting to be determined	Ron Stretcher will provide SIP presentation to BHLT on 3/12/2015		
1/8/2015	Invite behavioral health providers to give status update on their 1115 Waiver projects	BHLT	Charlene Randolph	Charlene Randolph will invite providers to give updates	Parkland is scheduled to provide update on 3/12/2015		

### Recent Completed BHLT Action Items

Date	Suggestions, Recommendations & Motions	Person Initiating	Workgroup/ Person Tasked	Plan for Accomplishment	Current Status	Follow-Up	Date Completed
2/12/2015	BHLT will review the Preliminary Local Plan for Indigent BH Services and approve submission to DSHS/ HHSC	BHLT	BHLT	Negotiation team will create a Preliminary Local Plan and submit to BHLT for approval	BHLT approved submission Local Plan and designated NTBHA as a community center	BHLT will submit commentary to Ron Stretcher by 2/16/15	2/12/2015

## BHLT Workgroup Recommendations for Action

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### History of BHLT Action-Items and Accomplishments

On-Going & Accomplished Action Items	Date Completed	Current Status
Coordinate efforts of BHLT sub-committees, community agencies, and DSRIP projects to ensure collaboration and education	On-going	Charlene Randolph continues to monitor these efforts
Discuss crisis services, stabilizations, alternatives to care, and dynamics that lead to better outcomes in BHLT sub-committees	On-Going	ACOT routinely discusses this issue at monthly meetings
Educate DSRIP projects regarding their impact on ValueOptions NorthSTAR	On-Going	CSP discusses at RHP 9 Learning Collaborative events
Monitor DSRIP projects operations, focus, outcomes to help identify areas that need additional supports and shifting	On-Going	CSP receives information at RHP 9 Learning Collaborative events
Discuss Dallas PD concerns regarding clients being released from the hospital without a discharge plan	On-Going	ACOT routinely discusses this issue at monthly meetings
Receive information on the Regional Legislative Team Committee's identified priority issues	On-Going	Legislative Committee will routinely provide this information
Facilitate collaboration between NAMI and Dallas County Juvenile Department to implement stigma training (Ending the Silence) into The Academy of Academic Excellence and schools	On-Going	FACT routinely discusses and is helping to coordinate this activity.
Explore the availability of funding for supported services (i.e. case management) persons receiving DHA housing vouchers.	On-Going	BHHWG routinely discusses this issue.
Explore sustainability of 1115 Waiver Projects	On-Going	CSP and BHLT will continue to explore this issue
Invited Mr. Thompson join Councilwoman Davis' Workgroup	Complete	Jay Dunn addressed this issue
Wrote a response to House Bill (HB) 3793. HB 3793 (83rd Legislative session) that directs a plan for appropriate and timely mental health services and resources for forensic and civil/voluntary populations	12/12/13	
Documented who's responsible for each CSP milestone	1/17/14	
Shared creative options for utilizing DSHS housing funds to ValueOptions NorthSTAR	Complete	VO published guidelines based on suggestions
Established Behavioral Health Housing Workgroup	2/7/14	The workgroup continues to meet monthly.
Approved funding Care Coordinator position at ValueOptions to assist the CSP	2/24/14	
Applied for the SAMHSA Sequential Intercept Mapping workshop	2/13/14	BHLT was not a chosen participant
Provided BHLT will more information regarding Foster Care Redesign	3/25/2014	



## BHLT Workgroup Recommendations for Action

<b>On-Going &amp; Accomplished Action Items</b>	<b>Date Completed</b>	<b>Current Status</b>
Provided description for Specialty Court Case Coordinator Position	4/1/2014	
Provided BHLT members with information on the Qualifications of Homelessness and accessing ValueOptions Housing funds	5/8/2014	
Addressed patient complaints on Parkland police	5/16/2014	
Received update on Children's and Parkland's 1115 Waiver projects	6/12/2014	
Followed-up on DSHS Housing for HCBS-AMH	7/10/2014	Dallas County suspended its request
Distributed MHA Flyer on Teen MH Conversation	7/10/2014	
Received update on Green Oaks' and Baylor's 1115 Waiver behavioral health projects	8/14/2014	
Received requested information on Dallas Marketing Group	7/18/2014	
Reviewed Janie Metzinger's response letter to Sunset Commission's review on the counting of mentally ill individuals in Texas	8/11/2014	
Distributed program overview and access information for Baylor's 1115 Waiver program to BHLT members	8/25/2014	
Adopted resolutions supporting Abilene Christian University research proposal and UTSW Homeless Services Project	9/11/2014	
Received update on Timberlawn's 1115 Waiver behavioral health projects	9/11/2014	
Approved legal research on Texas mental health funding laws	10/9/2014	
Received literature on nine models for integrating behavioral health and primary health care	10/10/2014	
Supported response letter to the Sunset Advisory report and voted to approve resolution declaring its support of NorthSTAR	10/15/2014	
Designated a 5-member committee to negotiate with HHSC to modify NORTHSTAR	12/11/2014	
Behavioral Health Housing Workgroup submitted		
Received a copy of Senate Bill 267 that addresses regulations for landlords renting to persons with housing choice vouchers	2/9/2015	
Received handout on MHA and NAMI's NorthSTAR legislative efforts	2/9/2015	
Approved After-Care Engagement Service Package to assist CSP	2/12/2015	
Approved submission of Preliminary Local Plan for Indigent Behavioral Health Services and designated NTBHA as a community health center	2/12/2015	

**Crisis Services Project**  
**Status Report and Next Steps**

**March 12, 2015**

**Implementation Activities**

- Transicare
  - Transportation pilot project with Public Defenders Office
  - Forensic Competency at Terrell State Hospital
- Adapt
  - Timberlawn
- Forensic Diversion Unit
  - CSP/ Metrocare conduct monthly case review
  - CSP has revised referral process
- Value Options NorthSTAR Care Coordination
- After-care engagement
  - Court ordered March 3, 2015
- Transitional housing

**IGT Status**

- DY3:
  - Received match funds January 30, 2015- \$4,639,494
  - Next match funds- January 30, 2016- approximately \$5,224,400

**Metrics and Milestones**

- Provisionally Approved Category 1 Milestones- final approval received 2-19-15
- HHSC will conduct a Technical Assistance call to get clarification on proxy CSP used establish 7/30-follow baseline(CSP used state data to establish baseline)
- DY4:
  - Began October 1, 2014
  - Monthly Service Goal: 350
  - CJ Readmissions: Reduce by 5%
  - 7-day Follow-up: 32%; 30-day Follow-up: 57%
- DY4 Midterm Status Report due April 30, 2015

**Status Update**

- Harris Logic (JIMI/ Stella)
- Central Dallas Community Development Corporation (Cottages at Hickory Crossing)
- CDC Case workers (SIP)

**Anchor Information**

- Tuesday, March 24, 2015: Behavioral Health Cohort

**ACS 1115 CSP Monthly Production Report**

	Past Year Average	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	AVERAGE	TOTAL
<b>Total Service Episodes:</b>	<b>449</b>	749	479	308	387	573	481	2,496
<b>Total Unique Consumers:</b>	<b>328</b>	747	445	239	274	466	426	2,171
Percentage Change to DY3		227.63%	135.60%	72.83%	83.49%	142.00%		
<b>Total Encounters by Type:</b>								
Triage		749	479	308	387	573	499	2,496
Care Coordination		1420	1297	1441	1425	2158	1548	7,741
F2F Encounter		157	145	173	190	247	182	912
<b>TOTAL Encounters:</b>		<b>2326</b>	<b>1921</b>	<b>1922</b>	<b>2002</b>	<b>2978</b>	<b>2043</b>	<b>11,149</b>

**Frank Crowley Specific Report**

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	AVERAGE	TOTAL
<b>Service Episodes:</b>	687	435	267	346	535	434	2,270
<b>Unique Consumers:</b>							
By N* ID	653	379	176	201	398	361	1,807
By Client ID	32	22	26	34	30	29	144
<b>TOTAL Unique Consumers:</b>	<b>685</b>	<b>401</b>	<b>202</b>	<b>235</b>	<b>428</b>	<b>381</b>	<b>1,951</b>
TOTAL Unique Consumers as a %:	99.71%	92.18%	75.66%	67.92%	80.00%		
<b>Unique F2F:</b>							
By N* ID	80	64	95	100	142	96	481
By Client ID	20	17	9	16	9	14	71
<b>TOTAL Unique F2F:</b>	<b>100</b>	<b>81</b>	<b>104</b>	<b>116</b>	<b>151</b>	<b>100</b>	<b>552</b>
TOTAL Unique F2F as a %:	93%	76%	76%	75%	72%		
<b>F2F Percentage:</b>	15.72%	24.60%	50.94%	44.51%	39.44%	31.54%	31.54%
<b>Encounters by Type:</b>							
Triage	687	435	267	346	535	454	2,270
Care Coordination	1057	1023	1157	1160	1926	1265	6,323
F2F Encounter	108	107	136	154	211	143	716
<b>TOTAL Encounters:</b>	<b>1852</b>	<b>1565</b>	<b>1560</b>	<b>1660</b>	<b>2672</b>	<b>1659</b>	<b>9,309</b>
<b>Female:</b>							
Black	131	81	51	38	78	76	379
White	56	33	17	20	34	32	160
Hispanic	33	8	6	9	21	15	77
Other	1			1	1	1	3
Unknown	1	3	1	2	3	2	
<b>TOTAL Female:</b>	<b>222</b>	<b>125</b>	<b>75</b>	<b>70</b>	<b>137</b>	<b>123</b>	<b>619</b>
<b>Male:</b>							
Black	300	199	78	108	195	176	880
White	94	49	27	33	49	50	252
Hispanic	63	20	11	20	35	30	149
Other	3	7	4	2	5	4	21
Unknown	3	1	7	2	7	4	20
<b>TOTAL Male:</b>	<b>463</b>	<b>276</b>	<b>127</b>	<b>165</b>	<b>291</b>	<b>258</b>	<b>1,322</b>

### Timberlawn Specific Report

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	AVERAGE	TOTAL
<b>Service Episodes:</b>	62	44	41	41	38	45	226
<b>Unique Consumers:</b>							
By N* ID	56	37	33	29	26	36	181
By Client ID	6	7	4	10	12	8	39
<b>TOTAL Unique Consumers:</b>	<b>62</b>	<b>44</b>	<b>37</b>	<b>39</b>	<b>38</b>	<b>18</b>	<b>220</b>
TOTAL Unique Consumers as %:	100%	100%	90%	95%	100%	41%	97%
<b>Unique F2F:</b>							
By N* ID	45	33	32	27	24	32	161
By Client ID	3	5	2	7	11	6	28
<b>TOTAL Unique F2F:</b>	<b>48</b>	<b>38</b>	<b>34</b>	<b>34</b>	<b>35</b>	<b>16</b>	<b>189</b>
TOTAL Unique F2F as a %:	98%	100%	92%	94%	97%	40%	96%
<b>F2F Percentage:</b>	79.03%	86.36%	90.24%	87.80%	94.74%	86.73%	86.73%
<b>Encounters by Type:</b>							
Triage	62	44	41	41	38	45	226
Care Coordination	363	274	284	265	232	284	1418
F2F Encounter	49	38	37	36	36	39	196
<b>TOTAL Encounters:</b>	<b>474</b>	<b>356</b>	<b>362</b>	<b>342</b>	<b>306</b>	<b>368</b>	<b>1840</b>
<b>Female:</b>							
Black	14	6	9	7	7	9	43
White	4	7	2	6	3	4	22
Hispanic	8	7	2	7	7	6	31
Other	2			1		2	3
Unknown	2	2	2	3	1	2	10
<b>TOTAL Female:</b>	<b>30</b>	<b>22</b>	<b>15</b>	<b>24</b>	<b>18</b>	<b>22</b>	<b>99</b>
<b>Male:</b>							
Black	17	14	8	6	8	11	53
White	7	3	4	2	8	5	24
Hispanic	6	5	4	5	3	5	23
Other	1		2		1	1	4
Unknown	1		4	2		2	7
<b>TOTAL Male:</b>	<b>32</b>	<b>22</b>	<b>22</b>	<b>15</b>	<b>20</b>	<b>9</b>	<b>111</b>
<b>Age of Triage Encounters:</b>							
Adult	39	30	30	24	32	31	155
Minor	21	11	5	10	5	10	52
Uncollected	2	3	2	5	1	3	13
<b>TOTAL Age of Triage Encounters:</b>	<b>62</b>	<b>44</b>	<b>37</b>	<b>39</b>	<b>38</b>	<b>44</b>	<b>220</b>
<b>Age of F2F Encounters:</b>							
Adult	31	30	29	24	31	29	145
Minor	17	8	5	10	4	9	44
Uncollected	0	0				0	0
<b>TOTAL Age of F2F Encounters:</b>	<b>48</b>	<b>38</b>	<b>34</b>	<b>34</b>	<b>35</b>	<b>38</b>	<b>189</b>
<b>F2F Outcomes:</b>							
23 hours obs							0
Crisis Residential		2	5	1	3	3	11
Hotline/MCOT				1		1	1
Inpatient- Civil	9	6	5	5	2	5	27
Intensive Outpatient	4	3	2	1	6	3	16
Left Against Clinical Advice			1			1	1
Medical Referral	3	1	4	2	2	2	12
No Behavioral Health Services Indicated			1			1	1
Other Higher Level of Care		1				1	1
Partial Hospitalization Program	1	1				1	2
Residential-CD	2	2				2	4
Residential-SUD/ COPSD		1	1	2	2	2	6
Routine Outpatient	25	20	12	19	15	18	91
School-based services			1			1	1
Urgent Care Clinic	4	1	2	3	5	3	15
<b>TOTAL Outcomes</b>	<b>48</b>	<b>38</b>	<b>34</b>	<b>34</b>	<b>35</b>	<b>38</b>	<b>186</b>
<b>Diversion Rate</b>	<b>81.25%</b>	<b>84.21%</b>	<b>85.29%</b>	<b>85.29%</b>	<b>94.29%</b>		<b>85.48%</b>

## Forensic Diversion Unit (FDU) Report

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
<b>Beginning Census</b>	<b>40</b>	<b>39</b>	<b>38</b>	<b>39</b>					
<b>Number of Referrals Received from CSP</b>									
Adapt	1	2	2	1					
Metrocare	0	0	0	0					
Transicare	0	0	0	0					
<b>Number of Admissions</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>					
<b>Number Discharged</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>					
<b>Number not admitted due to:</b>									
Client qualifies for ACT	0	0	1	0					
Client qualifies for other programs	0	0	0	0					
Client didn't meet level of need required	0	0	0	0					
Other reasons	0	0	0	0					
<b>Average Service Utilization:</b>									
Average hours seen	10.72	8.76	7.8	8.3					
<b>Face to Face Encounter Breakdown:</b>									
Psychiatrist	31	25	34	28					
Therapist	11	0	0	19					
Case Manager	370	182	277	383					
Clinical Manager	2	0	4	2					
Nurse	34	26	35	65					
LCDC	2	12	7	0					
<b>Number of clients accessing:</b>									
Emergency Room (medical)	1	1	0	0					
23-hour observation (psych)	1	1	1	0					
Inpatient (med/ psych)	8	0	2	2					
Jail book-in	2	4	1	1					
<b>Reasons for Discharge:</b>									
Graduate	0	0	0	0					
Client Disengagement	1	0	0	0					
Extended Jail stay (case-by-case basis)	1	0	1	1					
Other Intervening factors	0	1	0	0					
<b>End of Month Stats:</b>									
Number of Active FDU clients end of month	<b>39</b>	<b>38</b>	<b>39</b>	<b>39</b>					
Number of Unique Consumers	0	0	0	0					
Number of clients on Waiting List	0	0	0	0					
Average Length of stay on FDU (month)	11.72	12.38	12.07	12.45					
<b>Maximum Census</b>	<b>45</b>	<b>45</b>	<b>45</b>	<b>45</b>	<b>45</b>	<b>45</b>	<b>45</b>	<b>45</b>	<b>45</b>



## **Behavioral Health Steering Committee**

Thursday February 19, 2015

### **Meeting called to order at 8:30am by Judge Wade.**

Judge Kristin Wade made a motion to approve the January 15, 2014 meeting minutes. Cindy Stormer seconded the motion the minutes were approved.

### **BHLT & CSP Update**

Charlene Randolph, CSP completed DY 3 (demonstration year) in October and sent their metrics to the state for review, at the time the state required additional time to complete the review. All metrics and milestones have been approved and are not at risk for owing the state or CMS any money. The CSP project has finalized the Aftercare Engagement project with Value Options. The idea is to incentivize clinics to get clients in within 7 days; this program will be piloted at Metrocare clinics. The hope is to reach 30 clients a month, this will most likely occur for the first 3 months then adjustments will be made if necessary. Referencing pg 10 in the packet, the number of unique consumers for December was 241, this is below the 350 target goal; areas of improvement were address and adjustments have been made. The adjustments have helped and they are close to meeting 350 once again. On pg 8; Transicare numbers reported starting the month with 42 clients, 16 admits, and ended with 49 clients. They have now included additional information on those who have returned from jail, a person connecting with prescribers within 7 days is at 64.71%, and 76.47% within 30 days. This is a huge increase since the beginning of the program; they will continue to work to reaching the goal off 100% for both 7 and 30 days. *(pgs 6-10, of February packet)*

### **Jail Reports**

**NorthSTAR Intakes-** Duane Steele reported a 24% match rate for NorthSTAR intakes for the month of January with a total of 1420 book-ins with NorthSTAR matches. *(pg 11, of February packet)*

**Hospital Movement-** Brandy Coty reported for the month of January there were clients 63 in the community, 185 in the hospital and 178 in jail, of the 178 in jail 81 of them were hospital or community returns that came back to jail, and 97 of those were competency cases that originated last month. The community numbers are those that are in OCR, are out on bond and will return for OCR hearing, or out on bond with a date to return for evaluation and those that have absconded. *(pgs. 12&13, of February packet)*

**Pregnant Women in Jail-** Shenna Oriabure reported there are currently 30 pregnant women in jail; 9 sentenced, 13 have upcoming court dates, 1 waiting to go to the hospital, 1 parole hold and 6 without court dates. *(pg 14, of February packet)*

### **Public Defender Report**

Lynn Richardson, reported that Vickie Rice is head the Mental Health Division, and Bylthe Barnes has also joined the team as the OCR case manager. Mrs. Richardson reported on the amount of new cases that have been handled by Ms. Walton-Barnes, Ms. Taylor and Ms. Black at the various hospitals. She gave kudos to Ms. Uddin for the 48 dismissals that she handled in the misdemeanor competency and praised

Behavioral Health Steering Committee

Minutes from February 19, 2015

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Mr. Ingram for the amount of clients that he has been able to continue to meet with in both ATLAS and MHJD courts. (pg 15, of February packet)

### **SPN Reports**

**Metrocare**-Sam McNair reported the following numbers for the month of January: Atlas started the month with 11, ended with 16 with a max capacity of 25. Post-DDRTC started with 28, ended with 29, has a max capacity of 50. STAC started with 22, ended with 22, has a max capacity of 50. MHJD started with 15 ended with 21, and has a capacity for 25. DDRTC started with 41 ended with 38, with a capacity for 60 and FDU started with 39 ended with 38, has a max capacity of 45. In the future FDU will start to fall under CSP and the reporting may look different. Also, the graduations for MHJD are being moved to the middle of the month to help better reflect the amount of clients in the program. (pg 16, of February packet)

**LifeNet**-Crystal Garland reported having 6 active clients in ATLAS and 19 active clients in MHJD. (not included in February packet)

**ABC**-Julianne Pyle reported having the following amount of active clients in each court: ATLAS (5), MHJD (8), STAR (1), OCR (5) (pg 7, of February packet)

**The Bridge** -The Bridge report was present on page 18 the package. Jay Meaders was unable to attend the meeting.

**IPS** - Enrique Morris provided the following information for Specialty courts: 23 Discharges the breakdown for discharge is as follows: 45% successful discharge, 30% absconded, 10% medical discharge, 10% elevation of care and 5% sustained incarceration. There were 15 admissions, this is the second straight month there have been more discharges than admits; it is also the lowest in amount of admissions in 7 months. Since STAC is one of the larger courts it had the majority of discharges in the month of January, however the successful completion of STAC in January was 67%. IPS has also recently submitted their Medicaid application, there is a 1-3 month turn around and it includes pharmacological intervention. (pgs 19-22, of February packet)

### **Problem Solving Courts**

**Outpatient Competency Restoration**-Brandy Coty reported a discrepancy in the ending reporting number from December (34) and the beginning of reporting number for January (36) there were two people that were not reported on the report. Between misdemeanor and felony there were 11 restorations (4 misdemeanors, 7 felonies), 5 additions (3 misdemeanors, 2 felonies). (pg 23, of February packet)

**Mental Health** -Christina Gonzales reported that Misdemeanor Jail Diversion started the December month with 43 people, had 12 admissions, 2 unsuccessful discharges, 2 graduations and ended the month with 50 clients. (pg 24, of February packet)

**DIVERT** - Keta Dickerson reported that DIVERT started with 152, admitted 6, had 7 graduates and ended the month at 150, their max capacity is 150. (pg 25, of February packet)

**Probation**-Serena McNair reported that probation will have a new format similar to DIVERT and MHJD starting next month. She reported the following numbers for the Probation Department; ATLAS 30, DDC 153, MH 50, STAC 19 and STAR 14 for a total of 131. Ron Stretcher asked that Serena and Christina Gonzales work together to find a process to work with the holds for people in jail that are starting in Specialty Court. (pg 26, of February packet)



**Problem Solving Concern** - Judge Wade asked as a committee what will be the steps to working with the Sheriff's Department in regards to K-2 and other illegal substances found on clients during book-in and being thrown away. It is preferred to have the Sheriff's department send the substance to the lab to determine if it is K2 or another illegal substance. Probation department reports that there are tests to determine if someone is using K2; however, the kit is around \$30.00 to test for K-2. Other courts currently monitor clients' creatinine levels before other testing is completed. Cindy Stormer and Judge Mays will reach out to the Sheriff's Department and speak with Chief Mikulewicz to discuss the policy on testing substances.

**Anthem Strong Families-** Charles Dillon, from Anthem Strong Families (ASF) came in to discuss their agency. ASF provides many workshops and classes to assist families coping with a loved one re-entering the community. They are highlighting the TYRO program; training that focuses on communication, problem solving, character and leadership development, and job and life ethics. Clients can access services by walk-in and no previous appointment is needed. For more information please contact Charles Dillon @ 214-426-0900.

### **530 Sub Committee**

Duane Steele, reported the current balance as of January the ending balance is \$189,068.65 this does not include an encumbered amount (\$36,843) from last fiscal year. Since it was encumbered in last fiscal year it needs to be removed from this current year budget, Duane will work to see how this can be corrected. As of 2/17/15 the total balance was \$185,940, taking the previously mentioned encumbrance into account the balance is \$148,970.00. There has been a decrease in the average amount of credits in the account. Since last year, there has been a \$4,000 decrease in credits per month.

The sub-committee has also created a policy for utilization of 530 funds for training and travel. Going forward the 530 Fund cannot be utilized to pay for any training or travel that is outside of Texas. This policy is across the board for all Judges, Prosecutors and Public Defenders. There are limited funds and as a committee we need to work harder to ensure the funds are utilized appropriately and that we remain good stewards of the fund.

### **Announcements**

Patrick Jones, from Parkland announced two items for the committee:

- The National Commission on Correctional Healthcare (NCCHC) is holding their National Conference in October at the Hilton, Anatole. Mr. Jones states the BHSC has a wealth of knowledge to offer and feels that a presentation or a poster at the conference would be well received and very helpful. NCCHC currently has a call for proposals out more information can be found at <http://www.ncchc.org/education-conferences-nationalconference-cfp>.
- The renovations in the jail are at completion and will open in April; Mr. Jones has offered to take the BHSC on a tour during the next meeting. The BHSC will need to have an abbreviated meeting as the tour normally takes about an hour. Due to the nature of the jail, the tour will be limited to 40 people; Christina Gonzales will work with Mr. Jones to set up the meeting and will send out information accordingly.

### **Adjourn**

The meeting was adjourned at 9:45am by Judge Wade.

FEBRUARY 2015 MONTHLY UPDATE

Dallas County Crisis Services Program	Program Specific and Systems Update	Summary of VO's Monthly Activities	Numeric Outcomes Reporting
1	<b>Adapt Community Solutions (ACS)</b> - Targets members released from jail using both ACS to ensure continuity of care.	Conducted case consultations on approximately 12 cases this month	Received Data from CSP, VO running outcomes report
2	<b>Transicare Post-Acute Transitional Services (PATS)</b> - Targets high utilizers released from jail with more intensive need to ensure continuity of care.	<p>Conducted 200+ case consults/clinical support for Transicare Post-Acute Transitional Services (PATS)-Clinical Rounds</p> <p>Flags in system –NSID included 4 added-Active List updated</p> <p>Supported 7-day after-care appts. (6 discharges)</p>	Flags in system - VO outcomes reports in progress.
3	<b>Timberlawn Assessor</b> - Provides neutral assessments and interventions for persons presenting for admission to inpatient	Increasing referrals for high-utilizers and case consultations- Coordinating with ACS 1115	Received Data from CSP, VO running outcomes report
4	<b>ACT FDU</b> - Provides ACT for high utilizers of the legal system (Attending work-group meetings)	<p>Attended FDU Meeting Clinical consultation (monthly)</p> <p>Begin authorizations for FDU members</p>	Working with CSP to identify needs for any additional reports
5	<p><b>CSP-Systemic Operations</b></p> <p>Clarifying Roles and Responsibilities between ACT LOC and PATS 1115</p> <p>Improve Communication with TSH and support refined d/c planning procedures Developing workflow to designate PATS 1115 as SPN to support TSH d/c planning</p> <p>Developing infrastructure to support same-day appt.</p>	<p>Attended VO-ACT meeting-Feb. 20th<sup>h</sup></p> <p>Continuing to develop workflow to clarify roles/responsibilities SPN (ACT) vs. 1115 PATS</p> <p>Communication with Clinical Managers/SPN contacts throughout NSTAR network</p>	<p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p>