

Dallas County Behavioral Health Leadership Team

Thursday, April 9, 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*
 - Legislative Status
 - Indigent Services Plan
- IV. Presentation
1115 Waiver Update- Green Oaks, Shannon Winburn
- 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
 - Safety and Justice Challenge
 - SAMHSA Drug Court Expansion
- XI. Upcoming Events and Notifications
- XII. Public Comments
- XIII. Adjournment



Dallas County Behavioral Health Leadership Team
Meeting Notes
Thursday, March 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 February 12, 2015 were included in the meeting packet. BHLT committee members voted to approve the minutes without modification.

Sunset Commission:

Commissioner John Wiley Price and Commissioner Theresa Daniel opened the meeting for discussions on the Sunset Commission report. Ron Stretcher stated that the NTBHA Indigent Plan for Behavioral Health Services has been accepted as of March 5th. A written notice will be sent out if there's anything specific that needs to be finalized. Commissioner Daniel asked what direction we should be going in next. Mr. Stretcher stated that he believes we should continue with implementing the Plan as we don't know what final action will come from the Legislature. Parkland would like to be in the planning discussion moving forward. Ron Stretcher acknowledged Brittony McNaughton for all the hard work she had done in putting together the NTBHA Indigent Plan for Behavioral Health Services.

Presentations:

1115 Waiver Update-Christina Minter provided an overview of the Peer Navigation Program. This program provides Parkland patients with mental health disorders support and assistance with connections to care from the emergency department or community health clinics. An additional best practice established by this project is the use of a pharmacist with a specialty certification in psychiatry. This project must have 1800 unique patients enrolled by September 30, 2015. John Raish provided an overview of the Parkland Memorial Hospital. The hospital will integrate behavioral 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.

Serial Inebriate Program (SIP) Update- Ron Stretcher stated that our target date for implementation will be April 15, 2015. Transicare has agreed to transport clients to Homeward Bound. All treatment and client enrollment will occur at Homeward Bound. Downstream services such as long-term recovery services, transitional housing, vocational training, primary care, and case management will be provided for each SIP client. Mr. Stretcher acknowledged Dr. Mani Alavi, Dr. Marshal Isaacs, and the Parkland ER for all the hard work and assistance they have provided in training and putting this program together.

BHLT Activity Tracking: Mr. Duane Steele stated that on pages 7-9 of the meeting packet was a running list of the most recently completed BHLT Action Items.

Behavioral Health Housing Work Group (BHHWG) Update: Commissioner Daniel reported that the BHHWG continues to identify housing inventory. Commissioner Daniel reported that Germaine White, Chief of Staff, submitted a grant application for technical assistance with supportive housing funding; unfortunately, BHHWG did not receive the grant. The committee will continue to follow up with leads towards sustainable long-term housing. Commissioner Daniel reported that BHHWG continues to define the template for an ideal housing model. The Coordinated Access Committee also continues to work on a coordinate access tool and there is now a MDHA link on the Dallas County HHS website.

Reports from and Charges to BHLT Committees

Crisis Services Project (CSP) Governance Committee: Mr. Stretcher stated that the program is moving along and working great.

Clinical Operations Team (ACOT): Sherry Cusumano conveyed that ACOT did not meet in March.

FACT: Kelli Laos, co-chair of FACT reported that the committee did not meet.

BHSC: Judge Kristen Wade was unable to attend the meeting; however, the meeting notes were provided for everyone's review. Mrs. Lynn Richardson stated that the new District Attorney has promoted Supervisor Cindy Stormer to Administrative Attorney and Lee Pearson will be taking her place. The Public Defender's Office is very excited about the changes and looks forward to working with the DA's office. Mrs. Richardson also asked for assistance with a client that has become a frequent client in the Public Defender's office. After some discussion, a Metrocare representative stated that he would meet with her to help work out strategies to help the client.

Legislative Advisory Committee: Janie Metzinger stated that the Texas Legislature is in session and that 3,000 house bills had been filed and 400-500 senate bills. Ms. Metzinger provided documentation to the legislators that proves blended funding is not illegal. Mrs. Metzinger received a response and positive feedback from Representative Tom Rose's office because he believes this stance keeps the foundation of NorthStar. Collin County presented a compromise proposal because they want to make sure that our bill does not keep them in North Star longer than they want. A new proposal was presented stating that any new health authority is always funded at the state mean level. Mr. Stretcher indicated that this comes out to be about \$16 per capita and generates more general revenue; however, this needs to be confirmed. Mr. Stretcher asked what we would have to gain by delaying the original bill for 2 years. Ken Medlock questioned who the source that stated blended funding is legal. Mrs. Metzinger responded that the source was the US Department of Health and Human Services.

NTBHA Update: Alex Smith stated that Ron Stretcher is the new chairman of the NTBHA board. Mr. Smith stated that the board is taking a look at high rates of crisis care, to keep people out of the hospitals. At the last meeting Mr. Stretcher appointed an Incentive Fund Committee. The committee will consider reallocating about two hundred-thousand dollars (\$200,000) into another project. The committee will also be receiving an additional four hundred-thousand (\$400,000) dollars that they will allocate.

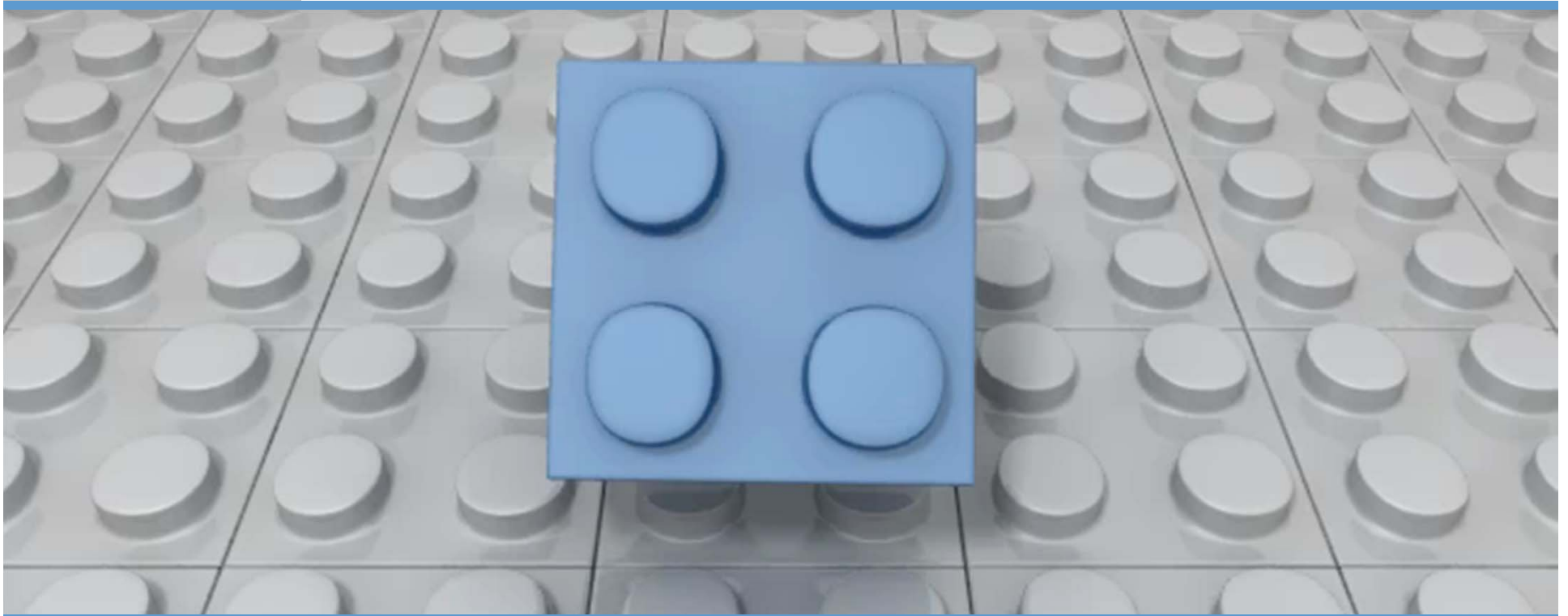
ValueOptions Update: Sandy Potter stated that ValueOptions of Texas and Transicare will be completing a web cast with SAMHSA on how to respond to Ebola and Behavioral Health in the community. Also Transicare and ValueOptions will be attending a conference in Houston next month on how to better respond to homeless individuals. Ms. Potter wanted to thank and congratulate Green Oaks on their grant for telemedicine and for their expansion into the Bridge. Green Oaks will also expand to Nexus and Homeward Bound to allow dual diagnosed clients to receive their medication in one location. VO is working to add an intensive case management program which identifies women who are pregnant and that have SMI and SUD disorders. VO will also implement the Spectrum Tool which will allow providers to see the full medical history for consumers.

State Advisory Committees: Commissioner Daniel provided a handout which reported that the Meadows Foundation, along with Conference of Urban Counties, are developing an index on 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.

Upcoming Events and Notifications: Mr. Stretcher stated that we have two grant opportunities; Safety and Justice Challenge and acknowledged Ms. Rebecca Crowl for finding a SAMHSA Grant and grant writer. Commissioner Daniel recognized and welcomed Ms. Cindy Crain, President and CEO of Metro Dallas Homeless Alliance. Mrs. Richardson introduced Mr. Lee Pierson, new District Attorney Supervisor of the Mental Health Unit.

Adjournment: A motion was made, seconded, and approved to adjourn the meeting at 10:54 AM



Tele-Psychiatry / Integrated Clinic

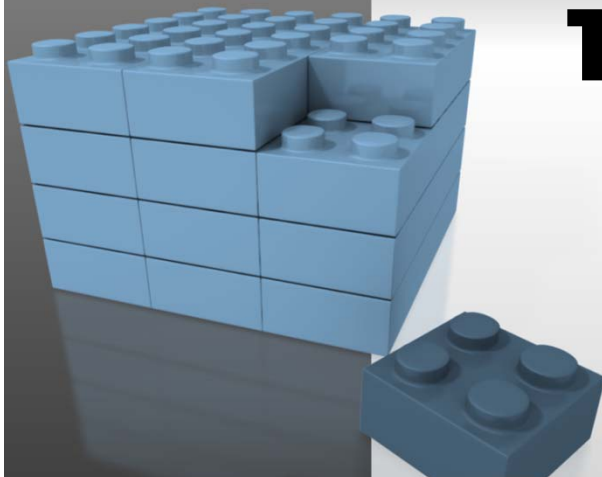
Green Oaks Hospital

March 2015



DSRIP – 1115 Waiver Project

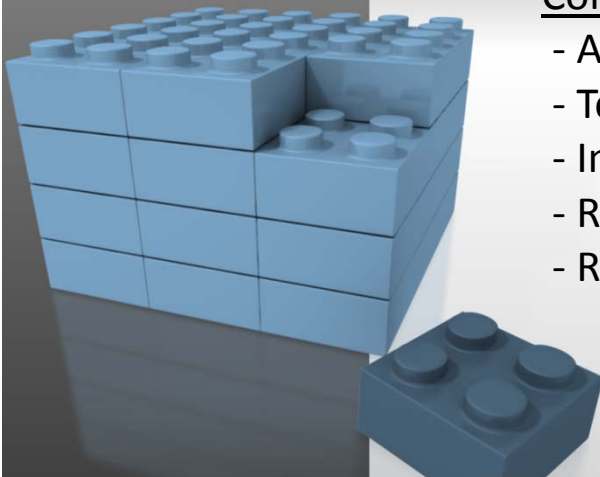
TELE-PSYCHIATRY





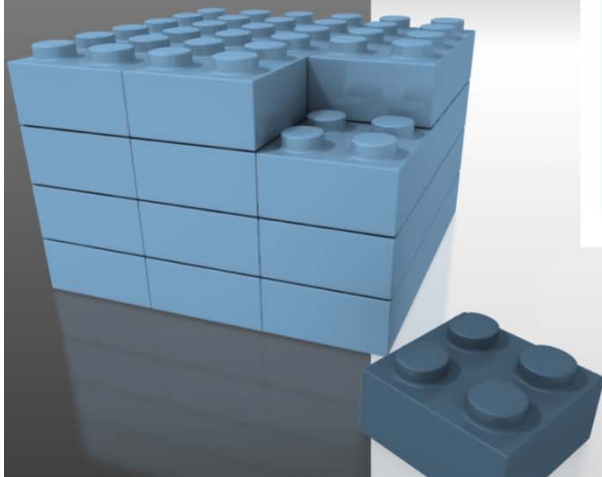
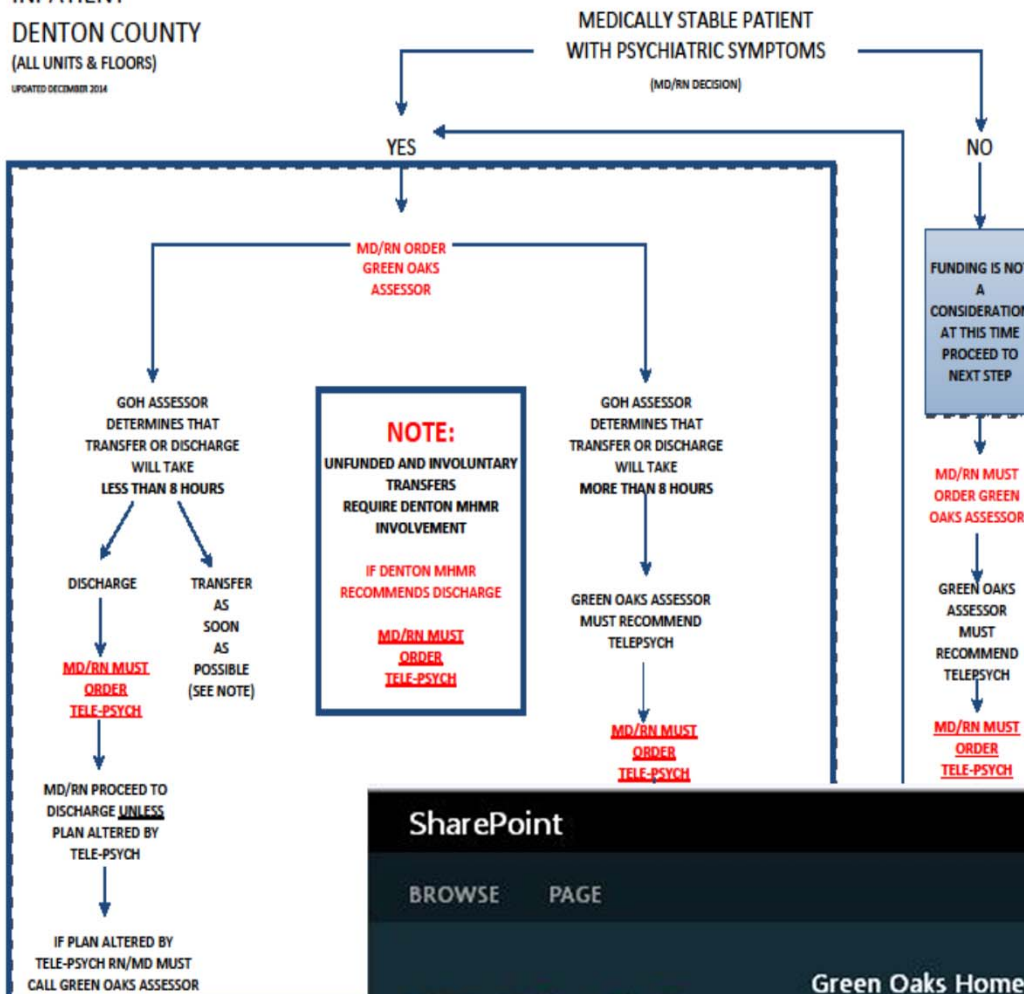
Tele-Psychiatry Metrics

- Number of Consults as of 4/1/15
366 (of 3300) by 9/30/16
- Number of Sites Opened
3 per demonstration year
2 HCA Hospitals done
+1 HCA Hospital before Sept 2015
+ 3 Non-HCA Sites before Sept 2015
Homeward Bound
Nexus
Integ. Psych. Services
- Continuous Quality Improvement
 - Assessor Algorithm Created
 - TelePsych SharePoint Site
 - Inpatient Units Added
 - RN HealthStream Course
 - RN Badge Buddy – Common Psych Meds





**INPATIENT
DENTON COUNTY**
(ALL UNITS & FLOORS)
UPDATED DECEMBER 2014



SharePoint

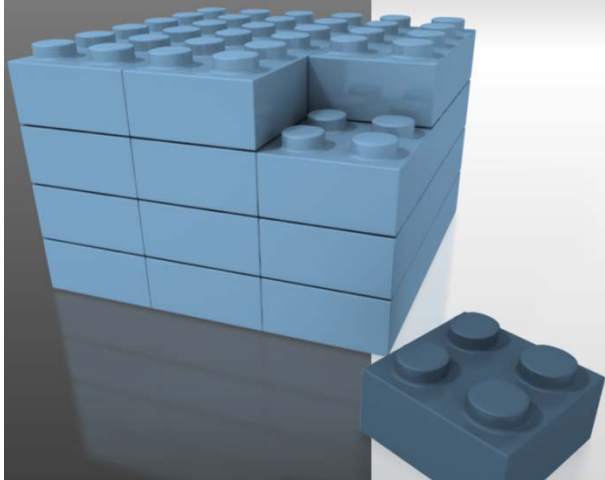
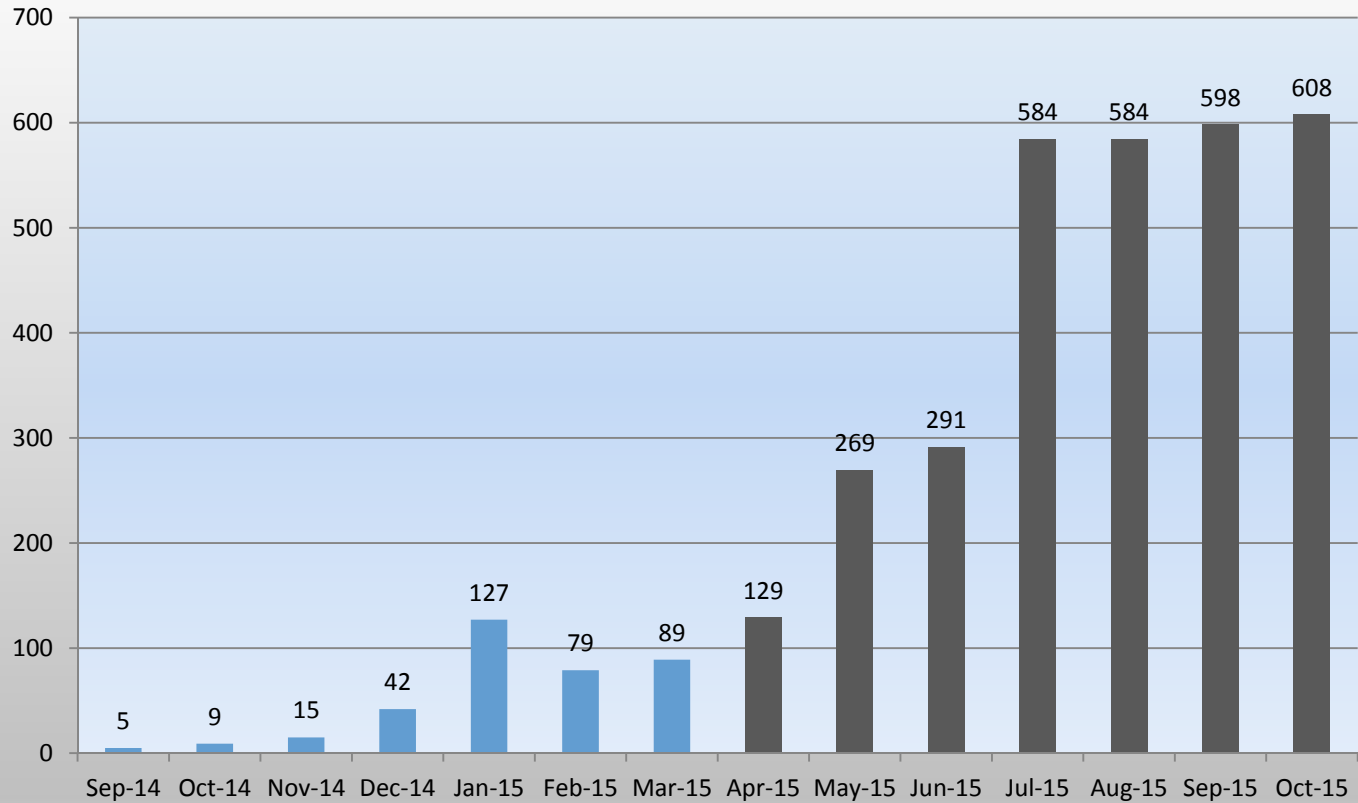
BROWSE PAGE

HCA North Texas

Green Oaks Home Depts ▾

TelePsychiatry

Home Announcements



TELE-PSYCHIATRY

Metric Progress & Projections

For meeting initial + Carry Forward QPI



Green Oaks Tele-Psychiatry Consults

DEMONSTRATION YEAR 2

(10/1/2012 – 9/30/2013)

Needs Assessment

DEMONSTRATION YEAR 3

(10/1/2013 – 9/30/2014)

Deliver 1000 Consults

DEMONSTRATION YEAR 4

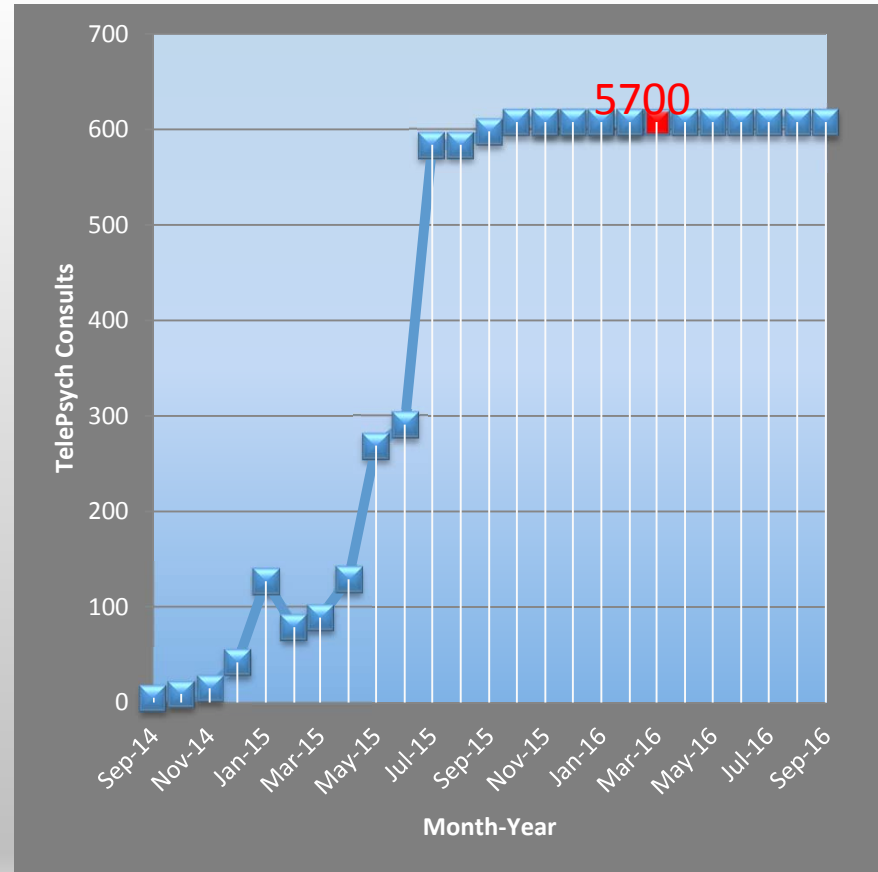
(10/1/2014 – 9/30/2015)

Deliver 2300 Additional Consults

DEMONSTRATION YEAR 5

(10/1/2015 – 9/30/2016)

Deliver 2400 Additional Consults



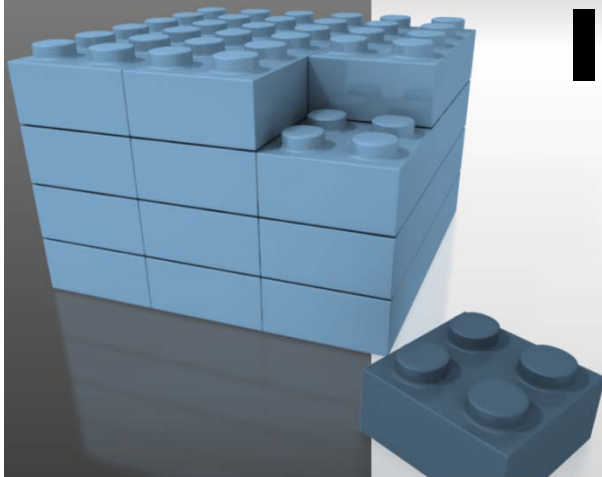
TELE-PSYCHIATRY

Metric Progress & Projections For meeting Full QPI



DSRIP – 1115 Waiver Project

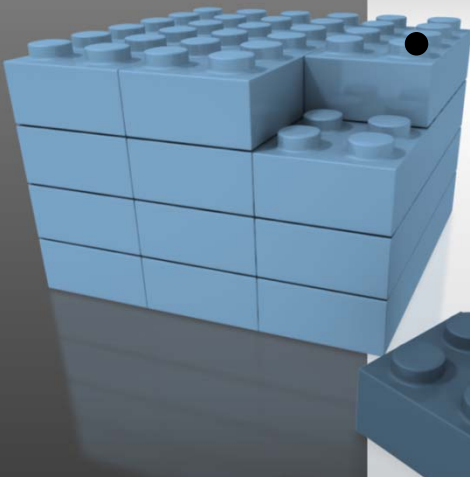
INTEGRATED CLINIC





Integrated Clinic Metrics

- Patient Panel Growth
- Referrals
- HTN Control
- Master (Shared) Treatment Planning

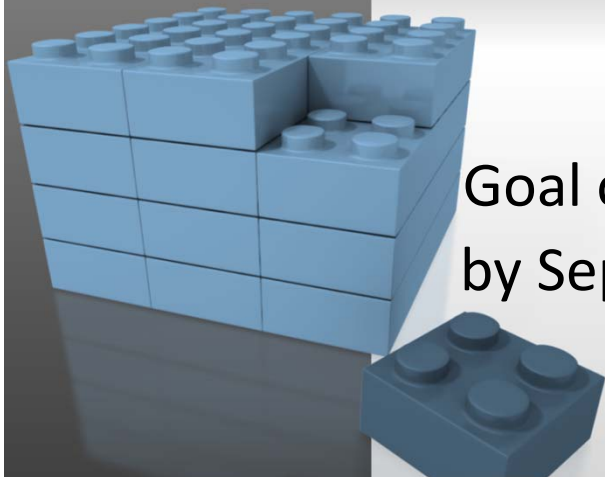


**PATIENT PANEL
AS OF
4/1/2015**

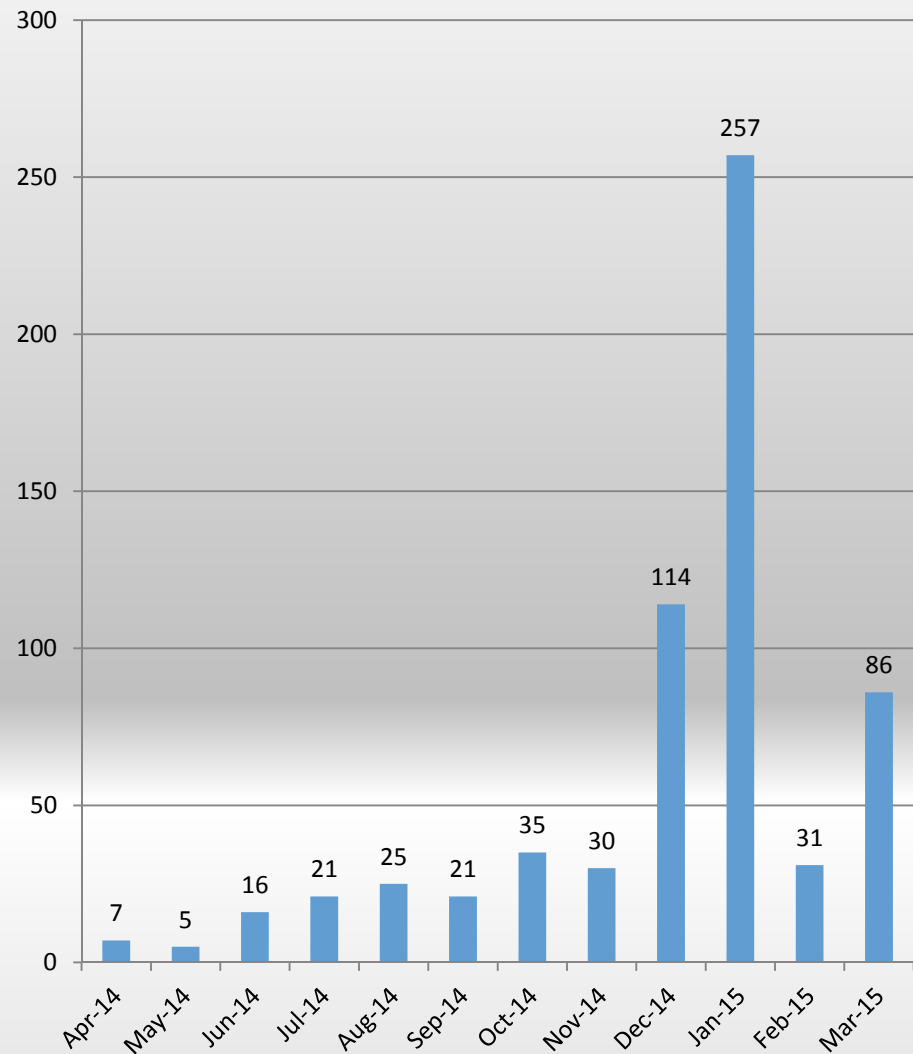
648 of (750)
due by Sept
2015

Goal of 2750
by Sept 2016

Goal of 5250
by Sept 2017



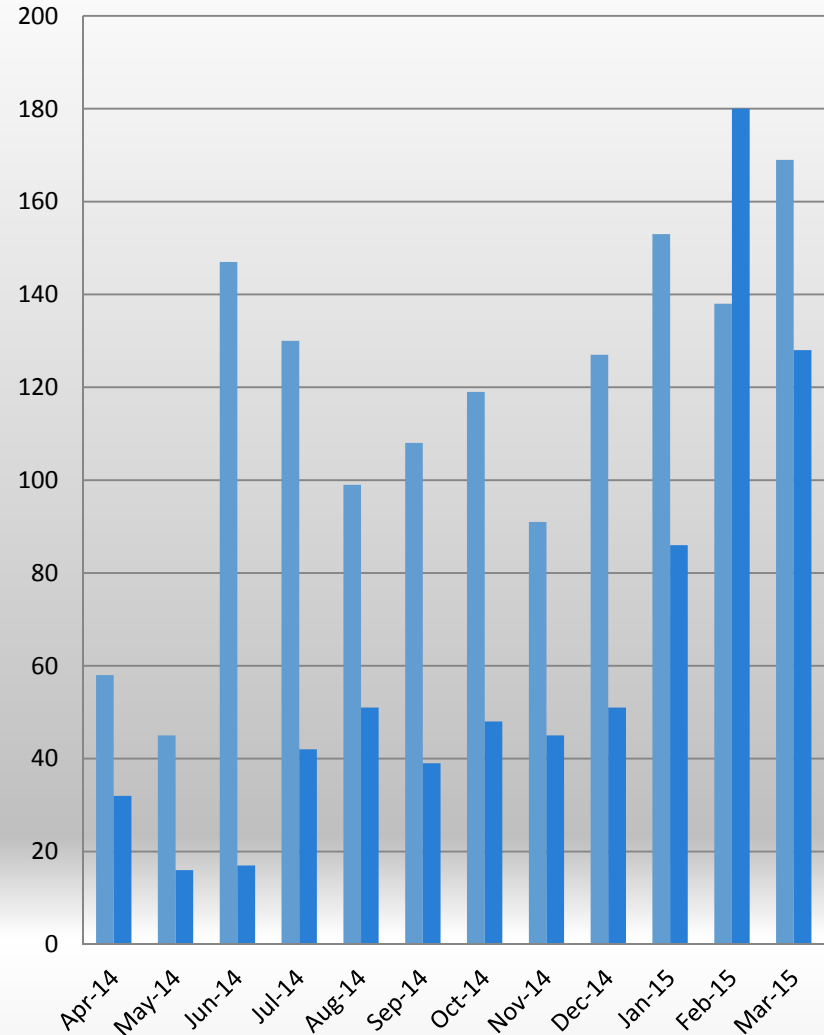
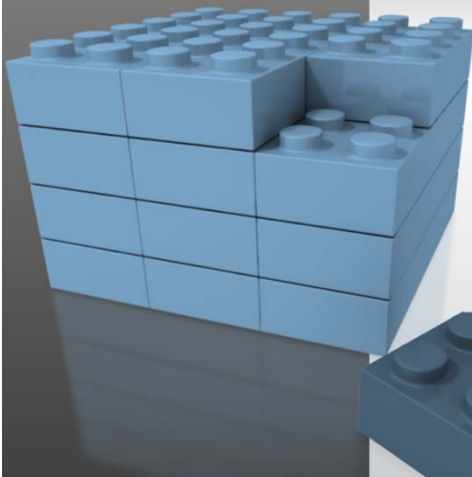
**INTEGRATED PATIENT PANEL
GROWTH BY MONTH**



**REFERRALS
AS OF
4/1/2015**
GOAL – 1700
AS OF 9/31/14

1384
From Green
Oaks Hospital

735
Provider
To
Provider



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
REFERRALS (Post GOH Hospitalization to IC)	58	45	147	130	99	108	119	91	127	153	138	169
REFERRALS ALL PROVIDER	32	16	17	42	51	39	48	45	51	86	180	128

PATIENTS WITH CONTROLLED HYPERTENSION

GOAL 5% ABOVE BASELINE

BASELINE < 25%

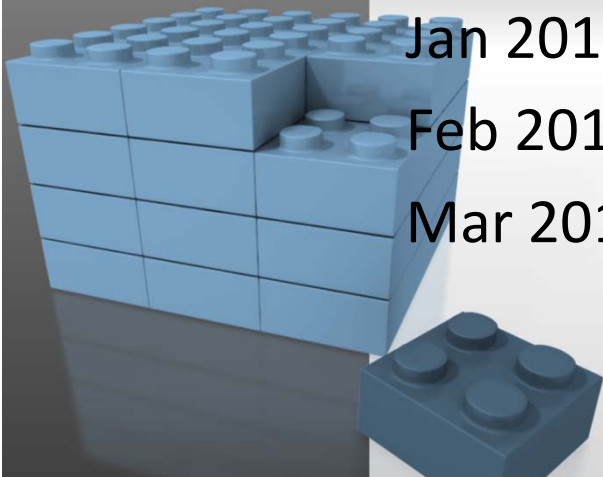
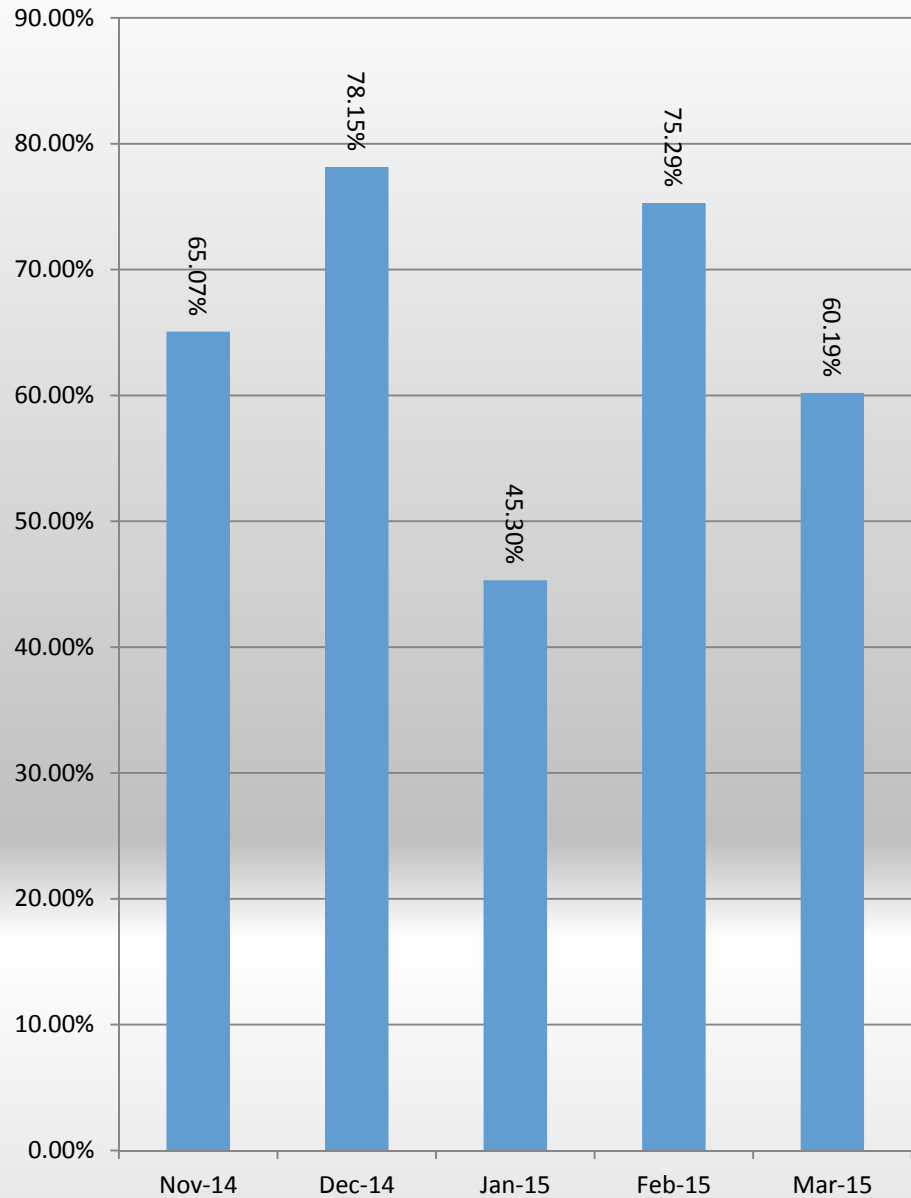
Nov 2014 – 65%

Dec 2014 – 78%

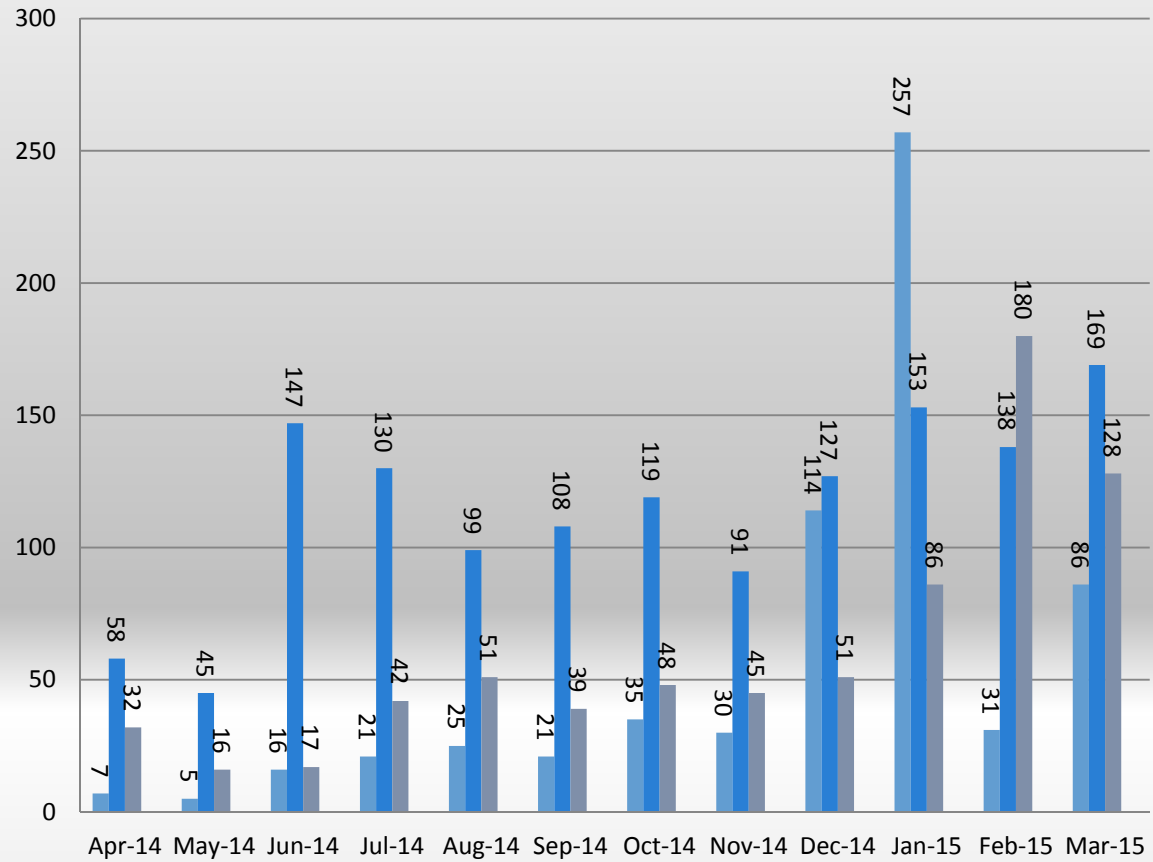
Jan 2015 – 45%

Feb 2015 – 75%

Mar 2015 – 60%



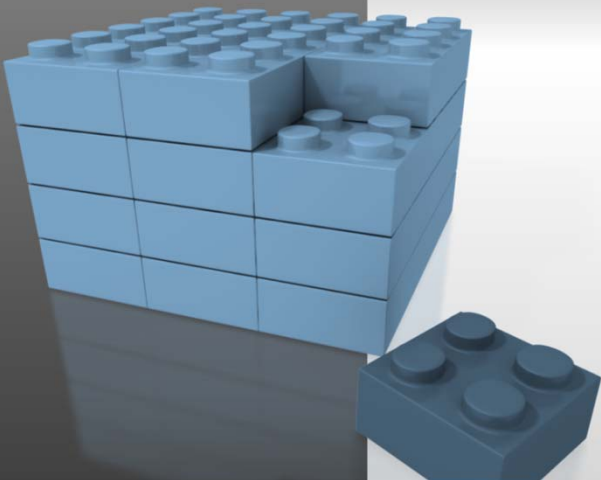
INTEGRATED CLINIC PATIENT PANEL GROWTH



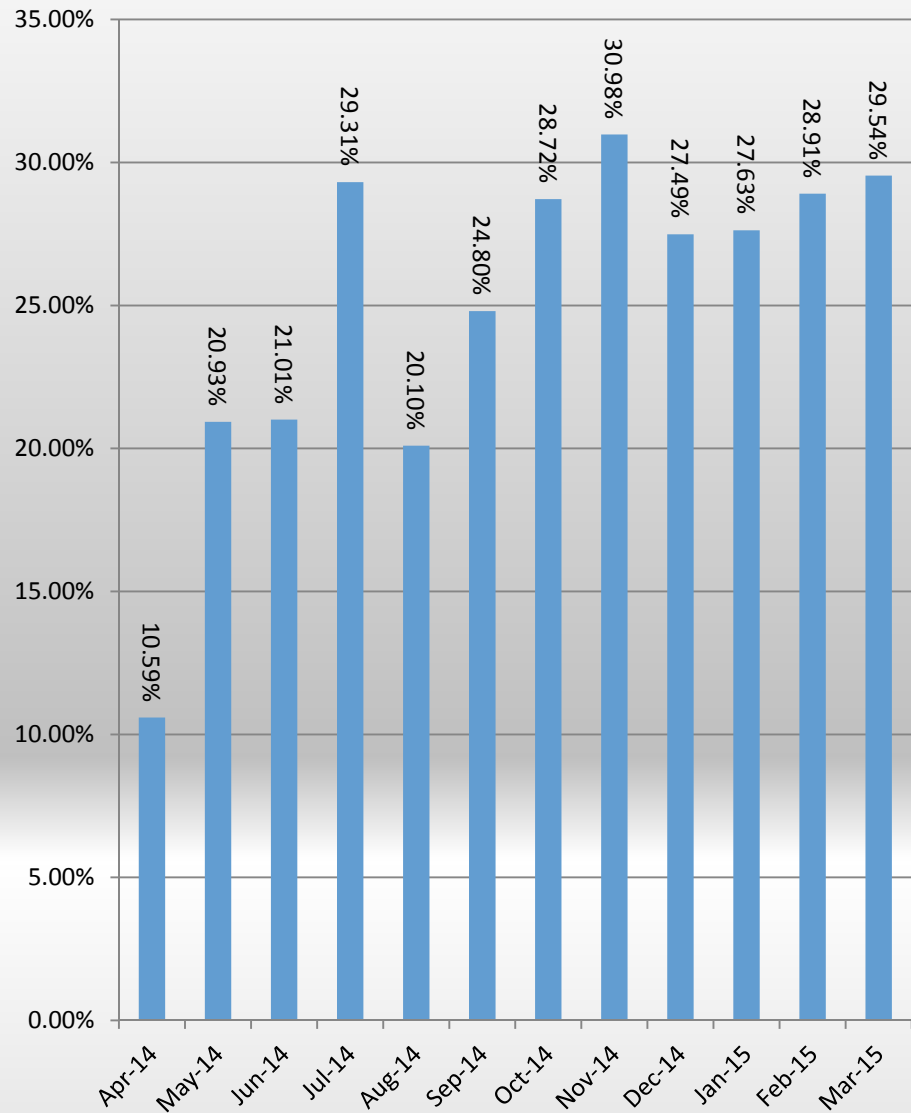
	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
INTEGRATED PATIENT PANEL	7	5	16	21	25	21	35	30	114	257	31	86
REFERRALS (Post GOH Hospitalization to IC)	58	45	147	130	99	108	119	91	127	153	138	169
REFERRALS ALL PROVIDER	32	16	17	42	51	39	48	45	51	86	180	128
% PATIENT NO SHOWS	10.59%	20.93%	21.01%	29.31%	20.10%	24.80%	28.72%	30.98%	27.49%	27.63%	28.91%	29.54%



Integrated Clinic No Show Percent By Month



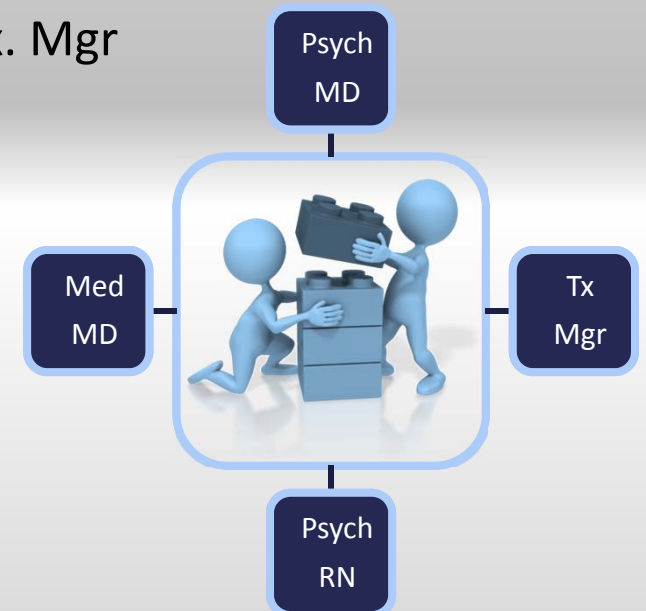
% PATIENT NO SHOWS





Integrated Mini-Clinic on A7

- Beginning on January 6, 2015
- 30 minute visits
- Identifying Patients – Any patient without Primary Provider
- Chronic or Acute Medical, Post Trauma, etc.
- Half day 8am – 12pm until May 2015
- Full day with Nurse Practitioner after May 2015
- Psych Physician / Psych RN / Psych Tx. Mgr
 - Collaborative Review of Chart
 - Early intervention
 - Relationship established



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	SIP implementation scheduled 4/15/2015	
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	Green Oaks is scheduled to provide update on 4/7/2015; Metrocare 5/14/15		Parkland complete 3/12/15

Recent Completed BHLT Action Items

Date	Suggestions, Recommendations & Motions	Person Initiating	Workgroup/ Person Tasked	Plan for Accomplishment	Current Status	Follow-Up	Date Completed

BHLT Workgroup Recommendations for Action

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

On-Going & Accomplished Action Items	Date Completed	Current Status
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

April 9, 2015

Next CSP Governance Meeting: April 21, 2015. 3:30 pm- 5:00 pm at City Square (Bldg. 100)

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
- Value Options NorthSTAR Care Coordination
- After-care engagement
 - Commissioners Court Order 3/3/2015 ; Contract with Metrocare has been executed
- Transitional housing
 - Briefed Salvation Army collaboration 4/7/2015
 - Attended Texas Homeless Housing Network Conference in Austin

IGT Status

- DY4:
 - Next match funds- January 30, 2016- approximately \$5,224,400

Metrics and Milestones

- HHSC issues with 7/30-follow baseline(CSP used state data to establish) has been resolved
- DY4:
 - Began October 1, 2014
 - Monthly Service Goal: 350 (4200 annual)
 - CJ Readmissions: Reduce by 5%
 - As of 2/28/2015, 15% reduction
 - 7-day Follow-up: 32%; 30-day Follow-up: 57%
 - As of 2/28/2015; 77%- 7 day; 68%- 30 day
- 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

- Wednesday, May 27 and Thursday, May 28: RHP 9 and RHP 10 Learning Collaborative Event, Hurst Convention Center

ACS 1115 CSP Monthly Production Report

	Past Year Average	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	AVERAGE	TOTAL
Total Service Episodes:	449	749	479	308	393	573	721	482	3,223
Total Unique Consumers:	328	746	445	239	274	466	553	426	2,723
Percentage Change to DY3		227.32%	135.60%	72.83%	83.49%	142.00%	168.51%		
Total Encounters by Type:									
Triage		749	479	308	393	573	721	537	3,223
Care Coordination		1420	1297	1441	1425	2160	3032	1796	10,775
F2F Encounter		157	145	173	190	247	310	204	1,222
TOTAL Encounters:		<u>2326</u>	<u>1921</u>	<u>1922</u>	<u>2008</u>	<u>2980</u>	<u>4063</u>	<u>2537</u>	<u>15,220</u>

Recidivism 10/1/14 - 2/28/15

Triages 12	2170
Bookins 12	314
Recidivism % 12 - 12	14.47%
Traiges 6	2170
Bookins 6	314
Recidivism % 6 - 6	14.47%
Traiges 6	2170
Bookins 12	314
Recidivism % 6 - 12	14.47%

Frank Crowley Specific Report

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	AVERAGE	TOTAL
Service Episodes:	688	435	267	352	535	658	489	2,935
Unique Consumers:								
By N* ID	653	379	178	205	399	471	381	2,285
By Client ID	32	22	24	30	29	30	28	167
TOTAL Unique Consumers:	685	401	202	235	428	501	409	2,452
TOTAL Unique Consumers as %:	99.56%	92.18%	75.66%	66.76%	80.00%	76.14%		
Unique F2F:								
By N* ID	80	66	95	101	147	177	111	666
By Client ID	20	15	9	15	13	18	15	90
TOTAL Unique F2F:	100	81	104	116	160	195	126	756
TOTAL Unique F2F as a %:	93%	76%	76%	75%	76%	75%		
F2F Percentage:	15.70%	24.60%	50.94%	43.75%	39.44%	39.67%	33.29%	33.29%
Encounters by Type:								
Triage	688	435	267	352	535	658	489	2,935
Care Coordination	1057	1021	1157	1160	1929	2705	1505	9,029
F2F Encounter	108	107	136	154	211	261	163	977
TOTAL Encounters:	1853	1563	1560	1666	2675	3624	2157	12,941
Female:								
Black	131	81	51	38	78	120	83	499
White	56	33	17	20	34	36	33	196
Hispanic	33	8	6	9	21	22	17	99
Other	1			1	1	4	2	7
Unknown	1	3	1	2	3	1	2	1
TOTAL Female:	222	125	75	70	137	183	135	801
Male:								
Black	300	199	78	108	195	203	181	1,083
White	94	49	27	33	49	67	53	319
Hispanic	63	20	11	20	35	40	32	189
Other	3	7	4	2	5	6	5	27
Unknown	3	1	7	2	7	2	4	22
TOTAL Male:	463	276	127	165	291	318	273	1,640

Timberlawn Specific Report

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	AVERAGE	TOTAL
Service Episodes:	61	44	41	41	38	63	41	288
Unique Consumers:								
By N* ID	55	37	33	29	26	42	37	222
By Client ID	6	7	4	10	12	10	8	49
TOTAL Unique Consumers:	61	44	37	39	38	52	23	271
TOTAL Unique Consumers as %:	100%	100%	90%	95%	100%	83%	47%	94%
Unique F2F:								
By N* ID	45	33	32	27	24	37	33	198
By Client ID	3	5	2	7	11	8	6	36
TOTAL Unique F2F:	48	38	34	34	35	45	20	234
TOTAL Unique F2F as a %:	98%	100%	92%	94%	97%	92%	48%	96%
F2F Percentage:	80.33%	86.36%	90.24%	87.80%	94.74%	77.78%	85.07%	85.07%
Encounters by Type:								
Triage	61	44	41	41	38	63	48	288
Care Coordination	363	276	284	265	231	327	291	1746
F2F Encounter	49	38	37	36	36	49	41	245
TOTAL Encounters:	473	358	362	342	305	439	190	2279
Female:								
Black	14	6	9	7	7	12	9	55
White	4	7	2	6	3	5	5	27
Hispanic	8	7	2	7	7	3	6	34
Other	2			1		3	2	6
Unknown	2	2	2	3	1		2	
TOTAL Female:	30	22	15	24	18	23	11	122
Male:								
Black	17	14	8	6	8	12	11	65
White	7	3	4	2	8	7	5	31
Hispanic	6	5	4	5	3	7	5	30
Other	1		2		1	3	2	7
Unknown	1	4	4	2			2	7
TOTAL Male:	32	22	22	15	20	29	12	140
Age of Triage Encounters:								
Adult	39	30	30	24	32	32	31	187
Minor	21	11	5	10	5	17	12	69
Uncollected	2	3	2	5	1	3	3	16
TOTAL Age of Triage Encounters:	62	44	37	39	38	52	39	272
Age of F2F Encounters:								
Adult	31	30	29	24	31	30	29	175
Minor	17	8	5	10	4	15	10	59
Uncollected	0	0					0	0
TOTAL Age of F2F Encounters:	48	38	34	34	35	45	33	234
F2F Outcomes:								
23 hours obs								
Crisis Residential		2	5	1	3	3	3	14
Hotline/MCOT				1			1	
Inpatient- Civil	9	6	5	5	2	8	6	35
Intensive Outpatient	4	3	2	1	6	4	3	20
Left Against Clinical Advice			1				1	
Medical Referral	3	1	4	2	2		2	12
No Behavioral Health Services Indicated			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	2	8
Routine Outpatient	25	20	12	19	15	19	18	110
School-based services			1				1	2
Unable to complete assessment							1	1
Urgent Care Clinic	4	1	2	3	5	7	4	22
TOTAL Outcomes	48	38	34	34	35	45	20	231
Diversion Rate	81.25%	84.21%	85.29%	85.29%	94.29%	82.22%		84.85%

**Transicare Reporting
Crisis Services Project**

		2014-10	2014-11	2014-12	2015-01	2015-02
1	Beginning Census	36	34	42	49	59
2	REFERRALS	18	27	42	31	7
3	Admissions					
4	Referred Admitted	4	8	12	12	2
5	No Admit Client Refusal	1		1	1	
6	No Admit Criteria	6	7	8	9	1
7	No Admit Structural	1	6	6	4	
8	Pending	6	6	15	5	4
9	<i>PRIOR PENDING</i>					
10	Pending Admitted		5	4	7	3
11	No Admit Client Refusal		1	3		
12	No Admit Criteria	3	3		2	1
13	No Admit Structural		1	1	4	
14						
15	Total Admissions	4	13	16	19	5
16						
17	Discharges					
18	Success Transfer	1	3	2	4	8
19	DC Midterm Disengage	1		1		1
20	DC Rapid Disengage	3	1	1	1	1
21	DC Structural	1	1	5	4	5
22	Total Discharged	6	5	9	9	15
23	Active End Of Month	34	42	49	59	49
24						
25	Outcome Data					
26	<i>Terrell State Hospital Linkages</i>					
27	≤7 Connect To Prescriber	2	4	4	2	3
28	≤30 Connect To Prescriber	2				
29	Missed Metric			4		1
30	Total Released	4	4	8	2	4
31						
32	Cummulative ≤30 Connect %	50.0%	75.0%	62.5%	66.7%	68.2%
33	Cummulative ≤7 Connect %	100.0%	100.0%	75.0%	77.8%	77.3%
34	Missed Metric	0.0%	0.0%	25.0%	22.2%	22.7%
35	<i>Unduplicated Served</i>					
36	Monthly Unduplicated	57	54	73	82	66
37	DSRIP YTD Unduplicated Served	57	75	104	137	141
38						
39	<i>Encounter Data</i>					
40	F2F Encounter	297	226	451	497	376
41	Care Coord	174	138	177	209	178
42	Total	471	364	628	706	554

MARCH MONTHLY UPDATE

Dallas County Crisis Services Program	Program Specific and Systems Update	Summary of VO's Monthly Activities	Numeric Outcomes Reporting
1	Adapt Community Solutions (ACS) - Targets members released from jail using both ACS to ensure continuity of care.	Conducted case consultations on approximately 14 cases this month	Received Data from CSP, VO running outcomes report
2	Transicare Post Acute Transitional Services (PATS) - Targets high utilizers released from jail with more intensive need to ensure continuity of care.	<p>Conducted 150+ case consults/clinical support for Transicare Post-Acute Transitional Services (PATS)-Clinical Rounds</p> <p>Updated Flags in system –NSID included 9 added 9-discharged</p> <p>Supported 7-day after-care appts. (5 discharges)</p>	Flags in system - VO outcomes reports in progress.
3	Timberlawn Assessor - 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	ACT FDU - Provides ACT for high utilizers of the legal system (Attending work-group meetings)	<p>Attended FDU Meeting Clinical consultation (monthly)</p> <p>29-authorizations for FDU members</p>	Working with CSP to identify needs for any additional reports
5	CSP-Systemic Operations Supporting ACS's role-Provided support for face-to-face assessments Observed and reviewed ACS's process for managing consumers booked-in to the jail Developing infrastructure to support same-day appt.	<p>Accompanied ACS assessor on assessments to provide feedback and support</p> <p>Begin to discuss/develop workflows to clarify and achieve greater efficiency in managing referrals</p> <p>Meeting with Clinical Managers/SPN contacts throughout NSTAR network –(Marlene B.)</p>	<p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p>

Forensic Diversion Unit (FDU) Report

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Beginning Census	40	39	38	39	37	35			
Number of Referrals Received from CSP									
Adapt	1	2	2	1					
Metrocare	0	0	0	0	2	1			
Transicare	0	0	0	0					
Number of Admissions	1	0	2	1	2	0			
Number Discharged	2	1	1	1	4	0			
Number not admitted due to:									
Client qualifies for ACT	0	0	1	0	0	0			
Client qualifies for other programs	0	0	0	0	0	0			
Client didn't meet level of need required	0	0	0	0	0	1			
Other reasons	0	0	0	0	0				
Average Service Utilization:									
Average hours seen	10.72	8.76	7.8	8.3	9.2	8.4			
Encounter Breakdown:									
Face to Face	450	245	357	497	419	336			
Service Coordination	69	35	43	76	81	69			
Number of clients accessing:									
Emergency Room (medical)	1	1	0	0	0	0			
23-hour observation (psych)	1	1	1	0	0	1			
Inpatient (med/ psych)	8	0	2	2	1	2			
Jail book-in	2	4	1	1	0	0			
Reasons for Discharge:									
Graduate	0	0	0	0	0	0			
Client Disengagement	1	0	0	0	0	1			
Extended Jail stay (case-by-case basis)	1	0	1	1	0	0			
Other Intervening factors	0	1	0	0	0	0			
End of Month Stats:									
Number of Active FDU clients end of month	39	38	39	37	35	34			
Number of Unique Consumers	0	0	0	0	0	1			
Number of clients on Waiting List	0	0	0	0	0	0			
Average Length of stay on FDU (month)	11.72	12.38	12.07	12.45	12.15	12.49			
Maximum Census	45	45	45	45	45	45	45	45	45

Dallas County Behavioral Health Leadership Team (BHLT)
Adult Clinical Operations Team (ACOT) Committee Meeting
February 5, 2015

Attendees: Sherry Cusumano (Green Oaks), Kelsey Morgan (DMS), Aliya Sheriff (DMS), Jaime Lewis (DBH), Myrl Humphrey (ABC), Crescenda Ekwere (ABC), Rick Davis (SABH), Emily Norris (CFGC), Gina Ahn (Nexus), Mike Ayoob, Brittony McNaughton (NTBHA), Ken Medlock (DMS & SABH), Homer Norville (DFD), Lindsay Cherry (Transicare), Alice Zaccarello (The Well), Herb Cotner (DPD), Dave Hogan (DPD), Greg Easton (PHHS), Jarrod Gilstrap (DFD)

Introduction and Approval of Minutes

Sherry Cusumano called the meeting to order at 12:05 pm. The minutes were reviewed and approved by the committee.

Overview

Sherry Cusumano gave an overview of what ACOT is and does.

Case Presentation

Meryl Humphrey with ABC presented the following case: Their client is a 50 y/o AAF and has been coming to ABC since 2004 (11 years); gets along well with current doctor. ABC is having a difficult time engaging this client. CL lives with son. CL has been hospitalized 5 times since July. ABC does not currently have funding for community services. CL reports that she goes to the hospital for a break from her current living situation. Meryl says CL is not med compliant with shots and then becomes psychotic. Missed shot in January despite efforts of caseworker. CL is currently prescribed Haldol. Herb Cotner picked her up recently and she is currently in GOH. Fire department paramedics have also tried to provide support. CL tried to attack firemen and made terroristic threat. ABC thinks CL need intensive inpatient services, as does CL's family, at TSH.

ABC does not want to send her to another SPN due to good rapport with current MD.

Meryl asked for suggestions.

Herb suggested AOT mandating client to go before a judge (Judge Peyton) regularly to report med compliance.

Aliya with Metrocare is concerned that she isn't connected in a meaningful way to a caseworker. Meryl reports that CL does not have good social skills and doesn't have any meaningful relationships at the clinic. Meryl thinks that possibly the peer specialist could engage with her. Meryl reports that CL can no longer go back to her son's house.

Herb reports that CL's family report family history of mental illness.

Brittony suggested a difficult case conference with ABC, GOH, VO to see if there is an option for shots when CL does present since ABC only has nurse on Wednesday.

Emily suggested finding a community pharmacist to administer shots when nurse unavailable.

Herb presented the option of pressing charges on the threat and giving client option of being med compliant or pushing forward with criminal charges.

Meryl wants someplace to take her to get a shot when they don't have a nurse on site at ABC.

FD Paramedics may be able to administer shot.

Lack of state hospital beds identified as gap in services.

Diagnosis Expansion Update

Janie Metzinger not present for update. Sherry feels that with Sunset Commission, diagnosis expansion is no longer top priority currently and may resume at a later point in time.

Update on Algorithm

Jennifer Torres and Daniel Byrd are not present for update.

Sunset Update

Sherry Cusumano gave an overview of NorthSTAR and BHA changes pending for local counties.

Other

NAMI meeting tonight over possible Sunset changes @ Park Central Baptist Church @ 7:30. Meeting happens every month on 1st Thursday of the month for consumers and families and advocates.

NAMI trip to the capital on the 19th.

Next month's case presentation by Jarrod Gilstrap (DFD).

New street choir at Stew Pot for homeless or at risk that enjoy singing.

Liam Mulvney is retiring.

Meeting adjourned at 1:30 pm.

**Dallas County Behavioral Health Leadership Team (BHLT)
Adult Clinical Operations Team (ACOT) Committee Meeting
April 2, 2015**

Attendees: Sherry Cusumano (Green Oaks), Daniel Byrd (VO), Doug Denton (Homeward Bound), Mike Laughlin (US Courts), Jennifer Torres (Metrocare), Rick Davis (SABH), Ekwutosi Okafor (TX Dept CJUS Parole), Myrl Humphrey (ABC), Lauren Jones (Nexus), Ken Medlock (SABH/Metrocare), Tiffini Miller (Council on Drug & Alcohol Abuse), Lauren Roth (Council on Drug & Alcohol Abuse), Alice Zaccarello (The Well), Janie Metzinger (MHA) Jana Lawrence (GOH)

Introduction and Approval of Minutes

Sherry Cusumano called the meeting to order at 12:05 pm. The minutes were reviewed and approved by the committee with a correction of “report” to “rapport”.

Overview

Sherry Cusumano gave an overview of what ACOT is and does.

Case Presentation

Jarrod Gilstrap (DFD) is absent. Sherry asked if anyone has a case to present that highlights a struggle and possible gap in services.

Diagnosis Expansion Update

Janie Metzinger says that diagnosis expansion is on hold due to changes in the system. Transicare’s 1115 project looks at the needs of consumers cycling through the system frequently.

Boarding Home Updates

Janie Metzinger gave update. There are now over 40 licensed boarding homes and the system has closed some that did not meet the new standards as well as some closing voluntarily. Training for boarding home owner’s once per month (3rd Wednesday of the month at 2:00 at MHA). This month’s topic is “avoiding frequent hospitalization,” which will be presented by Jennifer Torres and Daniel Byrd.

Janie is looking for a volunteer to present to boarding home owners on how to deal with anxiety. Boarding home owners are evaluated at least once per year. If there is a complaint, a re-inspection will occur. Boarding home owners can be fined for not correcting deficiencies.

Daniel Byrd suggested an email list to notify SPNs of boarding homes that have become unlicensed so that they can move out clients who are there on supportive housing funds.

Requirements for boarding homes: clean, free of vermin, everyone has their own bed, clean bed & bath linens, mattress pad, space for everyone to store their belongings, meals in accordance with state requirements, etc. A link to requirements can be found at www.boardinghome.org as well as on ww.dallascityhall.com.

Inspection teams have a member that is trained to do a MH assessments and speaks with all of the residents. Residents are assessed annually to ensure they are a good fit for the boarding home environment.

Duncanville now has 2 licensed boarding homes.

Jennifer Torres requested a printable version of the boarding home list.

Update on Research Regarding APOWWs and Additional Assistance for People in Contact with High Utilizers

Jennifer Torres and Daniel Byrd to update. Boarding homes have been identified as high utilizers of 911. Daniel Byrd stated that he thinks training regarding the overall system structure and accessing the outpatient clinics is needed for boarding home owners. Daniel mostly receives calls from boarding homes regarding payment and owners are not familiar with the process. Sherry suggested a printable info sheet to give to boarding home owners upon licensure. Janie says that there are info pamphlets for boarding home owners and residents.

Herb Cotner addressed concerns regarding those persons who are high utilizers but who fall between MH criteria and jail, or are non-compliant. Daniel Byrd says that AOT is probably the best solution but the program will need additional support. The judicial system needs additional education/information regarding the AOT program.

Per Daniel Byrd, PATS, ICM, AOT, and ACT were all developed and are all targeting high/super high utilizers.

Sherry suggests more training at the boarding homes where many of the 911 calls originate regarding high utilizers is the first place to begin addressing the issue. Boarding homes need training on how to de-escalate prior to the situation becoming a 911 issue.

Daniel said that VO met with DPD regarding police response around the Bridge. Utilization from the Bridge has decreased however there are still a high number of calls from the area around the Bridge.

Sherry will request 3-6 months of data from Dave Hogan regarding 911 calls and where they are coming from.

Discussion ensued.

Sherry suggested Herb join Jennifer and Daniel on this committee to develop protocols.

Other Issues and Concerns

Jennifer Torres presented the following case studies: A consumer walked into Metrocare from Timberlawn reporting S/I. They were able to identify that the consumer really needed housing and they were able to get him into a BOARDING HOME and get his other MH needs met. A second client, who had been on the original ICM, but had been under the radar for the last few years. Client had been

drinking (and struggles with alcoholism) and was requesting detox. Client reported that he had 2 years of sobriety and had begun drinking again 8 months prior. Client was denied detox by a VO care manager. Care Manager suggested client be taken to the ER. Homeward Bound was full and GOH was on divert. Client ended up making suicide threats and being APOWWd.

NAMI meeting tonight

Meeting adjourned at 1:20 pm.