Dallas County Behavioral Health Leadership Team
Thursday, June 11, 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. Change in BHLT meeting schedule*

IV. The Stepping Up Initiative*

V. Sunset Commission*
- Legislative Status
- Indigent Services Plan

VI. BHLT Activity Tracking

VII. Dallas County Behavioral Health Housing Workgroup

VIII. Reports from and Charges to BHLT Committees
- CSP Governance Committee*
- Clinical Operations Team
- FACT
- BHSC
- Legislative Committee

IX. NorthSTAR Update
- NTBHA Update
- ValueOptions NorthSTAR Update
- State Advisory Committees

X. The Cottages at Hickory Crossing Update

XI. Funding Opportunities
- Safety and Justice Challenge
- SAMHSA Drug Court Expansion
- DSHS Crisis Expansion*

XII. Upcoming Events and Notifications

XIII. Public Comments

XIV. Adjournment

Dallas County Behavioral Health Leadership Team
Meeting Notes
Thursday, May 14, 2015

Welcome and Call to Order
The meeting was called to order by Commissioner John Wiley Price at 9:35 AM.

Review/Approval of Minutes
The minutes from the BHLT meeting held on April 9, 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 acknowledged that Cathy Packard and Chief Norman Seals would not be in attendance.

Sunset Commission:

Legislative Status: Janie Metzinger advised the committee that she needed to make a correction from the NTBHA meeting held on Wednesday, May 13, 2015. The correction was that two of the Sunset Bills went before the committee and Representative Four Price's bill died and Representative Bill Nelson's bill is still alive. Both of the bills have been pending since April 27, 2015 and the deadline to hear the house bills was Monday, May 11, 2015. Ms. Metzinger stated that the Legislative Board has been advised that this region is requesting more time to develop a system that builds on the foundation of NorthStar and the 1115 Waiver. Commissioner Theresa Daniel stated that she would like to see adequate funding in the NorthSTAR region and wants to make sure the state recognizes where patients are being served.

Indigent Service Plan: Ron Stretcher stated that this plan has been put on hold until the Committee has a clear understanding of what the Legislature will be doing.

Presentations:

1115 Waiver Update- Gala Dunn, Senior Project Manager for Metrocare Services, provided an overview of their 1115 Waiver Projects. Metrocare Services is North Texas' leading nonprofit dedicated to helping people with mental illness, developmental disabilities, and severe emotional problems live healthier lives. Metrocare Services has twelve approved Delivery System Reform Incentive Payment (DSRIP) projects totaling $71.5 million. Due to the Waiver, Ms. Dunn stated that Metrocare Services has been able to provide training to enhance the development of specialty behavioral health care and improve consumer choice, integrate primary and behavioral health services, and open new clinics in Grand Prairie and the Addison area.

BHLT Activity Tracking: Charlene Randolph stated that the information was located in the packet for everyone's review.

Behavioral Health Housing Work Group (BHHWG) Update: Commissioner Daniel stated that the BHHWG has been looking at a variety of housing options in order to determine what resources are available. Those include individual homes, boarding homes, smaller apartment buildings, and larger properties.

Reports from and Charges to BHLT Committees

Crisis Services Project (CSP) Governance Committee: Charlene Randolph indicated that the DY4 Cash Flow Chart was on page 26 for review. This Flow Chart is a projection of the expenses and revenue for CSP. Mrs. Randolph reported CSP served 553 unique consumers during the month of March and to-date has served 2,723 clients in DY4. Mrs. Randolph reported that CSP was on track to meet the DY4 metric goal of serving 4,200 clients. In March, Transicare provided wrap-around services to 89 unduplicated clients and also facilitated getting 76% of Dallas County forensic clients connected to a prescriber within 7 days of discharge from Terrell State Hospital and 83% clients connected within 30 days. Mrs. Randolph stated that CSP will be presenting a poster to the RHP 9 and RHP 10 Learning Collaboration Event which will detail the accomplishments of the project thus far. The next CSP conference call will be May 22, 2015 at 1 pm.

Clinical Operations Team (ACOT): Sherry Cusumano stated that Dave Hogan provided a case presentation on a client that had 30 APOWWs in 2015. This client does not meet the qualifications for the ACT program because he lacks the hospitalization requirement. Daniel Byrd with ValueOptions stated that he would work with providers to get the client appropriate services. Ms. Cusumano indicated that the community needs to continue discussions on how these types of clients will be handled and options available to them. Ms. Cusumano also stated that ACOT receives these clients' presentations to help identify high utilizers and gaps in services. Jennifer Torres from Metrocare Services is working with Daniel Byrd to develop content on how to deescalate a crisis situation instead of immediately calling 911. Ms. Torres recently provided training to 20 licensed boarding home operators on this topic. Janie Metzinger advised that she had recently met with Connie Reese, head of the Boarding Home inspection team. Ms. Reese and the inspection team are willing to give out information on MHA to boarding home operators. Janie Metzinger stated that there are currently 40 licensed boarding homes in Dallas.

FACT: Charlene Randolph reported that FACT will meet June 9, 2015.

BHSC: Lynn Richardson informed BHLT that the BHSC met on April 16, 2015 and that Judge Kristen Wade was attending a conference. Mrs. Richardson stated that one of the issues discussed at the meeting was hospital movement for individuals found incompetent and not enough beds available for those clients. The District Attorney's Office also looks at outpatient for individuals; however, some are just too sick and have to stay in the jail. There has also been some dialogue with Parkland regarding competent and incompetent individuals in the jail; however, there are restrictions on the release of information because of HIPPA. Sharon Phillips with Parkland stated that she will get with Mrs. Richardson for additional information on what is being requested of Parkland. Sherry Lockhart informed BHSC that there is housing available for some individuals in the system through Metrocare Services. Also the Specialty Court

population is down and there was discussion on ways to engage individuals in Specialty Court instead of taking jail time.

Legislative Advisory Committee: Commissioner Price stated that the Legislative update had been given with the Sunset Commission status report.

NTBHA Update: Alex Smith stated the Indigent Service Plan has been put on hold. NTBHA made an adjustment to the amount of funds being allocated to the housing fund to $315,000. Also Ron Stretcher stated that Senator Jane Nelson and Representative John Otto were currently in negotiations on the budget.

ValueOptions Update: Holly Brock stated that the YES Waiver should go live soon. They are also opening a new Crisis Residential Center (Serenity) and there will 10 beds available to start. Ms. Brock also informed the committee that VO and Parkland have reached terms and agreements on a contract that allows Parkland to be a NorthSTAR provider for inpatient and emergency room services.

State Advisory Committees: There were no updates given on the Advisory Committee.

The Cottages at Hickory Crossing Update: Commissioner Price stated that construction on the Cottages continues.

Safety and Justice Challenge: Mr. Stretcher reported that the grant has been submitted and we are waiting on a response.

SAMHSA Drug Court Expansion: Mr. Stretcher reported that the grant has been submitted and we are waiting on a response.

Upcoming Events and Notifications: Mrs. Randolph announced that the next Learning Cooperative Event will be held May 27-28, 2015. Ms. Metzinger announced that there would be a county-wide emergency disaster drill held at the end of the month. Adam Brenner informed the team that UT Southwestern and Metrocare Services will have a presentation on Mental Health and cultural diversity on May 30, 2015.

Adjournment: A motion was made by Commissioner Daniel, seconded by Sharon Phillips, and was approved to adjourn at 10:55 AM.

RESOLUTION

DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM

RESOULTION NO: **3-2015**

DATE: **June 11, 2015**

STATE OF TEXAS }

COUNTY OF DALLAS }

BE IT REMEMBERED at a regular meeting of the Dallas County Behavioral Health Leadership Team held on the 11th day of June 2015,the following Resolution was adopted:

WHEREAS, The Dallas County Behavioral Health Leadership Team (BHLT) is comprised of key behavioral health stakeholders and organizations throughout the county, including the Dallas County Hospital District; and,

WHEREAS, the overall goal of the BHLT is to manage mental health resources in Dallas County more efficiently and develop recommendations that will lead to systemic changes within the overall system; and,

WHEREAS, Commissioner Court was briefed about the BHLT on Tuesday January 4, 2011; and

WHEREAS, at that time it was determined that the BHLT would meet no less than monthly, on a regular schedule, beginning in September 2010; and

WHEREAS, on June 11, 2015 when the BHLT had their regularly scheduled meeting it was determined that the meetings would be moved to bi-monthly meetings.

IT IS THEREFORE RESOLVED that the Dallas County Behavioral Health Leadership Team approves the recommendation to move the Dallas County Behavioral Health Leadership Team meetings to bi-monthly meetings.

DONE IN OPEN MEETING this the 11th day of June, 2015.

_____
John Wiley Price
Commissioner District #3
Dallas County

_____
Dr. Theresa Daniel
Commissioner District #1
Dallas County

THE STEPPING UP INITIATIVE

STEPPING UP: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails

THERE WAS A TIME WHEN NEWS OF JAILS serving more people with mental illnesses than in-patient treatment facilities was shocking. Now, it is not surprising to hear that jails across the nation serve an estimated 2 million people with serious mental illnesses each year[1]—almost three-quarters of whom also have substance use disorders[2]—or that the prevalence of people with serious mental illnesses in jails is three to six times higher than for the general population.[3] Once incarcerated, they tend to stay longer in jail and upon release are at a higher risk of returning than individuals without these disorders.

The human toll—and its cost to taxpayers—is staggering. Jails spend two to three times more on adults with mental illnesses that require intervention than on people without those needs,[4] yet often do not see improvements in recidivism or recovery. Despite counties' tremendous efforts to address this problem, they are often thwarted by significant obstacles, such as coordinating multiple systems and operating with minimal resources. Without change, large numbers of people with mental illnesses will continue to cycle through the criminal justice system, often resulting in missed opportunities to link them to treatment, tragic outcomes, inefficient use of funding, and failure to improve public safety.

The National Initiative

Recognizing the critical role local and state officials play in supporting change, the National Association of Counties (NACo), the Council of State Governments (CSG) Justice Center, and the American Psychiatric Foundation (APF) have come together to lead a national initiative to help advance counties' efforts to reduce the number of adults with mental and co-occurring substance use disorders in jails. With support from the U.S. Justice Department's Bureau of Justice Assistance, the initiative will build on the many innovative and proven practices being implemented across the country. The initiative engages a diverse group of organizations with expertise on these issues, including those representing sheriffs, jail administrators, judges, community corrections professionals, treatment providers, people with mental illnesses and their families, mental health and substance use program directors, and other stakeholders.

The initiative is about creating a long-term, national movement—not a moment in time—to raise awareness of the factors contributing to the over-representation of people with mental illnesses in jails, and then using practices and strategies that work to drive those numbers down. The initiative has two key components:

1. **A CALL TO ACTION** demonstrating strong county and state leadership and a shared commitment to a multi-step planning process that can achieve concrete results for jails in counties of all sizes.

   The Call to Action is more than a vague promise for reform; it focuses on developing an actionable plan that can be used to achieve county and state system changes. As part of this Call to Action, county elected officials are being asked to pass a resolution and work with other leaders (e.g., the sheriff, district attorney, treatment providers, and state policymakers), people with mental illnesses and their advocates, and other stakeholders on the following six actions:

   - **Convene or draw on a diverse team** of leaders and decision makers from multiple agencies committed to safely reducing the number of people with mental illnesses in jails.

APF American Psychiatric Foundation Research. Education. Impact.
NACo National Association of Counties
JUSTICE CENTER The Council of State Governments Collaborative Approaches to Public Safety
BJA Bureau of Justice Assistance U.S. Department of Justice

- **Collect and review prevalence numbers and assess individuals' needs** to better identify adults entering jails with mental illnesses and their recidivism risk, and use that baseline information to guide decision making at the system, program, and case levels.
- **Examine treatment and service capacity** to determine which programs and services are available in the county for people with mental illnesses and co-occurring substance use disorders, and identify state and local policy and funding barriers to minimizing contact with the justice system and providing treatment and supports in the community.
- **Develop a plan** with measurable outcomes that draws on the jail assessment and prevalence data and the examination of available treatment and service capacity, while considering identified barriers.
- **Implement research-based approaches** that advance the plan.
- **Create a process to track progress** using data and information systems, and to report on successes.

In addition to county leaders, national and state associations, criminal justice and behavioral health professionals, state and local policymakers, others with jail authority, and individuals committed to reducing the number of people with mental illnesses in jails should sign on to the Call to Action. Stepping Up participants will receive an online toolkit keyed to the six actions, with a series of exercises and related distance-learning opportunities, peer-to-peer exchanges, and key resources from initiative partners.[5] The online toolkit will include self-assessment checklists and information to assist participants working in counties in identifying how much progress they have already made and a planning template to help county teams develop data-driven strategies that are tailored to local needs.

2. **A NATIONAL SUMMIT** to advance county-led plans to reduce the number of people with mental illnesses in jails.

   Supported by the American Psychiatric Foundation, a summit will be convened in the spring of 2016 in Washington, DC, that includes counties that have signed on to the Call to Action, as well as state officials and community stakeholders such as criminal justice professionals, treatment providers, people with mental illnesses and their advocates, and other subject-matter experts. The summit will help counties advance their plans and measure progress, and identify a core group of counties that are poised to lead others in their regions. Follow-up assistance will be provided to participants to help refine strategies that can be used in counties across the nation. After the 2016 summit, participants will be notified of potential opportunities for sites to be selected for more intensive assistance through federal and private grant programs.

Although much of the initiative focuses on county efforts, states will be engaged at every step to ensure that their legislative mandates, policies, and resource-allocation decisions do not create barriers to plan implementation.

To learn more about the initiative or to join the Call to Action, go to StepUpTogether.org.

Endnotes

1. Steadman, Henry, et al., "Prevalence of Serious Mental Illness among Jail Inmates." *Psychiatric Services* 60, no. 6 (2009): 761–765. These numbers refer to jail admissions. Even greater numbers of individuals have mental illnesses that are not "serious" mental illnesses, but still require resource-intensive responses.
2. Abram, Karen M., and Linda A. Teplin, "Co-occurring Disorders Among Mentally Ill Jail Detainees," *American Psychologist* 46, no. 10 (1991): 1036–1045.
3. Steadman, Henry, et al., "Prevalence of Serious Mental Illness among Jail Inmates."
4. See, e.g., Swanson, Jeffery, et al., *Costs of Criminal Justice Involvement in Connecticut: Final Report* (Durham: Duke University School of Medicine, 2011).
5. Among the key partners are the National Alliance on Mental Illness; Major County Sheriffs' Association; National Association of County Behavioral Health & Developmental Disability Directors; National Association of State Alcohol and Drug Abuse Directors; National Association of State Mental Health Program Directors; National Council for Behavioral Health; National Sheriffs' Association; and Policy Research Associates.

Date: June 11, 2015

To: Behavioral Health Leadership Team

From: Ron Stretcher, Lynn Richardson, and Germaine White

Re: The Stepping Up Initiative

Background of Issue

A small planning group of Lynn Richardson, Chief Public Defender; Germaine White, Chief of Staff for Commissioner Daniel; and Ron Stretcher, Criminal Justice Director, have reviewed the Stepping Up initiative. Attached is an overview of Stepping Up, a two part national initiative to reduce the number of persons with mental illness in jails. The first part of the initiative is a "call to action" where Counties are asked to submit formal resolutions (a template is attached) for participation in Stepping Up. The "call to action" includes a six step planning and implementation process that will result in fewer persons with mental illness incarcerated. Participants will receive an online toolkit keyed to the six action steps and have access to distance-learning opportunities, peer-to-peer interactions, and technical assistance from program partners. The National Association of Counties (NACo) is the lead on this project with support from the Council of State Governments Justice Center and the American Psychiatric Foundation. The Bureau of Justice Assistance (BJA) has provided some funding for Stepping Up. The second part of the initiative is a national summit planned for Spring, 2016 where all who have agreed to participate can share progress. The summit will also include potential funding opportunities for more intensive consultation and assistance.

Stepping Up provides our community with a structure to further the work of the BHLT, Criminal Justice Advisory Board (CJAB), NTBHA and other stakeholders to reduce the number of persons with mental illness in jails and to provide improved community supports. There appears to be an interest from leaders and stakeholders to focus on this critical issue. With Sheriff Lupe Valdez's leadership, Dallas County submitted an application to the MacArthur Foundation's Safety + Justice Challenge. The application had strong support from Commissioners Court, District Attorney Judge Susan Hawk, the County and District Criminal Courts, our Chief Public Defender Lynn Richardson, Dallas Police Department and the Criminal Justice Advisory Board. Stepping Up is essentially the same process, but with less funding and support.

The purpose of this briefing is to request approval to proceed with a focused planning process (30 days) to determine if Dallas County wants to participate in Stepping Up. This planning is expected to lead to a request for a resolution of participation from the Dallas County Commissioners Court and include a plan to obtain the necessary resources for Stepping Up.

Operational Impact

The BHLT and CJAB provide a strong locus for the work of Stepping Up. Existing workgroups and committees can be leveraged. Stepping Up does not include any external funding, at least for the initial planning work leading to the national summit. Additional staff resources will be needed for data collection and analysis, meeting facilitation, and research into evidence based practices. An early task for the planning process is to identify potential funding to support Stepping Up.

The Council of State Governments (CSG) Justice Center is a primary partner in Stepping Up. The Justice Center is led by Dr. Tony Fabelo, a nationally recognized leader in data analysis and evidence based practices in the criminal and juvenile justice systems. Dr. Fabelo will be in Dallas for the June 15, 2015 Criminal Justice Advisory Board meeting to present the findings of a multi-county recidivism study. He will also provide some more details about Stepping Up. Dr. Fabelo will be available to meet with a planning group on that day. It is expected that he can provide guidance on how Dallas County can maximize the positive impact of participating in Stepping Up.

Initial Planning

It is recommended that a small workgroup be convened for the initial planning. Ms. Richardson, Ms. White and Mr. Stretcher can form the group along with anyone else interested in participating. This group will be asked to work quickly with a goal of developing a formal request to Commissioners Court to participate in Stepping Up. Of course, if the planning group were to find that this initiative does not provide enough benefit compared to the effort, there would be a recommendation to the Court not to proceed. The timeline will be very tight as Commissioners Court will not meet that last three Tuesdays of July. A recommendation must be ready to brief the Court on June 30 with a Court Order on the formal agenda of July 7. The work group should focus on the following tasks:

- A quick determination of whether to participate and agreement on the goals of our participation and the measurable outcomes
- Develop a structure for Stepping Up, including leadership, workgroups and coordination with BHLT, CJAB, NTBHA and other stakeholder groups
- A projected budget for participation that includes adequate staff resources
- Identification of potential funding sources for Stepping Up

Recommendation

It is recommended that the Dallas County Behavioral Health Leadership Team endorse an initial planning process for participating in Stepping Up that will result in a recommendation to the Dallas County Commissioners Court and identifies the resources needed for the initiative.

RESOLUTION

DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM

RESOULTION NO: **5-2015**

DATE: **June 11, 2015**

STATE OF TEXAS }

COUNTY OF DALLAS }

BE IT REMEMBERED at a regular meeting of the Dallas County Behavioral Health Leadership Team held on the 11th day of June 2015,the following Resolution was adopted:

WHEREAS, The Dallas County Behavioral Health Leadership Team (BHLT) endorsed the Stepping Up Initiative, a national initiative to reduce the number of people with Mental illnesses in jail; and,

WHEREAS, the National Association of Counties (NACo), the Council of State Governments (CSG) Justice Center, and the American Psychiatric Foundation (APF) have come together to lead a national initiative to help advance counties efforts to reduce the number of adults with mental and co-occurring substance use disorders in jails; and,

WHEREAS, Stepping Up provides the Dallas community with a structure to further the work of the BHLT, Criminal Justice Advisory Board (CJAB), NTHBA and other stake holders to reduce the number of persons with mental illness in jails and to provide improved community supports.

IT IS THEREFORE RESOLVED that the Dallas County Behavioral Health Leadership Team approves proceeding with a focused planning process (30 days) to determine if Dallas County wants to participate in Stepping Up; leading to a request for a resolution of participation from the Dallas County Commissioners Court and including a plan to obtain the necessary resources for Stepping Up.

DONE IN OPEN MEETING this the 11th day of June, 2015.

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John Wiley Price
Commissioner District #3
Dallas County

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Dr. Theresa Daniel
Commissioner District #1
Dallas County

Date: June 11, 2015

To: Behavioral Health Leadership Team

From: Ron Stretcher, Director Criminal Justice Department

Re: Request to Dallas County for NorthSTAR matching funds

Background of Issue

NTBHA received last week the attached notice of the potential availability of crisis services expansion funds. These do not appear to be new funds, but a new procurement of services from the additional crisis funds allocated in the prior Legislative session. NTBHA was not able to compete for those funds as there were no matching funds available. The purpose of this briefing is to recommend the BHLT's endorsement of a request to the Dallas County Commissioners Court for match funding to allow NTBHA to submit a funding request for this procurement.

Operational Impact

Staff from NTBHA and Value Options are currently working to develop a funding request for these anticipated crisis funds. The request is due July 1, 2015. There is an item on the NTBHA agenda to authorize submission of the funding request once completed. There is a 25% matching funds requirement, which can be met through cash and/or in-kind services. NTBHA has not been able to participate in previous funding opportunities as it could not secure the required cash match.

Fiscal Impact

With the transition from the current NorthSTAR service model, the six remaining Counties who comprise NTBHA will be expected to contribute local matching funds as part of the new state funding model. This requirement is expected to begin with the contracts that are effective September 1, 2016. Dallas County has historically contributed matching funds to NorthSTAR. FY 2014 was the first year that Dallas County matching funds were instead allocated to the Crisis Services Project funded by the 1115 Medicaid Waiver. Transitioning the Crisis Services Project and the associated matching funds is a top priority of the current transition planning.

The proposed project remains under development and an exact funding request is not ready. Based upon fund availability, it is expected that any project would be in the range of $600,000, which would require a match of $150,000 cash and/or in-kind. Current planning envisions a project that would impact the entire NorthSTAR service area. The match request to the Dallas County Commissioners Court would only include services that were designed to benefit the entire NorthSTAR area. Any project that focuses on another county specifically would solicit matching funds from that county.

Recommendation

In order to allow NTBHA participation in this additional crisis funding, it is recommended that the BHLT endorse a request that the Dallas County Commissioners Court provide the required local matching funds for a funding request to the Department of State Health Services for Crisis Expansion.

RESOLUTION

DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM

RESOULTION NO: **7-2015**

DATE: **June 11, 2015**

STATE OF TEXAS }

COUNTY OF DALLAS }

BE IT REMEMBERED at a regular meeting of the Dallas County Behavioral Health Leadership Team held on the 11th day of June 2015,the following Resolution was adopted:

WHEREAS, The Dallas County Behavioral Health Leadership Team (BHLT) endorses a request to the Dallas County Commissioners Court for match funding to allow NTBHA to submit a funding request for this procurement; and,

WHEREAS, there is a 25% match funds requirement, which can be met through cash and/or in-kind services; and,

WHEREAS, with the transition from the current NorthSTAR service model, the six remaining counties who comprise NTHBA will be expected to contribute local matching funds as part of the new state funding model.

IT IS THEREFORE RESOLVED that the Dallas County Behavioral Health Leadership Team endorses a request to the Dallas County Commissioners Court to approve the required local match funds for a funding request from NTBHA to the Department of State Health Services for Crisis Expansion.

DONE IN OPEN MEETING this the 11th day of June, 2015.

_____
John Wiley Price
Commissioner District #3
Dallas County

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Dr. Theresa Daniel
Commissioner District #1
Dallas County

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	Invite behavioral health providers to give status update on their 1115 Waiver projects	BHLT	Charlene Randolph	Charlene Randolph will invite providers to give updates	Baylor is scheduled to present on July 9, 2015.		Parkland 3/12/15; Green Oaks 4/7/15;Metro care 5/14/15

Recent Completed BHLT Action Items

Date	Suggestions, Recommendations & Motions	Person Initiating	Workgroup/ Person Tasked	Plan for Accomplishment	Current Status	Follow-Up	Date Completed
4/9/2015	HHSC Health Plan Management presentation on Managed Care Organizations (MCOs) to BHLT	Commissioner Daniel/ Germaine White/ Ron Stretcher	Commissioner Daniel/ Germaine White/ Ron Stretcher	Germaine White will invite HHSC to present information on MCOs in Texas	Rudy Villarreal will attend BHLT and NTBHA 5/2015 to present information		

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	

BHLT Workgroup Recommendations for Action

On-Going & Accomplished Action Items	Date Completed	Current Status
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	
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's1115 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	
Provided SIP presentation to BHLT	3/12/2015	

Dallas County Behavioral Health Housing Work Group
Dallas County Administration, 411 Elm Street, 1st Floor, Dallas Texas 75202
May 28, 2015 Minutes

Mission Statement: The Dallas County BH Housing Work Group, with diverse representation, will formulate recommendations on the creation of housing and housing related support services designed to safely divert members of special populations in crisis away from frequent utilization of expensive and sometimes unnecessary inpatient stays, emergency department visits and incarceration.

Success will be measured in placement of consumers in housing and the decreased utilization of higher levels of care (hospitals and emergency care visits) and reduced incarceration in the Dallas County Jail. The Dallas County BH Work Group is committed to a data driven decision-making process with a focus on data supported outcomes.

ATTENDEES: Theresa Daniel, Commissioner; Marjorie Petty, HHS Regional Director; Holly Brock, ValueOptions; Blake Fetterman, Salvation Army; Charles Gulley, CG Consulting; Mamie Lewis, City of Dallas; Thomas Lewis, DCHHS; Jim Mattingly, LumaCorp; James McClinton, Metrocare; Janie Metzinger, MHA; Ken Mogbo, Lifenet/Metrocare; Cathy Packard, Family Gateway; Sandy Rollins, Texas Tenants Union; Teresa Scherrer, NTBHA; Dr. Paul Scott, The Bridge; Zachary Thompson, DCHHS; Germaine White, Dallas County; Claudia Vargas, Dallas County; and Terry Gipson Dallas, County

GUESTS: Terry Williams, City of Dallas – Housing Department

CALL TO ORDER:
Commissioner Daniel opened the meeting with introductions. There were no changes suggested to the April BH/HWG notes.

PIPELINE DEVELOPMENT REPORT: Charles Gulley & Jim Mattingly
The list of 400 DHA housing units that Jim Mattingly brought to the last meeting was discussed at the recent pipeline development committee meeting. According to Brooke Etie the list represented all organizations who responded to the RFP, and not those who were awarded vouchers. Ms. Etie explained that their ability to process all the requests received has been challenging, but they will be processed.

During the meeting, Ms. Etie shared that DHA would evaluate when they are able to issue another RFP. DHA would determine if there is a way to add a criterion to the RFP that would indicate chronicity of homelessness and award applicants more points to target the homeless population. Ms. Etie also suggested that connecting service providers with housing owners would be a good step. Mr. Gulley stated that in addition to new developers the group should also look into incorporating existing landlords into the conversation.

Janie Metzinger added that she has concerns about how the RFP process ties an individual to the service provider that has the housing voucher thus interfering with choice of provider. Ken Mogbo elaborated that the eligibility process makes that connection because a referral is needed to get the voucher. The client can keep their housing as long as lease requirements are not broken. At the end of the lease the voucher has to be taken to another unit in the complex not attached to the program or to a complex for the desired service provider. This may be a situation to review more thoroughly for consequences.

Mr. Mattingly stated that ultimately the group's goal is to develop 1,200 additional housing units for the target population and, based on his experience, a new development could cost around $120-150 million. Funding is critical and with high level of local occupancy there are no ways to incentivize existing landlords to open up their properties to house the target population. Furthermore, starting a new development is a long, tedious process which does not have proven results. Mr. Mattingly suggested looking into acquiring low income tax credit housing as it becomes

available. A nonprofit would be able to run the housing if the group facilitates acquiring the housing. One source is LIHTC housing which cost around $85,000-120,000. Mr. Mattingly shared that another advantage of buying these types of properties is that they have already been through the permit process.

Terry Williams with the City of Dallas Land Bank, in operation since 2004, visited the group to explain how the land bank operates. The Land Bank is set up by a state statute that allows the city to buy foreclosed properties - usually obtained from the private Sheriff's sale. The Land Bank can only sell to developers who have a history of building affordable housing which will be sold, not rented, to homebuyers who meet income qualifications. The Land Bank is not a viable option for permanent supportive housing. Mr. Williams suggested that another option worth researching might be the City of Dallas property management group which sells "struck off" properties. Mr. Williams said non-profits can buy the lots without bidding as long as it is for public use such as affordable housing but would have to verify if they are allowed for supportive housing. He also shared that zoning could possibly be an issue because some neighborhoods prevent supportive housing. Mr. Thompson suggested checking with Rick Loessberg as he may have some knowledge regarding county land bank properties.

Mr. Gulley asked Mr. Williams if he had any information about whether nonprofits can buy property in NiB areas (Neighborhoods in Bloom) and have access to housing programs. Mr. Williams said there is some funding available but whether or not it is available for supportive housing depends on where supportive housing fits in, if all, in that model. NiB funds have been designated for single family and multifamily ownership and Cynthia Rogers-Ellickson of City of Dallas may be able to shed more light on that topic. It was noted again that the group's collective efforts have resulted in a variety of great ideas to develop supportive housing but, it is still not clear how to develop funding to support these ideas. Blake Fetterman suggested we inquire about vacant properties that DHA may have available for use.

Charles Gulley reported on the Doctors Hospital and referenced the power point he shared via email. The property is listed for $3.3 million on the market. Mr. Gulley explained that the Doctors Hospital is a large property that would ideally function as a multi-use facility, medical respite care in addition to other services. They described that it could very much function like The Bridge where police officers are able to drop off clients and triage them for a 30-day stay or for a 24-hour stay. Commissioner Daniel sees all the possibilities at the property and very much feels that it could be easily modeled after the Haven for Hope and Restoration Center in San Antonio which addresses different levels of need. Could respite care facilities serve mental health needs since that is a need of the target population? The answer is yes and that the facility would need to be deemed a secure facility for police to drop off.

Next steps for the committee would be to identify community partners and establish a planning group which would ultimately work together to develop funding for this specific project. Mr. Gulley said that it can be considered a regional, multi-county project. Lastly, Marjorie Petty recommended connecting with the DFW Hospital Council and the Dallas County Medical Society which might help identify potential resources.

COORDINATED ACCESS DIRECTORY REPORT: Ken Mogbo

Cindy Crain was not able to attend the meeting to give an update on the coordinated access system. Ken Mogbo shared that MDHA is in a 3 month preliminary agreement to explore IRIS which can be designed to meet the needs of service providers, unlike ECM. A number of local organizations are already using IRIS so it would facilitate the transition to this coordinated access system that Ms. Crain is trying to implement in Dallas. Teresa Scherrer shared the Ms. Crain committed to having a recommendation by this August. It was noted that IRIS interfaces with PCCI which would further maximize coordinated access between providers. A key feature of IRIS is the vulnerability index that meets HUD guidelines.

RESOURCES REPORT: Charles Gulley & Janie Metzinger

Janie Metzinger and Charles Gulley reported on the latest Housing Inventory Count (HIC) and the Point In Time (PIT) study. HIC surveys most of the agencies in the community to compare the number of available beds versus the utilization of beds. It is easy to identify what shelters, transitional housing, and permanent supportive housing

facilities are experiencing an underutilization of beds from the list. According to HIC, there are roughly 7,000 beds available in the community and the PIT study reveals 5,000 homeless individuals. Some agencies reported that they are not getting the referrals because there is a lack of information about which beds are available, which is why coordinated access is so important. Also contributing to underutilization is a change to the HUD housing guidelines that makes it more challenging to fill beds for multi-family units. DHA is reviewing the rules to better implement the new guidelines.

BEST PRACTICES REPORT: Commissioner Theresa Daniel
Commissioner Daniel summarized that as conversations and research have evolved in search of the best model for Dallas County, she identified that 4 major buckets of housing have emerged:

- New developments aimed at increasing the housing unit supply.
- Increased utilization of existing housing units.
- Repurposing or rehab of existing housing units.
- Providing support and education to landlords and housing staff to prevent clients from falling out of their service and returning to the homeless rolls.

Next step is to apply the matrix from previous models and present it to the group.

INDUSTRY UPDATES: Janie Metzinger & Holly Brock
Janie Metzinger provided a legislative update on NorthSTAR. The House and the Senate both drafted a version: the Senate version would end NorthSTAR next year and the House version would continue NorthSTAR with less funding than it currently receives. The bottom line is that either version will mean a delay in services and more wait lists.

Holly Brock is working on finalizing the NorthSTAR Housing Outcomes Report for the next meeting. The ValueOptions rental funds either need to be distributed or encumbered within the next 3 months.

NEXT STEPS:

- Follow-up on a strategy for the Doctors Hospital
- Identify nonprofits or partners that may assist with housing units
- Establish a best model foundation for Dallas – identifying who the partners are and making sure they stay connected
- Continue to identify and count the chronically homeless population
- Continue focus on the housing summit and outlining immediate versus long-term strategies for addressing the housing unit shortage
- Contact Rick Loessberg regarding county land bank properties
- Work with DHA to identify possible vacant lots

The meeting was adjourned at 11:26 am by Commissioner Daniel.

Next Meeting: Thursday, June 25, at 10:00 am

Dallas County Administration Building, 411 Elm Street, 1st Floor, Allen Clemson Courtroom

If you need parking, please contact Germaine White

Crisis Services Project

Status Report and Next Steps

June 11, 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
- Value Options NorthSTAR Care Coordination
- After-care engagement
  - VO contract with Metrocare has been executed; ValueOptions and Transicare have met with Metrocare to begin services
- Transitional housing
  - Salvation Army collaboration

IGT Status

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

Metrics and Milestones

- DY4:
  - Began October 1, 2014
  - Monthly Service Goal: 350 (4200 annual)
    - CJ Readmissions: Goal: below 29%; As of 2/28/2015, 15%
  - 7-day Follow-up: 32%; 30-day Follow-up: 57%
    - As of 4/30/2015, 81%- 7 day; 86%- 30 day

Status Update

- Harris Logic (JIMI/ Stella)
  - HLI Regulatory Compliance Proposal
- IPS Proposal- Gap funding

Anchor Information

- 1115 Statewide Learning Collaborative, August 27- 28, 2015, Austin, Texas

Transicare Reporting
Crisis Services Project

		2014-10	2014-11	2014-12	2015-01	2015-02	2015-03	2015-04
1	**Beginning Census**	**36**	**34**	**42**	**48**	**58**	**47**	**62**
2	REFERRALS	*18*	*27*	*42*	*31*	*7*	*53*	*16*
3	**Admissions**							
4	**Referred Admitted**	***4***	***8***	***12***	***12***	***2***	***21***	***7***
5	No Admit Client Refusal	1		1	1			
6	No Admit Criteria	6	7	8	9	1	10	3
7	No Admit Structural	1	6	6	4		2	1
8	Pending	6	6	15	5	4	20	5
9	*PRIOR PENDING*							
10	**Pending Admitted**		***5***	***4***	***7***	***3***	***4***	***9***
11	No Admit Client Refusal		1	3			1	3
12	No Admit Criteria	3	3		2	2		2
13	No Admit Structural		1	1	4		2	2
14								
15	**Total Admissions**	**4**	**13**	**16**	**19**	**5**	**25**	**16**
16								
17	**Discharges**							
18	Success Transfer	1	3	2	4	8	5	3
19	DC Midterm Disengage	1		1		1	1	3
20	DC Rapid Disengage	3	1	1	1	1	1	
21	DC Structural	1	1	6	4	6	3	7
22	**Total Discharged**	**6**	**5**	**10**	**9**	**16**	**10**	**13**
23	Active End Of Month	34	42	48	58	47	62	65
24								
25	**Outcome Data**							
26	*Terrell State Hospital Linkages*							
27	≤7 Connect To Prescriber	2	4	4	2	3	7	7
28	≤30 Connect To Prescriber	2						
29	Missed Metric			4		1	0	0
30	Total Released	4	4	8	2	4	7	7
31								
32	**Cummulative ≤7 Connect %**	**50.0%**	**75.0%**	**62.5%**	**66.7%**	**68.2%**	**75.9%**	**80.6%**
33	**Cummulative ≤30 Connect %**	**100.0%**	**100.0%**	**75.0%**	**77.8%**	**77.3%**	**82.8%**	**86.1%**
34	**Missed Metric**	**0.0%**	**0.0%**	**25.0%**	**22.2%**	**22.7%**	**17.2%**	**13.9%**
35	*Unduplicated Served*							
36	**Monthly Unduplicated**	**57**	**54**	**73**	**82**	**66**	**89**	**85**
37	DSRIP YTD Unduplicated Served	57	75	104	137	141	181	199
38								
39	*Encounter Data*							
40	F2F Encounter	297	226	451	497	376	409	561
41	Care Coord	174	138	177	209	178	177	246
42	Total	471	364	628	706	554	586	807

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 17 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.	Available for case consults/clinical support for Transicare Post-Acute Transitional Services (PATS)-Clinical Rounds Updated Flags-included 15 added 12-discharged Supported 7-day after-care appts. (5 hosp/1-jail discharges)	Flags in system - VO outcomes reports in progress.
3	**Timberlawn Assessor -** Provides neutral assessments and interventions for persons presenting for admission to inpatient	Referrals for high-utilizers and case consultations 3-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)	Updated-authorizations for FDU members-44 auths reviewed to note end dates (add/discharge as requested) Reviewed -12 FDU referrals	Working with CSP to identify needs for any additional reports
5	**CSP-Systemic Operations** TBL visit to support High-utilizer (HU) referrals and overall CSP goals (2x). Increase/Improve care of coordination by contacting C & A clinical managers-DMS Westmoreland, DMS Althshuler/Mesquite, and FPP program. After-care Engagement Package	 Develop on-going contact with ACS 1115 regarding HU referrals Contacted clinic managers to discuss coordination of care needs and increase awareness of ACS 1115@Timberlawn Initial meeting to develop workflows	 Not Applicable Not Applicable Not Applicable

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**	**39**	**35**	**34**		
Number of Referrals Received from CSP									
Adapt	1	2	2	1	1	0	2		
Metrocare	0	0	0	0	0	1	0		
Transicare	0	0	0	0	1	0	1		
Number of Admissions	**1**	**0**	**2**	**1**	**2**	**0**	**3**		
Number Discharged	**2**	**1**	**1**	**1**	**4**	**3**	**0**		
Number not admitted due to:									
Client qualifies for ACT	0	0	1	0	0	0	0		
Client qualifies for other programs	0	0	0	0	0	0	0		
Client didn't meet level of need required	0	0	0	0	0	1	0		
Other reasons	0	0	0	0	0	0	0		
Average Service Utilization:									
Average hours seen	10.72	8.76	7.8	8.3	9.2	7	7.31		
Encounter Breakdown:									
Face to Face	450	245	357	497	419	236	302		
Service Coordination	69	35	43	76	81	69	75		
Number of clients accessing:									
Emergency Room (medical)	1	1	0	0	0	0	0		
23-hour observation (psych)	1	1	1	0	0	1	0		
Inpatient (med/ psych)	8	0	2	2	1	2	0		
Jail book-in	2	4	1	1	0	0	1		
Reasons for Discharge:									
Graduate	0	0	0	0	3	0	0		
Client Disengagement	1	0	0	0	1	1	0		
Extended Jail stay (case-by-case basis)	1	0	1	1	2	0	0		
Other Intervening factors	0	1	0	0	0	0	0		
End of Month Stats:									
Number of Active FDU clients end of month	**39**	**38**	**39**	**39**	**37**	**34**	**37**		
Number of Unique Consumers	0	0	0	0	0	1	3		
Number of clients on Waiting List	0	0	0	0	0	0	Pending 6		
Average Length of stay on FDU (month)	11.72	12.38	12.07	12.45	12.15	12.49	12.18		
Maximum Census	**45**	**45**	**45**	**45**	**45**	**45**	**45**	**45**	**45**

RESOLUTION

DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM

RESOULTION NO: **4-2015**

DATE: **June 11, 2015**

STATE OF TEXAS }

COUNTY OF DALLAS }

BE IT REMEMBERED at a regular meeting of the Dallas County Behavioral Health Leadership Team held on the 11th day of June 2015,the following Resolution was adopted:

WHEREAS, the Crisis Services Project (CSP) delivers services through a "middleware" software product, JIMI, that allows for point of service data sharing, and CSP has contracted with Harris LOGIC to enhance this software to improve notification of jail book-in and NorthSTAR service history; and

WHEREAS, on May 27, 2014, Dallas County Commissioners Court approved the purchase of two integrated software systems: Harris LOGIC Stella for NorthSTAR participating agencies and Harris LOGIC JIMI(Jail Instant Messaging Interface)for Dallas County jail event notifications support; and,

WHEREAS, as JIMI is in the final stages of enhancement and the design of Stella is almost complete, CSP would like to initiate data sharing with CSP stakeholders which requires a Dallas County Privacy and Security Compliance Program for this software; and

WHEREAS, the Dallas County Civil District Attorney is overseeing the establishment of privacy and security policies for JIMI/ STELLA and has agreed to work in conjunction with Harris LOGIC and other CSP stakeholders (i.e. Dallas County IT) to develop privacy and security compliance policies and procedures; and

WHEREAS, Harris LOGIC has secured several awards for their proficiency in regulatory compliance and had submitted a proposal to CSP for this work, which is currently being reviewed by Dallas County Administration and Civil District Attorney; and

WHEREAS, CSP staff request authorization from BHLT to negotiate an agreement with Harris Logic to 1) develop an updated privacy and security program regarding clinical information exchange; 2) train CSP stakeholders on Dallas County, federal and state regulations regarding information privacy and security; 3) assist with ongoing updates to and maintenance of the privacy and security program, and will present the agreement for CSP Governance Committee and Commissioners Court approval.

IT IS THEREFORE RESOLVED that the Dallas County Behavioral Health Leadership Team approves the recommendation to authorize CSP to negotiate an agreement with Harris Logic on developing a privacy and security compliance program.

DONE IN OPEN MEETING this the 11th day of June, 2015.

_____	_____
John Wiley Price	Dr. Theresa Daniel
Commissioner District #3	Commissioner District #1
Dallas County	Dallas County

RESOLUTION

DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM

RESOULTION NO: **6-2015**

DATE: **June 11, 2015**

STATE OF TEXAS }

COUNTY OF DALLAS }

BE IT REMEMBERED at a regular meeting of the Dallas County Behavioral Health Leadership Team held on the 11th day of June 2015,the following Resolution was adopted:

WHEREAS, the Crisis Services Project (CSP) goal is to reduce readmissions to the Dallas County jail for persons with behavioral health needs and provide more community-based services as an alternative to hospital emergency departments; and

WHEREAS, the CSP, Dallas County Specialty Courts, and Community Supervision and Corrections Department (CSCD) currently refer forensic clients to Integrated Psychotherapeutic Services (IPS) for outpatient clinical and educational substance abuse services; and,

WHEREAS, IPS aligns their treatment dosage & duration and continuum of care philosophy closely to the National Association of Drug Court Professionals (NADCP) guidelines which allows for "flexibility to accommodate individual differences in each participant's response to treatment"; and

WHEREAS, although IPS' substance abuse program is less than the NADCP recommended length (NADCP recommends 200 hours of treatment, and IPS requires 89 hours of treatment but on average their clients receive 108.46 hours of treatment), it is still more than treatment hours allowable by NorthSTAR ValueOptions (ValueOptions authorizes a maximum of 76 hours) resulting in a funding gap; and

WHEREAS, during the first quarter in 2015, only 40% of IPS clients from Dallas County Specialty Court were funded by ValueOptions, 37% remained in treatment but had exhausted ValueOptions funding, and 23% were ineligible for ValueOptions funding at admission; and

WHEREAS, specialty court judges, program staff and CSCD stated during interview that IPS is filling a necessary gap in service delivery, and staff has reported IPS' diligence in pursuing client funding eligibility through ValueOptions and other sources throughout treatment; and

WHEREAS, IPS is committed to meeting the needs of each client, and IPS continues to serve clients even after they exhaust their ValueOptions authorized service hours; and

WHEREAS, IPS has submitted a proposal to CSP to alleviate the funding gap for clients from CSP, CSCD, and Dallas County Specialty Courts; and

WHEREAS, CSP staff request authorization from BHLT to negotiate an agreement with ValueOptions to distribute funds to IPS through a mechanism (to be managed and distributed by ValueOptions, at their approval) that will alleviate the funding gap for outpatient substance abuse services to CSP, CSCD, Dallas County Specialty Courts clients and will present the agreement for CSP Governance Committee and Commissioners Court approval.

IT IS THEREFORE RESOLVED that the Dallas County Behavioral Health Leadership Team approves the recommendation to authorize CSP to negotiate an agreement with ValueOptions to distribute funds to IPS for gaps in treatment funding for CSP, CSCD, and Dallas County Specialty Courts clients.

DONE IN OPEN MEETING this the 11th day of June, 2015.

_____	_____
John Wiley Price	Dr. Theresa Daniel
Commissioner District #3	Commissioner District #1
Dallas County	Dallas County

Behavioral Health Steering Committee
Thursday May 21, 2015

Meeting called to order at 8:30am by Ron Stretcher.
Ron Stretcher called the meeting to order and asked for attendees to introduce themselves. Judge Wade asked for any adjustments to the minutes.

BHLT & CSP Update

Charlene Randolph, reported services provided by Transicare ended with 65 clients, serving a total of 89 unduplicated. CSP has also recently started tracking connecting persons coming out of Terrell State hospital to services within 7 days and 30 days. Currently they are at 75% within 7 days, and 82% within 30 days. Reporting on the number of total unique encounters (goal for match funding) for CSP at the end of March is 553 *(pgs 5, of May packet)*

Jail Reports

Pregnant Women in Jail- Shenna Oriabure reported there are currently 27 pregnant women in jail; 9 sentenced, 13 have upcoming court dates, 1 waiting to go to the hospital, and 4 without court dates. *(pg 10, of May packet*)

Northstar Match- Duane Steele reported that for the month of April there were a total of 6530 inmates booked into jail, out of that 1,573 (25%) had a Northstar match. Looking at information for people that have been booked into jail more than once this year, there are 2 inmates that have been booked into jail 7 times or more this year. *(pg 11, of May packet*)

Northstar High Utilizers –Lynn Richardson asked for the possibility of being able to identify the attorneys assigned to high Northstar utilizers. In an effort to target the high utilizers Ms. Richardson stated that she would talk with the court coordinators to ensure the attorneys are knowledgeable of the services such as Transicare or Adapt in order to provide wrap around services. Judge Wade agreed and included the DA's office could also benefit from knowing this information as well to better identify and work with inmates that are in need of services. Currently the JIMI system is the mechanism used to identify high utilizers. There is some concern on how information can be distributed among the different departments without violating HIPPA or attorney client privilege. Ron Stretcher reported that Chong Choe in the Civil District Attorney's office is currently working with the Criminal Justice Department on HIPPA and other privacy and security matters. While Ms. Richardson reports there are legal statutes that address competency, those statutes do not cover mental health cases and how they are different, agreeing that there are concerns about how to share information and there is a need to work together to create a solution that can identify high utilizers and provide the correct

services. Charlene Randolph will work to schedule a meeting with the Public Defender's office, District Attorneys' office, and Transicare and Adapt to work on a solution. *(pg 11, of May packet*)

Problem Solving Courts

Specialty Court Census:

Lynn Richardson registered an objection to discussing the courts during the BHSC when the Judge presiding over the court has not had an opportunity to attend and be a part of the discussions during the meeting. Ms. Richardson stated going forward she will speak to the judges individually and provide them with the opportunity to engage in the discussions at the BHSC. Ron Stretcher, directed members to page 13 in the packet for a review of the TACOOMI caseworkers in each specialty court.

- ATLAS there is 1 case manager with a max caseload of 20-25 clients; currently there are 17 there is a need for an additional 3-4 clients.
- Post-DDRTC has 1.5 case managers with a max caseload of 30-37 clients; currently there are 32 clients.
- STAC has 1.5 case managers with a max caseload of 30-37 clients; currently there are 29.
- MHJD has 1.5 case managers with a max caseload of 30-37 clients; currently there are 21 clients.
- PRIDE has a .5 case manager with a max caseload of 10-12; currently there are 4 clients, with PRIDE they can only work with the felony prostitution charges.

Sherri Lockhart stated that over the past six months it has been really hard to get any of the caseloads at capacity. No barriers or limitations for filling the Specialty Court caseloads have been observed, this is also true for the probation ICM caseloads as well. It was noted there were some differences between the numbers being reported in MHJD by the probation officer and the numbers reported by Metrocare. In order to ensure the numbers being reported are consistent going forward there will be a comparison by the probation officer in MHJD and Sherri Lockhart of the clients that are in MHJD for Metrocare.

On the dedicated probation ICM, there are 5 case managers for this program and there is one vacancy and a max capacity of 80-100 clients Dr. Johansson-Love reported that the caseload is something that Mr. Arnold of CSCD and Dr. Syed are working on streamlining the referral process. Dr. Syed reports that one problem is a lack of communication. Judge Wade asked that going forward every Monday Metrocare send an e-mail to the judge and the probation officer letting the courts know the current needs of Metrocare in order to fill the case loads. *(pg 13, of May packet*)

Public Defender Report

Lynn Richardson reported the budget department is reviewing providing an additional .5 public defender for the mental health court. Reviewing the numbers there has been an increase in hospitals and cases and an additional .5 of a public defender is much needed. *(pg 12, of May packet*)

SPN Reports

The Bridge - Jay Meaders reported the Bridge is entering historically the busiest time of the year. They are currently working to integrate with Metrocare and Lifenet, as Metrocare was once housed at the Bridge the transition is going smooth. Modifications have been made in capturing the number of jail releases, thus providing a more accurate synopsis of the people from jail. He also notes that it may look as if there are fewer beds in the emergency shelter, however what is happening are many clients are maintaining their beds longer. He continued to stress the importance of sending referrals over as early as possible to assist in placing them in a bed and getting wrap around services for them. *(pg 14, of May packet*)

IPS - Enrique Morris reported they have recently had the highest number of admissions for Specialty Courts in the last nine months. In the past month, the highest discharge rate was from STAC men and the highest admission rate was from IIP. There was a successful discharge rate for the month of April was 51%, which is higher than the national average according to SAMSHA. For the month of April the following numbers apply for the Specialty Court clients in IPS services; phase advancement 57%; phase retention 31%, and elevation of care 12%. *(pg 15, of May packet*)

DIVERT - Keta Dickerson reported that DIVERT has started taking referrals again. They are currently at 161 participants in the program and they have increased the program capacity to 165. *(pg 19, of May packet*)

Probation-Serena McNair reported the following start and end numbers for the Probation Department; ATLAS started with 26 and ended with 28, DDC started with 19 and ended with 22, MH started with 51 and ended with 52, STAC started with 13 and ended with 16, and STAR started with 15 and ended with 17 for a total of 135. Serena reported that the numbers for STAC look smaller because they are only reporting the mental health case load for that number. *(pg 20, of May packet*)

530 Sub-Committee

Keta Dickerson reported committee met last Wednesday at the time the ending balance is a total of $127,364.34. Dr. Johansson-Love gave an update on the status of the studies with UTD, reporting they are currently working on DIVERT program and getting data from the officers. Dr. Johansson-Love, also reported that Judge Hoffman is working on a study being completed by UTA and there will be a need in the future to evaluate utilizing the PRIDE court for a study. The following requests were approved by the sub-committee and are being presented to BHSC for final approval.

- STAC – Incentive Request
  Judge Lela Mays presented a request to utilize $875.00 to pay for the May graduation.
- MH Specialty Court Coordinator – Training Request
  Christina Gonzales presented a request to utilize $100.00 to pay the registration to attend the Mental Health Care & Diversity training workshop being held on May 30th, 2015.
- DIVERT – Incentives Request
  Keta Dickerson presented a request to utilize $2,000.00 to pay for incentives and graduations for the STAC court with the possibility of approving additional funds later in the year.

Ron Stretcher made a motion to approve all three requests, Kendall McKimmey seconded the motion and it was approved by the committee.

Announcements

- Keta Dickerson and Lynn Richardson have created resolutions for National Drug Court Month. They will be read at Commissioners Court on May 26th, 2015 at 9:00am.
- Mike Laughlin, from Federal Parole will join the Criminal Justice Department as the Mental Health Jail Diversion Coordinator on June 1, 2015. He will fill the position previously held by Patti Scali.
- Crystal Garland at Metrocare/Lifenet has been promoted and she is now the Clinical Manager II for all jail diversion cases.

Adjourn

The meeting was adjourned at 9:55am by Judge Wade.

Date: June 11, 2015

To: Behavioral Health Leadership Team

From: Ron Stretcher,
Director of Criminal Justice Department/Jail Diversion

Re: Legislative Decisions on NorthSTAR and Transition Planning

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Attached are excerpts from the final budget for behavioral health services related to NorthSTAR. The first two pages contain Rider 85 for NorthSTAR. The following pages are the overall budget for DSHS behavioral health and some related Riders that involve NorthSTAR or behavioral health in general. The key decisions are as follows.

Sunset

- The Sunset recommendation to separate Medicaid and indigent funding was adopted.
- Medicaid funding and services move to the MCO's on January 1, 2017.
- HHSC and DSHS must submit a progress report on the transition by May 1, 2016.
- The HHSC Executive Commissioner can request a 90 day extension for the transition if warranted.

Local Mental Health Authorities

- The budget anticipates separate LHMA's for Collin County and the remaining six current NorthSTAR counties.
- The Rider appears to assume a January 1, 2017 date for the formal separation into two LHMA's from a single NTBHA. It is expected that the transition process may have some functions begin earlier.
- Current NorthSTAR operations for the existing seven counties continue for all of FY 2016 and the first four months of FY 2017.

Funding

- It will not be possible to have a final funding figure for FY 2016 until DSHS finishes all allocations. Not all funding that comes to NorthSTAR resides in the NorthSTAR budget line items. DSHS also must account for Medicaid matching and other fund transfers.
- The NorthSTAR FY 2016 budget does appear to include additional equity funds of $7,182,542. Equity was for the first time allocated on a formula that does account for a proportion of the population with income less than 200% of the federal poverty level. The allocation table adopted by the budget Conference Committee is attached. Rider

71 explains this additional funding, which also include dollars specifically for eliminating wait lists in a few LHMAs.

- Rider 85 specifically details the allocation of funds to the new Collin County LMHA and the new NTHBA effective January 1, 2017. The FY 2017 budget is for the first four months of that fiscal year, one third of the full annual allocations. The FY 2017 budget includes transitional funding of $7M for NTBHA and $1.5M for Collin County. These transition funds are designed to address the impact of removing the Medicaid funding from the indigent funding. Extending the transition funds past FY 2017 would be considered in the next Legislative Session.

Transition Planning and Activity

- Transition planning is now underway for both NTBHA and Collin County.
- NTBHA staff is working to provide data needed for the next steps in planning.
- NTBHA staff is preparing a transition plan that will include identification of additional resources for the transition and potential funding for those resources.
- An initial conference call was conducted with DSHS, HHSC, Collin County and NTBHA to confirm the Legislative decisions and re-engage the transition planning.

Related Issues

- Rider 64 continued funding for the Healthy Community Collaboratives.
- Rider 70 allocated funding for the In Jail Competency Restoration Pilot that was never implemented by DSHS and HHSC

84. **Contingency for Behavioral Health Funds.** Notwithstanding appropriation authority granted above, the Comptroller of Public Accounts shall not allow the expenditure of General Revenue-Related behavioral health funds for the Department of State Health Services in Strategy B.2.1, Mental Health Services for Adults, B.2.2, Mental Health Services for Children, Strategy B.2.3, Community Mental Health Crisis Services, Strategy B.2.4, NorthSTAR Behavioral Health Waiver, Strategy B.2.5, Substance Abuse Prevention, Intervention and Treatment, Strategy C.1.2, Rio Grande State Outpatient Clinic, Strategy C.1.3, Mental Health State Hospitals, Strategy C.2.1, Mental Health Community Hospitals, Strategy F.1.2, Repair and Renovation: Mental Health Facilities, and Strategy G.1.1, Office of Violent Sex Offender Management, in fiscal year 2017, as identified in Art. IX, Sec 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the agency's planned expenditure of those funds in fiscal year 2017 does not satisfy the requirements of Art. IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.

85. **Transition of the NorthSTAR Behavioral Health Services Model.** Appropriations made above in this Act in Strategy B.2.4, NorthSTAR Behavioral Health Waiver, for fiscal year 2017 assume the discontinuation of the program on December 31, 2016.

    a. Beginning January 1, 2017, funds to provide services, other than Medicaid behavioral health services, previously available through NorthSTAR are allocated as follows:

        North Texas Behavioral Health Authority (NTBHA):
        B.2.1, Mental Health Services for Adults, $19,218,496 in GR and $23,144,112 in All Funds
        B.2.2, Mental Health Services for Children, $6,406,164 in GR and $7,714,702 in All Funds
        B.2.3, Community Mental Health Crisis Services, $5,348,640 in GR and All Funds
        B.2.5, Substance Abuse Prevention, $744,954 in GR, $6,495,191 in All Funds

        Local Mental Health Authority (LMHA) serving Collin County:
        B.2.1, Mental Health Services for Adults, $4,769,692 in GR and $5,825,822 in All Funds
        B.2.2, Mental Health Services for Children, $1,589,897 in GR and $1,941,940 in All Funds
        B.2.3, Community Mental Health Crisis Services, $1,438,974 in GR and All Funds
        B.2.5, Substance Abuse Prevention, $114,972 in GR, $1,002,432 in All Funds

        This allocation takes into account the proportion of historical billing patterns, general population, and population under 200 percent of federal poverty level. These amounts include funding adjustments of $10,861,046 in General Revenue for NTBHA (which includes $7,087,817 for one-time transition needs) and $2,515,132 in General Revenue for the LMHA serving Collin County (which includes $1,500,000 for one-time transition needs). Expenditure of transition funding must be approved by the Health and Human Services Commission (HHSC) executive commissioner.

    b. It is the intent of the Legislature that the NorthSTAR Behavioral Health Services model cease operation on December 31, 2016. Transition funds are intended to support NTBHA and LMHA Collin County for readiness to transition by this date. The HHSC executive commissioner, in coordination with DSHS, shall evaluate and report to the Legislature by May 1, 2016 on the progress of NTBHA and LMHA Collin County, separately, as they transition from the current NorthSTAR model to the new models. If deemed necessary, the HHSC executive commissioner may submit a request to the Legislative Budget Board to extend the transition deadline by 90 days. The request should indicate how transition funds have been spent to date, provide a rationale for the delay and include a plan to complete the transition with an accompanying plan for strategy transfers to align with the delayed transition date, which can be no later than March 31, 2017. The request shall be considered to be disapproved unless the Legislative Budget Board or the Governor issue a written approval within 15 business days of the date on which the staff of the Legislative Budget Board forwards its review of the request to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 15 business days.

c. HHSC, in coordination with DSHS, shall provide a report by March 1, 2017 to the Governor's Office and the Legislative Budget Board that includes NTBHA's and Collin County's plans to access additional funds, which may include local funds, Medicaid funds, and other sources, in addition to a projection of funds anticipated in fiscal year 2018 and fiscal year 2019.

86. State Hospital System Improvement.

a. The Department of State Health Services (DSHS) shall evaluate the benefits of a university health related institution or institutions operating a state hospital. The evaluation should include administrative, legal and financial considerations as well as a timeline for the transition and a progress report on the expansion of efforts to increase academic partnerships. The evaluation and report must be submitted to the Governor's Office and the Legislative Budget Board no later than September 1, 2016.

b. In the event that DSHS projects a surplus of funds available in Goal C, Hospital Facilities and Services, DSHS may submit a proposal to use these funds, up to the amount of $12.4 million in General Revenue over the biennium, for the purpose of project planning, development of construction plans, site preparation and related activities to support the future construction of mental health hospital facilities to replace the current facility at Rusk. The proposal must include the strategies where the surplus General Revenue funds would be transferred from, and DSHS must receive written prior approval of the Governor's Office and the Legislative Budget Board before using surplus funds for these purposes.

87. University of Texas Harris County Psychiatric Center Rates. Out of funds appropriated above in Strategy C.2.1, Mental Health Community Hospitals, the Department of State Health Services shall allocate $1,213,103 in General Revenue Funds in each fiscal year of the 2016-17 biennium in order to increase the rate for acute community mental health inpatient services at this facility.

HEALTH AND HUMAN SERVICES COMMISSION

	For the Years Ending August 31, 2016	August 31, 2017
Method of Financing:		
GR for Medicaid		
Medicaid Program Income	$ 75,000,000	$ 75,000,000
Vendor Drug Rebates—Medicaid	645,730,031	697,416,071
GR Match for Medicaid	8,975,788,343	9,165,334,057
Tobacco Settlement Receipts Match for Medicaid	440,455,192	444,701,215
Cost Sharing - Medicaid Clients, estimated	2,500,000	2,500,000
Vendor Drug Rebates-Supplemental Rebates	75,479,410	81,465,009
Medicare Giveback Provision	410,683,587	448,972,852
GR for CHIP		
Premium Co-Payments, Low Income Children	4,596,733	4,872,537
GR Match for Title XXI (CHIP)	6,701,310	5,251,865
Tobacco Settlement Receipts Match for CHIP	72,842,532	62,925,605
Experience Rebates-CHIP	747,947	666,472
Vendor Drug Rebates—CHIP	1,776,638	1,621,399
Other GR		
General Revenue Fund	199,940,798	205,821,235
GR MOE for Temporary Assistance for Needy Families	48,257,311	48,257,311
GR Match for Food Stamp Administration	177,772,067	178,643,498
Subtotal, General Revenue Fund	$ 11,138,271,899	$ 11,423,449,126
General Revenue Fund - Dedicated		
Compensation to Victims of Crime Account No. 469	10,229,843	10,229,843
Subtotal, General Revenue Fund - Dedicated	$ 10,229,843	$ 10,229,843
Federal Funds		
Federal Funds	16,212,273,708	16,416,949,719

Schedule of Exempt Positions:		
Commissioner, Group 7	$242,353	$242,353
Items of Appropriation:		
A. Goal: PREPAREDNESS AND PREVENTION		
Preparedness and Prevention Services.		
A.1.1. Strategy: PUBLIC HEALTH PREP. & COORD. SVCS	$ 90,253,127	$ 75,531,123
Public Health Preparedness and Coordinated Services.		
A.1.2. Strategy: HEALTH DATA AND ANALYSIS	$ 36,452,778	$ 31,744,572
A.2.1. Strategy: IMMUNIZE CHILDREN & ADULTS IN TEXAS	$ 95,049,069	$ 95,049,068
Immunize Children and Adults in Texas.		
A.2.2. Strategy: HIV/STD PREVENTION	$ 191,678,663	$ 191,678,661
A.2.3. Strategy: INFECTIOUS DISEASE PREV/EPI/SURV	$ 26,558,848	$ 24,788,847
Infectious Disease Prevention, Epidemiology and Surveillance.		
A.2.4. Strategy: TB SURVEILLANCE & PREVENTION	$ 28,165,299	$ 28,165,299
TB Surveillance and Prevention.		
A.3.1. Strategy: CHRONIC DISEASE PREVENTION	$ 10,034,404	$ 10,034,404
Health Promotion & Chronic Disease Prevention.		
A.3.2. Strategy: REDUCE USE OF TOBACCO PRODUCTS	$ 14,219,707	$ 14,219,707
Reducing the Use of Tobacco Products Statewide.		
A.3.3. Strategy: ABSTINENCE EDUCATION	$ 5,244,547	$ 5,244,547
A.3.4. Strategy: KIDNEY HEALTH CARE	$ 19,337,704	$ 19,337,703
A.3.5. Strategy: CHILDREN WITH SPECIAL NEEDS	$ 43,821,256	$ 43,821,254
Children with Special Health Care Needs.		
A.3.6. Strategy: EPILEPSY SERVICES	$ 1,937,811	$ 1,937,811
A.3.7. Strategy: HEMOPHILIA SERVICES	$ 323,477	$ 323,477
A.4.1. Strategy: LABORATORY SERVICES	$ 70,321,768	$ 73,949,598
Total, Goal A: PREPAREDNESS AND PREVENTION	$ 633,398,458	$ 615,826,071
B. Goal: COMMUNITY HEALTH SERVICES		
B.1.1. Strategy: PROVIDE WIC SERVICES	$ 816,849,812	$ 816,849,812
Provide WIC Services: Benefits, Nutrition Education & Counseling.		
B.1.2. Strategy: WOMEN & CHILDREN'S HEALTH SERVICES	$ 77,218,293	$ 77,218,291
Women and Children's Health Services.		
B.1.3. Strategy: COMMUNITY PRIMARY CARE SERVICES	$ 13,416,299	$ 13,416,298
B.2.1. Strategy: MENTAL HEALTH SVCS-ADULTS	$ 318,957,302	$ 344,962,725
Mental Health Services for Adults.		
B.2.2. Strategy: MENTAL HEALTH SVCS-CHILDREN	$ 97,660,082	$ 106,990,586
Mental Health Services for Children.		
B.2.3. Strategy: COMMUNITY MENTAL HEALTH CRISIS SVCS	$ 127,656,512	$ 127,656,510
Community Mental Health Crisis Services.		
B.2.4. Strategy: NORTHSTAR BEHAV HLTH WAIVER	$ 128,398,238	$ 45,666,302
NorthSTAR Behavioral Health Waiver.		
B.2.5. Strategy: SUBSTANCE ABUSE PREV/INTERV/TREAT	$ 157,072,333	$ 168,038,323
Substance Abuse Prevention, Intervention and Treatment.		
B.3.1. Strategy: EMS AND TRAUMA CARE SYSTEMS	$ 174,557,112	$ 174,557,107
B.3.2. Strategy: INDIGENT HEALTH CARE REIMBURSEMENT	$ 4,904,883	$ 4,904,882
Indigent Health Care Reimbursement (UTMB).		
B.3.3. Strategy: COUNTY INDIGENT HEALTH CARE SVCS	$ 2,186,446	$ 2,186,443
County Indigent Health Care Services.		
Total, Goal B: COMMUNITY HEALTH SERVICES	$ 1,918,877,312	$ 1,882,447,279

DEPARTMENT OF STATE HEALTH SERVICES

	For the Years Ending August 31, 2016	August 31, 2017
Method of Financing:		
General Revenue Fund		
General Revenue Fund	$ 861,596,757	$ 853,148,091
GR Match for Medicaid	34,867,914	28,963,725
GR Certified as Match for Medicaid	10,629,333	10,614,648
GR for Mental Health Block Grant	294,047,315	293,968,203
GR for Substance Abuse Prevention and Treatment Block Grant	43,723,529	48,051,821
GR for Maternal and Child Health Block Grant	40,478,868	40,478,866
GR for HIV Services	53,050,334	53,050,334
General Revenue - Insurance Companies Maintenance Tax and Insurance Department Fees	6,915,031	6,915,029
Vendor Drug Rebates—Public Health	7,886,357	7,886,357
Subtotal, General Revenue Fund	$ 1,353,195,438	$ 1,343,077,074
General Revenue Fund - Dedicated		
Vital Statistics Account No. 019	4,561,674	4,561,673
Hospital Licensing Account No. 129	1,656,693	1,656,691
Food and Drug Fee Account No. 341	1,683,050	1,683,050
Bureau of Emergency Management Account No. 512	2,355,607	2,355,605
Department of Health Public Health Services Fee Account No. 524	13,293,460	13,293,458
Commission on State Emergency Communications Account No. 5007	1,822,173	1,822,172
Asbestos Removal Licensure Account No. 5017	3,245,125	3,245,124
Workplace Chemicals List Account No. 5020	2,644,011	2,644,010
Certificate of Mammography Systems Account No. 5021	1,112,877	1,112,877
Oyster Sales Account No. 5022	252,000	252,000
Food and Drug Registration Account No. 5024	6,461,377	6,461,375
Permanent Fund for Health and Tobacco Education and Enforcement Account No. 5044	4,774,838	4,774,838
Permanent Fund Children & Public Health Account No. 5045	2,387,434	2,387,434
Permanent Fund for EMS & Trauma Care Account No. 5046	2,387,434	2,387,434
Permanent Hospital Fund for Capital Improvements and the Texas Center for Infectious Disease Account No. 5048	1,385,000	1,385,000
State Owned Multicategorical Teaching Hospital Account No. 5049	4,904,883	4,904,882
EMS, Trauma Facilities, Trauma Care Systems Account No. 5108	2,382,698	2,382,697
Trauma Facility and EMS Account No. 5111	165,431,636	165,431,634
Childhood Immunization Account No. 5125	144,807	144,807
Health Department Laboratory Financing Fees (formerly 3595)	2,733,200	1,896,500
WIC Rebates (formerly 3597)	220,129,373	220,129,373
Permanent Fund for Health and Tobacco Education and Enforcement-Medicaid Match	100,000	100,000
Subtotal, General Revenue Fund - Dedicated	$ 445,849,350	$ 445,012,634
Federal Funds	1,178,057,106	1,137,488,790
Other Funds		
Appropriated Receipts	63,639,294	58,931,088
State Chest Hospital Fees and Receipts	1,558,290	1,558,290
DSHS Public Health Medicaid Reimbursements	106,996,608	112,346,439
Interagency Contracts	85,536,588	73,789,782
License Plate Trust Fund Account No. 0802	359,000	359,000
MH Collections for Patient Support and Maintenance	13,207,522	13,207,522
MH Appropriated Receipts	6,726,514	6,726,514
Subtotal, Other Funds	$ 278,023,816	$ 266,918,635
Total, Method of Financing	$ 3,255,125,710	$ 3,192,497,133
Other Direct and Indirect Costs Appropriated Elsewhere in this Act	$ 10,034,840	$ 10,706,719
This bill pattern represents an estimated 100% of this agency's estimated total available funds for the biennium.		
Number of Full-Time-Equivalents (FTE):	12,269.7	12,269.7

Measures relating to outputs and units of service delivered, which may be included in the performance agreement, shall be recorded and submitted as required by DSHS.

56. **End Stage Renal Disease Prevention Program.** Out of funds appropriated above in Strategy A.3.1, Health Promotion and Chronic Disease Prevention, the Department of State Health Services shall allocate $250,000 in General Revenue for fiscal year 2016 and $250,000 in General Revenue for fiscal year 2017 to improve the health outcomes and reduce the economic burdens of chronic kidney disease end-stage renal disease through the End Stage Renal Disease Prevention Program model, Love Your Kidneys. The program shall work in collaboration with the Texas Renal Coalition and other statewide partnerships to educate the medical community and at-risk patients on the importance of early diagnosis and treatment of chronic kidney disease to prevent premature death from cardiovascular disease and other co-morbid conditions, and to delay progression to kidney failure necessitating expensive renal replacement therapy by dialysis or transplantation.

57. **Administrative Attachment: Office of Violent Sex Offender Management.** Amounts appropriated above in Strategy G.1.1, Office of Violent Sex Offender Management, are to be used by the Office of Violent Sex Offender Management, an independent agency which is administratively attached to the Department of State Health Services. The FTE cap for OVSOM is 35.0 in each fiscal year of the 2016-17 biennium. Any unexpended balances remaining on August 31, 2016, in Strategy G.1.1, Office of Violent Sex Offender Management, are hereby appropriated for the same purposes for the fiscal year beginning September 1, 2016, contingent upon prior written notification to the Legislative Budget Board and the Governor.

58. **Mental Health Outcomes and Accountability.** Out of funds appropriated above in Goal B, Community Health Services, Strategies B.2.1, Mental Health Services for Adults, B.2.2, Mental Health Services for Children, and B.2.3, Community Mental Health Crisis Services, the Department of State Health Services shall withhold ten percent (10%) of the General Revenue quarterly allocation from each Local Mental Health Authority (LMHA) for use as a performance based incentive payment. The payment of the funds withheld shall be contingent upon the achievement of outcome targets set by the department. Performance shall be assessed and payments made on a six-month interval. Funds that have been withheld for failure to achieve outcome targets will be used for technical assistance and redistributed as an incentive payment according to a methodology developed by the department.

59. **Mental Health Appropriations and the 1115 Medicaid Transformation Waiver.** Out of funds appropriated above in Goal B-Community Health Services, Strategies B.2.1, Mental Health Services for Adults, B.2.2, Mental Health Services for Children, and B.2.3, Community Mental Health Crisis Services, the Department of State Health Services by contract shall require that General Revenue funds provided to the department in this biennium be used to the extent possible to draw down additional federal funds through the 1115 transformation waiver or other federal matching opportunities. Nothing in this section shall relieve a Local Mental Health Authority from an obligation to provide mental health services under the terms of a performance contract with the department or to reduce the amount of such obligation specified in the contract. The department shall report to the Legislative Budget Board and the Governor by December 1 of each fiscal year on efforts to leverage these funds.

60. **1915(c) Youth Empowerment Services Waiver Expansion.** The Health and Human Services Commission, in conjunction with the Department of State Health Services, shall initiate the expansion of the 1915(c) Youth Empowerment Services (YES) waiver statewide during the 2016-17 biennium. Expansion into new service areas is contingent upon approval by the Centers for Medicare and Medicaid Services (CMS).

61. **Home and Community-Based Services.**
    a. Included in funds appropriated above, the Department of State Health Services is appropriated General Revenue in the amounts of $32,017,406 in the 2016-17 bienniumin in Strategy B.2.1, Mental Health Services for Adults. Funds shall be utilized to:

        1. develop a Home and Community-Based Services (HCBS) program for adults with complex needs and extended or repeated state inpatient psychiatric stays as defined by the Department; and

        2. seek federal approval for a Medicaid 1915(i) state plan amendment to enable federal financial participation, to the extent possible, in the HCBS program in collaboration with the Health and Human Services Commission.

b. The Department of State Health Services shall also implement an expansion of the 1915(i) waiver program to divert populations from jails and emergency rooms into community treatment programs. Prior to implementation, the Department of State Health Services shall submit a report on the projected program, with information including:

1. an estimate of the total population to be served;

2. projected costs, including average monthly cost per recipient; and

3. potential cost-sharing opportunities with local entities that benefit from lower jail and emergency room admissions.

The Department of State Health Services shall submit the report to the Governor's Office and the Legislative Budget Board by December 1, 2015.

62. **Mental Health Program for Veterans.** Included in the amounts appropriated above to the Department of State Health Services in Strategy B.2.1, Mental Health Services for Adults, is $5,000,000 in each fiscal year of the 2016-17 biennium in General Revenue for the purpose of administering the Mental Health Program for Veterans pursuant to Health and Safety Code §1001.201-204.

Not later than December 1 of each fiscal year, the department shall submit to the Legislature and the Governor's Office a detailed report describing the activities of the program in the preceding year, including, at a minimum: a description of how the program is operated; the number of veterans served; the number of peers and volunteer coordinators trained; a summary of the contracts issued and services provided through those contracts; and recommendations for program improvements.

63. **Primary Health Care Program.** The Department of State Health Services Primary Health Care Program shall not contract with providers that would be ineligible to participate in the Texas Women's Health Program at the Health and Human Services Commission.

64. **Healthy Community Collaboratives.** Out of funds appropriated above, the Department of State Health Services (DSHS) shall allocate up to $25,000,000 in General Revenue over the biennium in Strategy B.2.3, Community Mental Health Crisis Services to fund grants pursuant to Government Code, §539.001-.008. If a collaborative also receives funds from the Texas Department of Housing and Community Affairs (TDHCA), then DSHS shall ensure that the grant funding under this section is in coordination with the funds from TDHCA.

Any unexpended balances of these funds from fiscal year 2016 are appropriated to DSHS for the same purposes in fiscal year 2017. DSHS shall use funds for these purposes to the extent allowed by state law. DSHS shall also report to the Legislative Budget Board and the Governor the amount and type of expenditure and progress of the project by December 1, 2016.

65. **Collection of Emergency Room Data.** Out of funds appropriated in Strategy A.1.2, Health Data and Analysis, the Department of State of Health Services shall collect emergency room data as set forth in Chapter 108 of the Health and Safety Code. The Department shall use the data to measure and report potentially preventable emergency room visits, including potentially preventable mental health and substance abuse emergency room visits. The Department shall submit the results of their findings to the Legislative Budget Board, Governor, and Chairs of the Committees in each House with jurisdiction over public health issues on an annual basis, beginning December 31, 2016.

66. **Harris County Jail Diversion Pilot Program.** Out of funds appropriated above, the Department of State Health Services (DSHS) shall allocate $5,000,000 for fiscal year 2016 and $5,000,000 for fiscal year 2017 from strategy B.2.1, Mental Health Services for Adults, to implement a mental health jail diversion pilot program in Harris County. In cooperation with the county judge in Harris County, DSHS shall establish a pilot program in Harris County to be implemented by the county judge for the purpose of reducing recidivism and the frequency of arrest and incarceration among persons with mental illness in that county. The Harris County Commissioners Court shall contribute funding to the pilot program in an amount that is equivalent to the funds provided by the state for the pilot program.

67. **Cardiovascular Disease and Stroke Projects.** Out of funds appropriated above in Strategy A.3.1, Chronic Disease Prevention, the Department of State Health Services may expend $6,500,000 in General Revenue Funds over the 2016-17 biennium for the purpose of funding cardiovascular disease and stroke projects. Out of these funds, DSHS shall allocate $4,500,000 of those funds over the biennium to the University of Texas System for the administration of the statewide stroke clinical research network, Stroke System of Care Coordination (Lone Star Stroke), and $2,000,000 of these funds over the biennium for the Stroke/SEMI (St-Segment Elevation Myocardial Infarction) Data Collection for data collection activities.

68. **Sunset Contingency.** Pursuant to Government Code Chapter 325, the Department of State Health Services was the subject of review by the Sunset Advisory Commission and a report pertaining to the Department of State Health Services was delivered to the Eighty-fourth Legislature. Government Code 325.015 provides that the legislature may by law continue the Department of State Health Services for up to 12 years, if such a law is passed before the sunset date for the Department of State Health Services.

    1) Funds appropriated above are contingent on such action continuing the Department of State Health Services by the Eighty-fourth Legislature.

    2) In the event that the legislature does not choose to continue the agency, the funds appropriated for fiscal year 2016, or as much thereof as may be necessary, are to be used to provide for the phase out of agency operations or to address the disposition of agency programs and operations as provided by the legislation.

69. **Transfer from the Cancer Prevention and Research Institute of Texas for the Cancer Registry.** Out of funds appropriated elsewhere in this Act to the Cancer Prevention and Research Institute of Texas is $2,969,554 out of General Obligation Bond Proceeds each fiscal year of the 2016-17 biennium which shall be transferred from Cancer Prevention and Research Institute of Texas to the Department of State Health Services in Strategy A.1.2, Health Data and Analysis, for administration of the Cancer Registry in accordance with the Texas Constitution, Article III, Section 67 and Health and Safety Code, Chapter 102.

70. **Jail-Based Competency Restoration Pilot Program.** Out of funds appropriated above in Strategy B.2.3, Community Mental Health Crisis Services, the Department of State Health Services shall allocate $1,743,000 in each fiscal year of the 2016-17 biennium in General Revenue to be used only for the purpose of conducting a jail-based restoration of competency pilot program established under Article 46B.090 of the Code of Criminal Procedure, as a continuation of the pilot program started by the 83rd Legislature.

    The Department of State Health Services shall submit interim quarterly progress reports to the Legislative Budget Board, Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor no later than 15 business days after the end of each fiscal quarter.

71. **Increased Access to Community Mental Health Services.** Out of funds appropriated above in B.2.1, Mental Health Services for Adults, B.2.2, Mental Health Services for Children, and B.2.4, NorthSTAR Behavioral Health Services Waiver, the Department of State Health Services (DSHS) shall allocate $46,486,001 in General Revenue Funds over the 2016-17 biennium to provide a funding adjustment to the local mental health authorities (LMHA) and the NorthSTAR service area to increase the number of individuals provided community mental health services. Of these funds above, DSHS shall allocate $37,052,273 to local mental health authorities using a formula that considers historical billing patterns, general population and population under 200 percent of the federal poverty level, and $9,433,728 to local mental health authorities to serve 960 individuals on waitlists for the purpose of eliminating waitlists. It is the intent of the Legislature that DSHS encourage the local mental health authorities and the NorthSTAR service area to first serve their statutorily required priority populations, and then to serve all clients who qualify with the goal of preventing a waitlist during the 2016-17 biennium.

72. **Breast and Cervical Cancer Services Program.** Funds appropriated above may only be expended by the Department of State Health Services in Strategy B.1.2, Women and Children's Health Services for the Breast and Cervical Cancer Services Program, to compensate providers that would be eligible to participate in the Texas Women's Health Program, including providers that would be otherwise eligible, but for the sole reason of providing a different service package than required to participate in the Texas Women's Health Program. If the department is unable to

2016 Projections

Methodology: Waitlist Funding as of May 1, 2015 followed by Equity Funding on Total Population plus Population <200% FPL

Name	Base Equity Funding	Poverty Weighted Population	Per Capita Funding	as of May 1, 2015 Number on Wait List	as of May 1, 2015 Wait List Funding	Equity Funding	FY2016 New Funding	2016 Projected Funding	2016 Per Capita
West Texas	$ 6,520,101	318,912	$ 20.44	-	$ -	$ -	$ -	$ 6,520,101	$ 20.44
Helen Farabee	$ 7,749,473	434,196	$ 17.85	-	$ -	$ -	$ -	$ 7,749,473	$ 17.85
Coastal Plains	$ 5,976,270	335,994	$ 17.79	-	$ -	$ -	$ -	$ 5,976,270	$ 17.79
ACCESS	$ 2,911,015	167,603	$ 17.37	-	$ -	$ -	$ -	$ 2,911,015	$ 17.37
Center for Life Resources	$ 2,284,746	148,742	$ 15.36	-	$ -	$ -	$ -	$ 2,284,746	$ 15.36
Concho Valley	$ 2,748,699	182,456	$ 15.06	-	$ -	$ -	$ -	$ 2,748,699	$ 15.06
Central Plains	$ 2,178,424	145,698	$ 14.95	-	$ -	$ -	$ -	$ 2,178,424	$ 14.95
Lakes Regional	$ 3,540,372	241,497	$ 14.66	-	$ -	$ -	$ -	$ 3,540,372	$ 14.66
Gulf Bend	$ 3,295,330	252,097	$ 13.07	-	$ -	$ -	$ -	$ 3,295,330	$ 13.07
Betty Hardwick	$ 3,101,987	257,971	$ 12.02	-	$ -	$ -	$ -	$ 3,101,987	$ 12.02
Spindletop	$ 7,317,271	612,916	$ 11.94	-	$ -	$ -	$ -	$ 7,317,271	$ 11.94
Camino Real	$ 3,857,523	336,141	$ 11.48	75	$ 368,292	$ -	$ 368,292	$ 4,225,815	$ 12.57
Permian Basin	$ 5,242,812	462,182	$ 11.34	-	$ -	$ -	$ -	$ 5,242,812	$ 11.34
Community Healthcore	$ 7,482,648	660,802	$ 11.32	23	$ 112,884	$ -	$ 112,884	$ 7,595,532	$ 11.49
Burke Center	$ 6,204,698	584,069	$ 10.62	-	$ -	$ -	$ -	$ 6,204,698	$ 10.62
Denton County	$ 10,267,606	990,895	$ 10.36	38	$ 186,504	$ -	$ 186,504	$ 10,454,110	$ 10.55
Texas Panhandle	$ 6,039,000	585,186	$ 10.32	-	$ -	$ -	$ -	$ 6,039,000	$ 10.32
Border Region	$ 6,073,521	599,706	$ 10.13	65	$ 319,404	$ -	$ 319,404	$ 6,392,925	$ 10.66
Tarrant County	$ 26,868,143	2,654,816	$ 10.12	2	$ 10,200	$ -	$ 10,200	$ 26,878,343	$ 10.12
Andrews Center	$ 5,826,614	588,324	$ 9.90	4	$ 20,400	$ -	$ 20,400	$ 5,847,014	$ 9.94
Gulf Coast	$ 8,609,937	871,673	$ 9.88	-	$ -	$ -	$ -	$ 8,609,937	$ 9.88
Pecan Valley	$ 5,775,451	587,310	$ 9.83	45	$ 220,860	$ -	$ 220,860	$ 5,996,311	$ 10.21
Emergence	$ 12,926,184	1,340,776	$ 9.64	-	$ -	$ 222,251	$ 222,251	$ 13,148,435	$ 9.81
Bluebonnet Trails	$ 11,357,545	1,195,612	$ 9.50	1	$ 5,100	$ 362,227	$ 367,327	$ 11,724,872	$ 9.81
Texana	$ 11,163,774	1,176,255	$ 9.49	-	$ -	$ 371,272	$ 371,272	$ 11,535,046	$ 9.81
Nueces County	$ 4,773,740	507,451	$ 9.41	-	$ -	$ 202,622	$ 202,622	$ 4,976,362	$ 9.81
Hill Country	$ 8,414,296	900,682	$ 9.34	-	$ -	$ 418,320	$ 418,320	$ 8,832,616	$ 9.81
MHMRA Harris	$ 58,853,237	6,320,103	$ 9.31	16	$ 81,600	$ 3,043,798	$ 3,125,398	$ 61,978,635	$ 9.81
Texoma	$ 2,595,243	279,702	$ 9.28	-	$ -	$ 147,679	$ 147,679	$ 2,742,922	$ 9.81
Tri-County	$ 8,699,488	942,453	$ 9.23	-	$ -	$ 542,759	$ 542,759	$ 9,242,247	$ 9.81
Central Counties	$ 6,288,785	682,167	$ 9.22	-	$ -	$ 400,945	$ 400,945	$ 6,689,730	$ 9.81
Heart of Texas	$ 4,818,351	529,243	$ 9.10	56	$ 274,848	$ 96,868	$ 371,716	$ 5,190,067	$ 9.81
Austin Travis County Integral Care	$ 13,812,115	1,573,821	$ 8.78	134	$ 657,672	$ 964,024	$ 1,621,696	$ 15,433,811	$ 9.81
Center for Healthcare Services	$ 23,329,378	2,662,331	$ 8.76	68	$ 333,744	$ 2,445,257	$ 2,779,001	$ 26,108,379	$ 9.81
Tropical Texas	$ 19,139,967	2,229,662	$ 8.58	313	$ 1,536,396	$ 1,189,010	$ 2,725,406	$ 21,865,373	$ 9.81
NTBHA	$ 36,782,942	4,328,005	$ 8.50	-	$ -	$ 5,660,012	$ 5,660,012	$ 42,442,954	$ 9.81
Lifepath/Collin	$ 9,894,523	1,164,223	$ 8.50	-	$ -	$ 1,522,530	$ 1,522,530	$ 11,417,053	$ 9.81
Brazos Valley	$ 4,292,302	513,058	$ 8.37	-	$ -	$ 739,046	$ 739,046	$ 5,031,348	$ 9.81
StarCare	$ 3,921,008	480,033	$ 8.17	120	$ 588,960	$ 197,517	$ 786,477	$ 4,707,485	$ 9.81
Total	$ 380,934,519	38,844,763	$ 9.81	960	$ 4,716,864	$ 18,526,137	$ 23,243,001	$ 404,177,520	$ 10.40
				Total for Biennium	$ 9,433,728	$ 37,052,273	$ 46,485,001		
					Waitlist	Equity	Total		

Capacity Estimate Assumptions	
FY 2015/16 Budget Adult Cost	$4,908
FY 2015/16 Budget Child Cost	$5,100
Estimated AMH percent of Equity	79%
Estimated CMH percent of Equity	21%

Per Capita Range	Maximum	Minimum	Difference
2015	$ 20.44	$ 8.17	$ 12.28
2016	$ 20.44	$ 9.81	$ 10.64

Capacity Estimates***	
Waiting List (waiting for all services)	960
Equity	3,745
Total Annual Estimated Increase	4,705

Funding Notes

** LMHA base equity funding reflects LMHA FY 2015 allocation*

** NorthSTAR base equity funding adjusted to reflect post-transition MH funds comparable to LMHA base equity funding*

**Assumes new equity funding split between AMH and CMH strategies with 79% AMH, 21% CMH*

**For those below equity line, funding needed to bring to equity is divided between waiting list (waiting for all services) and equity columns*

**Capacity projections are preliminary and based on proposed FY 2016-17 LAR cost per adult/child*

**Assumes all equity dollars used to increase capacity; does not reserve funds for individuals underserved due to resource limitations*

**Final projected capacity/performance measures to be established after funding determined and additional analysis completed*

** New Funding is the projected amount required to bring all service areas below the equity line(based on weighted poverty population) up to the equity line and to bring all individuals on the waiting list (waiting for all services as of May 1, 2015) into service, but is not confirmed as appropriated.*

NorthSTAR Funding Area Analysis: 2016 Projections	MH Equity Base	Projected Non Equity MH Indigent Funds	Substance Abuse Indigent Funds	Projected FY 2016 Total Indigent Funding	FY 2014 Total Indigent Spending	Estimated Difference	New Equity Funding	Estimated Difference with New Equity Funding
NTBHA	$ 36,782,942	$1,236,671	$10,062,840	$ 48,082,453	$62,124,192	$ (14,041,738)	$ 5,660,012	$ (8,381,726)
Lifepath/Collin County	$ 9,894,523	$142,881	$1,553,872	$ 11,591,276	$7,332,015	$ 4,259,260	$ 1,522,530	$ 5,781,791
NorthSTAR Total	$ 46,677,465	$ 1,379,552	$ 11,616,712	$ 59,673,729	$ 69,456,207		$ 7,182,543	

NorthSTAR Notes:

** MH Equity funds allocated based on weighted population percentages*

**MH Non-Equity funds allocated based on 2014 percentages of mental health claims (Collin County = 10.36%)*

**Substance Abuse funds allocated based on 2014 percentages of substance abuse claims (Collin County =13.38%)*

**The funding excludes any one time and/or supplemental funds that are not assured for future years.*

**Non Equity MH Indigent funds include funding for Supportive Housing, Outpatient Competency Restoration, and Dual Diagnosis services*

**For the entire NorthSTAR service are, the difference between projected FY 2016 funding and FY 2014 expenditures is $9,782,478. After dollars are allocated bewteen the two service areas, examining the difference for each service area separately results in a negative difference of ($14,041,738) in the NTBHA service area and a positive difference of $4,259,260 in the Collin County Service area.*

**NorthSTAR difference is annual figure, actual amount needed to hold harmless contigent on timing of split from NorthSTAR to NTBHA and Collin County.*

FUNDING SUMMARY	Waiting List	Equity	NorthSTAR Difference*	Total
FY 2016	$ 4,716,864	$ 18,526,137		$ 23,243,001
FY 2017	$ 4,716,864	$ 18,526,137	$ 5,587,817	$ 28,830,818
Biennium	$ 9,433,728	$ 37,052,273	$ 5,587,817	$ 52,073,819