

Dallas County Behavioral Health Leadership Team
Thursday, September 10, 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. HHSC Health Plan Management (Medicaid/ CHIP), Rudy Villarreal
- IV. NTBHA Indigent Services Plan and Updates
 - Approval of Local Plan for Indigent Behavioral Health Services*
 - Update on Community Response to Decrease in Treatment Beds
- V. The Stepping Up Initiative Update
- VI. Brief Reports from and Charges to BHLT Committees
 - CSP Governance Committee*
- VII. Dallas County Behavioral Health Housing Workgroup
- VIII. Funding/Community Updates
 - The Cottages at Hickory Crossing
 - SAMHSA Drug Court Expansion
 - DSHS Crisis Expansion
- IX. Upcoming Events and Notifications
- X. Public Comments
- XI. Adjournment

**Dallas County Behavioral Health Leadership Team (BHLT)
Adult Clinical Operations Team (ACOT) Committee Meeting
August 6, 2015**

Attendees: Sherry Cusumano (Green Oaks), Herb Cotner (Dallas PD), Jennifer Torres (Metrocare), Rick Davis (SABH), Buddy Detzel (Transicare), LaJuan McGowan (Transciare), Charlene Randolph (Dallas County), Nikki Brown (Transicare), Brittony McNaughton (NTBHA), Dave Hogan (DPD Crisis Intervention), Ron Cowan (DPD Crisis Intervention), Mary Berger (Parkland), Ikenna Mogbo (Metrocare), Celeste Johnson (Parkland), Jarrod Gilstrap (Dallas Fire), Kenneth Homer (Dallas Fire), David Woody (The Bridge), Helen White (ValueOptions), Janie Metzinger (MHA), Alice Zaccarello (The Well)

Introduction and Approval of Minutes

Introductions were made and the meeting was called to order by Sherry Cusumano. The July meeting notes were modified to reflect Mary Berger's attendance.

Presentation

Transicare provided a presentation on a PATS client. The client has a bi-polar diagnosis and abused alcohol. The client was also homeless, attempted suicide three times, and had over 40 hospital admissions since October 2014. In the PATS program, the client received services from a 3-person team: peer case manager, and supervisor. This client received intensive wrap-around services to help him meet his immediate needs (clothing, shelter) but also assisted him with repairing broken relationships with family, and creating self-reliance. While utilizing PATS, the client was able to establish a good connection with his peer, remain sober for 120 days, have zero hospital admissions, and receive education on his diagnosis. Transicare staff highlighted housing, lack of stable peers, and limited capacity of PATS as system barriers.

MCOT will provide a presentation at the next meeting.

Legislative Updates

Janie Metzinger provided legislative updates and stated that new laws will take effect on September 1st and MHA will be monitoring the effect of those laws. Ms. Metzinger also stressed that now is the time to start thinking about ideas for the next legislative session and any ideas can be submitted to her.

APOWWs

Dave Hogan and Ron Cowan provided an update on APOWWs. To date, there have been APOWWs on 3,734 adults and 353 children. Approximately 10% of APOWWs are on homeless individuals and APOWWs spike in extreme weather (hot or cold). The committee discussed that boarding home operators could prevent some APOWWs, as a significant portion of them stem from a dispute at the home. Committee members also discussed that although City of Dallas code enforces may investigate complaints, they don't follow up with the caller regarding how the issue was resolved.

Other Issues

Brittony McNaughton stated that NTBHA will send out an online survey to members to assist with NorthStar redesign.

Sherry Cusumano announced that NAMI will hold its meeting tonight to also discuss NorthStar system design. NAMI meets monthly on the 1st Thursday, 6pm at Park Central Baptist Church.

Meeting adjourned at 1:00 pm.

Questions and Answers
Rudy Villarreal, HHSC
From Presentation to BHLT (August 13, 2015)

Q=Questions; A=Answers

Q1: What percentage of the NorthStar region is Medicaid?

A: Information about the number of clients participating in Medicaid or the indigent program can be found in the attached chart. As noted on the chart, the Dallas Service Delivery Area includes the following Counties: Collin, Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall. The Managed Care Organizations (MCOs) that operate in that service delivery are:

- STAR Medicaid Program: Amerigroup, Molina and Parkland*
- STAR+PLUS Medicaid Program: Molina and Superior*

Note: Individuals in Dallas and Tarrant County with dual eligibility (Medicaid and Medicare) receiving services through a Texas Dual Eligible Integrated Care Project health plan will not be impacted by the NorthSTAR transition, as these clients receive their behavioral health and substance use disorder treatment services through their health plan.”

Q2: What level of authority will they have?

A: HHSC assumes "they" refers to the MCOs. The MCOs will have the authority to contract with Behavioral Health providers for each of their networks and to negotiate rates with providers. MCOs will be responsible for authorizing services for enrolled clients. Current NorthSTAR Behavioral Health providers who are delivering services to Medicaid clients and who are eligible to participate in Medicaid will be considered Significant Traditional Providers (STPs). MCOs are required to offer contracts to any willing STPs, and providers must agree to the contracting terms to participate in-network

with the MCO. In addition, MCOs are required to honor current Medicaid service authorizations up to 90 days post-implementation.

Q3: Are residential services billable value adds?

A: The following residential services are Medicaid services today – not value adds:

- Inpatient mental health services in a free-standing Psychiatric Hospital (under age 22 or over age 64)*
- Psychiatric Units of General Acute Care Hospitals,*
- Mental Health Rehabilitative Services, including Adult Day Programs and Crisis Intervention,*
- Residential Chemical Dependency Detoxification services and Residential Chemical Dependency Treatment services.*

MCOs have the flexibility to provide other services that are beyond the current Texas Medicaid covered services under the "Case-by-Case Added Services" provision of the contracts. The "Case-by-Case Added Services" section allows the MCOs to offer services that are not current Texas Medicaid benefits on a case-by-case basis for several reasons including: medical necessity, cost-effectiveness, the wishes of the member/member's family, and the potential for improved health outcomes. For more information, please refer to the following contract sections: UMCC 8.1.2.2; S+P Expansion 8.1.2.2; STAR Health 4.1.2.2.

In addition to case-by-case services, MCOs also offer value-added services, which are additional services that the MCOs provide beyond the required current Texas Medicaid covered services. Value-added services must be actual health care services, benefits, or positive incentives that the Health and Human Services Commission (HHSC) determines will promote healthy lifestyles and improve health outcomes among members.

Q4: What services are not considered value added?

A: Current Texas Medicaid covered services must be provided by all MCOs and are not considered value-added services.

Q5: What is the percentage of the Parkland plan and what is the percentage of some of the other plans? (see attachments)

A. The attached membership report shows the total membership by each MCO in the Dallas Service Delivery Area.

Q6: How much is being spent on each MCO Plan group?

A: Each MCO is paid a capitated rate for each member enrolled rather than paying for each unit of service provided. From that capitation payment, MCOs are required to provide any Medicaid member enrolled in their plan with Texas Medicaid covered services.

For additional information, please visit the HHSC actuarial analysis located here: <https://www.hhsc.state.tx.us/Rad/managed-care/index.shtml>

Q7: How much will be spent on each MCO Plan group?

A: Effective January 1, 2017, MCOs will be paid a capitation payment for all members enrolled with their plan that will include Texas Medicaid covered behavioral health services in addition to the other acute care services they were being paid for prior to January 1, 2017.

Q8: Will the consumer have a choice of plans?

A: Most current NorthSTAR Medicaid members are already enrolled with an MCO. While there will not be a new enrollment effort as part of this transition, all Medicaid managed care members may change MCOs at any time.

Q9: What is going to be covered in 2017?

A: All Medicaid covered Behavioral Health services that are billable to Medicaid today will continue to be covered by the MCOs in 2017.

Dallas Service Delivery Area Recipient Months

Jan.2015 final number	Managed Care					
	STAR+Plus	STAR	FFS	Adult	Children	Total
Collin	5,856	38,435	8,860	8,348	35,943	44,291
Dallas	47,884	337,663	54,484	65,344	320,203	385,547
Ellis	1,900	13,945	3,110	2,874	12,971	15,845
Hunt	2,068	9,169	2,152	2,840	8,397	11,237
Kaufman	1,573	10,516	2,364	2,355	9,734	12,089
Rockwall	1,273	6,877	1,649	1,786	6,364	8,150
Navarro	507	4,175	1,365	810	3,872	4,682
Total	61,061	420,780	73,984	84,357	397,484	481,841

Aug 2015 Estimated enrollment with completion factors	Managed Care					
	STAR+Plus	STAR	FFS	Adult	Children	Total
Collin	5,748	37,726	8,074	8,194	35,280	43,474
Dallas	47,000	331,433	49,653	64,138	314,295	378,433
Ellis	1,865	13,688	2,834	2,821	12,732	15,553
Hunt	2,030	9,000	1,961	2,788	8,242	11,030
Kaufman	1,544	10,322	2,154	2,312	9,554	11,866
Rockwall	1,250	6,750	1,503	1,753	6,247	8,000
Navarro	498	4,098	1,244	795	3,801	4,596
Total	59,934	413,016	67,424	82,800	390,150	472,950

Notes: STAR Health and Dual Demo numbers are not included. January 2015 number for STAR+PLUS is prior to Dual E

HHSC System Forecasting, August 2015

Source: 201508 PPS; E8Mnth

Selected Managed Care + FFS

Adult	Children	Total
10,803	42,348	53,151
79,370	360,661	440,031
3,815	15,140	18,955
3,574	9,815	13,389
3,122	11,331	14,453
2,508	7,291	9,799
1,417	4,630	6,047
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104,609	451,216	555,825

Selected Managed Care + FFS

Adult	Children	Total
10,431	41,117	51,548
76,921	351,165	428,086
3,679	14,708	18,387
3,457	9,534	12,991
3,011	11,010	14,020
2,411	7,091	9,502
1,348	4,491	5,840
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101,257	439,117	540,374

Demonstration implementation in Dallas county.

NorthSTAR Indigent Enrollments

Jan-15

NorthSTAR County	Adult	Child	Total
COLLIN	22403	28153	50556
DALLAS	173488	206527	380015
ELLIS	9065	11929	20994
HUNT	7582	8502	16084
KAUFMAN	6772	8892	15664
NAVARRO	4677	5645	10322
ROCKWALL	2289	3218	5507
Total	226276	272866	499142

NorthSTAR Indigent Enrollments

Jul-15

NorthSTAR County	Adult	Child	Total
COLLIN	9505	19138	28643
DALLAS	78199	141105	219304
ELLIS	3999	7968	11967
HUNT	3395	6093	9488
KAUFMAN	3030	5737	8767
NAVARRO	1929	3458	5387
ROCKWALL	941	2127	3068
Total	100998	185626	286624

ACS 1115 CSP Monthly Production Report

	Past Year Average	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	AVERAGE	TOTAL
Total Service Episodes:	449	741	479	308	393	573	713	629	620	660	861	598	5,977
Total Unique Consumers:	328	740	444	239	274	462	559	518	402	399	560	460	4,597
Percentage Change to DY3		225.50%	135.30%	72.83%	83.49%	140.78%	170.34%	157.85%	122.50%	121.58%	170.64%		
Total Encounters by Type:													
Triage		741	479	308	393	573	713	629	620	660	861	598	5,977
Care Coordination		1420	1297	1441	1425	2160	3032	2965	2668	2767	3520	2270	22,695
F2F Encounter		157	145	173	190	247	310	340	285	299	367	251	2,513
TOTAL Encounters:		<u>2318</u>	<u>1921</u>	<u>1922</u>	<u>2008</u>	<u>2980</u>	<u>4055</u>	<u>3934</u>	<u>3573</u>	<u>3726</u>	<u>4748</u>	<u>3119</u>	<u>31,185</u>

Recidivism 10/1/14 - 7/31/15

Triages 12	4249
Bookins 12	1064
Recidivism % 12 - 12	25.04%
Traiges 6	2508
Bookins 6	415
Recidivism % 6 - 6	16.55%
Traiges 6	2508
Bookins 12	877
Recidivism % 6 - 12	34.97%

Frank Crowley Specific Report

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	AVERAGE	TOTAL
Service Episodes:	680	435	267	352	535	650	572	572	614	795	547	5,472
Unique Consumers:												
By N* ID	651	382	182	217	409	489	439	337	336	452	389	3,894
By Client ID	28	18	20	18	15	18	25	22	22	44	23	230
TOTAL Unique Consumers:	679	400	202	235	424	507	464	359	358	496	412	4,124
TOTAL Unique Consumers as a %:	99.85%	91.95%	75.66%	66.76%	79.25%	78.00%	81.12%	62.76%	58.31%	62.39%		
Unique F2F:												
By N* ID	83	67	96	106	150	220	220	154	152	198	145	1,446
By Client ID	17	14	8	10	10	13	13	15	15	18	13	133
TOTAL Unique F2F:	100	81	104	116	160	233	233	169	167	216	158	1,579
TOTAL Unique F2F as a %:	93%	76%	76%	75%	76%	89%	80%	69%	64%	69%		
F2F Percentage:	15.88%	24.60%	50.94%	43.75%	39.44%	40.15%	51.05%	42.66%	42.18%	39.37%	38.10%	38.10%
Encounters by Type:												
Triage	680	435	267	352	535	650	572	572	614	795	547	5,472
Care Coordination	1057	1023	1157	1160	1929	2705	2630	2407	2539	3183	1979	19,790
F2F Encounter	108	107	136	154	211	261	292	244	259	313	209	2,085
TOTAL Encounters:	1845	1565	1560	1666	2675	3616	3494	3223	3412	4291	2735	27,347
Female:												
Black	128	77	47	40	75	120	98	68	69	82	80	804
White	61	38	23	22	39	38	42	39	40	49	39	391
Hispanic	33	8	3	8	20	22	17	17	11	26	17	165
Other					1	4					3	5
Unknown		3		1	1	1	2	1			2	
TOTAL Female:	222	126	73	71	136	185	159	125	120	157	137	1,365
Male:												
Black	282	197	81	106	193	204	214	145	140	195	176	1,757
White	107	52	29	36	56	70	61	61	63	101	64	636
Hispanic	65	21	13	20	34	40	27	24	34	40	32	318
Other	2	3	1	1	4	6	3	2		2	3	24
Unknown	1	1	5	1	1	2		2	1	1	2	15
TOTAL Male:	457	274	129	164	288	322	305	234	238	339	275	2,750

Timberlawn Specific Report

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	AVERAGE	TOTAL
Service Episodes:	61	44	41	41	38	63	57	48	46	66	49	505
Unique Consumers:												
By N° ID	55	37	33	30	32	46	49	37	22	50	39	391
By Client ID	6	7	4	9	6	6	5	6	19	14	8	82
TOTAL Unique Consumers:	61	44	37	39	38	52	54	43	41	64	47	473
TOTAL Unique Consumers as %:	100%	100%	90%	95%	100%	83%	95%	90%	89%	97%	94%	94%
Unique F2F:												
By N° ID	45	33	32	28	30	40	47	33	19	43	35	350
By Client ID	3	5	2	6	5	5	1	5	17	8	6	57
TOTAL Unique F2F:	48	38	34	34	35	45	48	38	36	51	41	407
TOTAL Unique F2F as a %:	98%	100%	92%	94%	97%	92%	100%	93%	90%	94%	95%	95%
F2F Percentage:	80.33%	86.36%	90.24%	87.80%	94.74%	77.78%	84.21%	85.42%	86.96%	81.82%	84.75%	84.75%
Encounters by Type:												
Triage	61	44	41	41	38	63	57	48	46	66	51	505
Care Coordination	363	274	284	265	231	327	335	261	228	337	291	2905
F2F Encounter	49	38	37	36	36	49	48	41	40	54	43	428
TOTAL Encounters:	473	356	362	342	305	439	440	350	314	457	384	3838
Female:												
Black	14	6	9	7	7	12	13	9	9	10	10	96
White	3	7	3	6	3	5	4	5	8	14	6	58
Hispanic	8	7	2	7	7	3	7	8	5	3	6	57
Other	2			1		3			1	1	2	8
Unknown	2	2	1	2	1		1			5	2	2
TOTAL Female:	29	22	15	23	18	23	25	22	23	33	23	219
Male:												
Black	16	14	9	6	8	12	10	8	9	12	10	104
White	9	3	5	2	8	7	6	9	4	12	7	65
Hispanic	6	5	4	5	3	7	10	3	4	7	5	54
Other	1		2		1	3		1			2	8
Unknown			2	3			3		1		2	9
TOTAL Male:	32	22	22	16	20	29	29	21	18	31	24	240
Age of Triage Encounters:												
Adult	38	30	30	24	32	32	34	25	31	50	33	326
Minor	21	11	5	10	5	17	15	17	9	6	12	116
Uncollected	2	3	2	5	1	3	5	1	1	8	3	31
TOTAL Age of Triage Encounters:	61	44	37	39	38	52	54	43	41	64	47	473
Age of F2F Encounters:												
Adult	31	30	29	24	31	30	36	23	27	44	31	305
Minor	17	8	5	10	4	15	12	15	9	6	10	101
Uncollected	0	0								1	0	1
TOTAL Age of F2F Encounters:	48	38	34	34	35	45	48	38	36	51	41	407
F2F Outcomes:												
23 hours obs												
Crisis Residential			2	5	1	3	6	1	1	4	3	26
Hotline/MCOT				1							1	1
Inpatient- Civil	9	6	5	5	2	8	7	10	5	11	7	68
Intensive Outpatient	4	3	2	1	6	4	5	3	5	6	4	39
Jail-based Psychiatric Care										1		1
Left Against Clinical Advice				1							1	1
Medical Referral	3	1	4	2	2			3	2		2	17
No Behavioral Health Services Indicated				1			1		1	1	1	1
Other Higher Level of Care		1									1	1
Partial Hospitalization Program	1	1									1	2
Refused Recommended Treatment										1		1
Residential-CD	2	2									2	4
Residential-SUD/ COPSD		1	1	2	2	2	2			3	2	13
Routine Outpatient	25	20	12	19	15	19	19	15	18	14	18	176
School-based services			1			1					1	2
Unable to complete assessment						1	2				2	3
Urgent Care Clinic	4	1	2	3	5	7	6	6	4	10	5	48
TOTAL Outcomes	48	38	34	34	35	45	48	38	36	51	41	399
Diversion Rate	81.25%	84.21%	85.29%	85.29%	94.29%	82.22%	85.42%	73.68%	86.11%	78.43%		82.96%

Forensic Diversion Unit (FDU) Report

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15
Beginning Census	40	39	38	39	39	35	34	34	37	41
Number of Referrals Received from CSP										
Adapt	1	2	2	1	1	0	2	8	7	13 total
Metrocare	0	0	0	0	0	1	0	0	0	0
Transicare	0	0	0	0	1	0	1	2		0
Number of Admissions	1	0	2	1	2	0	3	3	5	3
Number Discharged	2	1	1	1	4	3	0	0	2	2
Number not admitted due to:										
Client qualifies for ACT	0	0	1	0	0	0	0	0	0	1
Client qualifies for other programs	0	0	0	0	0	0	0	0	3	1
Client didn't meet level of need required	0	0	0	0	0	1	0	0	0	0
Other reasons	0	0	0	0	0	0	0	0	0	3
Average Service Utilization:										
Average hours seen	10.72	8.76	7.8	8.3	9.2	7	7.31	9.22	12.27	10.92
Encounter Breakdown:										
Face to Face	450	245	357	497	419	236	302	519	469.23	653
Service Coordination	69	35	43	76	81	69	75	94	75	57
Number of clients accessing:										
Emergency Room (medical)	1	1	0	0	0	0	0	1	0	0
23-hour observation (psych)	1	1	1	0	0	1	0	2	0	0
Inpatient (med/ psych)	8	0	2	2	1	2	0	2	0	2
Jail book-in	2	4	1	1	0	0	1	3	5	2
Reasons for Discharge:										
Graduate	0	0	0	0	3	0	0	0	0	0
Client Disengagement	1	0	0	0	1	1	0	0	2	0
Extended Jail stay (case-by-case basis)	1	0	1	1	2	0	1	1	0	0
Other Intervening factors	0	1	0	0	0	0	0	0	1-TJC	0
End of Month Stats:										
Number of Active FDU clients end of month	39	38	39	39	37	34	34	37	41	44
Number of Unique Consumers	0	0	0	0	0	1	3	3	5	12
Number of clients on Waiting List	0	0	0	0	0	0	Pending 6	pending 6	4	3 pending
Average Length of stay on FDU (month)	11.72	12.38	12.07	12.45	12.15	12.49	12.18	12.65	12.32	12.6
Maximum Census	45	45	45	45	45	45	45	45	45	45

AUGUST MONTHLY UPDATE

Dallas County Crisis Services Program	Program Specific and Systems Update	Summary of VO's Monthly Activities	Numeric Outcomes Reporting
1	Adapt Community Solutions (ACS) - Targets members released from jail using both ACS to ensure continuity of care.	Conducted case consultations on approximately 11 cases this month	VO-CSP 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-add/discharges-37 Supported 7-day after-care appts. (4 hospital discharges)	Flags in system - VO outcomes reports in progress.
3	Timberlawn Assessor - Provides neutral assessments and interventions for persons presenting for admission to inpatient	CSP activities at Timberlawn discontinued in August 2015 due to the CMS decisions	Not Applicable
4	ACT FDU - Provides ACT for high utilizers of the legal system (Attending work-group meetings)	Updated-authorizations for FDU members-auths reviewed to note end dates (add/discharge as requested) Reviewed -13 FDU referrals	None
5	CSP-Systemic Operations Continuing to develop program infrastructure for After-care Engagement Package (AEP) Participate in FDU review of program services	Initial engagement efforts need a better informed process working with Transicare to develop Provided feedback to develop clinically appropriate and more uniform treatment plans	Not Applicable Not Applicable

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Janie Metzinger provided legislative updates and stated that new laws will take effect on September 1st and MHA will be monitoring the effect of those laws. Ms. Metzinger also stressed that now is the time to start thinking about ideas for the next legislative session and any ideas can be submitted to her.

APOWWs

Dave Hogan and Ron Cowan provided an update on APOWWs. To date, there have been APOWWs on 3,734 adults and 353 children. Approximately 10% of APOWWs are on homeless individuals and APOWWs spike in extreme weather (hot or cold). The committee discussed that boarding home operators could prevent some APOWWs, as a significant portion of them stem from a dispute at the home. Committee members also discussed that although City of Dallas code enforces may investigate complaints, they don't follow up with the caller regarding how the issue was resolved.

Other Issues

Brittony McNaughton stated that NTBHA will send out an online survey to members to assist with NorthStar redesign.

Sherry Cusumano announced that NAMI will hold its meeting tonight to also discuss NorthStar system design. NAMI meets monthly on the 1st Thursday, 6pm at Park Central Baptist Church.

Meeting adjourned at 1:00 pm.



Behavioral Health Steering Committee

Thursday August 20, 2015

Meeting called to order at 8:35am by Judge Wade.

Judge Kristin Wade opened the meeting, and asked for any adjustments to the minutes. Angie Bird made a motion to approve the minutes as recorded, Sherri Lockhart seconded the motion the minutes were approved.

NADCP Conference Report

Lynn Richardson provided a brief update on the NADCP Conference. During the conference, NADCP released Vol. II of the Adult Drug Court Best Practice Standards, completing the research-based, practitioner-focused Drug Court guidance. For more information on best practices, or to download your own copy please go to <http://www.nadcp.org/Standards>.

During the conference items discussed were:

- What would be entailed for a National Drug Court Professional Certification and NADCP program accreditations? The board will start to research the matter and look into what is currently being done at the state level. If accreditation and certification standards are established, would it change how federal funds are distributed? Would this also change who can apply for BJA grants?
- The Mental Health Court Committee is looking at creating a separate track for mental health & trauma related programs and courts. NADCP acknowledges there are differences with Mental Health and Problem Solving courts which need to be addressed. The committee has started to conduct research to establish best practices for mental health courts.
- Judge Marlowe presented a resolution to support Medication Assisted Therapy (MAT), such as suboxone and methadone for treatment in drug courts. This is something that needs to be looked at and discussed in Dallas County courts as many do not embrace MAT.
- Information is coming out on the availability of an opiate overdose reversal medication. The administration of the medication may be a nasal spray utilized at onset of the overdose. There is a lot of concern over how this will be available and who will have the ability to administer it.
- Ron Stretcher, suggested a brown bag "lunch and learn" to review the information from NADCP, especially any information concerning MAT. Lynn Richardson reported that she would have Paul Blocker provide the BHSC with the information he presents to Commissioners' court.

Stepping Up / Smart Justice

Mike Laughlin, reported the Justice Center Technical Assistance Team, led by Dr. Tony Fabelo, will be in Dallas from August 24th to the 26th, to start mapping the processes of the system, breakout sections on various subjects will also occur. The goal of these sessions is to create a document that will help create the plan for Smart Justice Mental Health Diversion. The goal is the creation of a plan that will result in an outcome and evidence-based system redesign that is safer, more cost-effective, efficient, and humane in managing our justice-involved citizens suffering from mental illness, particularly those who are low-risk, chronic, and disadvantaged.

Judge Wade emphasized the importance of working with the Justice Center group in order to better position Dallas County to apply for federal monies. This may also get Dallas the recognition that it deserves, there are wonderful programs here in Dallas County and working together to produce better outcomes for the clients we serve is better for everyone involved. *(Pgs.4-7, August Packet)*

530 Sub-Committee

Keta Dickerson provided an update of the 530 Fund. The current balance is \$149,429.77 (pg. 10 of the August packet) which is combined from misdemeanor and felony accounts. Judge Wade called the groups attention to pg. 12 of the packet, where the new 530 Fund request form is located. The sub-committee has approved the new form for the utilization by all Problem Solving/Specialty Courts. Two items have been approved by the 530 Sub-Committee and are being presented for final approval by the BHSC.

- STAC - 530 funds request from Judge Mays & Judge Lewis for the STAC court. The request is for incentives, the total amount is \$600 for the remainder of the fiscal year for STAC A & B. This is the first time STAC has requested funding for incentives. Mike Laughlin made a motion to approve the request as presented, Ron Stretcher seconded the motion the request was approved. *(Pg.11, August Packet)*.
- Budget - The proposed budget is located on page 11 of the packet. Column FY16 Proposed is the new Budget for FY 16, next is the approved FY15 budget from Commissioners' Court. Going forward the following changes have been made to the budget line items:
 1. No change in the MH Specialty Court Coordinator salary.
 2. A decrease in the amount approved for training from \$15,000 to \$10,000.
 3. Incentives and graduation/Drug Court month program remained \$15,000.
 4. A line item for inpatient treatment for pre-adjudication courts was established at \$11,000.
 5. In-patient treatment for CSCD was increased to \$32,000.
 6. A decrease in the cap for participant incentives to \$15.00.
 7. A decrease in the amount of office supplies by \$800.
 8. A decrease in bus passes for pre-adjudication courts to \$2,500.
 9. A decrease in bus passes for CSCD to \$10,000.

There was confirmation that should additional funds be available the sub-committee would meet and agree to allocate those funds as necessary. *(Pg.11, August Packet)*

BHLT & CSP Update

Charlene Randolph provided the following breakdown of services provided by the CSP program for the month of June: 399 clients were triaged, and 91 clients received wrap around services. The ability to connect a client to a provider within 7 days is at 84.6% and within 30 days is at 87.2%. The FDU program began the month with 37 clients and ended with 41. The program has a capacity of 45 and will be filled shortly. Also, provided is a breakdown of metrics for the current DY on page 16; all metrics are at or above target. CSP also included the cost avoidance metric for keeping people out of the jail. The baseline for the program is 21%, CSP had to demonstrate a 3% decrease from the baseline. Currently, there is a 5% reduction from the baseline. Charlene will send out the formula used to obtain the cost avoidance metric out to the committee. Ron Stretcher will sit on a panel to discuss data collection at the 1115 statewide learning collaborative, which Charlene will also attend. The 1115 project is also funding two new items for Specialty Court participants.

- Residential Treatment – CSP is paying for residential treatment at the Salvation Army. CSCD has 12 slots for women, and Transicare has 8 slots for men.
- Specialty Court Outpatient Aftercare treatment - Will assist in paying for outpatient substance abuse treatment for participants in the specialty courts that have run out of VO funding. *(Pgs.15-21, August Packet)*

Jail Reports

Pregnant Women in Jail - Shenna Oriabure reported there will be a change in how the numbers are reported in the future. Previously Parkland counted the inmate until they were released from jail; going forward Parkland will stop counting the inmate once she is no longer pregnant. This will cause a slight drop in the numbers going forward. At this time there are 16 pregnant women in jail; 10 sentenced, 5 have upcoming court dates, and 1 without a court date. *(pg. 22 August packet)*

Hospital Movement- Brandy Coty reported for the month of July 46 inmates were deemed incompetent to stand trial. Since May there has been a decrease in the amount of inmates waiting to go to the hospital. At the end of July, there were 55 inmates waiting, in comparison to May, when there were 79 inmates waiting. Brandy equates the decrease in the amount of inmates waiting, to the increase of inmates admitted to the hospital over the past 3 months. (pg. 23 August packet)

NorthSTAR Intakes- It was reported there was a 24% match rate for NorthSTAR intakes for the month of July with a total of 1517 book-ins with NorthSTAR matches. (pg. 24 August packet)

Homeless Population Quarterly Review - Christina Gonzales reported on the semi-annual homeless report. The report compares the first half of 2014 to the first half of 2015 items reviewed were: arresting agency, level of offense of the crimes, amount of time spent in jail and the inmates release status. The report shows in 2015, there were fewer arrests; however, inmates spend more time in jail. In 2014, inmates were incarcerated on average for 45 days; however, inmates now are incarcerated on average for 63 days. Included in the report were the top 3 offenses and releases for each classification of offense. Additionally, data has been collected for how attorneys are assigned to represent the indigent. This includes the private bar, public defender, wheel or court appointed. Reviewing the information provided on pg. 28, the public defenders' (PD) office takes on 50% of indigent cases, inmates with PDs' are likely to spend less time in jail as opposed to inmates with private bar attorneys. (pgs. 25-28, August packet)

Public Defender Report

Lynn Richardson reported that Larry Roberts will handle civil commitments filling a vacancy they recently had. They have also received approval to hire ½ a public defender for civil commitments; they already have someone going through HR and hopefully will be coming on board shortly. Mrs. Richardson did state, previously she was seeking additional funding for mental health staff; however, at this point with all the changes happening she has decided to table that decision until further notice. (pg. 29 August packet)

Provider Reports

Metrocare- Sherri Lockhart reported the following numbers for the month of July: Atlas started the month with 14, ended with 16 with a max capacity of 25. Post-DDRTC started with 28, ended with 35, has a max capacity of 50. STAC started with 30, ended with 32, has a max capacity of 50. MHJD started with 24 ended with 26 and has a capacity for 50. DDRTC started with 53 ended with 53, with a capacity for 60. There has been a drop in the census for the probation caseload currently at 59; the census for the parole caseload is 96. If the numbers continue to decline she will get authorization to move one FTE from probation to parole. (pg. 30 August packet)

The Bridge- Jay Meaders introduced Dr. David Woody the new Chief Services Officer at The Bridge. The Bridge is tracking jail releases that are referred and clients self-reporting release from jail. Currently, all clients entering the Bridge complete the VI-SPDAT. The VI-SPDAT is the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT), a street outreach tool currently in use in more than 100 communities. The VI-SPDAT helps determine the chronicity and medical vulnerability of homeless individuals, and is a case management tool to help service providers allocate resources in a logical, targeted way. (pg. 31, August packet)

IPS - Enrique Morris provided the following information for Specialty courts: July had the second highest rate of admissions from the Specialty Courts. Discharges fell slightly in July the breakdown for discharge is as follows: 48% successful discharge, 28% absconded, 12% elevation of care and 4% sustained incarceration. Reviewing intake information, there is a decrease in the use of Meth over the past couple of

months. However, the use of Marijuana has increased, they have not been able to find a cause for the change. (pg. 32-34 August packet)

Outpatient Competency Restoration

Brandy Coty reported misdemeanor OCR started with 19 cases, 6 people were restored to competency and had their case dismissed. On the felony side the month started with 10, during this time 2 were restored to competency and had their case dismissed. (pg. 35, August packet)

Problem Solving Courts

Keta Dickerson reported that DIVERT started with 160, had 15 graduates and ended the month at 148, their max capacity is 150. (pg. 36, August packet)

Specialty Courts CSCD

Serena McNair reported the following numbers for the Probation Department; ATLAS ended with 21, DDC ended with 33, MH ended with 51, STAC ended with 17 and STAR ended with 16 for a total of 138. (pgs. 37-41, August packet)

Announcements

Judge Mays - Lift will host a lunch and learn session on Wednesday, September 16th 12:30-2:00pm at 1610 S. Malcom X Blvd, Suite 320 Dallas TX 75226. This session will focus on how Lift can help specialty court participants improve their literacy and work to obtain independence.

Janie Metzinger - Reported that Lieutenant Governor Dan Patrick along with Senator John Whitmire held a news conference announcing an interim study on jail safety standards in Texas.

Lynn Richardson - Is requesting volunteers for spoken word poetry/plays with the ladies in the Resolona Pod. It will start off one day a week, if you are interested please contact Lynn Richardson @ Lynn.Richardson@dallascounty.org.

Adjourn

The meeting was adjourned at 10:00am by Judge Wade.

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 will provide a update- date TBD		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 8/2015 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	

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's 1115 Waiver behavioral health projects	8/14/2014	
Received requested information on Dallas Marketing Group	7/18/2014	
Reviewed Janie Metzinger's response letter to Sunset Commission's review on the counting of mentally ill individuals in Texas	8/11/2014	
Distributed program overview and access information for Baylor's 1115 Waiver program to BHLT members	8/25/2014	
Adopted resolutions supporting Abilene Christian University research proposal and UTSW Homeless Services Project	9/11/2014	
Received update on Timberlawn's 1115 Waiver behavioral health projects	9/11/2014	
Approved legal research on Texas mental health funding laws	10/9/2014	
Received literature on nine models for integrating behavioral health and primary health care	10/10/2014	
Supported response letter to the Sunset Advisory report and voted to approve resolution declaring its support of NorthSTAR	10/15/2014	
Designated a 5-member committee to negotiate with HHSC to modify NORTHSTAR Behavioral Health Housing Workgroup submitted	12/11/2014	
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	

On-Going & Accomplished Action Items	Date Completed	Current Status
Approved the proceeding with the plan process to determine if Dallas County wants to participate in Stepping Up, leading to a request for a resolution of participation from the County Commissioners Court and including a plan to obtain the necessary resources for Stepping Up.	6/11/15	On going
BHLT signed a resolution to authorize CSP to negotiate with Harris Logic on developing privacy and security compliance program.	6/11/15	
Recommendation to not meet in the month of July and reconvene in the month of August.	6/11/15	
Approves the recommendation to authorize CSP to negotiate an agreement with VO to distribute funds to provide for gaps in treatment funding for CSP, CSCD, and Dallas County Specialty Courts clients.	6/11/15	
Approved the funding from the Caruth Smart Justice Planning Grant to add a project/policy analyst to support current planning efforts.	8/10/15	
Approved the Plan for Indigent Behavioral Health Services for the North Texas Behavioral Health Authority.	8/10/15	
Approved the allocation of up to \$53,760 in Crisis Services Project funding to Value Options to support the Serial Inebriate Program.	8/10/15	
Granted membership to Meadows Mental Health Policy Institute for Texas- Dr. Jacqualene Stephens.	8/10/15	
Presentation was given by Rudy Villarreal with HHSC Health Plan Management (Medicaid/Chip)	8/10/15	