Dallas County Behavioral Health Leadership Team
Thursday, November 12, 2015
Henry Wade Juvenile Justice Center
2600 Lone Star Drive, Dallas, TX
Room 203-A at 9:30 -11:30 a.m.

I. Welcome and Call to Order

II. Review/ Approval of Minutes from last meeting*

III. 1115 Waiver Update on Extension and Transition Request, Christina Mintner

IV. NTBHA Indigent Services Plan

V. The Stepping Up/ Caruth SMART Justice Initiative Update

VI. Dallas County Behavioral Health Housing Workgroup

VII. 1115 Waiver Crisis Services Project Update
- Additional Staff Resource*

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

IX. The Cottages at Hickory Crossing Update

X. Funding Opportunities
- SAMHSA Drug Court Expansion

XI. Upcoming Events and Notifications

XII. Public Comments

XIII. Adjournment

Dallas County Behavioral Health Leadership Team
Meeting Notes
Thursday, October 8, 2015

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

Review/Approval of Minutes
The minutes from the BHLT meeting held on September 10, 2015 were included in the meeting packet. BHLT committee members voted to approve the minutes with no modifications.

1115 Waiver Update on Extension and Transition Request, Christina Mintner: Due to a scheduled DY4 Reporting Webinar, Christina Mintner was unable to attend this meeting. Ms. Mintner will present information on the Waiver Extension at the November meeting.

NTBHA Indigent Services Plan and Updates:

- **Approval of Local Plan for Indigent Behavioral Health Services**

  Ron Stretcher provided an overview of the letter sent by the Texas Health & Human Services Commission on October 1, 2015. The letter stated that the plan submitted by NTBHA fulfilled the requirements outlined in the Sunset Commission's report and should be used as the foundation to begin the next phase of the planning process. The letter encouraged NTBHA to seek county transition funding for activities that occur prior to September 1, 2016 because funds were appropriated only for FY 2017. There was some discussion on the NorthSTAR contract and Commissioner Price requested that Alex Smith distribute correspondence between NTBHA and DSHS for BHLT committee members to review. The contract with DSHS has not been signed and some members had concerns about cash flow. Ron Stretcher and Ryan Brown agreed to brief the Dallas County Commissioner's Court about NTBHA'S funding needs.

- **Update on Community Response to Decrease in Treatment Beds**

  Matt Wolf reported that one of the network hospitals has been offline and should be back on Monday. Commissioner Price asked if anyone was on divert. In response, Daniel Byrd reported that Value Options did not have any adults or children waiting for treatment beds. Mr. Byrd also informed the committee that there should be significant relief to the system by next week as Sundance, which had been offline for self-identified training, would be back in service.

Stepping Up Initiative Update/Caruth Grant:
Dr. Jacqualene Stephens gave an update on the Caruth Grant & Stepping Up Initiative. Commissioner Price stated that he would like to see the Probate Judges involved in this initiative. Dr. Stephens requested that if BHLT committee members had suggestions of individuals that should be involved in the process, they should make those recommendations to her.

Behavioral Health Housing Work Group (BHHWG) Update:
Commissioner Daniel stated that the BHHWG continues to move forward and remains committed to a data driven decision-making process with a focus on data supported outcomes. Mr. Stretcher reported that from DHA there are not enough landlords who are willing to take clients with housing vouchers. Charles Gulley will continue to check on the FMR rate after the projected increase. Commissioner Daniel also discussed next steps for the HUD analysis and/or case study of the FMR regulation. The best practices committee will take the lead on this issue.

1115 Waiver Crisis Services Project Update:
Commissioner Price presented Resolution (12-2015) to endorse the submission of the required DY4 report on metrics and milestones. BHLT members voted and approved the resolution as submitted.

The Cottages at Hickory Crossing Update:
John Greenan and Keith Ackerman gave an update on the Cottages. Construction started December 1, 2014 and, due to rain (109 days) and inclement weather, completion has been delayed until the end of the year. The Cottages will house up to 50 residents (chronic homeless) of Dallas County. All residents will have a kitchen, living room, bedroom, bathroom and porch. Mr. Greenan reported that the Construction Budget cost is $4,182,303. Mr. Ackerman advised the committee that they are currently developing the screening process with the help of Daniel Byrd and Preston Looper. Lynn Richardson requested a list of the individuals approved for housing. Mr. Ackerman stated that he would work with Michael Laughlin on the approved list.

Funding Opportunities:

- **SAMHSA Drug Court Expansion**

Mr. Stretcher reported that Dallas County received the Grant.

Upcoming Events and Notifications:
Sarah Hickman will be at 75/Plano Pkwy. to help benefit NAMI. Dr. Jacqualene Stephens will present information on the Stepping Up Initiative at COMI on October 21, 2015. MHA will be hosting the Annual Prism Award on October 22, 2015.

Public Comments:
No comments were made.

Adjournment:
A motion was made by Commissioner Daniel, seconded by Sharon Phillips, and was approved to adjourn at 10:49 AM.

WAIVER RENEWAL

Waiver Renewal Progress

- CMS confirmed receipt of waiver extension application.
- No major changes to extension packet based on comments.
- Most public comments related to protocols
- Protocols will be updated and sent to CMS for approval in late spring/early summer 2016.
- All waiver extensions and protocols subject to CMS approval.
- CMS has 6 months to reply
- Watching CA Waiver
  - Submitted in March
  - Expires at end of October

RHP9 Texas 1115 Waiver *Transforming Healthcare Now*

Goals of 1115 Transformation Waiver

- Expand Medicaid managed care statewide
- Develop and maintain a coordinated care delivery system
- Improve health outcomes while containing costs
- Protect and leverage federal match dollars to improve the healthcare infrastructure
- Transition to quality-based payment systems across managed care and hospitals

RHP9
Texas 1115 Waiver
Transforming Healthcare Now

Extension Request

- 5Y request
- Funding pools:
  - To continue the demonstration year (DY) 5 funding level for DSRIP ($3.1 billion annually)
  - An Uncompensated Care (UC) pool equal to the unmet need in Texas, adjusted to remain within budget neutrality each year (ranging from $5.8 billion - $7.4 billion per DY)
- CMS will require that Texas submit a report next year prior to waiver extension related to how the two pools in the waiver interact with the Medicaid shortfall and what uncompensated care would be if Texas opted to expand Medicaid.
- HHSC anticipates a negotiation period with CMS and will plan for a transition period with interim reporting.

RHP9 Texas 1115 Waiver
Transforming Healthcare Now

Extension Request Principles

- Further incentivize transformation and **strengthen healthcare systems** across the state by building on the Regional Healthcare Partnership (RHP) structure.
- Maintain **program flexibility** to reflect the diversity of Texas' 254 counties, 20 RHPs, and almost 300 DSRIP providers.
- Further **integrate with Texas Medicaid managed care** quality strategy and value based payment efforts.
- **Streamline** to lesson administrative burden on providers while focusing on collecting the most important information.
- Improve project-level evaluation to **identify the best practices** to be sustained and replicated.
- Continue to **support the healthcare safety net** for Medicaid and low income uninsured Texans.

RHP9
Texas 1115 Waiver
Transforming Healthcare Now

Waiver Renewal Across the Country

- Increased standardization of measures
- Large proportions of total funding dedicated to reporting and results
- All-or-Nothing Payment (instead of partial payment)
- High Performance funds (instead of carry forward)
- Standardized valuation formulas
- Provider submit project budgets
- May require high level accounting of incentive payment use
- Better alignment with MCOs
- Emphasize importance of sustainability after quality improvements are met

RHP9
Texas 1115 Waiver
Transforming Healthcare Now

Transition Year (DY6) Proposal

- October 1, 2016 to September 30, 2017
- All projects continue
- DY6 valuation = DY5 valuation for most projects
- DY6 QPI & MLIU milestones
- Additional Metrics
  - CQI
  - Sustainability planning (HIE, Integration into MCO, community partnerships)
  - Medicaid ID reporting
- Category 3 Reporting
- Performance Bonus Pool
  - 5-10% of providers total DY6 valuation
  - Paid of regional agreement on, and selection of, region’s shared performance measures
- Combining Projects (maximum valuation)

RHP9
Texas 1115 Waiver
Transforming Healthcare Now

Waiver Extension Proposals

- October 1, 2017 to September 30, 30, 2021
- Continue majority of projects
  - Due to program development, projects just now reporting outcomes achievement, want to provide time to see impact.
- Continue with current statewide RHP structure
  - Most likely no new providers
- Continuing Projects
  - Next steps of transformation
  - Increased QPI
- Value Based Payment Roadmap
- Valuation Cap

RHP9
Texas 1115 Waiver
Transforming Healthcare Now

Waiver Extension Proposals

- Individuals vs Encounters
- Some projects not eligible to continue (Process Improvement, Patient Satisfaction, Cost Containment)
  - Roll into another project category if applicable
  - Identify a replacement project
  - First choice to select from scaled down menu
- Replacement Projects
- Leftover Funds
- Category 3
- Performance Bonus Pool

RHP9
Texas 1115 Waiver
Transforming Healthcare Now

QUESTIONS?

Dallas County Behavioral Health Housing Work Group
Dallas County Administration, 411 Elm Street, 1st Floor, Dallas Texas 75202
October 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; Janie Metzinger, MHA; Brooke Etie, DHA; James McClinton, Metrocare; Cindy Patrick, The Meadows Foundation; Jay Dunn, The Bridge; Blake Fetterman, Salvation Army; Cathy Packard, Family Gateway; Myrl Humphrey, ABC Behavioral Health; Thomas Lewis, DCHHS; Jim Mattingly, LumaCorp; Lori Davidson, City of Dallas; Christina Gonzales, DCCJ; Sandy Rollins, Texas Tenants' Union; Zachary Thompson, DCHHS; Germaine White, Dallas County; Claudia Vargas, Dallas County; and Terry Gipson, Dallas County

CALL TO ORDER:
Commissioner Daniel opened the meeting. The September BH/HWG minutes were approved with no changes.

PIPELINE DEVELOPMENT REPORT: Brooke Etie
The Pipeline Development Committee is scheduled to meet on October 29, 2015. An official housing voucher report will be prepared for that meeting. Dallas Housing Authority (DHA) recently held a Landlord Leasing Fair organized to qualify and issue housing vouchers and assist individuals with finding housing. Nearly 1,000 vouchers were issued during the event; however, very few landlords were onsite to participate. As of June 2015, over 2,000 vouchers have been issued. Ms. Etie reports that DHA is working to address several challenges related to the vouchers. Currently, voucher clients are having trouble finding available units. The majority of landlords are not interested in participating in the housing voucher program. DHA recognizes that efforts need to be targeted at developing relationships with landlords. Other barriers include limited availability of units due to high occupancy rates in the housing market; housing clients who are not able to pass the screening process; and landlords who are not interested in the program due to low voucher rates. James McClinton commented that there are communities that successfully incorporate landlords. For instance, Seattle developed a curriculum to recruit landlords which has worked well for them; however, they are not interested in selling their curriculum. Jim Mattingly will contact the Texas Apartment Association regarding the FMR and housing units. He will follow-up and report back to the BH/HWG.

Commissioner Daniel asked Zachary Thompson what Dallas County is doing differently with landlords and housing since DCHHS is not experiencing the same challenges. In his experience, Mr. Thompson stated that though a wide-area zip code approach sounds helpful, many housing clients end up feeling forced to live in certain areas and therefore, defer participating in housing programs. Several providers agreed. By and large, individuals prefer to reside in neighborhoods they are familiar with. Mr. McClinton asked if it might be appropriate for the BH/HWG to submit a position paper to the Secretary of Housing, Julian Castro, regarding the imposed Fair Market Rates. Jay Dunn added that it would be helpful to submit a position paper but would require agreement and commitment between service providers. Mr. Dunn stated that this will be discussed at the next Resources Committee meeting.

COORDINATED ACCESS DIRECTORY REPORT:
Cathy Packard shared that MDHA will be prepared to demonstrate the Coordinated Access Directory system in November. Jay Dunn added that he recently learned some of the Continuum of Care (CoC) projects may be defunded in order to fund the coordinated access system. Mr. Dunn will reach out to Cindy Crain, who was not able to attend the meeting today, to verify whether that will be the case. CoC programs struggle with funding sources; this route could amplify funding difficulties.

RESOURCES REPORT: no report

BEST PRACTICES REPORT: Commissioner Daniel

The Best Practices Committee has reviewed and identified four main buckets of housing. The housing matrix will continue to be updated as new resources or information is discovered. A key discussion of the Best Practices Committee is identifying where housing solutions do not match up with the varying needs of the client. Additionally, the variations in labels assigned to transitional housing or operating under different definitions of homelessness or chronic homelessness add another layer of complexity to addressing the needs of clients. In some cases, labels create gaps in service that either help a client have access to services or conversely, prevent a client from having access to services.

Commissioner Daniel asked Janie Metzinger to provide an overview of other resources that might be available to assist clients when there is a limited availability of housing. For instance, would a boarding home be an appropriate resource for transitional housing until a client is ready to move into a more permanent housing solution. Ms. Metzinger explained that variations in transitional housing needs might be met through boarding homes if they agree to reserve a couple of beds for compensation and meet the licensing requirements. Additionally, it is worth investigating what type of funding might be available to assist clients as they move from transitional housing to permanent housing. When a property owner offers paid lodging to unrelated individuals, according to city ordinance, the property falls under the boarding home definition whether it is labeled that way or not. Mental Health America provides monthly trainings to boarding home owners on different topics. The workshops are geared towards how to best serve the mental illness population. As well, at the end of the year in December, Mental Health America hosts a holiday event for housing providers and boarding home owners so they have an opportunity to meet and to establish a referral network.

FUNDING SOURCES AD HOC: no report

INDUSTRY UPDATES

Housing and Services Partnership Academy - James McClinton

The application was submitted and was approved. Germaine White will distribute the application to members of the BH/HWG for perusal. The members of the team are: James McClinton/Metrocare, Brooke Etie/DHA, Robert Sherman/City Wide Community Development Corporation (along with Charles Gulley/MDHA contractor), Christina Gonzales/DCCJ, and Robin LeoGrande, the aging and disability family/consumer representative. A webinar will be held in December leading up to the two day summit in February which will be held in Austin, Texas.

NorthSTAR Housing Outcomes - Christina Gonzales

Daniel Byrd was not able to attend the meeting. His report will be distributed prior to the next BH/HWG meeting in December.

Homeless Jail Dashboard - Christina Gonzales

The same data that is collected for the homeless jail report will be used to for the homeless jail dashboard. The homeless jail dashboard will provide a snapshot of year-to-date activity for the homeless population. New data will be tracked and will compare clients based on who was assigned a public defender (PD), court-appointed attorney, or private bar attorney. The homeless jail dashboard will indicate who is homeless and how many were arrested for criminal trespass. The data indicate that homeless/mental illness clients who are assigned a PD spend less time in jail than those who were not assigned a public defender. Janie Metzinger shared that from her experience clients have better outcomes and services as a result of having a public defender.

Stepping Up Initiative/Caruth Planning Grant - Christina Gonzales

The first phase of the grant planning process, led by the Council of State Governments' Justice Center and Meadows Mental Health Institute, is the mapping process. The mapping process essentially tracks an individual from the moment the altercation/crime takes place, through the arrest, to being put in jail and ultimately being classified. Each step of the process was closely reviewed for instances where interventions could be put in place to avoid mental health clients going to jail and redirected to community services. Every entity that interfaces with an individual prior to incarceration is involved in this process, including law enforcement, city detention centers,

probations, etc. Thus far, several red flags were identified for improvement. Once the mapping process is completed, the information will be shared with stakeholders and a report of the findings will be prepared for the Caruth Foundation. After it is approved by the Caruth Foundation, the actual planning process will begin.

Ms. Metzinger suggested that creating a sequential intercept model for community based mental health services might be very helpful. It appears there are a number of places to intercept a mental health client before law enforcement become involved.

SAMHSA Grant – Christina Gonzales
The DCCJ applied for and was awarded a grant from SAMHSA. Grant funding is in the amount of $318,000 per year for three years. This funding will make it possible to provide treatment services for women involved with the specialty courts who require substance use residential treatment services. Previously, the DCCJ has not had sufficient funding to pay for treatment services and as a result, women spent more time in jail waiting for those services. The additional grant funding will supplement current funding to purchase beds at Nexus. As part of the grant, the women will work directly with a peer specialist who will assist them as they transition from jail to treatment, from treatment to the specialty court, and from the specialty court to establishing a life routine. The grant will also cover assistance from a coordinator and an evaluator. The evaluator will track areas that need improvement and areas that were successful.

NEXT STEPS:
The following next steps were identified for consideration:

- Daniel Byrd will send out the NorthSTAR Housing Outcomes report prior to the December meeting for early review.
- Jim Mattingly will follow-up with the Texas Apartment Association and report out at the next BH/HWG meeting.
- Jay Dunn will reconvene the members of the Resources Committee to discuss challenges in the use of housing vouchers.

Meeting adjourned at 11:12 am.

Next Meeting: The BH/HWG will meet on Wednesday, December 2, 2015, at 10:00 am.

Dallas County Administration Building, 411 Elm Street, 1st Floor, Allen Clemson Courtroom
If you need parking, please contact Claudia Vargas

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	Aug-15	Sep-15	AVERAGE	TOTAL
Total Service Episodes:	**449**	741	479	308	393	573	740	707	620	660	861	726	769	631	7,577
Total Unique Consumers:	**328**	740	444	239	274	462	559	518	402	399	560	467	465	461	5,529
Percentage Change to DY3		225.50%	135.30%	72.83%	83.49%	140.78%	170.34%	157.85%	122.50%	121.58%	170.64%	142.31%	141.70%		
Total Encounters by Type:															
Triage		741	479	308	393	573	740	707	620	660	861	726	769	631	7,577
Care Coordination		1420	1297	1441	1425	2160	2432	2965	2668	2767	3520	3334	3260	2391	28,689
F2F Encounter		157	145	173	190	247	310	340	285	299	367	361	312	266	3,186
TOTAL Encounters:		2318	1921	1922	2008	2980	3482	4012	3573	3726	4748	4421	4341	**3288**	**39,452**

Recidivism 10/1/14 - 9/30/15

Triages 12	5110
Bookins 12	1392
Recidivism % 12 - 12	27.24%
Traiges 6	2508
Bookins 6	414
Recidivism % 6 - 6	16.51%
Traiges 6	2508
Bookins 12	1007
Recidivism % 6 - 12	40.15%

Frank Crowley Specific Report

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	AVERAGE	TOTAL
Service Episodes:	680	435	267	352	535	677	650	572	614	795	712	769	588	7,058
Unique Consumers:														
By N* ID	651	382	182	218	409	489	440	337	339	453	415	419	395	4,734
By Client ID	28	18	20	17	15	18	24	22	19	43	40	46	26	310
TOTAL Unique Consumers:	**679**	**400**	**202**	**235**	**424**	**507**	**464**	**359**	**358**	**496**	**455**	**465**	**420**	**5,044**
TOTAL Unique Consumers as %:	99.85%	91.95%	75.66%	66.76%	79.25%	74.89%	71.38%	62.76%	58.31%	62.39%	63.90%	60.47%		
Unique F2F:														
By N* ID	83	68	96	107	150	184	221	154	155	198	210	184	151	1,810
By Client ID	17	13	8	9	10	11	12	15	12	18	24	31	15	180
TOTAL Unique F2F:	**100**	**81**	**104**	**116**	**160**	**195**	**233**	**169**	**167**	**216**	**234**	**215**	**166**	**1,990**
TOTAL Unique F2F as a %:	93%	76%	76%	75%	76%	75%	80%	69%	64%	69%	67%	69%		
F2F Percentage:	15.88%	24.60%	50.94%	43.75%	39.44%	38.55%	44.92%	42.66%	42.18%	39.37%	49.02%	40.57%	38.91%	38.91%
Encounters by Type:														
Triage	680	435	267	352	535	677	650	572	614	795	712	769	588	7,058
Care Coordination	1057	1024	1157	1160	1929	2105	2630	2407	2539	3183	3222	3260	2139	25,673
F2F Encounter	108	107	136	154	211	261	292	244	259	313	349	312	229	2,746
TOTAL Encounters:	1845	1566	1560	1666	2675	3043	3572	3223	3412	4291	4283	4341	**2956**	**35,477**
Female:														
Black	128	77	47	40	75	120	98	68	69	82	75	79	80	958
White	61	38	23	22	39	38	42	39	40	49	46	42	40	479
Hispanic	33	8	3	8	20	22	17	17	11	26	29	19	18	213
Other					1	4					1	1	2	7
Unknown		3		1	1	1	2	1			1		1	
TOTAL Female:	222	126	73	71	136	185	159	125	120	157	152	141	**139**	**1,657**
Male:														
Black	282	197	81	106	193	204	214	145	140	195	177	174	176	2,108
White	107	52	29	36	56	70	61	61	63	101	81	102	68	819
Hispanic	65	21	13	20	34	40	27	24	34	40	42	45	34	405
Other	2	3	1	1	4	6	3	2		2		3	3	27
Unknown	1	1	5	1	1	2		2	1	1	3		2	18
TOTAL Male:	457	274	129	164	288	322	305	234	238	339	303	324	**281**	**3,377**

Timberlawn Specific Report

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	AVERAGE	TOTAL
Service Episodes:	61	44	41	41	38	63	57	48	46	66	14		47	519
Unique Consumers:														
By N* ID	55	37	33	30	32	47	49	37	22	50	8		36	400
By Client ID	6	7	4	9	6	5	5	6	19	14	4		8	85
TOTAL Unique Consumers:	**61**	**44**	**37**	**39**	**38**	**52**	**54**	**43**	**41**	**64**	**12**		**44**	**485**
TOTAL Unique Consumers as %:	100%	100%	90%	95%	100%	83%	95%	90%	89%	97%	86%		93%	93%
Unique F2F:														
By N* ID	45	33	32	28	30	41	47	34	19	43	8		33	360
By Client ID	3	5	2	6	5	4	1	4	17	8	4		5	59
TOTAL Unique F2F:	**48**	**38**	**34**	**34**	**35**	**45**	**48**	**38**	**36**	**51**	**12**		**38**	**419**
TOTAL Unique F2F as a %:	98%	100%	92%	94%	97%	92%	100%	93%	90%	94%	100%		95%	95%
F2F Percentage:	80.33%	86.36%	90.24%	87.80%	94.74%	77.78%	84.21%	85.42%	86.96%	81.82%	85.71%		84.78%	84.78%
Encounters by Type:														
Triage	61	44	41	41	38	63	57	48	46	66	14		47	519
Care Coordination	363	273	284	265	231	327	335	261	228	337	112		274	3016
F2F Encounter	49	38	37	36	36	49	48	41	40	54	12		40	440
TOTAL Encounters:	473	355	362	342	305	439	440	350	314	457	138		361	3975
Female:														
Black	14	6	9	7	7	12	13	9	9	10	2		9	98
White	3	7	3	6	3	5	4	5	8	14	4		6	62
Hispanic	8	7	2	7	7	3	7	8	5	3	1		5	58
Other	2			1		3			1	1			2	8
Unknown	2	2	1	2	1		1			5			2	
TOTAL Female:	29	22	15	23	18	23	25	22	23	33	7		**22**	**226**
Male:														
Black	16	14	9	6	8	12	10	8	9	12	1		10	105
White	9	3	5	2	8	7	6	9	4	12	3		6	68
Hispanic	6	5	4	5	3	7	10	3	4	7	1		5	55
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	5		**22**	**245**
Age of Triage Encounters:														
Adult	38	30	30	24	32	32	34	25	31	50	9		30	335
Minor	21	11	5	10	5	17	15	17	9	6	2		11	118
Uncollected	2	3	2	5	1	3	5	1	1	8	1		3	32
TOTAL Age of Triage Encounters:	**61**	**44**	**37**	**39**	**38**	**52**	**54**	**43**	**41**	**64**	**12**		**44**	**485**
Age of F2F Encounters:														
Adult	31	30	29	24	31	30	36	23	27	44	10		29	315
Minor	17	8	5	10	4	15	12	15	9	6	2		9	103
Uncollected	0	0								1			0	1
TOTAL Age of F2F Encounters:	**48**	**38**	**34**	**34**	**35**	**45**	**48**	**38**	**36**	**51**	**12**		**38**	**419**
F2F Outcomes:														
23 hours obs														
Crisis Residential		2	5	1	3	3	6	1	1	4	1		3	27
Hotline/MCOT				1									1	
Inpatient- Civil	9	6	5	5	2	8	7	10	5	11	2		6	70
Intensive Outpatient	4	3	2	1	6	4	5	3	5	6	1		4	40
Jail-based Psychiatric Care										1				
Left Against Clinical Advice			1										1	
Medical Referral	3	1	4	2	2			3	2				2	17
No Behavioral Health Services Indicated			1				1		1	1	2		1	
Other Higher Level of Care		1											1	1
Partial Hospitalization Program	1	1											1	2
Refused Recommended Treatment										1				
Residential-CD	2	2											2	4
Residential-SUD/ COPSD		1	1	2	2	2	2			3	1		2	14
Routine Outpatient	25	20	12	19	15	19	19	15	18	14	2		16	178
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	3		5	51
TOTAL Outcomes	**48**	**38**	**34**	**34**	**35**	**45**	**48**	**38**	**36**	**51**	**12**		**38**	**409**
Diversion Rate	**81.25%**	**84.21%**	**85.29%**	**85.29%**	**94.29%**	**82.22%**	**85.42%**	**73.68%**	**86.11%**	**78.43%**	**83.33%**			**82.89%**

Transicare Reporting
Crisis Services Project

		2014-10	2014-11	2014-12	2015-01	2015-02	2015-03	2015-04	2015-05	2015-06	2015-07	2015-08	2015-09
1	**Beginning Census**	**36**	**34**	**42**	**48**	**58**	**47**	**62**	**65**	**62**	**69**	**60**	**62**
2	REFERRALS	*18*	*27*	*42*	*31*	*7*	*53*	*16*	*29*	*37*	*45*	*41*	*33*
	ACS	*9*	*16*	*25*	*19*	*7*	*37*	*7*	*17*	*22*	*29*	*28*	*23*
	Comp	*9*	*11*	*17*	*12*	*0*	*17*	*9*	*12*	*15*	*16*	*13*	*10*
3	**Admissions**												
4	**Referred Admitted**	***4***	***8***	***12***	***12***	***2***	***21***	***7***	***9***	***11***	***18***	***14***	***9***
5	No Admit Client Refusal	1		1	1				3	2	0	0	1
6	No Admit Criteria	6	7	8	9	1	10	3	8	10	12	11	15
7	No Admit Structural	1	6	6	4		2	1	1	2	3	5	3
8	Pending	6	6	15	5	4	20	5	8	12	12	11	5
9	*PRIOR PENDING*												
10	**Pending Admitted**		***5***	***4***	***7***	***3***	***4***	***9***	***6***	***9***	***2***	***8***	***3***
11	No Admit Client Refusal		1	3			1	3		1	0	2	1
12	No Admit Criteria	3	3		2	2		2		1	3	3	6
13	No Admit Structural		1	1	4		2	2	1	0	2	2	0
14													
15	**Total Admissions**	**4**	**13**	**16**	**19**	**5**	**25**	**16**	**15**	**20**	**20**	**22**	**12**
16													
17	**Discharges**												
18	Success Transfer	1	3	2	4	8	5	3	4	5	6	3	1
19	DC Midterm Disengage	1		1		1	1	3	4	2	7	3	4
20	DC Rapid Disengage	3	1	1	1	1	1		1	0	0	3	1
21	DC Structural	1	1	6	4	6	3	7	9	6	16	11	1
22	**Total Discharged**	**6**	**5**	**10**	**9**	**16**	**10**	**13**	**18**	**13**	**29**	**20**	**7**
23	Active End Of Month	34	42	48	58	47	62	65	62	69	60	62	67
24													
25	**Outcome Data**												
26	*Terrell State Hospital Linkages*												
27	≤7 Connect To Prescriber	2	4	4	2	3	7	7	3	4	6	4	4
28	≤30 Connect To Prescriber	2							1	0	1	0	0
29	Missed Metric			4	1	1	0	0	0	0	2	0	0
30	Total Released	4	4	8	3	4	7	7	4	4	9	4	4
31													
32	**Cummulative ≤7 Connect %**	**50.0%**	**75.0%**	**62.5%**	**63.2%**	**65.2%**	**73.3%**	**78.4%**	**78.0%**	**80.0%**	**77.8%**	**81.5%**	**80.6%**
33	**Cummulative ≤30 Connect %**	**100.0%**	**100.0%**	**75.0%**	**73.7%**	**73.9%**	**80.0%**	**83.8%**	**85.4%**	**86.7%**	**85.2%**	**85.2%**	**87.1%**
34	**Missed Metric**	**0.0%**	**0.0%**	**25.0%**	**26.3%**	**26.1%**	**20.0%**	**16.2%**	**14.6%**	**14.6%**	**14.8%**	**14.8%**	**12.9%**
35	*Unduplicated Served*												
36	**Monthly Unduplicated**	**56**	**53**	**72**	**81**	**65**	**90**	**84**	**90**	**91**	**101**	**90**	**91**
37	DSRIP YTD Unduplicated Served	56	74	103	136	140	182	199	226	257	301	322	349
38													
39	*Encounter Data*												
40	F2F Encounter	297	226	451	497	376	409	561	490	516	478	323	407
41	Care Coord	174	138	177	209	178	177	246	255	260	247	151	163
42	Total	471	364	628	706	554	586	807	745	776	725	474	570
	Consults												
43	**Referral**							**32**	**0**	**0**	**16**	**0**	**3**
44	Pending							29	16	10	15	13	13
45	Resolved							3	13	6	9	2	5

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	Aug-15	Sep-15
Beginning Census	**40**	**39**	**38**	**39**	**39**	**35**	**34**	**34**	**37**	**41**	**44**	**45**
Number of Referrals Received from CSP												
Adapt	1	2	2	1	1	0	2	8	7	13	3	12
Metrocare	0	0	0	0	0	1	0	0	0	0	0	0
Transicare	0	0	0	0	1	0	1	2	0	0	3	0
Number of Admissions	**1**	**0**	**2**	**1**	**2**	**0**	**3**	**3**	**5**	**3**	**1**	**7**
Number Discharged	**2**	**1**	**1**	**1**	**4**	**3**	**0**	**0**	**2**	**2**	**0**	**3**
Number not admitted due to:												
Client qualifies for ACT	0	0	1	0	0	0	0	0	0	1	1	0
Client qualifies for other programs	0	0	0	0	0	0	0	0	3	1	0	0
Client didn't meet level of need required	0	0	0	0	0	1	0	0	0	0	0	0
Other reasons	0	0	0	0	0	0	0	0	0	3	3	5
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	9.73	10.63
Encounter Breakdown:												
Face to Face	450	245	357	497	419	236	302	519	469.23	653	555	566
Service Coordination	69	35	43	76	81	69	75	94	75	57	62	72
Number of clients accessing:												
Emergency Room (medical)	1	1	0	0	0	0	0	1	0	0	0	0
23-hour observation (psych)	1	1	1	0	0	1	0	2	0	0	0	0
Inpatient (med/ psych)	8	0	2	2	1	2	0	2	0	2	0	2
Jail book-in	2	4	1	1	0	0	1	3	5	2	3	2
Reasons for Discharge:												
Graduate	0	0	0	0	3	0	0	0	0	0	0	0
Client Disengagement	1	0	0	0	1	1	0	0	2	0	0	0
Extended Jail stay (case-by-case basis)	1	0	1	1	2	0	1	1	0	0	0	1
Other Intervening factors	0	1	0	0	0	0	0	0	1-TJC	0	3	2
End of Month Stats:												
Number of Active FDU clients end of month	**39**	**38**	**39**	**39**	**37**	**34**	**34**	**37**	**41**	**44**	**42**	**49**
Number of Unique Consumers	0	0	0	0	0	1	3	3	5	12	1	4
# of clients waiting to be released from jail	0	0	0	0	0	0	Pending 6	pending 6	4	3 pending	7	7
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	12.99	12.42
Maximum Census	**45**	**45**	**45**	**45**	**45**	**45**	**45**	**45**	**45**	**45**	**45**	**46**

the consumers on the "waiting" list are being actively seen in jail until release

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 20 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-Monthly reconciliation Supported 7-day after-care appts. (5-ICR/7 jail discharges)	Flags in system - VO outcomes reports in progress.
3	**After-care Extension IOP/SOP (SUD) -** Provides extension of SUD supportive services when VO's IOP/SOP benefits have been completed and exhausted	Reviewed members for extended after-care services to ensure IOP/SOP benefit exhaustion (7 additions/12 discharges)	Not Applicable
4	**ACT FDU - Provides ACT for high utilizers of the legal system (Attending work-group meetings)**	Clinical Review of cases for appropriate LOC/recommendations on 8 FDU referrals	Not Applicable
5	**CSP-Systemic Operations** Continuing to develop program infrastructure for After-care Engagement Package (AEP)	Ensure clear delineation between LOC3 vs AEP services	Not Applicable
	Improve Communication and decrease system barriers regarding ACT Referrals and engagement	Conference call - Outlined work-flow with DMS regarding ACT referrals from ACS 1115.	Not Applicable
	FDU-Oversight	Reviewed treatment plans, recommended treatment plans to include therapy goal/progress. Also made step-down recommendations when appropriate.	Not Applicable

1115 Waiver- Dallas County
DY 4 Crisis Services Project (CSP) Metric Update
November 2, 2015

Process Improvement Metrics (Category 1)

Metric Description	DY4 Goal	DY4 Achievement	Status	Match Value
Consumers Served	4,200	5,110	Report Achieved	$783,660
Bi-weekly meetings	26	28	Report Achieved	$783,660
Test 3 new idea each quarter	3	3	Report Achieved	$783,660
Face-to-Face Learning Collaboratives	2	2	Report Achieved	$783,660
Implement "raise the floor" from Learning Collaboratives	1 per LC	1 per LC	Report Achieved	N/A (LC metric)
Cost avoided by crisis alternative setting (jail)	3% reduction from baseline (21%)	Metric not achieved. Requesting deviation to metric. Will report April 2016.	Carry Forward	$783,660
Evaluate CSP at BHLT	Yes	10 mtgs.	Report Achieved	$783,660
Total				**$4,701,960**

Outcome Metrics (Category 3)

Outcome Improvement Metrics (Cat. 3)	Goal	Achievement	Status	Match Value
Decrease in jail readmissions from baseline	28.9%	27.24% (1,392 out of 5,110 clients had readmissions)	Report Achieved	$130,458
Report measure to specification	Yes	Report Achieved	Report Achieved	$130,458
7-day follow-up after hospital	32%	81.5% (as of August '15)*	Requesting Carry forward	$65,229
30-day follow-up after hospital	57%	85.2% (as of August '15)*	Requesting Carry forward	$65,229
Report jail measure to specification	Yes	Requesting Carry forward*	Requesting Carry forward	$130,458
Total				**$521,832**

Request for Support Staff to Crisis Services Project

Need: Since its inception, Crisis Services Project (CSP) has continued to exceed its project goals and has been noticed around the state for its work toward serving clients with criminal justice involvement and behavioral health needs. Due to this success, CSP has become a "go to" for helping address many criminal justice and community service gaps for persons with behavioral health issues. As a result, the tasks and responsibilities of the CSP Project Analyst have grown substantially over the last 2 years. The growth of CSP has demanded that the Project Analyst take on more program, policy, and budget oversight. This added responsibility often conflicts with time needed for routine tracking and monitoring CSP metrics that are required for receiving federal match dollars. In addition, The Project Analyst will heavily be involved in developing strategies and implementing plans for the 1115 Wavier Renewal and Transition (if approved by CMS). Therefore, this is a request for 1 additional FTE that will be dedicated to supporting the CSP Project.

Duties for CSP Support Staff:

- Provide on-going monitoring and tracking of CSP Process and Outcomes metrics
- Routinely update supporting documents for metrics
- Gather all supporting document information for report submission
- Keep track of "to-do" lists and provide reminders of next steps to committee members
- Request status updates from CSP vendors
- Develop a system to receive all status updates and provide summaries to CSP Project Analyst
- Update budget spreadsheets monthly, keep track of budget and cash flow monthly, disseminate budget documents to CSP Governance Committee monthly
- Track CSP contract effective and expiration dates, ensure all required insurance is current, and provide status update to CSP Project Analyst
- Create and maintain CSP literature and org. chart (also ensure vendor org. charts are current)
- Attend RHP 9 meetings and webinars
- Provide status updates on Waiver issues (i.e. reporting changes, IGT, Waiver extension, etc.)
- Help plan 1115 Waiver Renewal

Core Skills Needed for CSP Support Staff:

- Ability to track program metrics and take necessary corrective steps
- Ability to organize work, meet deadlines, and use time wisely
- Must have computer proficiency including advanced Word and Excel Skills
- Advanced writing skills including ability to organize ideas in a logical order, structure clear sentences, and eliminate common grammar and punctuation errors
- Ability to create agendas, memos, appointments, and reports
- Ability to write reports for various audiences (i.e. internal staff, department leaders, committees, county administrators, stakeholders, funders)
- Ability to assist with budget preparation, reconcile expense reports, and present financial information
- Ability to schedule appointments and maintain calendar for self and others
- Ability to analyze and interpret data
- Ability to multi-task and prioritize work
- Ability to work independently

- Ability to understand organizational structure and build relationships
- Ability to make decisions consistent with authority

CSP Project Analyst Focus:

- Develop strategies and execute plans for 1115 Waiver Renewal and Transition
- Analyze, Recommend, and Establish Policy for CSP
- Provide CSP Program Oversight
- Provide Budget Oversight
- Negotiate and Monitor vendor contracts
- Monitor quality of services and compliance
- Identify and Implement new initiatives to serve CSP clients and alleviate service gaps
- Strengthen Partnerships & Collaborations
- Educate stakeholders on CSP
- Provide CSP updates to Dallas County CJ Director, CJ Deputy Director, county administrators and community stakeholders
- Provide Data Analysis and coordinate with outside entities for data requests

DALLAS COUNTY JOB DESCRIPTION

Job Title:	Program Coordinator II	**Job Code:**	502200	**Job Grade:**	E
Reports To:	Various	**Pos. No:**	Various	**FLSA Code:**	E
Department:	Various	**Loc. Code:**	Various	**SIC Code:** **WC Code:**	9431, 9531 8810
Division:	Various	**CS Code*:**	A, B, C, D, or C-JD	**EEO Code:**	B11

Summary of Functions: Plans and coordinates the fiscal, administrative and operational activities for programs, projects, services or contracts to ensure that goals and objectives are accomplished in accordance with established priorities, time limitations, funding limitations or other specifications.

Management Scope: May supervise staff.

Duties and Responsibilities:	**% of Time**	**Essential Non-essential**
1. Assesses program needs; and develops, implements and facilitates daily program activities in accordance with established priorities, time limitations, funding limitations and other specifications.	25	E
2. Ensures the service delivery network meets the needs of the intended population, reflects the objectives and intent of the program or project, and meets applicable federal guidelines.	20	E
3. Coordinates program activities with staff, other departments and public/private resources to ensure optimum efficiency and compliance with appropriate policies, procedures and specifications.	15	E
4. Assists in evaluating program effectiveness and developing/implementing improvement and evaluation methodology; analyzes results; and recommends and takes appropriate action.	10	E
5. Provides consultation and technical assistance to supervisory and line staff through meetings, training and daily troubleshooting; and recruits and supervises volunteers.	10	E
6. Develops and edits grants, proposals, promotional materials, newsletters, brochures and other training materials.	10	E
7. Collects and analyzes data; prepares schedules and special reports; and maintains program/project records and statistical information.	05	E
8. Performs other duties as assigned.	05	N

* *The Code depends on the Department where the position is located and/or funded in accordance with 86-1 of Dallas County Code.*

Minimum Qualifications:

Education, Experience and Training:
Education and experience equivalent to a Bachelor's degree from an accredited college or university in Business, Public Administration, Accounting, Behavioral Science, or in a job related field of study. Two (2) years of work related experience.

Special Requirements/Knowledge, Skills & Abilities:
Skilled in the use of standard software applications. Ability to effectively communicate, both verbally and in writing, and establish and maintain effective working relationships with employees, departments and the general public. Must possess a valid Texas Driver's License, with a good driving record and reliable transportation. Juvenile Department: Must pass an extensive background investigation.

Juvenile Department :
"Position requires working with juveniles who may have committed dangerous/aggressive acts; should possess a high tolerance for working in an emotionally demanding/stressful work environment."

Physical/Environmental Requirements:
Standard office environment. May be required to travel to off-site locations.

Hay Points/Point Factor:
KH: EI2 – 200pts., PS: D3 (29%) – 57pts., AC: C1P – 66pts., KH/PS/AC: 62-18-20 Total: 323, Profile: +1

Supervisor Signature ________________________ Date ____________

Reviewed by Human Resources/Civil Service on Date 02/2014

Approved by Civil Service Commission on Date ____________

This job description shows typical requirements of a position within this classification. This description is not intended to be all-inclusive. Individual positions may vary slightly in functions, job dimensions and requirements. Any percentage of time included on each function is only an estimate and may change depending on the specific departmental tasks. Candidates whose disabilities make them unable to meet these requirements will still be considered fully qualified if they can perform the Essential Functions of the job with reasonable accommodation.

RESOLUTION

DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM

RESOLUTION NO: **13-2015**

DATE: **November 12, 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 12th day of November 2015,the following Resolution was adopted:

WHEREAS, On February 14, 2013, the Dallas County Behavioral Health Leadership Team endorsed the 1115 Healthcare Transformation Waiver DSRIP Project, and development of Behavioral Health Crisis Stabilization Services as alternatives to hospitalization; and

WHEREAS, the Dallas County Behavioral Health Leadership Team is the governing body for the DSRIP project through a standing committee known as the Crisis Services Project (CSP) Governance Committee; and

WHEREAS, since it began providing services in September 2013, the Crisis Services Project (CSP) has continued to exceed its project goals and has been noticed around the state for its work toward serving clients with criminal justice involvement and behavioral health needs; and

WHEREAS, due to the success of CSP, the role and duties of the CSP Project Manager position has grown substantially and is projected to drastically increase during the Texas 1115 Waiver Renewal/ Transition planning and implementation phases; and

WHEREAS, the CSP is requesting 1 additional FTE, Program Coordinator II, to support program activities, outcomes, and reporting requirements; and

WHEREAS, on November 6, 2015, the CSP Governance Committee voted and approved to establish the Program Coordinator II position.

IT IS THEREFORE RESOLVED that the Dallas County Behavioral Health Leadership Team endorses the creation of the Program Coordinator II position to support the Crisis Services Project.

DONE IN OPEN MEETING this the 12th day of November 2015.

____
John Wiley Price
Commissioner District #3
Dallas County

____
Dr. Theresa Daniel
Commissioner District #1
Dallas County

Dallas County
Department of Criminal Justice

MEMORANDUM

Date: November 9, 2015

To: Dallas County BHLT

From: Ron Stretcher and Alex Smith on behalf of NTBHA

Re: NTBHA Transition Update

Transition Planning Update

ASO Procurement
Most transition activities have focused on completing the RFP to select an administrative services organization. This is proving to be very challenging. Dallas County Purchasing Department is helping with the RFP development and will release the RFP for NTBHA. But, NTBHA staff must provide the scope of work, evaluation criteria and committee members, information needed in response to the RFP, and the general payment structure. There is no real template to follow as we have not found any similar processes to build upon.

Transition Funding
As reported previously, there is no funding for any of the transition planning and related activities prior to the next fiscal year, 9-1-2016, when $1.5M is allocated to NTBHA for transition. There have been two meetings with the County Judges from the six remaining NTBHA counties to seek transition funding. In this meeting, the County Judges asked that we approach our Legislative delegation to advocate for making some of the transition funding available now. Of particular interest was determining if Counties provided transition funding prior to 9-1-2016, could the $1.5M be used to reimburse the Counties. Dallas County will have a request for funds before the Commissioners Court on 12-3-2015.

Contact with External Resources
- A retired executive director from a neighboring community center declined to consider working with NTBHA on transition as a contractor. We continue to search for a similar resource.
- Staff met with Gary Bramlett, CEO of the East Texas Behavioral Health Network, about the services that ETBHN provides to other community centers.

Agreements for Transition Support

Contract with Rowan HCI, Inc.
As transition work progresses, it has become clear that we need some outside expertise. We were referred by several parties to Melissa Rowan with Rowan HCI, Inc., a consulting firm. Ms. Rowan is a former employee of the Texas Council of Community Mental Health Centers. Ms. Rowan submitted the attached proposal for an initial consultation engagement. This

engagement will focus on helping staff and the Board to fully understand the changes in processes that will be required in the new system and to help with a more detailed transition plan. The initial cost will be $11,550 plus travel expenses. A contract with Rowan HCI is attached.

MOU with Meadows Mental Health Policy Institute
The Meadows Mental Health Policy Institute (MMHPI) is currently leading the Caruth Smart Justice Planning Grant in a review of local processes with a goal of increasing the number of people diverted from the jails into community based treatment. MMHPI has a broad team with significant expertise in health care delivery and planning. Much of the work of the Caruth Smart Justice Grant involves the same processes and stakeholders as the NTBHA transition. MMHPI has offered to provide significant resources to our transition using existing resources and at no cost to NTBHA. Their initial focus will be to lead finalizing the RFP for the ASO. MMHPI will also provide other support as the transition progresses. Attached is a MOU detailing the agreement with MMHPI for transition support.

Mental Health America
Mental Health America (MHA) has a long history of supporting the work of NTBHA and our community. Janie Metzinger coordinates all legislative advocacy for our community and is a valuable resource. MHA has pledged to provide support to the NTBHA transition activities at no cost to NTBHA. An MOU is under development that details the agreement with MHA for transition support services.

Wertz&Rowan

TO: Ron Stretcher, North Texas Behavioral Health Authority
FR: Melissa Rowan, Partner, RowanHCI, Inc.
RE: Proposal for NTBHA Transition from NorthSTAR to LBHA
Date: November 4, 2015

Thank you for the opportunity to submit a proposal to assist the North Texas Behavioral Health Authority with its transition from the NorthSTAR model to the Local Behavioral Health Authority model. To manage this transition successfully, NTBHA must clearly understand the operational and technical requirements of the new contract with the Department of State Health Services (DSHS), and ultimately with the Health and Human Services Commission (HHSC).

This memo lays out an approach on how Wertz&Rowan can assist you in creating an operational work plan to managed a successful transition. In addition, we provide information on our qualifications and experience, a proposed approach to the engagement and a description of the financial terms.

Overview of Firm and Relevant Experience

Wertz&Rowan is a boutique healthcare consulting firm founded by Linda Wertz and Melissa Rowan. In our careers, we have worked on national, state and local healthcare issues and believe all of them require and deserve seasoned, experienced guidance. For a combined 50 years, we have worked on the broad strategic and detailed technical challenges that the healthcare industry has faced, and we are committed to improving our system of care for everyone. Although we have worked across the country, we call Texas home and have considerable experience and expertise in Texas Medicaid policy, Texas Medicaid Managed Care and the Community Center system of care.

The project team for this engagement will include:

Melissa Rowan, Partner

Melissa is a healthcare policy expert with 20 years of experience working with private and governmental clients on healthcare and social service policy. Her career has focused on federal and state health policy analysis, Medicaid managed care and program development and implementation for special populations. The former Director of Healthcare Policy at the Texas Council of Community Centers, Melissa provided strategic direction and technical assistance to specialty health care providers. In her career, she has managed projects for two national consulting firms, the Texas Health and Human Services Commission, the Texas Legislative Budget Board and healthcare provider organizations.

Melissa serves on the Board of Directors for the TMF Health Quality Institute and is the Vice Chair of the Texas Health and Human Services Behavioral Health Integration Advisory Committee. She earned a MSW from UT Austin and MBA from Concordia University.

Andres Guariguata, Senior Consultant

Andrés has been a clinical social worker for over 30 years. He has worked in behavioral health treatment and administration, integrated behavioral health services and primary care services. He worked as a practice administrator for a large Federally Qualified Healthcare Center and an administrator of adult behavioral health services for a Community Mental Health Center. In his career, Andrés worked at the state level as Director of Children's Mental Health Services at the Texas Department of Mental Health & Mental Retardation. He also worked for the Texas Human Services Commission as a senior policy annalist with the Healthcare Quality Analytics and Clinical Policy Division

Andrés is a Licensed Clinical Social Worker. He earned a MSW from Our Lady of The Lake University and is a Certified Mediator through the Dispute Resolution Center.

Project Approach

Wertz&Rowan envisions a partnership approach with the North Texas Behavioral Health Authority to determine the requirements for a successful transition to the Local Behavioral Health Authority model. This engagement will prepare NTBHA to move forward with an operational plan that clearly identifies objectives, tasks and timelines. The operational plan will also take into account if NTBHA will hire individuals to take responsibility for identified tasks or if NTBHA should procure a vendor for such services.

Project Task 1: Review of Transition Plan and Related Documents

Our team will review the NTBHA transition plan submitted to the Department of State Health Services, any crosswalk or internal planning documents created to date and any DSHS correspondence or documents related to requirements for the new NTBHA-DSHS contract that takes effect January 2017.

Project Task 2: Two-day Strategic Planning Session

After a review of the background materials, the next step in the process is to work through a planning process. Our team will facilitate a two-day strategic planning session with the NTBHA team, including staff and board members as appropriate. An agenda will be provided to you for approval one week prior to the strategic planning session. We anticipate each day beginning at 9am and ending at 3pm.

Day 1. The first day of planning is to lay a solid foundation for all attendees on what is required for successful transition to the new contract. Rather than discussions in terms of what NorthStar was, the focus will be on the LBHA model effective January 1, 2017. Key contract requirements will be discussed.

Day 2. The second day of planning will be focused on the development of an operational work plan. Based on the contractual requirements, objectives, tasks and timelines will be determined. For each of the objectives and tasks, the group will discuss the pros and cons of building the capacity internally or contracting out for the service. By completing an operational work plan, NTBHA will be able to determine if an RFP for certain functions will be needed.

Project Task 3: Ongoing Technical Assistance
After the planning session, if NTBHA determines a need for continuing consulting services, Wertz&Rowan will provide ongoing technical assistance on an hourly basis.

Estimated Project Costs
Project Tasks 1 and 2 have a total cost of $11,550.

Project Task 3 will be billed at an hourly rate of $350 for Partners and $200 for Senior Consultants.

The project fee does not include any hard costs, such as travel or lodging expenses. Such hard costs will be submitted at-cost for reimbursement.

An invoice for Project Tasks 1 and 2 will be submitted upon contract execution. Project Task 3, Ongoing Technical Assistance, will be billed on an hourly basis on the 1st of the month for work completed in the previous month.

Next Steps
Thank you for the opportunity to submit a proposal to assist NTBHA in moving forward as a Local Behavioral Health Authority. Please let me know if you have additional questions or need additional information on our proposal. If you would like to move forward with the project, I am happy to send you a contract for signature.

RowanHCI

TO: Ron Stretcher, North Texas Behavioral Health Authority
FR: Melissa Rowan, Rowan HCI Inc.
RE: Project Agreement
Date: November 4, 2015

This Agreement is entered into by and between North Texas Behavioral Health Authority (NTBHA), a Local Behavioral Health Authority, as designated in accordance with Texas Health and Safety Code, §533.035(a), located at 1201 Richardson Drive, Suite 270, Richardson, Texas 75080("Client") and Rowan HCI, Inc., 5411 Montview Street, Austin, TX, 78756 ("Independent Contractor").

Scope of Work

Rowan HCI, Inc. will provide healthcare related consulting services to the North Texas Behavioral Health Authority. This project will include working with the leadership of NTBHA to strategically plan for future success under the new requirements for a Local Behavioral Health Authority.

Agreement Period

Per the proposal submitted by Rowan HCI (via Wertz&Rowan) the project agreement will be effective November 11, 2015, through August 31, 2016.

At the conclusion of this Agreement Period, Rowan HCI and NTBHA can choose to reengage for an additional phase of activities and deliverables.

Activities and Deliverables

Per the proposal offered by Rowan HCI, this Agreement will involve the following services to the leadership of NTBHA:

Project Task 1: Review and render advice regarding Transition Plan and Related Documents within ten (10) business days of receipt of such documents by Rowan HCI.

Project Task 2: Prepare materials and conduct two-day Strategic Planning Session for leadership of NTBHA as scheduled by mutual agreement of NTBHA and Rowan HCI, with an agenda for the meeting provided by Rowan HCI five business days prior to the meeting.

Project Task 3: Provide Ongoing Technical, as requested

Assistance Deliverables for this agreement will include:

Agenda for a two-day Strategic Planning Session provided by Rowan HCI five (5) business days prior to the planning session

Meeting Facilitation for a two-day Strategic Planning Session, as scheduled by mutual agreement of NTBHA and Rowan HCI

Fees/Expenses

In exchange for the services (activities and deliverables) described above, NTBHA will pay Rowan HCI, Inc.

as follows:

Project Tasks 1 and 2 for a total cost of $11,550.

Project Task 3 will be billed at an hourly rate of $350 for Partners and $200 for Senior Consultants on an as needed basis, as determined by NTBHA. The Parties agree that Independent Consultant shall utilize the knowledge and skill set of Senior Consultants to the greatest extent possible without affecting the nature or quality of work for Client.

The project fee does not include any hard costs, such as travel or lodging expenses. Such hard costs will be submitted at-cost for reimbursement. Expenses for transportation, lodging, subsistence and related items incurred by project personnel who are on travel status on business related to this project are allowable and the requirements for prior approval are waived. Nevertheless, the Parties agree that these costs shall be reasonable and in accordance with rates charged to a Government Organization.

An invoice for Project Tasks 1 and 2 will be submitted upon contract execution. Project Task 3, Ongoing Technical Assistance, will be billed on an hourly basis on the 1st of the month for work completed in the previous month.

Cancellation and Termination
This Agreement may be terminated by either party at any time for any reason upon thirty (30) days written notice to the other. If the Agreement is terminated, NTBHA shall compensate Rowan HCI, Inc. for all work performed and expenses incurred prior to the effective date of termination of the Agreement, and reimburse Rowan HCI, Inc. for any non-cancellable obligations incurred prior to the effective date of termination of this Agreement. Invoices submitted prior to the notice of termination of the Agreement will not be voided/forgiven as a result of the notice of termination of the Agreement.

Benefits
The relationship between NTBHA and Rowan HCI, Inc., is that of an independent contractor. Rowan HCI, Inc. shall not be eligible for any of the benefits paid to employees of NTBHA including but not limited to worker's compensation and health insurance.

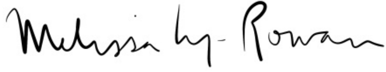
Work Product
This project will include written material for use by NTBHA, including but not limited to: strategy memos, policy documents and presentation materials. All such work product produced by Rowan HCI, Inc. for NTBHA as a result of this Agreement will be owned solely by NTBHA upon the completion of this project.

Confidentiality/Non-Disclosure Agreement
Both parties acknowledge that they and their employees, in performing this Agreement, may have access to or be directly or indirectly exposed to confidential information of the other party and related organizations, including, among other things, communications and strategies and trade secrets. Each party shall hold confidential all such information and shall not disclose such information without the permission of the other party (or appropriate related organization). This Agreement shall constitute permission for disclosure and use of such information in confidential communications or consultation between Rowan HCI, Inc. and NTBHA authorized designees. Both parties shall use reasonable efforts to protect such confidential information. The confidentiality provision shall survive the termination of this Agreement.

Modification
This Agreement sets forth the entire understanding of the parties with respect to the subject matter hereof, and shall not be amended, modified or waived except by an instrument in writing. Any amendments, modifications or waivers must by made in writing and signed by both parties.

By signing below, each party agrees to the terms and conditions expressed in this document.

November 4, 2015 Date:



Agreed to By: ______
Melissa Rowan, Partner Rowan HCI, Inc. Wertz&Rowan

Agreed to By: ______________________________Date:________
Alex Smith, Executive Director
North Texas Behavioral Health Authority

Memorandum of Understanding
Between
North Texas Behavioral Health Authority
And
Meadows Mental Health Policy Institute

WHEREAS, the North Texas Behavioral Health Authority (NTBHA) is the designated Local Behavioral Health Authority for the following Counties in the State of Texas: Dallas, Collin, Ellis, Hunt, Kaufman, Navarro, and Rockwall; and

WHEREAS, the Texas Legislature in 2015 approved the recommendations of the Texas Sunset Commission to end the NorthSTAR program and implement, effective January 1, 2017, a new system of delivering behavioral health services with Collin County separating from NTBHA to establish a separate behavioral health authority and the remaining six NTBHA Counties continuing to collaborate in the new system; and

WHEREAS, The Meadows Mental Health Policy Institute (MMHPI) is a local non-profit organization that provides high quality, nonpartisan and objective policy research and development to improve mental health services in Texas and desires to assist the North Texas Behavioral Health Authority in planning, developing and implementing the new behavioral health delivery system ("transition planning") required by the Texas Sunset Commission; and

WHEREAS, NTBHA and MMHPI enter into this Memorandum of Understanding to outline the their mutual intentions on the purposes, responsibilities and commitments of each Party in collaborating on the NorthSTAR transition planning required by the Texas Sunset Commission.

NOW, THEREFORE, this Memorandum of Understanding is hereby made and entered by NTBHA and MMHPI to accomplish the aforementioned intentions and the following purposes:

1. MMHPI will provide staff resources at no cost to NTBHA for consultation and assistance in transition planning, to develop and implement a new system of delivering behavioral health services in Dallas, Ellis, Hunt, Kaufman, Navarro and Ellis Counties. The initial focus of the MMHPI consultation will be development of a plan for NTBHA to meet its expected contractual obligations to the Texas Department of State Health Services, including, but not limited to, development of Request for Proposals (RFP) to select an administrative services organization and other providers and resources to support NTBHA in delivering services. MMHPI will also assist with other transition planning activities as resources are available.

2. MMHPI will enter into a mutually acceptable data use agreement with NTBHA for access to any data needed to assist in transition planning and related planning activities that support the transition approved in writing by NTBHA.

3. NTBHA will provide to MMHPI any data or documents related to transition planning, including but not limited to historical utilization data, submissions, contracts, correspondence and other related information. NTBHA will assist MMHPI in obtaining any data or information needed for transition planning.

4. As transition planning progresses, NTBHA may engage MMHPI for additional services that may or may not include compensation or reimbursement of expenses. Any

expansion of or changes to the relationship between NTBHA and MMHPI as provided for in this MOU will require either a separate agreement or amendment to this MOU.

5. The governing bodies of NTBHA and MMHPI will each retain the right to make decisions related to their respective entities.

6. This MOU is effective from the date of execution through December 31, 2016. The term may be extended in writing by both parties. Either party may terminate this Memorandum of Understanding by providing 30 days written notice to the other party.

MEADOWS MENTAL HEALTH POLICY INSTITUTE

______________________________ ____________
Phil Ritter, Chief Operating Officer Date

NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

______________________________ ____________
Alex Smith Date
Executive Director

Behavioral Health Steering Committee
Thursday October 15, 2015

Meeting called to order at 8:35am
The meeting was called to order by Chief Public Defender Lynn Richardson, in the absence of Judge Kristin Wade. Mrs. Richardson asked for any adjustments or corrections to the minutes and made a motion to approve the minutes as recorded. Angie Byrd seconded the motion and the committee approved the minutes as recorded.

Caruth Update

Brittany Lash provided a status update on the progress of the Caruth grant. The guiding framework of the grant is the Sequential Intercept Model, it has been utilized in other counties and is the leading model to create change. Earlier this month training on the Sequential Intercept Model was provided, demonstrating how the model works to help improve areas of the criminal justice system. There was a good turnout for the training; they hope to provide additional training in the up-coming months. At the present time, they have been working with law enforcements agencies across the county, which is a large part of intercept 1. Working with the LEA's the team is looking at training provided to officers, any challenges, what success that they have had and the community resources available to them. They are also gathering information on what diversion looks like to the officers and the decision-making process for diversion. The team will start interviews with court personnel and partner agencies in an effort to learn more of the processes within the court system.

SAMHSA Grant

Christina Gonzales reported 6 months ago the Criminal Justice Department applied for a grant through SAMHSA to provide residential treatment to female participants in a Specialty Courts. The award is for a total of $954,276, or $318,092 a year for the next 3 years. The grant will provide residential treatment, incentives, an evaluator, a recovery coach at Nexus and a coordinator at Dallas County. The evaluator will provide follow up with all participants 6 months after completion of treatment and provide reporting on grant outcomes. In the upcoming weeks an invitation for a kick-off meeting will go out to all stakeholders to review timeline and goals of the grant. As time progress there will be additional meetings with the project team, updates will be provided to the committee on a monthly basis.

530 Sub-Committee

Keta Dickerson provided an update of the 530 Fund. Currently, the balance for the felony account (4020) is $55,739.23; the misdemeanor account for (4031) has a balance of $67,845.55; for a combined total of $133,968 *(pg. 8 of the September packet.)* The subcommittee has approved the following request for the MHJD court.

- MHJD – Year End Program
  Keta Dickerson presented a request to utilize $500 to pay for the year end program for the MHJD specialty court. The request is for a total amount of $500; there are funds available in the 530 fund. The 530 sub-committee approved the request, and it is now being presented to the BHSC committee for final approval.

There were some discussion as to utilizing funds previously earmarked for treatment for CSCD and possibly delaying approving the request until such matter can be determined. Kita Dickerson informed the committee if the bills are not paid prior to September 30, a letter of noncompliance will need to be done to the auditor's office. Mike Laughlin made a motion to approve the request for $500 for the Year

End program for the MHJD specialty court. Harry Ingram seconded the motion, a vote was taken in the committee approved the request. *(Pg.6-8, October Packet)*

CSCD Study

Dr. Johansson-Love provided an update on the CSCD studies with UTD. She reports the first 2 studies for Judge Wade (MHJD) and Judge Francis (4c) are completed and we should receive a first draft within the next 7 – 10 days. She reported some formatting issues with the DIVERT court data has caused some delay, however, that should be resolved shortly. Dr. Johansson Love reported the MOU was for 3-4 courts, the 530 sub-committee will need to vote on a court. She also stated there may be little room for recoupment of any funds since the MOU stated 3 or 4 courts. There is a possibility the fourth court will be the Veterans Court with Judge Collins. Christina will work with Sheena to reach out to Judge Collins to determine her interest in having a study completed.

BHLT & CSP Update

Charlene Randolph reported that currently CSP is focused on completing the year-end report which provides information on all metric achievements for CSP. The report is due on 10/31/2015, there is $5 million in funding dependent on the report. CSP has achieved 100% of all of its process metrics and it's category 3 outcomes, which is how recidivism is calculated. The baseline goal was to get recidivism down to 28.9 %, they were able to get to a 27.2% rate for recidivism. The 7-30 day connection rate for those discharging from the hospital to the community was at 81.5% and 85.2% respectively. All reports are in the packet for review, if there are any questions please get in touch with Charlene Randolph. Ron Stretcher added the outcomes are showing these programs work and partnerships are crucial to Dallas County. In regards to Northstar, the current focus is finishing the RFP to select an organization to manage services. The RFP will be presented at the BHLT.

Jail Reports

Pregnant Women in Jail- Christina Gonzales reported the following numbers for pregnant women in jail; currently there are 27 pregnant women in jail, 16 with new offenses, 6 on probation violation, 7 sentenced, 13 have upcoming court dates and 7 without a court date. *(pg. 16 of October packet)*

Hospital Movement- Brandy Cody reported that for the month of September 34 were admitted, 41 inmates were deemed incompetent to stand trial, 26 were sent to the hospital and 22 were brought back from the hospital. Currently there are 52 inmates waiting to go to the hospital. *(pg. 17 of October packet)*

NorthSTAR Intakes - Christina Gonzales reported a total of 5,697 book-ins during the month of September. There is a 24% rate on the Northstar match with a total of 1,358 total Northstar matches for the month of September. Mrs. Richardson asked if there was a way to track those that have an onset of mental illness while in jail. There is some merit to looking at how we can start to identify these individuals, Christina Gonzales will follow up with Preston for ideas to track these individuals.

Homeless Report – Christina Gonzales reported an addition to the homeless report has been identifying inmates who have a mental illness. This number was not previously looked at in the report so data is specific to the month of September 2015. Reviewing the information those with a mental illness tend to make up the majority of the homeless population. They have the higher rates of arrests, spend more time in jail and are more likely to have state jail felonies. Those with mental illnesses are identified through CCQ, Northstar and completion of the medical screening. Ron Stretcher added there has been a calculated coordinated effort to place people in programming and releasing them from jail faster.

Ron also gave an update on the Cottages, the new finish date is in December. This delay is due to the weather that hit North Texas the early part of this year. The Cottages are a Housing First, Permanent Supportive Housing model which is new for Dallas County and very innovative. This means the clients can still use drugs/ alcohol and move into the apartments, they do not need to have any clean time. They will be able to stay at the cottages for as long as needed, unless there is a problem with safety.

Thirty five (35) individuals have been identified as people that are going into the cottages from the jail and are already being worked with. Lynn asked if there was anything that could be done in the PDs office to help get the people ready for the program. Mike Laughlin reported if anyone has a referral for someone that may benefit from the Cottages to please contact him.

Public Defender Report

Lynn Richardson reported the information was provided in the October packet on page 20. Please contact Mrs. Richardson if you have any questions in regard to the report submitted.

Provider Reports

Metrocare - Crystal Garland directed the committee to review the information on page 21 of the October packet. Overall, many of the courts had an increase in census by 2-5 clients, the exception being DDRTC which had a decrease in census. The Probation ICM program ended the month with 55 clients, which is low. Metrocare has started a pilot program that pairs a TACOOMI caseworker with a probation officer to share a caseload, it started on Monday and they are hoping that there will be an increase in referrals. Judge Mays included the Metrocare caseworkers have been very helpful.

The Bridge – Information was provided as a handout on page 23 of the October packet.

IPS Report – Enrique Morris reports there has been an 81% reduction in admissions from specialty courts. He reports that this is not alarming and seems to be the overall pattern with admissions. They did notice, however, an increase in the amount of people discharged from the program for non-compliance. There has been an increase in the successful discharges by 17%, bringing the amount of successful discharges up to 56%. Overall, for those in the program during the month of September: 63 cases were approved for phase advancement, 26% were retained and 12% were elevated. Being able to utilize the CSP Aftercare Program, they have reduced the amount of services being provided for free to individuals that have exhausted their VO funding.

Problem Solving Courts

Outpatient Competency Restoration- Brandy Coty reported for the month of September 8 cases were added to misdemeanor OCR and 2 were successfully graduated. On the felony side 7 cases were added and 1 successfully graduated. Ending with a total of 39 participants in misdemeanor and felony OCR combined. *(pg. 26, October packet)*

DIVERT- Keta Dickerson reported with a new report which consolidates information from the previous year. In FY 2015 there were a total of 124 new admissions, 4 DA Opt –outs, 34 unsuccessful discharges and 63 graduates. For the month of September, DIVERT has 7 new admissions, 2 unsuccessful discharges and 19 graduates.

Specialty Courts CSCD

Serena McNair reported the following numbers for the Probation Department; ATLAS ended with 25, DDC ended with 39, MH ended with 55, STAC ended with 16 and STAR ended with 14 for a total of 149. Judge Mays was concerned with the number being reported to the BHSC for STAC, the numbers are very low and do not reflect the numbers of the court. Christina Gonzales explained the numbers are provided to BHSC from CSCD, the numbers from STAC have consistently been under 20 for the past year. *(pgs. 28-32 October)*

Announcements

No announcements made.

Adjourn

The meeting was adjourned at 9:55am by Chief Public Defender Lynn Richardson.