

Dallas County Behavioral Health Leadership Team
Thursday, April 14, 2016
Henry Wade Juvenile Justice Center
2600 Lone Star Drive, Dallas, TX
Room 203-A at 10:15 -12:15 p.m.

- I. Welcome and Call to Order
- II. Review/ Approval of Minutes from last meeting*
 - Proposed Representative Update
- III. NTBHA Indigent Services Plan
- IV. The Stepping Up/ Caruth SMART Justice Initiative Update
- V. Dallas County Behavioral Health Housing Workgroup
- VI. 1115 Waiver Crisis Services Project Update
- VII. NorthSTAR Update
 - NTBHA Update
 - ValueOptions NorthSTAR Update
 - State Advisory Committees
- VIII. The Cottages at Hickory Crossing Update
- IX. Funding Opportunities
- X. Upcoming Events and Notifications
- XI. Public Comments
- XII. Adjournment



Dallas County
Behavioral Health Leadership Team
Meeting Notes
Thursday, March 10, 2016

Welcome and Call to Order

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

Presentation

Commissioner John Wiley Price and Commissioner Theresa Daniel presented Judge Douglas Skemp with a certificate of appreciation for donating \$10,000 of discretionary funds from his DDA account to Dallas County Jail Diversion & Specialty Courts.

Review/Approval of Minutes

The minutes from the BHLT meeting held on February 11, 2016 were included in the meeting packet. BHLT committee members voted to approve the minutes with no modifications to be made. Commissioner Price presented the Resolution (03-2016) to recommend changes and additions to the BHLT membership. The resolution was approved by the committee.

NTBHA Indigent Services Plan and Updates:

Brittony McNaughton stated that NTBHA had received confirmation from the Executive Commissioner approving the revised transition plan for Indigent Services. Ms. McNaughton and the transition team have been working diligently to make sure the open enrollment is up and available by early April. The second item that the Board approved was the designation of a new provider committee. This committee will make recommendations to the board to ensure that the Local Mental Health Authority (LMHA) considers public input, cost benefits, and that client care issues are considered to ensure local choice and best use of funds in crafting the provider network. Ms. McNaughton also stated that the board reviewed the approval update to the organizational chart and hiring plan. Commissioner Price asked to review the EEO-1 and the org. chart. Ms. McNaughton gave a breakdown of ethnicity for existing NTBHA staff members and informed BHLT that the number of staff will increase from 7 to 34. Mr. Hikel stated that Commissioner Dr. Elba Garcia made it clear at the NTBHA board meeting that the staff will be tasked with the hiring decisions but ask that they present resumes and information to the board members.

Stepping Up Initiative Update/Caruth Grant:

Dr. Jacqualene Stephens informed BHLT members that the Smart Justice team will be working with Caruth Police Institute to visit law enforcement agencies; that assisted in the focus group process to discuss the Phase I findings with their leadership and officers. The Criminal Justice team attended training hosted by Meadows Mental Health Policy Institute (MMHPI) on the LEAN A3 problem solving methods to assist in their work group. Also the Grant Planning team is continuing to obtain and refine data in Intercepts 3 & 4. To ensure that the consumer voice is heard in the process, they are scheduling consumer focus groups in March. This focus group will be specifically for individuals who are diagnosed with a behavioral health condition and have had interaction with the criminal justice system.

Behavioral Health Housing Work Group (BHHWG) Update:

Commissioner Dr. Theresa Daniel stated the work group continues to look at housing possibilities and what is important and how that impacts a variety of things going on in the community. The subgroup met to establish a preliminary housing resource brochure. This brochure will include a list of completed task and data which will focus on the mentally-ill targeted and served. The Metro Dallas Homeless Alliance (MDHA) is taking the lead on finding solutions for the needs of the Tent City residents. Commissioner John Wiley Price stated that the City of Dallas is eliminating soft services (housing, case workers, etc.). Commissioner Price stated that lowincome residents are being pushed out of their communities. He would like to know where the residents are going because there is no affordable housing available to them. Commissioner Daniel stated that housing has decreased and that is one of the issues that the Behavioral Health Housing Work Group (BHHWG) is addressing. Some issues communities face include housing that has been taken over by new owners, high occupancy rates, and the aging of homes in the community. Commissioner Daniel stated that the BHHWG is currently trying to work with tenants and businesses that want to get back into the community. After some discussion on housing, Joe Powell stated 75215 and two other surrounding zip codes have had thousands of residents pushed out and currently have no treatment being offered in the community. There were additional discussions on the poverty level in communities, how it is expanding to other communities, and the challenges communities are having.

1115 Waiver Crisis Services Project Update:

Charlene Randolph stated that the monthly reports had been provided to the committee and was located on pages 16-21. CSP continues to meet its monthly service goals of 450 monthly and they served 614 unique consumers during the month of January. Mrs. Randolph acknowledged Dr. Burruss with Metrocare Services and all the community partners of the CSP project. CSP went through an audit process which was conducted Myers & Stauffer, a contractor of HHSC. Myers & Stauffer requested supporting information for the baseline on 7 and 30 day follow-up metric for persons existing state hospitals. CSP did not have supporting documentation for some of the inquiries, so they reached out to Metrocare Services. Metrocare was able to provide CSP with the information needed and, as a result, CSP was able satisfy the audit request and can now move forward with metric achievement reporting. Also CSP continues to work on finalizing the agreement with Metrocare Services to provide funding for a FDU Unit to be located at the Cottages. Sharon Phillips asked what will the CSP do during the transition period and when does the project cap go into effect. Mrs. Randolph explained that CSP will plan to implement changes as required by HHSC during the transition period and that the \$5 million cap for projects will come during the 7th year. Ms. Phillips stated that Parkland has been asked for the next logical steps.

NorthSTAR Update**NTBHA Update:**

- Alex Smith stated that NTBHA is working on getting the community based services up and running.
- **ValueOptions NorthSTAR Update:** Matt Wolf reported that a DSHS Transition Manager has been hired, and Value Options looks forward to working with them to ensure a warm handoff.
- **State Advisory Committees:** There are no updates at this time.

The Cottages at Hickory Crossing Update:

There were no updates to be given on the Cottages. The weather has caused the opening date to be delayed.

Funding Opportunities:

There were no updates on Funding Opportunities

Upcoming Events and Notifications:

Dallas Metrocare will be hosting their 2nd Annual Conference on Bipolar Disorder, April 21, 2016.

Public Comments:

No comments were made.

Adjournment:

A motion was made approved to adjourn at 10:30 AM.

Advocates		Initial Representative	Current Representative	Proposed Representative
Mental Health America	1	Janie Metzinger	Janie Metzinger	
NAMI Dallas	1	Ashley Zugelter	Marsha Rodgers	
NAMI Dallas Southern Sector	1	Anna Leggett-Walker	Sam Bates	
Child/Family	1	Vanita Halliburton	Vanita Halliburton	
Consumer	1	Dedra Medford	Dedra Medford	
Category Subtotal	5			
County/City				
Jail Behavioral Health Services	1	Waseem Ahmed	Waseem Ahmed	
City of Dallas	1	New Seat	Norman Seals	
Sheriff Department	1	David Mitchell	Alice King	
CSCD (Adult Probation)	1	Teresa May-Williams	Dr. Johansson-Love	
Juvenile Department	1	Desiree Fleming	Christian Yost	
Judicial Representative	1	New Seat	Kristin Wade	
District Attorney	1	Durrand Hill	Judge Susan Hawk	
Public Defender	1	Lynn Richardson	Lynn Richardson	
Metro Dallas Homeless Alliance	1	Mike Faenza	Cindy Crain	
Dallas Housing Authority	1	Brooke Etie	Brooke Etie	
Law Enforcement	1	Herb Cotner	Herb Cotner	
Dallas County Health & Human Services	1	Zach Thompson	Zachary Thompson	
School Liaison	1	New Seat	Dr. Michael Ayoob	
Category Subtotal	13			
Residential Facilities				
Parkland	2	Josh Floren	Sharon Phillips/Dr. Celest Johnson	
Green Oaks	1	Tom Collins	Tom Collins	
Timberlawn	1	Craig Nuckles	Shelah Adams	
Dallas Behavioral Health	1	Patrick LeBlanc		
Chemical Dependency Residential Center	1	Doug Denton	Doug Denton	
Veterans Affairs (VA)	1	New Seat	Tammy Wood	
Category Subtotal	7			
Outpatient Providers				
Alcohol and Other Drug (AOD) -(Residential/OP)	1	Rebecca Crowell	Rebecca Crowell	
The Bridge	1	Jay Dunn	Jay Dunn	
SPN - Adult	1	Liam Mulvaney	Open	Carol Lucky
SPN-Child Adolescent	1	Michelle Weaver	Michelle Weaver	
SPN - Crisis	1	Preston Looper	Preston Looper	
Peer/Non-Clinical	1	Joe Powell	Joe Powell	
Non-SPN Crisis	1	Ken Medlock	Ken Medlock	
Re-Entry	1	Michael Lee	Christina Crain	
Adult Clinical Operations Team	1	Renee Brezeale	Sherry Cusumano	
Child/Adolescent Clinical Operations Team	1	Summer Frederick	Jane LeVieux	
Parkland COPC	1	Jacqualane Stephens	Dr. Karen Frey	
Psychiatrist Leadership Organization	1	Judith Hunter	Judith Hunter	
Psychiatry Residency	1	Adam Brenner	Adam Brenner	
Mental Retardation/Developmental Delay	1	James Baker	John Burruss	
Underserved Populations	1	Norma Westurn	Norma Westurn	
Primary Care Physicians	1		Dr. Sue S. Bornstein	
Category Subtotal	16			
Payers/Funders				
Commissioners Court	2	Ron Stretcher	Ron Stretcher/Gordon Hikel	
Meadows Foundation	1	New Seat	Cindy Patrick	
NTBHA	1	Alex Smith	Alex Smith	
NTBHA Chair	1	New Seat	Ron Stretcher	
Value Options	1	Eric Hunter	Matt Wolf	
Category Subtotal	6			
Membership Total	47			

RESOLUTION

DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM

RESOLUTION NO: 04-2016

DATE: April 14, 2016

STATE OF TEXAS }

COUNTY OF DALLAS }

BE IT REMEMBERED at a regular meeting of the Dallas County Behavioral Health Leadership Team held on the 10th day of March 2016, the following Resolution was adopted:

WHEREAS, On January 4, 2011 Dallas County Commissioners Court was briefed to establish the Behavioral Health Leadership Team (BHLT); and

WHEREAS, the Dallas County BHLT was comprised of key stakeholders and organizations throughout the county, including the Dallas County Hospital District.; and

WHEREAS, the body was made up of six (5) Advocates, ten (10) County/City organizations, five (5) Residential Facilities, sixteen (16) Outpatient Providers, and three (3) Payers/Funders; and

WHEREAS, in the five years since the BHLT's inception, a number of membership seats have become vacant and additional stakeholder groups have been identified for representation in the BHLT; and

WHEREAS, the BHLT recommends the following changes and additions to the BHLT membership:

- SPN- Adult – Carol Lucky

IT IS THEREFORE RESOLVED that the Dallas County Behavioral Health Leadership Team appoints the above listed individuals as active members of the BHLT.

DONE IN OPEN MEETING this the 14th day of April 2016.

John Wiley Price
Commissioner District #3
Dallas County

Dr. Theresa Daniel
Commissioner District #1
Dallas County

North Texas Behavioral Health Authority

Transition Update

Transition Planning Update: April 8, 2016

Penalties and Incentives Funds Plan

DSHS notified NTBHA that the SFY2016 Penalties and Incentives Fund Plan was approved on April 6, 2016. This plan allocates \$284,571 to NTBHA and \$30,429 to LifePath Systems to support transition planning for Indigent Behavioral Health Services. NTBHA is currently reviewing the corresponding SFY2016 contract for the NorthSTAR transition Penalties and Incentives Fund. NTBHA will provide DSHS with any comments related to the contract as well as a budget summary by April 15, 2016.

NTBHA Data Request

The MOU between North Texas Behavioral Health Authority and the Department of State Health Services related to the data requested by NTBHA for purposes of transition planning was received on March 29, 2016. The MOU was immediately signed by the NTBHA Executive Director and returned to DSHS for final execution. NTBHA received a copy of the executed MOU with final signatures and was granted access to the data on April 8, 2016.

Community Outreach

The NTBHA Transition Director provided a transition update presentation for the Rockwall County Planning Meeting held on March 9, 2016. The NTBHA Transition Director also provided a transition update presentation to the Consumer and Family Advisory Council on April 5, 2016. The following Provider meetings were held in order to provide updates, solicit feedback and recommendations, and facilitate coordination:

- *NTBHA SPN Provider and Substance Use Provider Meetings: March 10, 2016* – these meetings were held to provide a forum to discuss issues related to NTBHA transition planning and solicit input from current providers.
- *NorthSTAR Provider and MCO Coordination Forum: April 5, 2016* – NTBHA and the Meadows Mental Health Policy Institute worked with the Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC) to coordinate this meeting to bring together NorthSTAR providers and the area Medicaid managed care organizations (MCOs). The purpose of this meeting was to facilitate introductions and enhance communication and coordination between NorthSTAR providers and the MCOs. Representatives from both DSHS and HHSC were in attendance to answer questions and highlight next steps.

IT and Data Exchange Solution

The system design concept is complete. The NTBHA transition team is currently finalizing the plan for contracting, development, and implementation. NTBHA is participating in regularly scheduled NorthSTAR Transition IT Workgroup meetings with DSHS and LifePath Systems to discuss technical

components and address any issues related to system development and reporting. NTBHA is in step with DSHS in regards to testing and preparation for the readiness review that will be conducted during the last full week of May.

Open Enrollment for Network Providers

NTBHA posted the Proposed Plan for Network Development for public comment in order to provide an opportunity for input prior to the finalization and projected April 11, 2016 posting of the RFA to procure routine outpatient mental health (MH) services and community based substance use disorder (SUD) services through an open enrollment process. NTBHA will use a Request for Proposals (RFP) procurement method for region-wide services such as crisis line, expended observation services, and inpatient services.

Meadows Mental Health Policy Institute
Caruth Smart Justice Planning Grant
Community Stakeholders Project Status Update – April 2016

The Caruth Smart Justice Planning Grant has completed the Phase I assessment report and submitted it to W.W. Caruth, Jr. Foundation at the Communities Foundation of Texas on February 5th, 2016. The Phase II plan is being developed at this time.

Intercept 1 (Law Enforcement)

In partnership with the Caruth Police Institute, Dallas Police Department, and Dallas Fire and EMS, we are drafting an in-depth plan to address key findings from Phase I. Most notable of these is the utilization of law enforcement for non-emergent behavioral health related calls.

Intercept 2 (Initial Detention/Initial Court Hearings)/ Intercept 3 (Jails/Courts) / Intercept 4 (Re-Entry)

Dallas County Criminal Justice and Council of State Governments' Justice Center representatives coordinated a technical assistance trip to Travis and Bexar Counties' to learn more about their practices as they relate to identification of individuals with behavioral health needs, information sharing, and pre-trial services. The attendees of this trip met earlier in the month as identified leaders of working groups addressing the needs of the jail and courts in Dallas County. These groups will continue to meet and make strides towards system improvement in the coming months.

Intercept 5 (Community Corrections and Services)

The Grant Planning Team is coordinating with interested community stakeholders to create a plan to fill gaps identified in the Phase I report. Providers will be submitting informal ideas proposals in the beginning of April with the purpose of formalizing these ideas into a plan for submission.

In March 2016, the Grant Planning Team held five consumer focus groups to learn more about the experiences of individuals who have been in contact with the criminal justice system and also live with a behavioral health concern. The responses will be analysed and identified system challenges will be addressed as part of the community plan where possible. Thank you to all those who assisted in coordinating and participating in these groups.

Dallas County Behavioral Health Housing Work Group
Dallas County Administration, 411 Elm Street, 1st Floor, Dallas Texas 75202
March 23, 2016 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 Housing Work Group is committed to a data driven decision-making process with a focus on data supported outcomes.

ATTENDEES:

Dr. Theresa Daniel, Commissioner; Ron Stretcher, CJ; Lori Davidson, City of Dallas; Brooke Etie, DHA; Blake Fetterman, Salvation Army; Charles Gulley, RG Consulting; Jim Mattingly, LumaCorp; James McClinton, Metrocare; Janie Metzinger, MHA; Ikenna Mogbo, Metrocare; Sandy Rollins, Texas Tenants' Union; Zachary Thompson, DCHHS; Dr. David Woody, The Bridge; Joe Powell, APAA; Traswell Livingston, AIDS Services of Dallas; Germaine White, Dallas County; Claudia Vargas, Dallas County; and Terry Gipson, Dallas County

CALL TO ORDER: Minutes approved with no changes

BEST PRACTICES AND MODELS REPORT: Commissioner Theresa Daniel, Chair

In order to address the mission of the BH/HWG, this committee has actively gathered information and created a matrix of the variety of housing available. The matrix categories include: 1) building new housing, 2) rehabilitation of existing housing, 3) increased utilization of existing housing, and 4) continual training and education for current landlords, case managers, and potential landlords on the latest updates related to permanent supportive housing. Following are two examples with the first included in the increased utilization of existing housing and the second in training for independent landlords.

- 1) The increased utilization of existing housing is occurring in Tarrant County as reported by Blake Fetterman's conversation with The Salvation Army Mabee Center. The Salvation Army in Fort Worth has partnered with JPS Hospital in Tarrant County and Amerigroup to provide housing for the most vulnerable chronically homeless. The three agencies meet on a weekly basis to compare their CoC lists to identify and immediately house the most medically vulnerable. Once identified, both the doctor and caseworker reach out to the individual. The Salvation Army in Fort Worth applied for PSH vouchers and uses a scattered site approach to house individuals on the high utilization list. Amerigroup is incentivized by Medicare and Medicaid to pay a service fee to house high utilizers to decrease hospital stays and utilization. It is less expensive for Amerigroup to pay a services fee to the Salvation Army to house an individual. For example, it costs \$10,000 in services compared to accumulating a \$750,000 hospital bill.

As a result of this coordinated effort, the most vulnerable are being identified via the homeless recovery network system and being treated. The first 14 chosen are in their housing after 5 months and hospital costs are significantly reduced. The Salvation Army Mabee Center will request 14 additional vouchers to continue with this effort. Ms. Fetterman will provide some follow-up on the funding sources that are included in the new request for vouchers. The Salvation Army in Dallas has not historically operated this way, but will explore the possibility of using this housing model. Additionally, Fort Worth has been able to build successful relationships with about 40 landlords. Ron Stretcher shared that challenges for Dallas continues to be access to vouchers and landlords who will accept vouchers.

- 2) Landlord education experience reported by Brooke Etie of the Dallas Housing Authority. Commissioner Daniel asked Brooke Etie to give an update on the event with Independent Rental Owners (IRO). The event was organized to share information about how to participate in housing programs. As a result of the event, a taskforce was created to begin building relationships with landlords. Landlords need assurance that services will be provided to voucher holders who they accept on their properties. The IRO taskforce will look at ways to increase the

number of available units and landlords for voucher holders. The Dallas Housing Authority is preparing for another mass issuance of housing vouchers. Vouchers issued during the first mass issuance had about 40% success rate and unused vouchers will expire soon.

Additional updates of housing option factors:

- Engagement of landlords

Commissioner Daniel asked Jim Mattingly to offer insight into better ways to engage with landlords and broker groups. Jim Mattingly said important factors to consider before reaching out to brokers include figuring out specific needs. For example, what types of landlords and properties are ideal or number of units needed. Large apartment communities may be concerned about current tenants posting negative reviews online about providing housing to voucher holders. Ron Stretcher reported a suggestion given by Cindy Crain during the State of the Homeless Address of establishing relationships with the apartment broker industry as a way to connect voucher holders and landlords. Ms. Etie said that a national study is being conducted on the barriers voucher holders face such as not having money for security deposits or moving expenses, and how HUD might be able to help with those added expenses. The study is looking at the Move to Opportunity (MTO) Program and whether there should be incentive packages for landlords to work with voucher clients. Ikenna Mogbo added that traditionally case managers were responsible for brokering real estate deals even though it was not their area of expertise and the results were not always favorable for clients. Charles Gulley added that in 2011 brokers were hired by the CoC to make placements; there was eventually a move away from that model because there were concerns that brokers might be receiving double payment from the CoC and the property owner.

- Condition of housing

Ikenna Mogbo finds clients who express not wanting to live in areas where people may be actively using drugs. Clients do not want to jeopardize their recovery. Janie Metzinger has had similar experiences with clients in boarding homes. People in recovery do not want to live in environments that do not support their recovery and that is difficult to overcome with a general housing shortage in the market. Dr. David Woody suggests that sending a caseworker or broker alongside of a voucher holder may be a way to help voucher holders find housing and address landlord concerns over support services. Reviewing the number of barriers that voucher holders face in a limited market reveals the importance of working towards housing assistance packages for voucher holders and incentives for landlords.

Jim Mattingly pointed out that though there are a number of housing developments, they are not targeted towards affordable housing or PSH. Ms. Fetterman recalls that MDHA previously had a goal to add 200-300 units every year and that it might be a good idea to reinstate that model. Charles Gulley shared that smaller housing developments work better for the target population, but there are no market incentives for landlords because there is no profit. Layered financial packages may encourage development of smaller 50-100 unit properties.

- Housing policy

Jim Mattingly heard that the City of Dallas may offer city bonds for PSH. Lori Davidson added that the Housing Committee of the City Council is currently revising the affordable housing policy. The Housing Committee is working towards approving the policy before recess in July. It is important to note that the policy revisions are not solely focused on 0-30% AMI, it includes workforce housing and up to 140% AMI. Ms. Davidson recommends following City of Housing Committee briefings because policy recommendations will also be made for affordable housing. Blake Fetterman suggests the BH/HWG consider advocating for an increase in Fair Market Rents.

Commissioner Daniel proposed that BH/HWG submit a Letter of Support to the Mayor and Councilmember Griggs in support of affordable housing and PSH policy considerations. Ms. Davidson also suggested bringing this before the Commissioners Court. The BH/HWG agrees that a coordinated response from all levels of local governments and community stakeholder is key in order to make meaningful progress.

PIPELINE DEVELOPMENT REPORT: Brooke Etie, Chair

DHA is working on streamlining the process for landlords to participate in the voucher programs. There are plans to reach out to landlords who previously participated in the voucher program but stopped because of a bad experience. HUD is working to address needs in their seven-county region, but is working on Dallas first. Realistically, if a person in

Dallas is awarded a voucher, they can use it anywhere in the seven-county region. The Pipeline Committee will meet and focus on increasing utilization of existing housing and will work closely with the Resources subgroup.

Potential housing properties - Charles Gulley will visit a new property and adds that properties come and go quickly. The problem continues to be lack of financing and getting developers to join in on housing deals. Commissioner Daniel recently met with a developer who would be interested in these types of deals so it is just a matter finding more developers who are willing to do the same.

RESOURCES REPORT: Jay Dunn and Dr. David Woody, Co-Chairs

Resources Committee will work closely on developing an inventory of existing housing resources as well as crafting a long-term plan to develop affordable housing and identifying possible partners.

INDUSTRY UPDATES

TDHCA – James McClinton and Brooke Etie are in the process of drafting a letter to the City of Dallas Housing Committee on behalf of the Housing and Services Partnership Academy to express the group’s opinion of existing housing needs.

Coordinated Access Directory – projected to rollout in June. Commissioner Daniel would like to ensure that the directory will not create more silos of information. Mr. Livingston shared that it eliminates silos for those who participate in the directory. The challenge is getting more agencies to use the system because it requires HMIS compliance, updating inventory, etc. The cost to participate may be a barrier for smaller programs with limited funding. The benefit of the directory is that clients are prioritized by a vulnerability score.

Stepping Up / Caruth Smart Justice – The Phase II report is due in June. Going through the evaluation process highlights the lack of options for law enforcement when they encounter individuals with behavioral health needs. Mr. Stretcher suggests that the BH/HWG may want to consider drafting a proposal to be included with the June report asking for on-going funding to address housing needs. Funds could be used to cover assistance in the form of security deposits or to develop a relationship with industry brokers.

Dallas County criminal justice representatives are visiting Bexar County to study their processes more closely. In addition, Dallas County was selected as one of 50 counties in the nation to attend the Stepping Up Summit in April. The counties chosen are progressing quickly to implement system-wide changes to reduce the number of mentally ill individuals in the jails. The Summit will expose counties to best practices and potential funding opportunities.

State Updates – NTBHA/NorthSTAR Update. Ron Stretcher added that as of January, services providers will no longer work with ValueOptions; they will work with Managed Care Organization’s for Medicare and Medicaid reimbursements. NTBHA and Meadows MHPI are facilitating a meeting on April 5th between service providers and the MCO’s. One topic that will be discussed is the Tarrant County model.

The Cottages – Projected to open mid to late May. Thirty-one residents have been identified and working through the match system. People at the Tent City encampment are also being considered for possible matches.

Announcements – Traswell Livingston shared his experience in developing PSH for AIDS Services. Mr. Livingston is on the MDHA board and regularly advocates for PSH. He is interested in being part of the on-going discussions for PSH and sustainability.

Commissioner Daniel adjourned the meeting at 11:30am.

Next Meeting: Wednesday, April 27, 2016 at 10:00 am

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



	2015-10	2015-11	2015-12	2016-01	2016-02	Average:	Sum:
Service Episodes:	829	780	750	725	743	765.4	3,827

<u>Unique Consumers:</u>	2015-10	2015-11	2015-12	2016-01	2016-02	Average:	Sum:
By N* ID	761	664	594	555	531	621	3,105
By Client ID	49	64	67	59	56	59	295
TOTAL Unique Consumers:	810	728	661	614	587	680	3,400
TOTAL Unique Consumers as %:	97.71%	93.33%	88.13%	84.69%	79.00%		

<u>Unique F2F:</u>	2015-10	2015-11	2015-12	2016-01	2016-02	Average:	Sum:
By N* ID	235	201	202	195	166	199.8	999
By Client ID	17	15	23	17	16	17.6	88
TOTAL Unique F2F:	252	216	225	212	182	181.17	1,087
TOTAL Unique F2F as %:	88.73%	80.90%	68.18%	70.90%	65.70%		

	2015-10	2015-11	2015-12	2016-01	2016-02	Average:	Sum:
F2F Percentages:	34.26%	34.23%	44.00%	41.24%	37.28%	38.20%	191.01%



Crisis Services Project

Frank Crowley
 CSP Monthly Report DY5_No Graphs
 Last Refresh: 3/23/16 at 9:16:12 PM GMT-05:00

Encounters by Type:	2015-10	2015-11	2015-12	2016-01	2016-02	Average:	Sum:
Triage	829	780	750	725	743	765.4	3,827
Care Coordination	3,140	2,973	3,669	3,872	3,447	3,420.2	17,101
F2F Encounter	284	267	330	299	277	291.4	1,457
TOTAL Encounters:	4,253	4,020	4,749	4,896	4,467	4,477	22,385

Female:	2015-10	2015-11	2015-12	2016-01	2016-02	Average:	Sum:
Black	121	119	96	90	95	104.2	521
Hispanic	38	34	18	24	28	28.4	142
Other	1	1		1	1	1	4
Unknown	2	1	5		2	2.5	10
White	84	65	65	62	44	64	320
TOTAL Female:	246	220	184	177	170	199.4	997

Male:	2015-10	2015-11	2015-12	2016-01	2016-02	Average:	Sum:
Black	345	278	310	261	255	289.8	1,449
Hispanic	75	79	52	50	50	61.2	306
Other	4	4		4	4	4	16
Unknown	5	5	5	4	5	4.8	24
White	135	142	110	118	103	121.6	608
TOTAL Male:	564	508	477	437	417	480.6	2,403



Age of Triage Encounters:	2015-10	2015-11	2015-12	2016-01	2016-02	Average:	Sum:
Adult	799	719	657	608	578	672.2	3,361
Minor	6	8	3	6	8	6.2	31
Uncollected	5	1	1		1	2	8
TOTAL Age of Triage Encounters:	810	728	661	614	587	680	3,400

Age of F2F Encounters:	2015-10	2015-11	2015-12	2016-01	2016-02	Average:	Sum:
Adult	249	210	224	211	178	214.4	1,072
Minor	3	6	1	1	4	3	15
TOTAL Age of F2F Encounters:	252	216	225	212	182	217.4	1,087

Triage 12	3,413
Recidivism 12-12	461
Recidivism 12-12%	13.51%

Triage 6	3,413
Recidivism 6-6	461
Recidivism 6-6%	13.51%

Triage 6	3,413
Recidivism 6-12	461
Recidivism 6-12%	13.51%

	October	November	December	January	February	March	April	May	June	July	August	September
Triage 12-12	810	1539	2201	2822	3413							
Recidivism 12-12	19	72	174	304	461							
Recidivism 12-12%	2.35%	4.68%	7.91%	10.77%	13.51%							
Triages 6-6	810	1539	2201	2822	3413							
Recidivism 6-6	19	72	174	304	461							
Recidivism 6-6%	2.35%	4.68%	7.91%	10.77%	13.51%							
Triage 6-12	810	1539	2201	2822	3413							
Recidivism 6-12	19	72	174	304	461							
Recidivism 6-12%	2.35%	4.68%	7.91%	10.77%	13.51%							

REFERRALS

Count of EPI_KEY_ID	Column Labels																		
Row Labels	2014-10	2014-: 2014-12 2015-(2015 2015-C 2015-C 2015- 2015-0 2015-C 2015-(2015-09										2015-1 2015-11		2015-12	2016-01	2016-02	Grand Total		
Admitted	4	8	12	12	2	21	7	9	11	18	14		9	14	14	17	18	21	211
No Admit Client Refusal	1		1	1					3	2			1	2			2	3	16
No Admit Criteria	6	7	8	9	1	10	3	8	11	12	11		14	9	5		5	1	120
No Admit Structural	1	6	6	4		2	1	1	2	3	5		3	3	4	2	4		47
Pending	6	6	15	7	4	20	5	8	11	12	11		5	11	6	7	4	15	153
Grand Total	18	27	42	33	7	53	16	29	37	45	41		32	39	29	26	33	40	547
Grand Total	18	27	42	33	7	53	16	29	37	45	41		32	39	29	26	33	40	536

PENDING

Count of EPI_KEY_ID	Column Labels																		
Row Labels	2014-: 2014-11	2014-: 2015	2015-0	2015-C	2015-C	2015- 2015-0	2015-C	2015-(2015-08	2015-0 2015-10		2015-11	2015-12	2016-01	2016-02	Grand Total				
Admitted		5	4	7	3	4	9	6	9	2		8	3	2	9	3	5	5	84
No Admit Client Refusal		1	3			1	3		1			2	1		3			1	16
No Admit Criteria	3	2		2	2		2			3		3	6	1	2				26
No Admit Structural		1	1	4		2	2	1		3		2					1		17
Grand Total	3	9	8	13	5	7	16	7	10	8		15	10	3	14	3	6	6	143
Grand Total	3	9	8	13	5	7	16	7	10	8		15	10	3	14	3	6	6	143

DISCHARGES

Count of EPI_KEY_ID	Column Labels																		
Row Labels	2014-10	2014-: 2014-12 2015-(2015 2015-C 2015-C 2015- 2015-0 2015-C 2015-(2015-09										2015-1 2015-11		2015-12	2016-01	2016-02	Grand Total		
Success Transfer	1	3	2	4	8	5	4	4	6	6	3		1		5	3	3	12	70
DC Midterm Disengage	4		2	1	1	1	3	4	2	6	4		3	3	4	2	3	6	49
DC Rapid Disengage		1		1	1	1		1			2		2	4	4	3	4		24
DC Structural	1	1	7	3	6	4	7	9	6	15	11		7	7	4	4	3	14	109
Grand Total	6	5	11	9	16	11	14	18	14	27	20		13	14	17	12	13	32	252
Grand Total	6	5	11	9	16	11	13	18	14	27	20		13	14	17	12	13	26	245

Hospital Releases

Count of EPI_KEY_ID	Column Labels																		
Row Labels	2014-10	2014-: 2014-12 2015-(2015 2015-C 2015-C 2015- 2015-0 2015-C 2015-(2015-09										2015-1 2015-11		2015-12	2016-01	2016-02	Grand Total		
OSH RLS	3	1		1	1	2	1	4	4	3	1		4	6	2	3			36

	3	1		1	1	1	1	4	4	3	1		4	6	2	3		35	
≤30						1												1	
RTN	2		1	1					2	1	2						2	11	
	2		1	1					2	1	2						2	11	
RTN RLS	2	2	3	2			1		2		3		1	3	1	2	2	1	25
	1		1	2			1		2		2		1	2		1		1	14
≤30											1							1	
≤7	1	2	2												1	1	2		9
Metric Missed														1					1
TSH RLS	4	4	8	3	4	7	7	4	4	8	4		5	3	2	5	6	4	82
≤30	2							1		1									4
≤7	2	4	4	2	3	7	7	3	4	5	4		4	3	2	4	5	3	66
Metric Missed			4	1	1					2		1			1	1	1	1	12
Grand Total	11	7	12	7	5	9	9	8	12	12	10		10	12	5	10	8	7	154
Grand Total	11	7	12	7	5	9	9	8	12	12	10		10	11	5	10	8	146	

Encounter

DY_YR	Encounter_Grp	2014-1	2014-11	2014-1	2015-0	2015-0	2015-0	2015-0	2015-0	2015-0	2015-0	2015-08	2015-0	2015-10	2015-11	2015-12	2016-01	2016-02
DY4	Face2Face	283	201	432	487	370	408	558	491	516	480	327	414					
DY4	Care Coordination	172	136	173	205	176	172	255	252	260	247	151	173					
DY5	Face2Face													399	345	421	468	595
DY5	Care Coordination													178	150	184	155	135

Monthly Unduplicated

Y2D Unduplicated 227

DY_YR	2014-1	2014-11	2014-1	2015-0	2015-0	2015-0	2015-0	2015-0	2015-0	2015-0	2015-08	2015-0	2015-10	2015-11	2015-12	2016-01	2016-02
DY4	56	53	72	83	65	90	84	90	91	101	91	91					
DY5													90	82	86	99	102

Referral Breakdown

Svc_YM	REF_SOURCE	Referral	Adm	DCs
2016-02	ACS_FC	15	0	0
2016-02	CMPD	24	0	0
2016-02	PATS-1115	1	0	0

Authorization Breakdown

Count of Event_Track_II Column Labels								
Row Labels	PEND	ACTV	CLSD_(CLSD_	CLSE	CLSD_	EXT	Grand Total
AMSE		5	2	1	1			9
ASTH		3	3	1	2	1	11	23
Grand Total		3	8	3	3	2	11	32

EXTENSION: these are duplicates, just indicating we have provide extensions; actual undup=21

Consultation Breakdown

Count of EPI_UID													
Row Labels	Column Labels	pend	apr	May	Jun	jul	aug	sep	oct	nov	dec	Jan	Grand Total
APR			3	12	6	8		1		1			31
jul						1	2	4	6	3			16
sep										2			2
oct			1						3		1	1	6
nov										1			1
dec			6								6	3	15
Jan			9									4	13
Feb			4										4
Grand Total			20	3	12	6	9	2	5	9	7	7	88

Forensic Diversion Unit (FDU) Report

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Beginning Census	49	45	46	46						
Number of Referrals Received from CSP	6	8	6	10						
Adapt	6	7	6	10						
Metrocare	0	0	0	0						
Transicare	0	1	0	0						
Number of Admissions	5	7	5	7						
Number Discharged	10	6	9	5						
Number not admitted due to:										
Client qualifies for ACT	0	0	0	0						
Client qualifies for other programs	0	0	0	0						
Client didn't meet level of need required	0	0	0	0						
Other reasons	1	1	1	3						
Average Service Utilization:										
Average hours seen	11.26	10.22	9.87	11.87						
Encounter Breakdown:										
Face to Face	578	602	532	608						
Service Coordination	71	68	73	80						
Number of clients accessing:										
Emergency Room (medical)	0	0	0	0						
23-hour observation (psych)	0	0	1	0						
Inpatient (med/ psych)	1	1	2	0						
Jail book-in	0	2	1	0						
Reasons for Discharge:										
Graduate	0	0	3	0						
Client Disengagement	1	1	0	1						
Extended Jail stay (case-by-case basis)	6	5	6	1						
Other Intervening factors	3	0	0	3						
End of Month Stats:										
Number of Active FDU clients end of month	45	46	42	48						
Number of Unique Consumers	2	2	3	2						
# of clients waiting to be released from jail	5	6	4	7						
Average Length of stay on FDU (month)	12.62	12.22	12.14	12.14						
Maximum Census	46	46	46	46						

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

MARCH 2016 Monthly Report

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 ACS to ensure continuity of care.	Conducted case consultations on approximately 20 cases this month and supported ACT linkage when requested	
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. (7-ICR/12 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	Review of clients for benefit exhaustion Reviewed IPS January 2016 New Clients and began preliminary discussions for criteria for clients to obtain an additional extension of services.	Not Applicable
4	ACT FDU - Provides ACT for high utilizers of the legal system-Responsible for approving evaluations of FDU referrals. FDU-Oversight	Clinical Review of cases for appropriate LOC/recommendations on 22 FDU referrals Reviewed 8 Treatment plans and consulted with Medical Director for psychiatric oversight	Not Applicable
5	CSP-Cottages Project	Reviewed MH HX on 67 consumer to support appropriate program referrals	Not Applicable