

Dallas County Behavioral Health Leadership Team
Thursday, May 12, 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*
- 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
 - Tenant Selection Process
- IX. Funding Opportunities
 - SAMSHA Grant Update
 - Community Courts Grant Update (Public Defender's Office)
- X. Upcoming Events and Notifications
- XI. Public Comments
- XII. Adjournment



Dallas County
Behavioral Health Leadership Team
Meeting Notes
Thursday, April 14, 2016

Welcome and Call to Order

The meeting was called to order by Commissioner John Wiley Price at 10:16 AM.

Review/Approval of Minutes

The minutes from the BHLT meeting held on March 10, 2016 were included in the meeting packet. BHLT committee members voted to approve the minutes with no modifications to be made.

Changes to BHLT Membership

Commissioner Price presented Resolution (04-2016) to recommend changes and additions to the BHLT membership. The resolution was approved by the committee.

NTBHA Indigent Services Plan and Updates:

Ron Stretcher stated that the open enrollment documents should be available and posted for review within the next few days. NTBHA has made an offer to a candidate for the contract manager position to help with the procurement. The state moved quickly to approve the use of Penalties and Incentive Funds for transition activities. NTBHA will next present a RFP procurement method for region services such as crisis line, expanded observation services, and inpatient services.

Stepping Up Initiative Update/Caruth Grant:

Dr. Jacqualene Stephens Stated that Caruth Smart Justice just completed the Phase I assessment report and submitted it to Caruth Foundation. The Phase II is currently being developed. Meadows is also working on a letter of intent to apply for additional funding to Caruth. MMHPI has also identified a potential consultant for supportive housing to see if they can offer any support. MMHPI has reached out to DFW Hospital Council and are speaking to them about their place in the community, who comes through their facilities in need of behavioral health services, and what they are doing to support the continuum of care. Dr. Daniels added that the Stepping Up National Summit will be happening next week and Dallas County is one of 50 counties that will be going to Washington, DC. The team is really looking forward to attending and seeing what is going on in other counties.

Behavioral Health Housing Work Group (BHHWG) Update:

Commissioner Dr. Theresa Daniel stated the work group continues to look at housing possibilities, what is important, and how that impacts a variety of things going on in the community. The workgroup continues to look for new housing while educating the community. The BHHWG continues to work on the matrix categories which include building new housing, rehabilitation of existing housing, increased utilization of existing housing, and continual training and education for current landlords, case managers, and potential landlords. Dallas Housing Authority continues to work on streamlining the process for landlords to participate in the voucher programs. Also, the 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 identify possible partners.

1115 Waiver Crisis Services Project Update:

Charlene Randolph stated that the monthly reports had been provided to the committee and was located on pages 16-20. CSP continues to meet its monthly service goals of 450 monthly and they served 587 unique consumers during the month of February. Dallas County Commissioners Court did approve expanding FDU to the Cottages and the open date for the Cottages is currently mid-May.

NorthSTAR Update

- **NTBHA Update:** There were no updates given.
- **ValueOptions NorthSTAR Update:** John Quattrin stated that through out the rest of the year VO will continue to make themselves available to Northstar. Last month, VO met with NTBHA to answer questions and provide data to help with the transition plan. Also last month, the state identified some additional funding of which \$85,000 for supportive housing and as funding becomes available, VO will utilize it with participating providers. Mr. Quattrin stated that he is working with his organization to consider using the PIT funding where it is needed the most. After reviewing the information, they may be able to make additional allocations.
- **State Advisory Committees:** There were no updates at this time.

The Cottages at Hickory Crossing Update:

There were no updates to be given on the Cottages. The anticipated day for the first residents to move in is Mid-May.

Funding Opportunities:

There were no updates on Funding Opportunities.

Upcoming Events and Notifications:

NAMI Walk will be May 14 and registration will begin at 6:30am. Interested participants can also go to namidallas.org to register. Jani Metzinger stated that the County Judges have agreed to pass individual resolutions approving additional funding that is needed for this region for the upcoming legislative meeting. COMI reviewed Metrocare's electronic medical records system Xenatix on last month and they will review the Harris Logic system STELLA next month. Dr. Buruss stated that next Thursday they will be working on a Metrocare spring conference on bi-polar disorders.

Public Comments:

No comments were made.

Adjournment:

A motion was made approved to adjourn at 11:07 AM.

Meadows Mental Health Policy Institute

Caruth Smart Justice Planning Grant

Community Stakeholder Project Status Update – May 2016

The Caruth Smart Justice Planning Grant has completed the Phase I assessment report and submitted it to the W.W. Caruth, Jr. Foundation at the Communities Foundation of Texas. Please see attached summary report. The Phase II plan is in development at this time. We plan to present an outline of the implementation plan at the June BHLT and NTBHA meetings (Andy Keller will present the plan).

Intercept 1 (Law Enforcement)

The Smart Justice team returned to all Dallas Police Department (DPD) division stations in April and presented Intercept 1 findings. In partnership with the Caruth Police Institute, Dallas Police Department (DPD), and Dallas Fire and Rescue (DFR), we are drafting a plan based on assessment findings and current research informed policing practices. MMHPI is hosting a technical assistance trip to Colorado Springs this month with members from DPD and DFR leadership to learn more about a nationally recognized interdisciplinary response team. MMHPI will be meeting with hospital and crisis providers in May to update them on planning.

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

In April, Ron Stretcher with Dallas County Criminal Justice, Dr. Tony Fabelo with The Council of State Governments Justice Center, and Dr. Andy Keller with Meadows Mental Health Policy Institute represented Dallas County at the national Stepping Up Summit in Washington, DC. Also in April, Michael Laughlin with Dallas County Criminal Justice, with technical assistance from Lila Oschatz with The Justice Center, convened work groups to address the three primary gaps in Intercepts 2-4:

- Screening and identification of individuals with mental illness at book-in,
- Assessment of risk and notification of magistrate to determine bond options, and
- Pre-Trial supervision and mental health personal recognizance bond.

While implementation plans will not be finalized until June, interim plans will be incorporated into the June BHLT and NTBHA community presentations.

Intercept 5 (Community Corrections and Services)

In April community providers were asked to provide written proposals their organization or agency could implement to address gaps and expand capacity for needs identified in the Phase I findings, and nine proposals were received from nine providers. The MMHPI team and partners have reviewed the submissions and developed a draft plan incorporating all inptu

received. MMHPI will host meetings with the providers to formalize plans in May. These meetings will address three primary areas of need:

- Intensive Services (ACT/FACT/Super Utilizer Programs) and Step-Downs,
- Supported Housing, and
- Substance Use Services.

MMHPI also engaged housing expert Ann Denton to assist in compiling the housing component of the plan. She is working closely with Ron Stretcher and Commissioner Daniel's housing committee and should complete incorporation of their input and best practice recommendations in May.

Information Sharing

A definitive understanding has been reached between Parkland and Dallas County, and Dr. John Petrila and Dr. Jacqui Stephens hope to finalize that in writing in May. Additional input in March and April have escalated potential real time data sharing opportunities between emergency rooms, EMS, and law enforcement, and meetings to vet a potential plan will be completed in May. Recommendations will be incorporated into the June BHLT and NTBHA presentations.



THE DALLAS COUNTY SMART JUSTICE PLANNING PROJECT: An Overview of Phase One System Assessment Findings

Problem

The toll of mental illness is staggering across the nation and in Texas. About 20 percent of people in local jails across the country are estimated to have a “recent history” of a mental health condition,¹ almost three-quarters of whom also have substance use disorders. Once incarcerated, people with mental illnesses tend to stay longer in jail and upon release are at a higher risk of returning to incarceration than those without these illnesses.²

Counties in Texas report that 20 to 25 percent of their average daily jail populations have a diagnosed mental illness.³ On any given day, between 12,000 and 16,000 people with mental illnesses are in jail in Texas, at a cost of over \$450 million dollars a year to incarcerate them.⁴ In Dallas County alone, estimated housing and booking costs for people with mental illnesses were approximately \$40 million in 2013. Medication and other treatment services provided to people with mental illnesses while incarcerated cost an additional \$7 million.⁵

National and State Momentum to Address This Problem

Whether in Dallas County, at the state level in Texas, or in counties across the United States, there is near universal agreement that counties and states need to work in partnership to effectively reduce the number of people with mental illnesses in jail. The Meadows Mental Health Policy Institute (MMHPI) is a nonprofit organization established in 2013 to provide nonpartisan policy research and development to improve mental health services in Texas. MMHPI analyzes and evaluates public policy through evidence-based research and data-driven assessment. Through its Smart Justice division, the Institute is

working with counties across Texas to devise strategies to reduce the number of people with mental illnesses in Texas jails.⁶

Nationally, The Council of State Governments (CSG) Justice Center, the American Psychiatric Association Foundation, and the National Association of Counties established the Stepping Up Initiative to work with state and local governments to reduce the number of people with mental illnesses in jail. In response to a national call to action issued in 2015, more than 250 counties, including Dallas County, have passed resolutions committing themselves to a series of steps to reduce the number of people with mental illnesses in jail.⁷ MMHPI has partnered with the CSG Justice Center and its Austin, TX-based research team to provide data analysis and expert guidance to Texas counties participating in its Smart Justice work.⁸

W.W. Caruth, Jr. Foundation Smart Justice Planning Grant

With support from the W.W. Caruth, Jr. Foundation at the Communities Foundation of Texas, in 2015, MMHPI launched a county-wide planning project to identify strategies to improve outcomes for people with mental illnesses within the Dallas County justice system. The goal of this planning effort was to develop a comprehensive plan to eventually eliminate the use of the county jail to house people with mental illnesses who do not otherwise need to be incarcerated by engaging local partners in a rapid and results-oriented planning process. Central to that process was data-driven planning to develop specific implementation strategies for transforming the Dallas criminal justice system to better identify, assess, and divert people with mental illness from the justice system. The project also included an evaluation of law enforcement responses to people with mental illnesses and the identification of gaps that need to be addressed in community-based mental health services to prevent

entry into the system. The primary objective of the project is to improve public safety by developing a comprehensive multi-year plan to reduce and eventually eliminate the use of the Dallas County Jail for treating people who primarily have psychiatric needs. The project has two phases: Phase One assembled facts to inform the plan. In Phase Two, project partners the CSG Justice Center, Dallas County, the Caruth Police Institute, Parkland Health & Hospital System (Parkland), and the Parkland Center for Clinical Innovation will work together with stakeholders from across the country to draft the plan.

The Caruth Smart Justice Planning Grant calls for pulling together key stakeholders to produce a business and sustainability plan based on the assessment findings. Dallas County commissioners, along with other key county leaders, including judges, the sheriff, the district attorney, and the public defender, as well as the leadership of Parkland Health & Hospital System, have made improved outcomes for people with mental illness in the county and in the justice system a top priority. On July 7, 2015, Dallas County Commissioners unanimously passed a resolution in support of the Stepping Up Initiative. County leadership committed to developing a plan, with measurable outcomes, to reduce the number of people with mental illnesses in jail and improve community-based treatment options. The Caruth Smart Justice Planning Grant has supported key Stepping Up activities, allowing Dallas to benefit from a complete justice system assessment.

Phase One: Methodology

The research team conducted an in-depth analysis of case-level criminal justice data of the more than 100,000 people booked into the Dallas County Jail between 2011 and 2014. These records were matched with the Texas Department of Public Safety (DPS) Computerized Criminal History (CCH) system, which provides criminal history information (e.g., including information about prior arrests and sentencing) for people booked into jail.

Through this match, researchers calculated recidivism rates for people released from the jail.⁹ Researchers drew on this and other data that correlate with risk of rearrest (e.g., age at first arrest, current age, type of offense) to develop a “risk proxy” that estimated the risk of re-arrest that each person booked into the jail presented. This risk proxy made it possible to present like comparisons among different sub-populations.

The research team also matched those individuals booked into the county jail with the database maintained by NorthSTAR, which manages the publicly funded mental health and substance abuse services for people living in its service area. The data did not have specific mental health diagnoses or treatment information, making it possible only to “flag” people booked into jail who had a prior contact with the publicly funded behavioral health care system, but not differentiating them from people who had received services for substance abuse only. As a result, the findings below that draw on the

The Project Team

The project team is led by Dr. Andy Keller, MMHPI President and Chief Executive Officer, working with Project Manager, Brittany Lash. Criminal justice and mental health system expertise were provided B.J. Wagner, Director of Smart Justice, and Dr. Jacqueline Stephens, Director of System Transformation. Dr. Michele Guzmán, Senior Director of Evaluation, and Dr. Jim Zahniser, Director of Evaluation Design, led the evaluation team, which included Kendal Tolle, Evaluation Project Manager, and Jesse Sieger-Walls, Analyst and Consultant. The Caruth Police Institute, under the leadership of Executive Director Dr. Melinda Schlager, provided expertise in involving law enforcement agencies across the county as part of the MMHPI team. John Petrila, JD, provided critical guidance regarding cross-systems information sharing.

The research team is led by Dr. Tony Fabelo, CSG Justice Center Director of Research and Senior Fellow at MMHPI. The research team includes Jessica Tyler, Research Manager, and Dr. Becky Cohen, Senior Research Associate, from the CSG Justice Center’s Austin, TX office; and Lila Oshatz, LMSW-AP, Justice Transformational Services Facilitator.

The Dallas County team is led by Ron Stretcher, Director of the Dallas County Criminal Justice Department, working with Deputy Director Leah Gamble, Smart Justice Jail Diversion Project Manager Michael Laughlin, Pretrial Manager Duane Steele, and Jail Population Coordinator Etho Pugh.

NorthSTAR data do not describe these individuals as people with mental illnesses but instead as people with prior contact with the publicly funded behavioral health care system or people with the “NorthSTAR flag.”

In addition to the quantitative analyses described above, the project team conducted numerous in-person meetings over a six-month period. MMHPI conducted 58 focus groups with over 400 law enforcement officers from the county, representing all participating municipalities in the county, and

shifts (including day, night and overnight shifts), and met with mental health care providers, to determine system process and capacity gaps. The CSG Justice Center and MMHPI teams conducted justice system process reviews involving dozens of jail, judicial, and county officials to determine opportunities to improve the ability to screen, assess, and divert people with mental illnesses once they enter the justice system.

This report summarizes the results of the analyses conducted pursuant to Phase One of this project.

Phase One: Findings

I. Super-utilizers

A small subset of adults with behavioral health needs in Dallas are “super-utilizers” of mental health services; due to their extreme and inadequately managed treatment needs, they are repeatedly incarcerated and frequently use local emergency rooms, hospitals, homeless services, and other intensive supports.

- Based on a rigorous application of epidemiological estimates to the Dallas population and analysis of mental health and jail utilization data, more than 6,000 people in Dallas (nearly 4,000 of whom live in poverty) are “super-utilizers” of services.
- Approximately three out of four people released from the jail who have had prior contact with the publicly funded behavioral health care system who have also been assessed as being at a high risk of offending are reincarcerated in the jail within three years of their release.
- On a typical day at the Dallas County Jail, half of the people incarcerated who have had prior contact with the county’s publicly funded behavioral health care system have experienced four or more bookings in the jail during the preceding four years.

II. Demand for and availability of community-based and inpatient behavioral health care services

A. There is a large number of people with serious mental illnesses and/or substance use disorders in Dallas County, and many of these people live below the poverty level.

- Epidemiological data adjusted for Dallas County demographics suggest that there are approximately 155,000 people who have serious behavioral health needs living in Dallas, inclusive of people with severe cases of addiction and substance use. Most of these people also live in poverty.¹⁰
 - Among this group, there are more than 88,000 adults with serious mental illness (SMI) and an overlapping group of 81,000 people with substance use disorders who meet the state’s definition of the “priority population” eligible for substance use treatment services.¹¹
- B. Dallas has some critical service gaps in the community that should be addressed to improve services, particularly for people with serious mental illnesses.*
- There is community-based behavioral health care service capacity, but a number of gaps and barriers were identified, most notably, intensive community-based programs for “super-utilizers.” There is also insufficient mobile crisis support, gaps in the availability of various evidence-based programs, such as supported housing and employment services, and the cultural competence and geographic coverage of community-based programs are also insufficient.
 - Dallas County does have notable community-based programs, including several Assertive Community Treatment (ACT) teams and two intensive teams for people with SMI who are involved with the criminal justice system. Relative to the large numbers of “super-utilizers” who need ACT or Forensic ACT level of care, the availability of intensive programs is insufficient to

meet the need. Fewer than one in five “super-utilizers” with low to moderate forensic needs and fewer than one in ten “super-utilizers” with high forensic needs have access to adequately intensive supports. Permanent supported housing gaps compound this lack of treatment capacity.

- Specialty inpatient beds at state hospital facilities are at times in short supply compared with demand, but acute psychiatric inpatient beds are generally available. Inpatient stays are used only for brief stabilization, so when a number of stakeholders cited a “lack of beds” as a system criticism, they were primarily referring to a lack of longer-term, intensive treatment capacity and housing options post-discharge.
- People charged with a misdemeanor who were subsequently ordered to a state hospital for competency restoration waited in Dallas County Jail from 39 to 60 days (average of 45 days) before being transferred to the hospital. People charged with a felony waited between 50 and 87 (average of 64 days) before being transferred to the state hospital.

III. Contact with local law enforcement

A. A significant number of people with serious behavioral health needs come into contact with the justice system, straining law enforcement resources.

- Law enforcement officers are the primary first responders for people experiencing a mental health crisis and they are the primary providers of emergent detentions of people who are experiencing a mental health crisis.
- Texas is one of just a few states that do not empower physicians or other health care providers to emergently detain people who pose an imminent risk to themselves and others.
- From 2012 through 2015, the number of mental health calls for service (also known as “46 calls”) increased by 18 percent, from 10,319 to 12,141; those same calls with a request for an ambulance (a “46A call”) increased by 59 percent, from 2,176 to 3,452 during the same period.¹²
- The Dallas Police Department policies currently require that four officers and a supervisor respond to all 46 calls.

B. Law enforcement officers who attempt to connect people with mental illnesses to behavioral health care services report numerous challenges.

- The most common and significant concern that law enforcement officers raised was time spent driving someone with a mental illness to a treatment facility and the time spent waiting at the treatment facility (typically an emergency room) before the person is admitted for treatment.
- A second barrier was frustration with the treatment system, based on the perception that after law enforcement officers left someone in the care of the emergency room, those people were subsequently discharged to the community within hours or days, so that law enforcement found themselves responding to more calls involving the same individual.
- There are more than 20 municipal police departments spread across Dallas County. Law enforcement officers and treatment providers explained that many of these departments have policies and procedures for responding to people with mental illnesses that are distinct from the policies and procedures that police officers working for the City of Dallas use.
- Law enforcement officers expressed concern about the liability they incur when they respond to a mental health call for service and the officer is unable to connect that person to a treatment provider. Transporting that person to jail is perceived to be the option that creates the least liability for these officers.
- Law enforcement officers also described the need for more training and improved approaches to information sharing. For example, when dispatched on a mental health call for service, officers do not have access to the person’s call history during the call response.
- Mental health care providers also described an interest in receiving training on approaches to treatment that address criminogenic risk factors that contribute to the likelihood someone will reoffend. These providers were also apprehensive about sharing any information about a person’s prior involvement in the behavioral health care system because of confidentiality laws.

C. Law enforcement officers find it easier to take a person in need of acute psychiatric care to a municipal jail than to transport the person to a psychiatric facility.

- There are 25 detention sites spread across Dallas County that offer ready access to the jail. In contrast, there are only three hospitals designated as primary psychiatric diversion drop-off sites for law enforcement.
- Just one of the three psychiatric diversion drop-off sites is located in the southern section of Dallas County, and it serves youth only.

IV. Jail

A. The Dallas County Jail acts as the main treatment provider for people with mental illnesses who are involved with the criminal justice system.

- Parkland, which provides health care services to people booked into the Dallas County Jail, reported that more than 26,000 unduplicated people received psychiatric medications at the jail in 2015. In the same year, approximately 21 percent of the jail population—or 1,221 of the 5,685 people housed in the jail on any given day—received mental health treatment from Parkland.

- Approximately 25 percent of all people booked into jail in 2015 (16,986 of the 69,185 bookings) had prior contact with the behavioral health system managed by NorthSTAR.

B. Following their arrest, people who have had prior contact with the publicly funded behavioral health care system stay in jail longer than people who have not had contact with the system.

- Although the average monthly population in the Dallas County Jail was considerably lower in 2014 (6,086) than it was in 1994 (8,884), the number of people in jail awaiting trial nearly doubled, from 2,307 in 1994 to 4,182 in 2014. [See Figure 1]
- Of the large urban counties in Texas, Dallas has the highest rate of pretrial detention.
- People released from jail while still awaiting trial had a comparable risk of recidivism regardless of whether they had prior contact with the behavioral health care system. But it typically took longer for someone who had prior contact with the system to be released from jail than someone who had not had prior contact with the system. For example, 59 percent of people with no prior contact with the system were released from jail

Figure 1. Average Monthly Jail Population by Status, 1992–2014

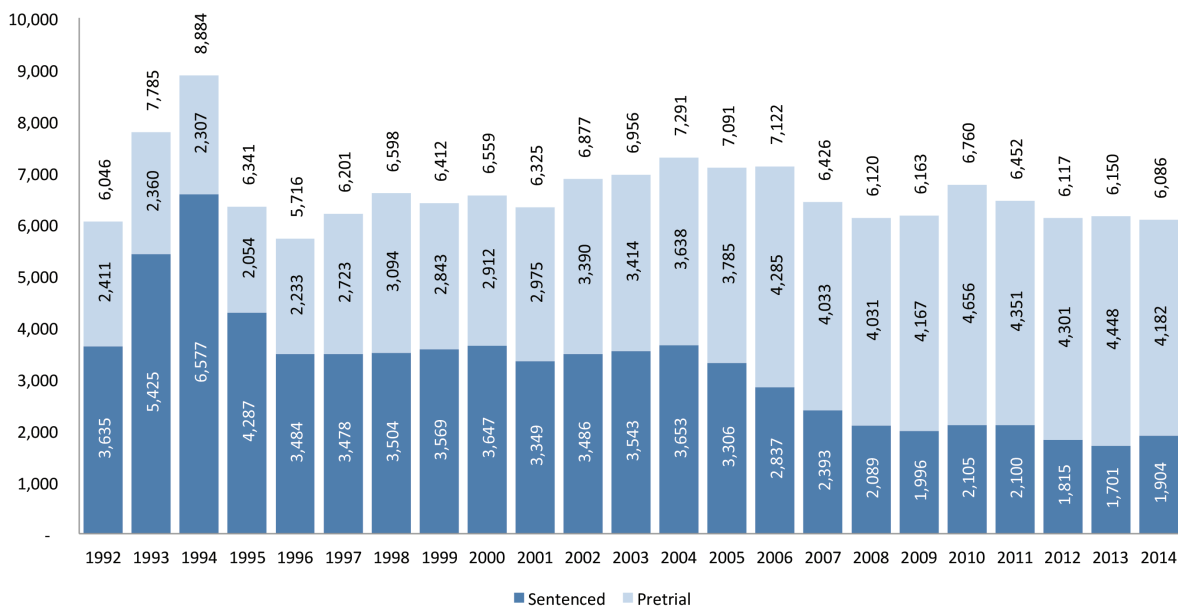
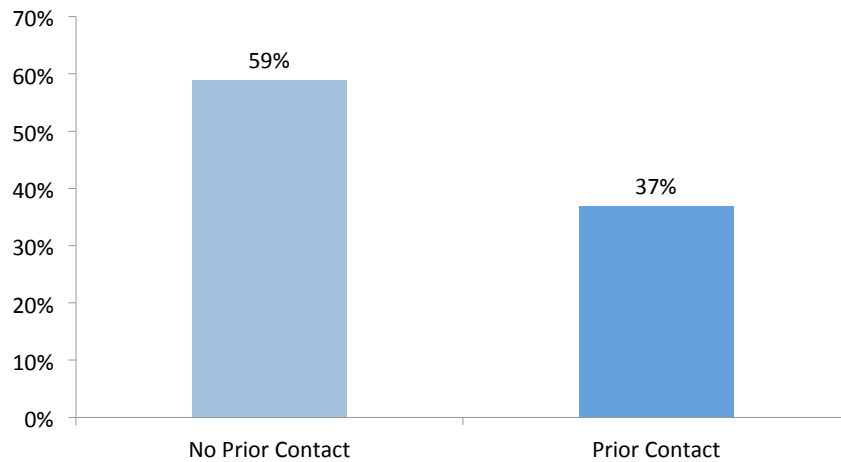


Figure 2. Percentage of Pretrial Releases within 24 hours, by Contact with the Behavioral Health System



within 24 hours of being booked into jail, as opposed to 37 percent of people who had prior contact with the system; 21 percent of those with prior contact stayed in jail longer than a week compared to 13 percent without prior contact.¹³ [See Figure 2]

- State law enacted in 1993 requires that when someone booked into jail screens positive for mental illness, that person must also receive a mental health assessment. This law also requires the results of that assessment be presented in a timely way to the magistrate, who, upon determining that the person does not present a risk to public safety, should facilitate the release of that person from jail to community-based treatment. In Dallas County, however, as is the case in many other counties across the state, mental health assessment information collected at the jail by medical staff is generally not shared with the magistrate.

C. Dallas County does not have a method to supervise people with mental illnesses on pretrial release to monitor their compliance with treatment requirements.

- People with behavioral health needs released from the jail while awaiting trial are typically required to call in twice a month to confirm their compliance with conditions of their release. There is no process in place

to supervise these defendants in the community or to ensure their connection to treatment.

D. Recidivism rates for people released from jail who have had contact with the publicly funded behavioral health care system are considerably higher than people who have not had contact with this system.

- The three-year rearrest rate for people without prior contact with the behavioral health system was 43 percent, compared to 58 percent for those who had contact with the system.
- Among adults who were at low risk of reoffending, 11 percent who had not had a prior contact with the behavioral health care system were rearrested within one year of release, compared to 19 percent of those who did have prior contact with that system. [See Figure 3]
- Of people classified as medium risk of reoffending who had not had contact with the behavioral health care system, 23 percent were rearrested within one year of release, compared to 33 percent for who did have prior contact with that system; and of people classified as high risk of reoffending, 38 percent who had not had contact with the behavioral health care system were rearrested versus 50 percent who did have prior contact with that system.¹⁴ [See Figure 3]

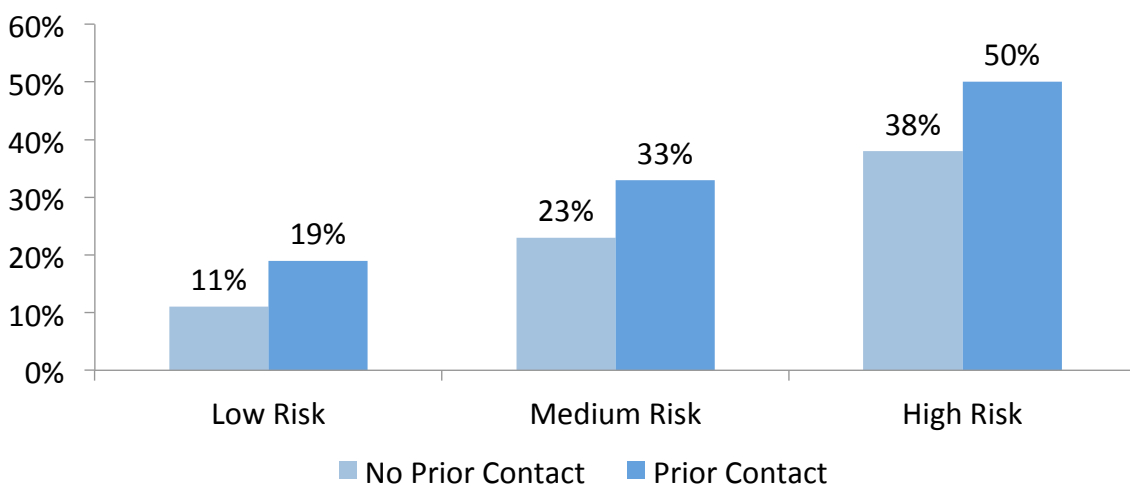
E. Dallas County leadership has taken steps to connect more people booked into jail to community-based treatment, but the impact of these efforts on recidivism has not yet been measured.

- Dallas County has taken various steps, including assigning dedicated prosecutors and defense attorneys, establishing specialty courts, using federal funds to improve linkages between the jail and community programs, and a launching a countywide reentry initiative.
- Dallas County has leveraged federal funds through the 1115 Medicaid Transformation waiver to establish the Crisis Services Project. This project utilizes innovative data systems and a network of service providers to: identify people with a history of receiving behavioral health services upon jail admission, provide clinical assessments, develop individual treatment plans, and coordinate release to the community with a warm hand-off to a community-based service provider. The Crisis Services Project also provides transitional housing, intensive community-based services,

and extended substance use treatment. The project served 5,529 defendants in FY2015.

- A key component of the Crisis Services Project is a Post Acute Transition Services program operated by Transicare. This transition program begins with the engagement of people with mental health needs while they are still in jail, facilitates connection with community-based treatment, and follows them until stable in the community. Numbers served are small, however, with Transicare serving 349 people in FY2015, including 62 people discharged from the state hospital system directly into the community (instead of returning to jail).
- Dallas has funded prosecutors in the District Attorney's office and defense attorneys and case managers in the Public Defender's office who are dedicated to defendants with behavioral health needs. There is not enough dedicated staff to serve this population, and improved processes are needed to identify defendants who require a specialized attorney and to involve those attorneys from the start of the case.

Figure 3. One-Year Rearrest Rate for Jail Releases, by Risk Proxy and Contact with the Behavioral Health System



Phase Two: Next Steps

The next steps of the W.W. Caruth, Jr. Smart Justice Planning Grant project are in progress. MMHPI is working in coordination with the Caruth Police Institute (CPI), Dallas Police Department's mental health response leadership team, the Dallas Fire-Rescue Department, and the North Texas Behavioral Health Authority and its providers to address the law enforcement findings and develop policy and training recommendations, integrated with current CPI and Dallas Police Department efforts to address officers' call times, public safety, core training, and ongoing policy development.

In addition, Dallas County leaders have established three work groups, each chaired by a judge and each assigned a staff lead to support and assist the judge. These workgroups are already designing improvements in screening, assessment, and pretrial supervision protocols that respond to findings resulting from the analyses described in this report.

MMHPI is also engaging community behavioral health care

providers through the North Texas Behavioral Health Authority to develop detailed implementation plans to address each gap that the analyses highlighted in this report as part of Phase Two of the planning grant. These plans include recommendations for increased intensive service capacity to serve "super-utilizers" and strategies to finance additional services to improve the diversion of people with behavioral health needs before they are arrested and connection to services after someone is released from jail.

By state mandate, the present public mental health managed care carve-out is to be replaced by a new model by January 1, 2017. The new model provides a unique opportunity to not only assist Dallas in the design of a more effective service-delivery system but also to provide the momentum to improve jail diversion efforts for people with mental illnesses.

A comprehensive system improvement plan should be ready for review by early summer of 2016. This action plan will incorporate input from key stakeholders and be presented to the W.W. Caruth, Jr. Foundation at the Communities Foundation of Texas for their review.

Endnotes

1. Lauren E. Glaze and Doris J. James, *Bureau of Justice Statistics Special Report: Mental Health Problems of Prison and Jail Inmates* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, 2006). Accessed March 5, 2013, bjs.ojp.usdoj.gov/content/pub/pdf/mhppji.pdf. See more at: nami.org/Learn-More/Mental-Health-By-the-Numbers#srhash.alwE9l0D.dpuf.
2. "The Stepping Up Initiative: The Problem," The Council of State Governments Justice Center, accessed March 8, 2016, stepuptogether.org/the-problem.
3. *Analysis of Mental Health Services for Persons Released from Jail in 2013 and 2014* (Bexar County) (New York: The Council of State Governments Justice Center, 2015); *Quantitative Review of Jail Population Dynamics and Mental Health Population Trends (Dallas)* (New York: The Council of State Governments Justice Center, 2015).
4. The Meadows Mental Health Policy Institute and Texas Conference of Urban Counties, *Texas Mental Health Landscape* (Dallas, TX: Texas State of Mind, 2014). Accessed March 8, 2016, legis.state.tx.us/tlodocs/84R/handouts/C2102015031210301/c24567b7-a36c-4ab8-b8d4-70defc116a2a.PDF.
5. The Meadows Mental Health Policy Institute, "Texas Mental Health Index Project, Interim Report on County Data" (unpublished report, 2015).
6. Meadows Mental Health Policy Institute, "Focus: Smart Justice," accessed March 8, 2016, texasstateofmind.org/focus/smart-justice/.
7. "Stepping Up Initiative," The Council of State Governments Justice Center, accessed March 8, 2016, csjusticecenter.org/mental-health/country-improvement-project/stepping-up/.
8. "About the Justice Center," The Council of State Governments Justice Center, accessed March 8, 2016, csjusticecenter.org/about-jc/.
9. In calculating recidivism rates for this population, researchers used a uniform recidivism measure that has been used to study recidivism in Texas since the early 1990s and is presently used in the Uniform Five-County Recidivism Measure Project that the CSG Justice Center is leading in Texas.
10. C. Holzer, H. Nguyen, and J. Holzer, *Texas County-Level Estimates of the Prevalence of Severe Mental Health Need in 2012*, (Dallas, TX: Meadows Mental Health Policy Institute, 2015).
11. *Ibid.*
12. H. Cotner, Dallas Police Department, personal communication with author, January 14, 2016.
13. People released on personal recognizance or commercial bond who had prior contact with the behavioral health care system were at notably higher risk of recidivism than people without contact with that system. Council of State Government Justice Center, *Quantitative Review of Jail Population Dynamics and Mental Health Population Trends* (Dallas), November 23, 2015. Note that recidivism is calculated out of first jail releases for the year, which is the established methodology for the project.
14. *Quantitative Review of Jail Population Dynamics and Mental Health Population Trends (Dallas)* (New York: The Council of State Governments Justice Center, 2015). Note that recidivism is calculated out of first jail releases for the year, which is the established methodology for the project.



Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails, which is sponsored by the National Association of Counties, the American Psychiatric Association Foundation, and The Council of State Governments Justice Center, calls on counties across the country to reduce the prevalence of people with mental illnesses being held in county jails.



W.W. CARUTH, JR.
FOUNDATION
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Dallas County Behavioral Health Housing Work Group
Dallas County Administration, 411 Elm Street, 1st Floor, Dallas Texas 75202
April 27, 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; Brooke Etie, DHA; Charles Gulley, RG Consulting; Jim Mattingly, LumaCorp; Ikenna Mogbo, Metrocare; Shenna Oriabure, CJ; Cindy Patrick, Meadows Foundation; Jaqualene Stephens, MMHPI; Brittany Lash, MMHPI; Sandy Rollins, Texas Tenants' Union; Dr. David Woody, The Bridge; Germaine White, Dallas County; Claudia Vargas, Dallas County; and Rosa Rodriguez, Dallas County

GUEST: Ann Denton, contract consultant with the Meadows Mental Health Policy Institute. Mrs. Denton is a national expert in housing and has more than 30 years of experience.

CALL TO ORDER: The March 23, 2016 minutes were approved pending review of the %AMI shared on page 2 under the "housing policy" heading. Sandy Rollins requested that the 140% AMI be verified against the meeting recording. Claudia Vargas will verify.

BEST PRACTICES AND MODELS REPORT: Commissioner Theresa Daniel, Chair

Commissioner Daniel reviewed the housing matrix and existing needs in the area of new developments. Charles Gulley provided an update on the Scyene Road property and the possibility of using the building for transitional respite services. Mr. Gulley is working on contract details and securing anchor partners. Ron Stretcher added that the Scyene Road property has the potential to allow for co-location of service providers and use of office space for case managers, which could lead to an expansion of residential and respite services. This would be a move in a positive direction because the Dallas community has traditionally relied on using psychiatric facilities for crisis interventions. NTBHA has expressed an interest in participating if the plan comes to fruition. Dr. David Woody elaborated that this would provide a solution for individuals who need services before being placed in housing, which when left untreated eventually leads to being displaced from housing.

The BHHWG would like to send a Letter of Support to the City of Dallas City Council in support of affordable housing and PSH. Commissioner Daniel requested volunteers to write a preliminary draft for review. Blake Fetterman, who was not able to attend the meeting, was nominated. Dr. Woody, Mr. Stretcher, and Brittany Lash, MMHPI, also volunteered to help with the Letter of Support.

Educational and informational brochures are in process and will incorporate the Caruth Smart Justice Grant findings.

PIPELINE DEVELOPMENT REPORT: Brooke Etie, Chair

DHA is continuing to engage developers and landlords in an effort to increase the number of housing units. Charles Gulley is taking the lead on creating a long-term development plan to meaningfully increase the number of housing units and will include a variety of financial structures.

TDHCA 2016 Housing and Services Partnership Academy: group participants are focused on establishing relationships and reaching out to landlords. The group is developing a presentation and advertising ideas that may be used to reach out to landlords. Tent City has provided many learning opportunities about reaching out to landlords. Media coverage has been counterproductive to securing more units and reaching out to landlords. Due to the extreme difficulties in finding housing units, voucher holders are being advised not to activate their voucher until a unit becomes available. DHA is granting time extensions to voucher holders who are having a hard time finding a unit. For units that are

available, screening criteria makes most of the Tent City occupants ineligible for the housing unit. DHA held a focus group with the Independent Rental Owners. One idea that came out of the focus group was to give landlords the opportunity to provide housing in connection with a cause such as, veterans, domestic violence, etc., and could be marketed as “choose your cause.” The concept is to provide wraparound, project-based housing with services. DHA is interested in launching this campaign, but will keep looking for short-term and long-term housing solutions.

Screening criteria is proving to be a major barrier to connecting individuals with housing. It was mentioned during the DOORS Reentry Symposium that the list of apartments the City of Dallas is working with for the Tent City require individuals to have no criminal history, no offenses in last 20 years, etc. Sandy Rollins says there are rules against having that type of criteria and that offenses must be related to safety concerns. Those conditions conflict with fair housing standards. Jim Mattingly shared that revised HUD guidelines recently came out and that many property owners are in the process of developing new screening criteria that comply with HUD. The BHHWG will review and become familiar with screening criteria to determine if there is any action or clarification needed to ensure fair housing standards are being met across the board. Ann Denton provided an informational guide about housing rules and how to take corrective action if necessary.

Mr. Stretcher asked Jim Mattingly if there may be opportunities for Mr. Mattingly to provide technical assistance to apartment owners and landlords from a criminal justice perspective as to severity of offenses as the housing policy is being reviewed. Mr. Mattingly agrees that it would be helpful for landlords because they likely may not have the experience to distinguish differences between offenses. Additionally, apartment owners and landlords do not have access to extra information that would be useful in understanding the types of offenses on an individual’s background. Most housing providers use a third party to do screenings so there is room for error. Mr. Gulley prefers to use the City of Dallas’ background check system to pre-screen individuals before beginning the process with a landlord just so they are aware of issues ahead of time. Mr. Mattingly added that building relationships between landlords and service providers is imperative and may greatly improve or even solve problems for Dallas County and Texas, but may not go as far as addressing the problem of individuals with records from other states. Reporting systems are not always the same and data is reported in different ways. The National Apartment Association is working to address screening criteria at a national level.

Ann Denton offered that using a systems approach to alleviating housing challenges could create access to better information for extenuating circumstances and screening information tailored for landlords. Ms. Denton inquired whether the BHHWG discussed other ways to improve housing in Dallas County.

The BHHWG has had extensive discussions about the role of financial incentives and is actively researching what incentives exist for landlords in the current market. It will be worthwhile for the group to find out if the city, county or state would be willing to offer financial incentives to support affordable housing developments. Vouchers no longer provide a financial incentive like they did in the past. Vouchers cannot compete with current market demands and high occupancy rates. Mr. Mattingly learned that the City of Houston used financial incentives to spur affordable housing developments in downtown Houston. Mr. Gulley learned of other affordable housing developments that were funded through abatements and pension funds. These housing developments are able to operate independent of market conditions and screening restrictions. These are alternatives to tax credit financing which is not currently a true financial incentive. Other cities across the United States are experiencing problems with the FMR vouchers determined by zip code. This is further exacerbated by regulations that do not allow a person to be placed in a unit that is more than 40% of their income.

There is consensus among the group that in addition to financial incentives, establishing strong business relationships with landlords is of utmost importance. The “choose your cause campaign” is a step in the right direction that can appeal to the altruistic side of developers. CoC providers face the same challenges in producing units. Ikenna Mogbo adds that similar challenges exist even for those service providers who do have established relationships with property owners. There is no way around high occupancy rates and a housing shortage. DHA is able to offer some incentives to developers to secure some affordable housing units.

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

Identifying all resources has been a challenge. The goal of the group is to think of long-term solutions and how to best respond to immediate needs and current situations. Commissioner Daniel continues to meet with developers and

bankers to see what options may exist. There is interest in how the City of Dallas Housing Committee will move forward with a 2017 housing bond. At this point, details are not yet final.

Mr. Mattingly received information about possibly 33,000 housing units that are either permitted or in the process of being permitted in TIF agreements in the City of Dallas but is not certain how accurate the information is. He asked if anyone is aware of affordable housing requirements for TIF agreements. Sandy Rollins said there are no set-aside requirements for voucher holders within TIF agreements. TIF agreements target the 30-80% AMI population. Dallas County TIF agreements target 35% of the housing as affordable to households earning 80% AMI population.

Ann Denton shared that plans for the National Housing Trust Fund are not final. If approved, it will be a resource for those with extremely low incomes who live in poverty. The trust fund might also provide a way to offer incentives to developers.

INDUSTRY UPDATES

- Coordinated Access – scheduled to rollout in June. PCCI continues to work on incorporating into system.
- Tent City – It is not clear how homeless encampments are being monitored as they close. Mr. Mogbo shared that law enforcement has worked very closely with remaining Tent City residents to help them move and have not had to arrest anyone. DCHHS has been instrumental in obtaining birth certificates and processing individuals.
- Homeless Jail Dashboard – no report
- Stepping Up – A group of seven attended the Stepping Up Summit in DC. Fifty counties participated and most of the participants were Sheriffs, District Attorneys, Commissioners, Criminal Justice and Judges. Group discussion was centered around 6 questions that counties should be answering:
 1. Is our leadership committed?
 2. Do we conduct timely screenings and assessments?
 3. Do we have baseline data?
 4. Do we conduct comprehensive process analysis?
 5. How do we establish priorities to connect people to appropriate criminal justice and behavioral health interventions?
 6. Do we track outcomes?

The MMHPI is providing support to ensure processes are data driven and evidence based. These measures will allow counties to track whether they are doing what is needed, if they are accomplishing what they say they will and determining if there were any unanticipated consequences. The first round of data is completed and a report of what is occurring in the gaps has been shared. Service providers turned in a summary about behavioral health needs missing in the gaps. The Caruth Smart Justice Grant team took the information and identified five major areas and requested that service providers submit a proposal to address the identified focus areas. The end result will be a proposal request for funding from the Caruth Smart Justice Grant to address the gaps over a period of 5 years. The proposed work will be implemented and tied to deliverables.

- State update –
 - NorthSTAR transition – there is an open RFA for mental health and substance use providers.
 - SB55 – The Veterans Coalition of North Texas Mental Health committee is looking for partners to participate in the grant application to provide mental health services to Veterans. SB55 focuses on services for veterans who are not eligible for traditional benefits. Commissioner Daniel will follow up with Tracy Little of DC Veteran Services for more information.
- The Cottages – projected to open in 60 days.

Commissioner Daniel adjourned the meeting at 11:15am.

Next Meeting: Wednesday, May 25, 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***



	Past Year Avg	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	Average:	Sum:
Total Service Episodes:	631	829	780	750	725	745	739	761.33	4,568
Total Unique Consumers:	461	810	728	661	614	589	551	658.83	3,953
% Change to DY 4		175.70%	157.92%	143.38%	133.19%	127.77%	119.52%		

<u>Total Encounters by Type:</u>		2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	Average:	Sum:
Triage		829	780	750	725	745	739	761.33	4,568
Care Coordination		3,140	2,973	3,669	3,872	3,519	3,662	3,472.5	20,835
F2F Encounter		284	267	330	299	284	287	291.83	1,751
Sum:		4,253	4,020	4,749	4,896	4,548	4,688	4,525.67	27,154



	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	Average:	Sum:
Service Episodes:	829	780	750	725	745	739	761.33	4,568

<u>Unique Consumers:</u>	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	Average:	Sum:
By N* ID	761	664	594	558	554	487	603	3,618
By Client ID	49	64	67	56	35	64	55.83	335
TOTAL Unique Consumers:	810	728	661	614	589	551	658.83	3,953
TOTAL Unique Consumers as %:	97.71%	93.33%	88.13%	84.69%	79.06%	74.56%		

<u>Unique F2F:</u>	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	Average:	Sum:
By N* ID	235	201	202	195	177	165	195.83	1,175
By Client ID	17	15	23	17	11	24	17.83	107
TOTAL Unique F2F:	252	216	225	212	188	189	183.14	1,282
TOTAL Unique F2F as %:	88.73%	80.90%	68.18%	70.90%	66.20%	65.85%		

	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	Average:	Sum:
F2F Percentages:	34.26%	34.23%	44.00%	41.24%	38.12%	38.84%	38.45%	230.69%



Crisis Services Project

Frank Crowley
 CSP Monthly Report DY5_No Graphs
 Last Refresh: 4/14/16 at 2:39:57 PM GMT-05:00

<u>Encounters by Type:</u>	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	Average:	Sum:
Triage	829	780	750	725	745	739	761.33	4,568
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TOTAL Encounters:	4,253	4,020	4,749	4,896	4,548	4,688	4,525.67	27,154

<u>Female:</u>	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	Average:	Sum:
Black	121	119	96	90	95	89	101.67	610
Hispanic	38	34	18	24	28	19	26.83	161
Other	1	1		1	1		1	4
Unknown	2	1	5		2	3	2.6	13
White	84	65	65	62	44	53	62.17	373
TOTAL Female:	246	220	184	177	170	164	193.5	1,161

<u>Male:</u>	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	Average:	Sum:
Black	345	278	310	261	257	225	279.33	1,676
Hispanic	75	79	52	50	50	54	60	360
Other	4	4		4	4	2	3.6	18
Unknown	5	5	5	4	5	5	4.83	29
White	135	142	110	118	103	100	118	708
TOTAL Male:	564	508	477	437	419	386	465.17	2,791

Triage 12	3,970
Recidivism 12-12	643
Recidivism 12-12%	16.20%

Triage 6	3,970
Recidivism 6-6	643
Recidivism 6-6%	16.20%

Triage 6	3,970
Recidivism 6-12	643
Recidivism 6-12%	16.20%

	October	November	December	January	February	March	April	May	June	July	August	September
Triage 12-12	810	1539	2201	2822	3413	3970						
Recidivism 12-12	19	72	174	304	461	643						
Recidivism 12-12%	2.35%	4.68%	7.91%	10.77%	13.51%	16.20%						
Triages 6-6	810	1539	2201	2822	3413	3970						
Recidivism 6-6	19	72	174	304	461	643						
Recidivism 6-6%	2.35%	4.68%	7.91%	10.77%	13.51%	16.20%						
Triage 6-12	810	1539	2201	2822	3413	3970						
Recidivism 6-12	19	72	174	304	461	643						
Recidivism 6-12%	2.35%	4.68%	7.91%	10.77%	13.51%	16.20%						

**Transicare Reporting
Crisis Services Project**

		2015-09	2015-10	2015-11	2015-12	2015-1	2015-2	2015-3
1	Beginning Census	62	61	63	68	76	86	79
2	REFERRALS	33	39	29	26	33	40	45
3	Admissions							
4	Referred Admitted	9	14	13	17	18	21	22
5	No Admit Client Refusal	1	2	0	0	2	3	3
6	No Admit Criteria	15	8	5	0	5	1	4
7	No Admit Structural	3	3	4	2	4	0	11
8	Pending	5	11	7	7	4	15	5
9	<i>PRIOR PENDING</i>							
10	Pending Admitted	3	2	9	3	5	5	10
11	No Admit Client Refusal	1	0	3	0	0	1	4
12	No Admit Criteria	6	2	2	0	0	0	0
13	No Admit Structural	0	0	0	0	1	0	0
14								
15	Total Admissions	12	16	22	20	23	26	32
16								
17	Discharges							
18	Success Transfer	1	0	5	3	3	13	3
19	DC Midterm Disengage	4	6	6	2	7	6	2
20	DC Rapid Disengage	1	1	2	3	0	0	1
21	DC Structural	7	7	4	4	3	14	8
22	Total Discharged	13	14	17	12	13	33	14
23	Active End Of Month	61	63	68	76	86	79	97
24								
25	Outcome Data							
26	<i>Terrell State Hospital Linkages</i>							
27	≤7 Connect To Prescriber	4	3	2	4	5	3	4
28	≤30 Connect To Prescriber	0	0	0	0	0	0	0
29	Missed Metric	0	0	0	1	1	1	1
30	Total Released	4	3	2	5	6	4	5
31								
32	Cummulative ≤7 Connect %	80.6%	100.0%	100.0%	90.0%	87.5%	85.0%	84.0%
33	Cummulative ≤30 Connect %	87.1%	100.0%	100.0%	90.0%	87.5%	85.0%	84.0%
34	Missed Metric	12.9%	0.0%	0.0%	10.0%	12.5%	15.0%	16.0%
35	<i>Unduplicated Served</i>							
36	Monthly Unduplicated	91	89	81	84	99	102	114
37	DSRIP YTD Unduplicated Served	349	89	114	166	201	227	278
38								
39	<i>Encounter Data</i>							
40	F2F Encounter	407	388	335	411	467	595	598
41	Care Coord	163	174	143	184	154	135	163
42	Total	570	562	478	595	621	730	761

Forensic Diversion Unit (FDU) Report

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Beginning Census	49	45	46	46	48	
Number of Referrals Received from CSP	6	8	6	10	8	
Adapt	6	7	6	10	8	
Metrocare	0	0	0	0	0	
Transicare	0	1	0	0	0	
Number of Admissions	5	7	5	7	7	
Number Discharged	10	6	9	5	6	
Number not admitted due to:						
Client qualifies for ACT	0	0	0	0	0	
Client qualifies for other programs	0	0	0	0	0	
Client didn't meet level of need required	0	0	0	0	0	
Other reasons	1	1	1	3	1	
Average Service Utilization:						
Average hours seen	11.26	10.22	9.87	11.87	10.22	
Encounter Breakdown:						
Face to Face	578	602	532	608	683	
Service Coordination	71	68	73	80	74	
Number of clients accessing:						
Emergency Room (medical)	0	0	0	0	0	
23-hour observation (psych)	0	0	1	0	1	
Inpatient (med/ psych)	1	1	2	0	0	
Jail book-in	0	2	1	0	1	
Reasons for Discharge:						
Graduate	0	0	3	0	1	
Client Disengagement	1	1	0	1	1	
Extended Jail stay (case-by-case basis)	6	5	6	1	2	
Other Intervening factors	3	0	0	3	2	
End of Month Stats:						
Number of Active FDU clients end of month	45	46	42	48	49	
Number of Unique Consumers	2	2	3	2	2	
# of clients waiting to be released from jail	5	6	4	7	8	
Average Length of stay on FDU (month)	12.62	12.22	12.14	12.4	12.1	
Maximum Census	46	46	46	46	46	

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

APRIL 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 10 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. (1-ICR/11 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 Completed Review IPS billing January and February 2016. Facilitated Clinical discussions with VO Clinical Manager, VO Director, and IPS regarding 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 14 FDU referrals Reviewed 6 TX plans and consulted with 1115 Adapt Medical Director for psychiatric oversight	Not Applicable
5	CSP-Cottages Project	Reviewed MH HX on 27 consumers to support appropriate H-risk referrals to program.	Not Applicable