Dallas County Behavioral Health Leadership Team
Thursday, July 14, 2016
Henry Wade Juvenile Justice Center
2600 Lone Star Drive, Dallas, TX
Room 203-A at 9:30am -11:00am.

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*
- Letter of Support

V. Dallas County Behavioral Health Housing Workgroup
- Cottages
- Mayor's Commission on Homelessness

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
- 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 Minutes
Thursday, June 9, 2016

Welcome and Call to Order
The meeting was called to order by Commissioner John Wiley Price at 9:33 AM.

Review/Approval of Minutes
The minutes of the BHLT meeting held on May 12, 2016 were included in the meeting packet. BHLT Committee members voted to approve the minutes, following a motion by Commissioner Price to note a correction made by Lynn Richardson of the Public Defender's Office in reference to her presentation.

Introductions and Absent BHLT Members:
Mr. Stretcher indicated that there had been a change in the designated representative from Dallas Behavioral Health Hospital (DBHH). Chief Executive Officer, Ms. Selene Hammon, is currently the organization's representative. Ms. Hammon introduced herself to participants upon Mr. Stretcher's request, and stated that she was replacing the Director of Marketing as the organization's representative. Commissioner Price referred to the Resolution (05-2016) regarding the change and addition to the BHLT membership, and introduced a motion to add Ms. Hammon to the membership. The motion was approved by the Committee.

NTBHA Indigent Services Plan and Updates:
Brittony McNaughton reported that work on the transition plan is proceeding at a very rapid pace. The initial readiness review, held on May 24, 2016, was a collaborative and successful undertaking, with substantial discussion on milestones, transition elements, and key areas of focus. A written report is expected from the Department of State Health Services (DSHS) in mid-June, and the final readiness review will be held in September.

In response to Commissioner Price's inquiry about whether there were any hiccups or surprises during the review, Brittony indicated that the session had proceeded as planned, and there was consensus on the issues to be reviewed and discussed with the State, which has been very supportive of NTBHA's efforts. Commissioner Price also inquired about concerns regarding the Indigent Services Plan. Mr. Stretcher responded that a major meeting had been held on June 8th and the staff has started reviewing the RFAs and applications for outpatient providers and substance use providers, a significant milestone in his estimation. The inpatient and mobile crisis and/or hotline initiatives were approved for release, following receipt of the legal review, and the next meeting will entail a discussion on twenty-three hour authorizations, the single portal authority and other services.

Brittony stated that NTBHA has filled the following key postions: Chief Information Officer, Care Management Manager and Contracts Coordinator, and is in the process of recruiting a Chief Financial Officer (CFO) and an Innovation Manager position. She indicated that the organization has obtained approval to proceed with hiring for other key positions, increase the utilization of internal staff, and reduce its reliance on consultants. She introduced Courtney Clements, the new Care Management Manager, and Christina Gonzalez, the new Contracts Coordinator. Mr. Stretcher commented on Courtney's wealth of knowledge, stating that it stemmed from her tenure with the Dallas County Juvenile, Adult Probation and Tax departments.

Stepping Up Initiative Update/Caruth Grant:
Dr. Andy Keller, CEO of the Meadows Mental Health Policy Institute (MMHPI), a non-profit, state-wide policy institute that promotes data-driven research based policies, delivered a presentation on the Stepping Up Initiative and the Caruth Smart Justice Planning Grant. The presentation focused primarily on the implementation plan being developed by the institute in collaboration with the Dallas community. The plan presupposes that the NTBHA initiative discussed earlier by Brittony MacNaughton will be implemented, and outlines several system enhancements to improve NTBHA's operations and that of other providers.

Phase one of the Stepping Up Initiative which ended in January, 2016, examined the issues that contribute to individuals with mental illness being placed in the correctional system, instead of being referred to medical services. The assessment found that approximately ten percent (10%) of individuals in the jail on any given day are only there for medical reasons. Commissioner Price requested a definition of the ten percent (10%), stating that the county has always dealt with a mentally ill jail population of about twenty-seven percent (27%) for the NorthSTAR match, and obtained an estimate of thirty or forty percent (40%) from consultants. Dr. Keller responded that the figure is a rough estimate, adding that it is based on the analysis conducted by Tony Fabelo and his team from the CSG Justice Center.

Dr. Keller informed the meeting that MMHPI's draft plan is being vetted by the community. The feedback and comments from this exercise will be incorporated into the document over the next four weeks. A proposal will be submitted to the Caruth Foundation in mid-July to request seven million dollars ($7,000,000) to assist with the implementation of a fifteen million dollar ($15,000,000) plan to leverage approximately one hundred million dollars ($100,000,000). The institute anticipates that it will be able to secure funding from foundations and other sources with the flexibility to invest in new services.

The primary outcomes of the plan over a five-year period are as follows:

- Use the funding obtained from the Caruth Foundation to support changes that will preclude current practices that result in repeat arrests, incarceration and ineffective expenditure;
- Reduce the burden on law enforcement, allowing police officers to focus on public safety;
- Reduce the high recidivisim rates experienced by people with mental illness;
- Permanently shift the forty million dollars ($40,000,000) used to pay for inpatient, emergency room care, law enforcement and jail expenses, into different services that are pertinent to the mentally ill population;
- Reduce the ten percent (10%) figure by half.

Dr. Keller discussed the geographical constraints that result in police officers bringing someone who is mentally ill to the jail. He highlighted the twenty-five detention centers that are conveniently located around the county, and contrasted this reality with the two drop-off mental health service locations for adults (Parkland Hospital and Green Oaks) and a third drop-off location for juveniles in the southern part of the county, stating that geography is one of the county's fundamental challenges when dealing with mental illness. He also identified the stabilization period as another factor that contributes to police officers taking individuals with mental illness to the jail. Police officers prefer taking people to the jail where they are confined for approximately twenty-three (23) days, instead of taking them to a hospital or emergency room where they are stabilized within two (2) to three (3) days, and are free to return to the streets. In addition, there are state rules that require consent from individuals before engaging them in care, making it difficult for assertive services to treat super utilizers in particular, because many of them do not know they are ill. Commissioner Price contended that a legislative solution is required to resolve the aforementioned situation. Dr. Keller indicated that this issue is being legislatively pursued, adding that MMPHI has testified on this matter before the senate, and the Select Committee has been advised to make this issue a priority.

Dr. Keller stated that research conducted by MMPHI has confirmed that the southern and eastern parts of the Dallas community are disproportionately impacted by the number of mental health related calls. He added that fortunately Homeward Bound and some other providers are considering utilizing a property in that part of the community near Fair Park to offer inter alia, services to the mentally ill. The institute is cognizant of the fact that it will not be feasible to establish an adequate number of additional drop-off sites, and as a result is exploring the possibility of developing outreach capacity at existing provider locations.

Another aspect of the MMPHI plan is the implementation of a broader EMS system. This is an initiative that is already being discussed by the Dallas Police Department (DPD) and Dallas Fire and Rescue. The latter department is considering extending the community paramedics program to behavioral health, to allow high utilizers to obtain care in the community instead of visiting emergency rooms.

The components of the proposed MMPHI EMS system expansion are as follows:

1. DPD and Dallas Fire and Rescue will have a licensed mental health clinician accompany a police officer at dispatch to assist with the handling of mental health related calls;

2. Right Care Teams: teams comprising a paramedic, law enforcement officer and a social worker (based on a model developed in Colorado Springs that has dramatically reduced the emergency department (ED) and jail presentations in that city) will be dispatched to handle mental health related calls. The initiative will commence with two of these teams, with a total of seven teams being available eventually for dispatch, probably in the south-central and southern parts of the community.

3. Establish an additional psychiatric drop-off site around Homeward Bound and the other providers in that location;

4. Work with the District Attorney's Office (D.A.) to implement a law enforcement assisted diversion framework.

Mr. Stretcher mentioned a proposal to link all inpatient providers that use ADT (admission, discharge, transfer) systems. He stated that in situations where an individual with a mental health diagnosis is uninsured or reaches the treatment threshold, NTBHA has the ability to offer support. The ADT system can also be used to indicate if NTBHA has assigned an individual to one of the high utilizer teams, the moment that individual walks into an emergency room.

Dr. Keller indicated that the ADT system will allow medical providers to receive real time notification, an issue of critical importance, because providers will need to have rapid response capacity, if they are to accept additional funding from the Caruth Grant. MMPHI will commence the initiative, which is expected to cost of between $800,000 and $1,000,000 a year, because it is relatively labor intensive. Dr. Keller hopes that the hospitals will recognize the utility of the initiative and will decide to assume maintenance of the system.

Dr. Keller stated that MMPHI plans to fund approximately two hundred (200) to three hundred (300) slots for super utilizers (those who use the jail the most) in the initial phase, increasing to a total of twenty-three hundred slots (2,300) over the five-year period. There are also plans to provide about seven hundred and fifty (750) slots of step-down care. The institute will collaborate with Janie Metzinger and the Mental Health Select Committee to invest in communities to build their capacity to deal with mental health issues in a comprehensive manner.

Dr. Keller noted that the majority of individuals with substance use and criminogenic risks have housing challenges, but there is no comprehensive plan or commitment to provide housing for this segment of the population. He indicated that grant funds cannot be used to house people, however they can be used to develop a plan. To this end, MMPHI intends to fund the proposal submitted by CSH to Dallas County to develop a comprehensive housing plan, within ninety days of receiving the grant funds from the Caruth

Foundation. Commissioner Price stressed the importance of establishing housing, stating that he did not know whether Dr. Kelly was in a position to change his approach. Dr. Keller indicated that because establishing housing is very expensive, the available grant funds will be depleted in just a few months. He added that the foundations will be unable to raise money for housing until the Cottages initiative is complete.

Commissioner Price inquired about the the approach adopted by Colorado Springs with regard to housing for substance use and criminogenic populations. Dr. Keller stated that Colorado Springs has a housing plan and has realized that it is important to nurture the relationships with landlords. Housing specialists should be assigned to work with them. If the money offered to landlords is not competitive, bounties should be attached, for example, if landlords provide housing for an agreed period of time, their payments should be augmented. In addition, data should be made more readily available to housing specialists when they are trying to match individuals with providers.

Ms. Richardson from the Public Defender's Office (P.D.) stated that she was surprised MMPHI is only targeting ten percent (10%) of the jail population when the P.D. handles fifty-one percent (51%) of the indigent cases or over 45,000 cases a year. She asked Dr. Keller to clarify what he meant by the phrase "those people who are in jail for medical reasons". Dr. Keller used an example to illustrate his point, stating that if he did not have a mental illness and had committed a similar offence, for example a misdemeanor, or was naked in public (which is illegal but not an offence for which someone should be incarcerated) he would not be sitting in jail. He added that he used the definition because this is what the Caruth Foundation cares about. Ms. Richardson also stated that she is an advocate of evidence-based practice programs, and it appears that money is being put into a program whose impact is unknown. Dr. Keller explained that most of the money is going into well established evidence-based practices, both assertive community treatment and forensic, which are the types of criminogenic frameworks that IPS and Transicare are currently using. Judge Wade reiterated Ms. Richardson's concerns, stating that "it's overwhelming to think that more people will be diverted to the community, when the services aren't available for the people who have been released from jail". Dr. Keller responded that "it's a mistake to think that new people are going to be released into the community". He added that he was making reference to the people being released on P.R. bonds every day who need additional support.

Behavioral Health Housing Work Group (BHHWG) Update:
Prior to providing an update on the BHHWG, Commissioner Daniel acknowledged the presence of Dr. James Williams, commented on his significant experience, and thanked him for attending the meeting.

She stated that Dr. Keller's presentation complements the work being undertaken by the BHHWG, and highlighted the importance of data sharing, commenting on the silo mentality that characterizes the criminal justice mental health community system. She used the analogy of a three-legged stool to describe the importance of establishing linkages between services, housing and case management, in order to preclude recidivism or visits to emergency rooms, etc. She indicated that the Housing Group has noted that the population in general is much more aware of the stigma of mental health, and commented on the importance of educating landlords, particularly in the current economic environment, which is very hostile to the target population.

She added that one of the goals of the work group is to make case managers better prepared and better acquainted with available resources. Several providers are assisting with this initiative including Parkland with PCCI, Mental Health America and the Homeless Alliance. Commissioner Daniel made reference to Dr. Keller's discussion on first responders and the important role they play in improving the way in which mentally ill offenders are handled. She commented on the progress being made by the BHHWG, indicating that the group is collaborating with the City of Dallas, conducting a community-wide and county-wide assessment, reaching out to landlords and working with DHA and their voucher system to determine how they can be effectively matched with the people who need them.

1115 Waiver Crisis Services Project Update:
Christina Mintner, Parkland Hospital and Anchor for Region 9, provided a synopsis of the Waiver 2.0 program which expires on September 30, 2016. She stated that HHSC requested a five-year extension of the waiver for all three components, that is: State-wide Managed Care Expansion, UC Pool and the District Pool, and thanked the providers present for the work they have done to transform the health care system in Region 9. She outlined the goals of the 1115 Waiver and highlighted the fact that HHSC did not request any changes to the coordination with the Medicaid MCOs or the expansion of Medicaid.

Charlene informed the meeting of the Resolution (06-2016) in the supplemental packet that allows BHLT to endorse the April submission of their report on two of the DY4 carry forward metrics. The BHLT Committee approved the motion.

NorthSTAR Update

- **NTBHA Update:** Alex Smith reported that Peggy Alexander continues to monitor the Home and Community-based Services Program stating that to date only one boarding house has applied for the service. He indicated that the organization is awaiting approval of a survey undertaken by the State, in order to continue attempts to generate interest in the program, and added that a weekly conference call has been scheduled to discuss strategies to stimulate interest in the program. He commented on efforts by provider Carol Lucky to fill the gap left by the loss of their second largest outpatient provider, Adapt of Texas, and acknowledged that they were fortunate to have had a relatively seamless transition.

- **Value Options NorthSTAR Update:** John Quattrin reiterated the point made by Alex Smith regarding the loss of NTHBA's second largest outpatient provider, Adapt of Texas. He stated that Child & Family and Dallas Metrocare had been extremely nimble in filling the void left by Adapt of Texas. He indicated that members of his team had coordinated with the providers to ensure agreeable arrangements were put in place, and will continue to work with the latter, to make the transition as seamless as possible. Employees also distributed letters to all affected members, informing them of the new developments, providing assurance that their access to care will be seamless, and that they will always have a choice of providers. The agency's clinical team also worked diligently to update over 2,700 individual authorizations, to allow providers to access and utilize this information for the ongoing delivery of care.

- **State Advisory Committees:** Doug Denton indicated that the June round-table will be cancelled to allow the committees to address a number of housekeeping matters and resolve some transitional issues. The next round-table will be held with Metrocare on July 8th. Event details will be forwarded to Nakish Greer for distribution to pertinent agencies and individuals.

Upcoming Events and Notifications: Vickie Rice from the Public Defender's Office stated that she wished to thank employees of the South Dallas Drug Court for assisting with the Public Defender's Office Seed Program. The Court she explained provides a critical drug treatment component of the Program and assists clients by finishing their criminal cases and tickets. She also thanked Judge Wade for graciously providing assistance with the database system in the Mental Health Division. The round table meeting for the PD's office has been canceled for the month of June and the next meeting will be July 8, with Metrocare.

Public Comments:
Abel Hernandez informed attendees that the Stephen A. Cullen Military Family Clinic at Metrocare is open for business. The services are available free of charge, and can be accessed by veterans of any service era (whether they received good or bad papers on their discharge) and any identified loved ones or caregivers who work within the community and needs mental health assistance. He provided the telephone number (469-680-3500) and indicated that additional information is available on Metrocare's web site. The clinic plans to serve eight hundred and fifty (850) individuals in its first year of operation.

Adjournment:
A motion was approved to adjourn at 11:18 AM.

RESOLUTION

DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM

RESOLUTION NO: **07-2016**

DATE: **July 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 14th day of July 2016, the following Resolution was adopted:

WHEREAS, The Dallas County Behavioral Health Leadership Team (BHLT) has previously endorsed the planning activities of the Caruth Smart Justice Grant, a local foundation-supported initiative to reduce the number of people with mental illnesses in jail; and

WHEREAS, the Meadows Mental Health Policy Institute (MMHPI) seeks support for a bold and responsive plan designed to improve public safety in Dallas County through a multi-system, multi-year initiative to divert citizens suffering with severe mental illness from local law enforcement and criminal justice systems, as well as hospital emergency rooms; and

WHEREAS, the Caruth Smart Justice Implementation grant will now provide the Dallas community with the additional structure and resources to further the work of the BHLT, Criminal Justice Advisory Board (CJAB), NTHBA and other stake holders to reduce the number of persons with mental and co-occurring substance use disorders in jail, and provide improved community supports.

IT IS THEREFORE RESOLVED that the Dallas County Behavioral Health Leadership Team approves proceeding with support and participation with MMHPI from the Commissioners Court in the Caruth Smart Justice Implementation Grant, to include providing coordination, resources, and a letter of support for the grant application submission to the W.W. Caruth, Jr. Foundation at the Communities Foundation of Texas.

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

_____
John Wiley Price
Commissioner District #3
Dallas County

_____
Dr. Theresa Daniel
Commissioner District #1
Dallas County

July 14, 2016

Monica Egert Smith
W.W. Caruth, Jr. Foundation Trustees
W.W. Caruth, Jr. Foundation
5500 Caruth Haven Ln.
Dallas, TX 75225

Dear Ms. Smith and Foundation Trustees:

Please accept this letter of support of the Caruth Smart Justice Implementation plan being submitted by the Meadows Mental Health Policy Institute (the Meadows Institute) to the W.W. Caruth, Jr. Foundation at the Communities Foundation of Texas.

The Meadows Institute seeks support for a bold and responsive plan that is designed to improve public safety in Dallas County through a multi-system, multi-year initiative to divert people with severe mental illness from local law enforcement and criminal justice systems, as well as hospital emergency rooms. This plan was based on the Community Assessment findings of the Caruth Smart Justice Planning Grant, which showed a tremendous burden on Dallas County law enforcement, criminal justice resources (including the jail), hospital emergency rooms, and the individuals and families affected by severe mental illness.

In response to this assessment, the Dallas County Behavioral Health Leadership Team has been involved in the development of the plan submitted by the Meadows Institute. What is more, we are very hopeful that the involvement of such a comprehensive array of system leaders, engaged in a broad, best-practice endeavor led by the Meadows Institute, can both catapult Dallas County to the forefront of national efforts to address this complex public safety and public health challenge, and meet the primary goals of the W.W. Caruth, Jr. Foundation at the Communities Foundation of Texas to promote the public safety of North Texans by:

- Freeing up Dallas County law enforcement to focus more on public safety rather than emergency mental health service delivery,
- Reducing Dallas County's current high rate of re-arrest and re-entry into the criminal justice system for people living with mental illness, and
- Sustaining these changes by also reducing the burden of unmet mental health needs on our region's leading hospital systems and their overtaxed emergency rooms.

The Dallas County Behavioral Health Leadership Team shares these goals, and we commit to participating fully in the planning process. Our system also commits to work with the Meadows Institute and its evaluation of the project to find ways to measure the impact of the project on our system operations in the hope of finding ways to sustain any activities that successfully reduce our costs. We are hopeful that the ambitious proposal submitted by the Meadows Institute will bring about meaningful system enhancements to do just that, including:

- **Building a front-end diversion** that dramatically reduces the number of people with mental illness from entering (or re-entering) the emergency response and broader justice system while better supporting the public safety role of law enforcement;
- **Improving the responsiveness of services** by better identifying mental health needs and matching those needs to essential services through improved risk assessment, pre-trial supervision, and re-entry planning for those within the criminal justice system; and
- **Building on-going treatment and housing supports** that are sufficient to keep the highest-utilizing group of people out of jail and successfully engaged and treated in state-of-the-art treatment programs, rather than our public safety and justice systems.

The proposed plan from the Meadows Institute hinges on community support and partnership, and the Dallas County Behavioral Health Leadership Team commits to offering both. We believe that through the implementation of the community plan, the public safety and behavioral health landscape of Dallas County can be greatly improved. The primary outcomes from this plan are designed to increase overall public safety in Dallas County, decrease the costly over-utilization of hospitals and jails, and improve the likelihood of restored and productive lives for Dallas County residents with mental illness.

Thank you for this opportunity to submit this letter of support. Please know that the Dallas County Behavioral Health Leadership Team and the Dallas County Commissioners fully support the efforts of the Meadows Institute as they seek external funding for the Caruth Smart Justice Implementation plan to help meet the above goals.

Sincerely,

_____

John Wiley Price
Commissioner District #3
Dallas County

_____

Dr. Theresa Daniel
Commissioner District #1
Dallas County

Dallas County Behavioral Health Housing Work Group
Dallas County Administration, 411 Elm Street, 1st Floor, Dallas Texas 75202
June 22, 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; Jim Mattingly, LumaCorp; James McClinton, Metrocare; Ikenna Mogbo, Metrocare; Zachary Thompson, DCHHS; Thomas Lewis, DCHHS; Patricia Chen, Doctoral Student; Courtney Clemmons, NTBHA; Cindy Crain, MDHA; Brooke Etie, DHA; Charletra Sharp, City of Dallas; Janie Metzinger, MHA; Kendall Scudder, Atlantic Housing Foundation; Rev. Gerald Britt, City Square; Shenna Oriabure, CJ; Dr. David Woody, The Bridge; 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
Scyene Road Property – Contract details are still being reviewed for the possibility of using the space as a transitional respite center. Ron Stretcher stated that Dallas County recently approved a work order with CBRE to provide consultation on the viability of the project and whether it will be a sound business investment.

Letter of Support to the City of Dallas Housing Committee – A first draft of the letter was completed and will be distributed to members of the BH/HWG via email for feedback.

PIPELINE DEVELOPMENT: Ron Stretcher
Pipeline Committee minutes are in the meeting packet and were also shared via email for review.

TDHCA 2016 Housing and Services Partnership Academy: A letter of support was sent to the City of Dallas Housing Committee in reference to the housing plan and affordable housing needs. Many of the academy members are also part of the Dallas Commission on Homelessness.

Dallas Commission on Homelessness: The commission held a public community meeting about the I-45 Tent City encampment and outcomes. The meeting centered on solutions to homelessness such as the Housing First model and coordinated access. Ikenna Mogbo was on the panel of speakers. In general, the community is resistant to the Housing First approach to end homelessness. It is also apparent that the Housing First model is largely misunderstood by the community and providing education about the effectiveness of Housing First is needed. Mr. Mogbo will meet with community members to gain a better understanding of the community's opposition to the Housing First model.

The Commission on Homelessness will work closely with Councilman Scott Griggs on the affordable housing plan recommendations and ensuring that PSH is included. Members of the BH/HWG feel that in addition to working

with the City of Dallas on affordable housing, it is also important to take a regional approach and actively work with neighboring cities. Cindy Crain explained that the HUD Continuum of Care (CoC) process requires counties and entitlement cities to submit housing plans for special populations (homeless, disabled, AIDS, etc.). HUD CoC funds are designated based on the needs and poverty level of a region.

Mr. Stretcher shared that the Meadows Foundation and Corporation for Supportive Housing (CSH) will reallocate funding to begin tackling housing issues in Dallas and will align with Caruth Smart Justice efforts. The combined funding will go towards building a concrete plan for PSH. Housing First is not viewed as an effective solution; discussions are currently driven by a lack of trust in the treatment system and lack of funding and services.

MDHA is assisting the Commission on Homelessness by ensuring that affordable housing and PSH is included in the city's budget. They are also working on estimated funding needed for capital improvements for housing. MDHA is preparing to implement CoC efforts. Landlords will receive a package that includes minimum standard of care guidelines and contract for PSH. CoC grant funds will be awarded soon but will likely decrease in Dallas because Housing First is not a priority model. MDHA will continue to gather public feedback on homelessness and will bring field experts to present best practices for ending homelessness to the public. MDHA is working with T3 (research agency) to use Dallas as a research site for how motivational interview therapy is an effective tool for individuals who face treatment issues and homelessness. T3 will evaluate agencies and intervention strategies.

RESOURCES REPORT: Dr. David Woody
The Resources and Pipeline Committees have merged and will meet in the next couple of weeks.

INDUSTRY UPDATES:
Coordinated Access System
MDHA is reviewing staffing needs for the coordinated access system. Several positions are: 1) a documentation priority specialist who will collect homeless and disability paperwork and classify people by priority levels, 2) a continued care housing resources manager who will manage contracts and information referrals for Collin County, and 3) a housing navigator placement specialist to negotiate and close housing deals with landlords. The requested positions will assist with managing a real-time inventory of voucher ready individuals, ensuring CoC occupancy maintains as close to 100% as possible.

Zachary Thompson added that the BH/HWG should continue to focus on the fair market rent issue. Disparities should not exist based on location; individuals should not receive less housing assistance if they choose to live in the southern sector. In addition, there is a group of homeless individuals who receive financial assistance such as Social Security benefits but choose not to apply it towards housing. The BH/HWG and key partners need to find ways to encourage these individuals to secure housing instead of choosing homelessness.

Stepping Up, Caruth Smart Justice, and MMHPI
Findings were presented at the BHLT meeting in June. Proposed plans and funding requests are being finalized and will be submitted in mid-July. The Stepping Up partners will meet with the Caruth Foundation at the end of August. The proposed plan implementation is anticipated to fall in line with the NTBHA/NorthSTAR transition.

Homeless Encampments
Tent City residents relocated to the Coombs and Haskell homeless camps. MDHA is in the process of completing HUD paperwork on those individuals. A housing barrier tool was created in an effort to identify criminal background items that are preventing individuals from seeking and securing housing. This tool encourages homeless individuals to disclose criminal background items so they may be proactively addressed. The housing

barrier tool will also identify whether homeless residents who receive income assistance may be able use that assistance towards housing.

City of Dallas

The City of Dallas was awarded 2.6 million dollars for the Healthy Communities Collaborative Grant from the state and is partnering with local agencies: City Square, Austin Street Shelter, Turtle Creek, MDHA, and The Bridge. The city has 12 months to spend the funding. A bigger challenge for agencies is securing a private cash match. The state provides the city technical assistance. The city will submit quarterly reports to the state.

Next Meeting: Wednesday, August 21st 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	2016-03	2016-04	2016-05	Average:	Sum:
Service Episodes:	829	780	750	725	745	743	729	768	**758.63**	**6,069**

Unique Consumers:	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	Average:	Sum:
By N* ID	762	667	594	560	556	500	461	461	**570.13**	**4,561**
By Client ID	48	61	67	54	33	52	42	47	**50.5**	**404**
TOTAL Unique Consumers:	**810**	**728**	**661**	**614**	**589**	**552**	**503**	**508**	**620.63**	**4,965**
TOTAL Unique Consumers as %:	**97.71%**	**93.33%**	**88.13%**	**84.69%**	**79.06%**	**74.29%**	**69.00%**	**66.15%**		

Unique F2F:	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	Average:	Sum:
By N* ID	236	202	202	195	177	170	161	175	**189.75**	**1,518**
By Client ID	16	14	23	17	10	20	19	29	**18.5**	**148**
TOTAL Unique F2F:	**252**	**216**	**225**	**212**	**187**	**190**	**180**	**204**	**185.11**	**1,666**
TOTAL Unique F2F as %:	**88.73%**	**80.90%**	**68.18%**	**70.90%**	**65.85%**	**65.52%**	**69.23%**	**70.10%**		

	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	Average:	Sum:
F2F Percentages:	34.26%	34.23%	44.00%	41.24%	38.12%	39.03%	35.67%	37.89%	**38.05%**	**304.44%**

Encounters by Type:	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	Average:	Sum:
Triage	829	780	750	725	745	743	729	768	**758.63**	**6,069**
Care Coordination	3,140	2,973	3,669	3,872	3,524	3,728	3,329	3,589	**3,478**	**27,824**
F2F Encounter	284	267	330	299	284	290	260	291	**288.13**	**2,305**
TOTAL Encounters:	**4,253**	**4,020**	**4,749**	**4,896**	**4,553**	**4,761**	**4,318**	**4,648**	**4,524.75**	**36,198**

Female:	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	Average:	Sum:
Black	121	119	96	90	95	89	78	73	**95.13**	**761**
Hispanic	38	34	18	24	28	20	19	17	**24.75**	**198**
Other	1	1		1	1		1	2	**1.17**	**7**
Unknown	2	1	5		2	3	2		**2.5**	**15**
White	84	65	65	62	44	53	51	41	**58.13**	**465**
TOTAL Female:	**246**	**220**	**184**	**177**	**170**	**165**	**151**	**133**	**180.75**	**1,446**

Male:	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	Average:	Sum:
Black	345	278	310	261	257	225	196	209	**260.13**	**2,081**
Hispanic	75	79	52	50	50	54	52	47	**57.38**	**459**
Other	4	4		4	4	2	1	3	**3.14**	**22**
Unknown	5	5	5	4	5	5	3	5	**4.63**	**37**
White	135	142	110	118	103	100	100	111	**114.88**	**919**
TOTAL Male:	**564**	**508**	**477**	**437**	**419**	**386**	**352**	**375**	**439.75**	**3,518**

Gender Not Collected:	2016-03	Average:	Sum:
Unknown	1	**1**	**1**
TOTAL Gender Not Collected:	**1**	**1**	**1**

Age of Triage Encounters:	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	Average:	Sum:
Adult	799	719	657	608	580	544	499	504	**613.75**	**4,910**
Minor	6	8	3	6	8	6	4	4	**5.63**	**45**
Uncollected	5	1	1		1	2			**2**	**10**
TOTAL Age of Triage Encounters:	**810**	**728**	**661**	**614**	**589**	**552**	**503**	**508**	**620.63**	**4,965**

Age of F2F Encounters:	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	Average:	Sum:
Adult	249	210	224	211	183	188	178	203	**205.75**	**1,646**
Minor	3	6	1	1	4	2	2	1	**2.5**	**20**
TOTAL Age of F2F Encounters:	**252**	**216**	**225**	**212**	**187**	**190**	**180**	**204**	**208.25**	**1,666**

HarrisLOGIC

Summary for 10/01/2015 to 05/31/2016

Recidivism [10012015-09302016]

Last Refresh: 6/28/16 at 8:06:16 AM GMT-05:00

Triage 12	4,992
Recidivism 12-12	1,060
Recidivism 12-12%	21.23%

Triage 6	3,972
Recidivism 6-6	650
Recidivism 6-6%	16.36%

Triage 6	3,972
Recidivism 6-12	1,012
Recidivism 6-12%	25.48%

	October	November	December	January	February	March	April	May	June	July	August	September
Triage 12-12	810	1539	2201	2822	3413	3970	4513	4992				
Recidivism 12-12	19	72	174	304	461	643	864	1060				
Recidivism 12-12%	2.35%	4.68%	7.91%	10.77%	13.51%	16.20%	19.14%	21.23%				
Triages 6-6	810	1539	2201	2822	3413	3970	3972	3972				
Recidivism 6-6	19	72	174	304	461	643	645	650				
Recidivism 6-6%	2.35%	4.68%	7.91%	10.77%	13.51%	16.20%	16.24%	16.36%				
Triage 6-12	810	1539	2201	2822	3413	3970	3972	3972				
Recidivism 6-12	19	72	174	304	461	643	849	1012				
Recidivism 6-12%	2.35%	4.68%	7.91%	10.77%	13.51%	16.20%	21.37%	25.48%				

Transicare Reporting
Crisis Services Project

		2015-09	2015-10	2015-11	2015-12	2015-1	2015-2	2015-3	2015-4	2015-5	2015-6 TEMP
1	**Beginning Census**	**62**	**61**	**63**	**68**	**76**	**86**	79	97	92	96
2	REFERRALS	*33*	*39*	*29*	*26*	*33*	*40*	44	38	47	44
	ACS	*23*	*21/1*	*16*	*12/1*	*25*	15	31	*28*	*32*	*34*
	Comp	*10*	*17*	*13*	*13*	*8*	24	10	*9*	*7*	*9*
	FCC		*1*		*1*		*1*	1	*1*	*0*	*1*
3	**Admissions**										
4	**Referred Admitted**	***9***	***14***	***13***	***17***	***18***	***21***	**22**	**16**	**16**	**24**
5	No Admit Client Refusal	1	2	0	0	2	3	3	0	4	3
6	No Admit Criteria	15	8	5	0	5	1	4	9	4	2
7	No Admit Structural	3	3	4	2	4	0	11	3	7	7
8	Pending	5	11	7	7	4	15	5	10	16	7
9	*PRIOR PENDING*										
10	**Pending Admitted**	***3***	***2***	***9***	***3***	***5***	***5***	10	4	7	10
11	No Admit Client Refusal	1	0	3	0	0	1	4	1	1	2
12	No Admit Criteria	6	2	2	0	0	0	0	1	3	0
13	No Admit Structural	0	0	0	0	1	0	0	0	0	3
14											
15	**Total Admissions**	**12**	**16**	**22**	**20**	**23**	**26**	**32**	**20**	**23**	**34**
16											
17	**Discharges**										
18	Success Transfer	1	0	5	3	3	13	3	6	3	3
19	DC Midterm Disengage	4	6	6	2	7	6	2	7	8	11
20	DC Rapid Disengage	1	1	2	3	0	0	1	4	1	0
21	DC Structural	7	7	4	4	3	14	8	8	7	11
22	**Total Discharged**	**13**	**14**	**17**	**12**	**13**	**33**	**14**	**25**	**19**	**25**
23	Active End Of Month	61	63	68	76	86	79	97	92	96	105
24											
25	**Outcome Data**										
26	*Terrell State Hospital Linkages*										
27	≤7 Connect To Prescriber	4	3	2	4	5	3	4	1	2	4
28	≤30 Connect To Prescriber	0	0	0	0	0	0	0	0	0	0
29	Missed Metric	0	0	0	1	1	1	1	0	0	0
30	Total Released	4	3	2	5	6	4	5	1	2	4
31											
32	**Cummulative ≤7 Connect %**	**80.6%**	**100.0%**	**100.0%**	**90.0%**	**87.5%**	**85.0%**	**84.0%**	**84.6%**	**85.7%**	**86.2%**
33	**Cummulative ≤30 Connect %**	**87.1%**	**100.0%**	**100.0%**	**90.0%**	**87.5%**	**85.0%**	**84.0%**	**84.6%**	**85.7%**	**86.2%**
34	**Missed Metric**	**12.9%**	**0.0%**	**0.0%**	**10.0%**	**12.5%**	**15.0%**	**16.0%**	**16.0%**	**14.3%**	**13.8%**
35	*Unduplicated Served*										
36	**Monthly Unduplicated**	**91**	**89**	**81**	**84**	**99**	**102**	**113**	**107**	**111**	**128**
37	DSRIP YTD Unduplicated Served	349	89	114	166	201	227	273	300	343	
38											
39	*Encounter Data*										
40	F2F Encounter	407	388	335	411	467	595	360	571	567	663
41	Care Coord	163	174	143	184	154	135	118	161	138	138
42	Total	570	562	478	595	621	730	478	732	705	801
	Consults										
43	**Referral**	**3**	**9**	1	24	11	7	0	0	0	0
44	Pending	13	14	11	18	35	6	20	20	8	6
45	Resolved	5	9	4	6	5	10	4	6	6	0
	Salvation Army Beds:										
47	**Referral**	**2**	**4**	**3**	**2**	2	2	4	0	1	3
48	Currently in beds				5	4	3	6	4	4	2
49	*Metrocare AfterCare*										
	Referral				6	1	0	1	2	2	2

Forensic Diversion Unit (FDU) Report

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Beginning Census	**46**	**46**	**48**	**49**	**49**				
Number of Referrals Received from CSP	**6**	**10**	**8**	**5**	**4**				
Adapt	6	10	8	5	4				
Metrocare	0	0	0	0	0				
Transicare	0	0	0	0	0				
Number of Admissions	**5**	**7**	**7**	**3**	**3**				
Number Discharged	**9**	**5**	**6**	**3**	**3**				
Number not admitted due to:									
Client qualifies for ACT	0	0	0	0	0				
Client qualifies for other programs	0	0	0	2	0				
Client didn't meet level of need required	0	0	0	0	0				
Other reasons	1	3	1	0	1				
Average Service Utilization:									
Average hours seen	9.87	11.87	10.22	11.1	10.36				
Encounter Breakdown:									
Face to Face	532	608	683	592	596.6				
Service Coordination	73	80	74	83	67				
Number of clients accessing:									
Emergency Room (medical)	0	0	0	1	1				
23-hour observation (psych)	1	0	1	1	1				
Inpatient (med/ psych)	2	0	0	0					
Jail book-in	1	0	1	1	1				
Reasons for Discharge:									
Graduate	3	0	1	2	1				
Client Disengagement	0	1	1	1	1				
Extended Jail stay (case-by-case basis)	6	1	2	0	1				
Other Intervening factors	0	3	2	0	0				
End of Month Stats:									
Number of Active FDU clients end of month	**42**	**48**	**49**	**49**	**49**				
Number of Unique Consumers	3	2	2	3	1				
# of clients waiting to be released from jail	4	7	8	7	5				
Average Length of stay on FDU (month)	12.14	12.4	12.1	12.8	11.6				
Maximum Census	**46**	**46**	**46**	**46**	**46**				

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

JUNE 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 16 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/16 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 On-going project-tracking (no invoices submitted in June)	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 8 FDU referrals Reviewed 4 TX plans and no consult with MD during this review period	Not Applicable
5	**CSP-Cottages Project**	Reviewed MH HX on 30 consumers to support appropriate H-risk referrals to program.	Not Applicable

Minutes of the Behavioral Health Steering Committee (BHSC) Meeting
Friday, June 17. 2016

Call to order and Introductions

The meeting was called to order by Judge Wade at 8:40 am. Mike Laughlin introduced the guest speaker, Dr. Andrew Keller, CEO of the Meadows Mental Health Policy Institute (MMHPI) who will present a summary of the Caruth Smart Justice Grant's next step as an Implementation Grant.

Attendee's names are contained on the meeting sign-up sheet, and are available for review.

Minutes review and approval

The minutes from the BHSC meeting of May 19, 2016 were reviewed. A motion was made and seconded by for them to be accepted as read. Motion passed and minutes approved.

Guest Speaker: Dr. Andrew Keller, CEO MMHPI - Caruth Smart Justice Grant

The guest speaker was Dr. Andrew Keller, CEO of MMHPI. He made a one-hour presentation using a 16 page PowerPoint viewed on the projector, with a hard copy in everyone's packet. He explained the key planned elements and funding options for implementing each of the Intercepts 1-5 within the Caruth Smart Justice Grant. There was lengthy presentation and discussion about how cases can be diverted pre-arrest using clinicians paired with the Dallas Fire Rescue Department in lieu of police response that often leads to arrest and charges. He also gave details on how the current treatment resources will be enhanced and expanded using evidence-based models and programs such as enhanced ACT and Forensic ACT services to provide proactive and evidence-based treatment that also targets criminogenic risk factors. He advised about 4,500 of the 90,000 citizens with Serious Mental Illness in Dallas County are super-utilizers, with frequent arrests and bookings in Lew Sterrett.

There will be a close partnership between the County, MMHPI, NTBHA, the local hospitals and emergency rooms, as well as Medicaid, state funds, and other sources to supplement and augment current funding, resources, and systems in order to leverage and align this Caruth Foundation Grant initiative. On the basis of the initial system assessment and planning phase in the past 12 months, this plan being presented by MMHPI today was formulated for longer term "implementation" funding from Caruth. The focus for Intercept 1 (pre-arrest) will be to re-align and redesign treatment and diversion processes to free up law enforcement, impact high recidivism rates, and make a long term shift in funding away from high level crisis to ongoing community support. The program is now past phase one planning, having completed focus and work groups to evaluate needed changes in all 5 Intercept Points in the system. The plan is now receiving input from various entities, and will then go to Caruth in July 2016 to be reviewed for further funding to implement the plans.

Dr. Keller displayed a map showing the several areas of Dallas County where people can be detained at various jails. In contrast he also showed a map showing the smaller number of locations where someone could be diverted to receive help with mental health issues. The goal of the project would be to build upon the existing provider base and create more access to redesigned, evidenced-based services at multiple locations in the community. Also the program is working to engage emergency medical responses.

The program would look at using about a third of the money to create diversion programs on the front end of dealing with defendants. To deal with emergency responses, a team is planned consisting of a paired paramedic and a clinician to intervene in a more focused, clinical manner (with law enforcement as a backup depending on the circumstances).

About one-fifth of the money will also be used during the Jail/Courts phase to screen and provide clinical and risk assessments during pretrial custody to allow for personal recognizance bond releases to pre-trial

supervision and treatment. This would provide the ability to more rapidly and effectively screen offenders for mental health, and then to provide evidence and risk-based, treatment focused, supervision for those released on MH bond. Currently, Dallas County has Pretrial officers, but provides very limited pretrial bond supervision, which might account for some of the higher pre-trial recidivism and court non-appearance rates in Dallas County. Supervision and case management/treatment monitoring will be added to the job duties of the Pre-trial Officers that will take into account criminogenic risk, as well as mental health needs.

Another part of the program will include improving and expanding the number of ACT and FACT Teams, which provide high level services in the community. Currently there are only 725 asserted community treatment (ACT) slots, which is the highest level of service that is provided within the County. The team includes nurse counselor, and psychiatrist which work with criminal justice and individuals in the community to keep them out of the hospital and jail. The number of slots will be expanded to 2350. One other lingering problem is that current state law around ACT teams penalizes staff form doing outreach. Currently clients have to consent before they can be enrolled in or complete the program. However, many people in need of these services often initially refuse and the providers must sometimes interact several weeks before they agree to have treatment. The program is looking at providing some provisions for this so the providers are not penalized. Slots are also being created for a step-down process, in that there is no need to maintain the highest level of treatment once improvement occurs.

A number of providers have provided input and proposed plans on how to minimize service gaps within Intercept 5 in the Community, and to improve existing pre-arrest and post-conviction treatment services using more evidence and risk-based strategies to reduce new offenses, and improve treatment outcomes after release/community supervision placement.

Another treatment option being created during this grant will be providing earlier intervention and mental health services during initial onset of psychosis. The goal here will be to treat clients early before severe problems develop. Metrocare and UT Southwestern are working together to build capacity for first time psychosis issues.

Funds will also be used to bring in outside expertise to address the housing problem for people with mental health needs. The Corporation for Supportive Housing and others will be working with Commissioner Daniel's BH Housing Workgroup, and the city of Dallas to address this gap and challenge.

The proposal and plans for the Implementation Grant are being reviewed by everyone in June, and will be submitted Mid-July with a decision by the Caruth Foundation expected in August. If funded, implementation of these expanded services should begin January 2017, coinciding with the Northstar transition.

Remaining data and reports for BHSC – Judge Wade

Judge Wade waived the reading of all the reporting departments (SAMHSA, 530 Subcommittee, BHLT/CSP, Public Defenders, District Attorneys, Jail reports, Provider's reports from The Bridge, Metrocare and IPS, as well as Problem Solving and Specialty Courts) for this meeting only due to the time needed for Dr. Keller's presentation. A motion was made by Angie Byrd and seconded by Tonya Wetzel to accept all the data reports presented in the packet in lieu of individual reporting by each of the departments. The motion unanimously passed and was accepted.

Announcements

Judge Wade asked for any announcements from the departments.

Vickie Rice with the Public Defender's Office reminded everyone that the next MH Roundtable presentation will be held on Friday, July 8th at 9 a.m. in the Frank Crowley Courts Central Jury Room. Dr. John Burruss of Dallas Metrocare will be presenting on current mental health diagnoses.

Laura Edmonds advised that the 530 subcommittee approved additional funds for drug testing at their last meeting. She asked for approval by BHSC. Lynn Richardson made a motion on this that was seconded by John Carlough. It passed unanimously.

Charlene Randolph advised that 2 additional CSP metrics were approved, and a payment of $1 million has been received.

Pat Jones, Parkland VP for Correctional Health advised they have formally modified their process for providing medications at release. They will now have to be dispensed from the pharmacy and personally picked up at the pharmacy prior to or at release. This was due to chain of custody issues.

Lastly, Judge Mays (Specialty Courts) gave an update on participation in the Texas and National Drug Court Conferences. A debrief document from her is forthcoming.

Adjournment: The meeting was adjourned at 10 am. The next meeting will be held on Thursday, July 21st at 8:30 am.