

Dallas County Behavioral Health Leadership Team
Thursday, November 10, 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
- 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. Funding Opportunities
 - SAMSHA Grant Update
 - Community Courts Grant Update (Public Defender's Office)
- IX. Upcoming Events and Notifications
- X. Public Comments
- XI. Adjournment

* Indicates items requiring approval from Dallas County Behavioral Health Leadership Team



Dallas County
Behavioral Health Leadership Team
Meeting Notes
Thursday, October 13, 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 from the BHLT meeting held on September 11, 2016, were included in the meeting packet. A motion made by Ron Stretcher to accept the minutes was seconded by Sherry Cusumano. The committee members voted to approve the minutes with no modifications.

Introductions and Absent BHLT Members:

Mr. Stretcher introduced Leslie Gibson, Dallas County Juvenile Department Deputy Director of Administrative and Executive Services to the committee. He stated that the resolution (10-2016) was a recommendation for BHLT members to appoint Ms. Gibson as an active member of the committee representing the Dallas County Juvenile Department. A motion was made by Ron Stretcher, seconded by Doug Denton, and the committee approved the resolution with no modifications. Commissioner Price advised the committee that Commissioner Daniel would not be in attendance. Dr. Jacqualene Stephens, Director of Systems for the Meadows Mental Health Policy Institute, introduced Dawn McKeenan, Smart Justice Project Manager and Natalie Chenault, Smart Justice Clinical Project Manager. Bryan Stare introduced himself as a PhD student and counselor at UNT who will be attending BHLT meetings to learn more about the mental health delivery system. Lynn Richardson noted that Mr. Star has been working closely with Vickie Rice and the Public Defender's Office Black Males' Treatment Experiences in Mental Health Court: A Phenomenological Analysis. Mrs. Rice informed Nakish that, Mr. Stare recruited the participants, whom were clients of the PD's office for his research and from the mental health courts and programs at FCCB. Mrs. Rice and her office monitored his research and treatment of the participants throughout the project and provided historical information regarding FCCB, Dallas County and specialty court programs as needed.

NTBHA Indigent Services Plan and Updates:

Ron Stretcher informed the committee that Carol Lucky has been appointed as the new CEO at the North Texas Behavioral Health Authority (NTBHA). In addition, the NTBHA board has approved the Comprehensive Mental Health contract for providers. They have also approved the award for the new Pharmacy Benefits Manager. NTBHA has also received the resolutives for their readiness review from the state. Mr. Stretcher stated that everything is progressing and moving well and went on to explain that the substance abuse contracts have been signed and executed and, since the Mental Health contracts have been approved, MetroCare, ABC, Child & Family Guidance will now have their contracts finalized. Mr. Stretcher estimates that NTBHA should have all contracts finalized by November. Commissioner Price requested an update to pharmacy management. Mr. Stretcher stated that NTBHA had recently approved a contract award for Integrated Prescription Management (IPM). IPM works with Collin County, Denton County, and other mental health authorities. The company serves over forty (40) county jails. Ms. Brittony McNaughton stated that there will be no interruptions to the pharmacy network or pricing. Dr. Baker is currently working with the Physician Leadership Group to develop a formulary. Commissioner Price

inquired about IPM's competitiveness in the marketplace. Mr. Stretcher responded that Dr. Baker is working with the company and what they mainly prescribe, after that has been established; then they will work on a negotiation for those prescriptions. After some additional discussion about IPM, it was established that no one had any issues with the prescription benefit manager.

Stepping Up Initiative Update/Caruth Grant:

Dr. Jacqualene Stephens stated that the Caruth Smart Justice (CSJ) program was awarded a seven million dollar grant that will go into effect in January 2017. The CSJ team will contact all the providers who submitted plans and proposals for this grant. Dr. Stephens introduced two staff members who will be assisting on the project including the project lead B.J. Wagner. Commissioner Price asked whether Dr. Stephens and the CSJ team had received the level of participation and cooperation that they had envisioned. Dr. Stephens indicated that they received great proposals and ideas from the providers. The next step is to provide training and have discussions with everyone about their needs and preferences. The Caruth Smart Justice team would like MMHPI to use philanthropy as leverage. Commissioner Price stated that he would like Janie Metzinger and Dr. Stephens to draft a letter to the legislature to update them about the Caruth Smart Justice program and discuss the way forward for the initiative.

Behavioral Health Housing Work Group (BHHWG) Update:

Germaine White, Chief of Staff for Dr. Thereasa Daniel, stated that BH/HWG continues to focus on housing and housing related support services designed to safely divert individuals away from the jails and emergency rooms. There are two interns assigned to Commissioner Daniel's office who are currently working on a preliminary draft of the housing brochure. The Pipeline Development and Resources committee members who are also members of the Commission on Homelessness did not meet as planned. The BH/HWG committee leaders will meet to evaluate the existing committees. They will focus inter alia on ensuring that the housing work group continues to be effective. Mr. Stretcher stated that there will be an addendum to the next Commissioners Court agenda that will recommend a facility assessment of the Dawson State Jail. Jonathan Bazon, Assistant County Administrator, has been working with the city, and believes CBRE has the capacity to conduct this assessment. Bernadette Mitchell, City of Dallas Director of Housing/Community Services Department will also be involved in evaluating the facility.

1115 Waiver Crisis Services Project (CSP) Update:

Commissioner Price presented Resolution 11-2016 approving the recommendation to authorize the Crisis Services Project (CSP) to negotiate a contract with NTBHA for a Care Manager position. A motion was made by Preston Looper and seconded by Janie Metzinger. The committee members voted to approve the resolution with no modifications to be made. Ron Stretcher abstain from resolution 11-2016. Charlene Randolph informed the committee that CSP had succeeded in meeting all of its QPI service goals and process metrics, except for one (1) of the category one metrics. CSP is currently working with Value Options to make sure this metric is met. Mrs. Randolph stated that CSP is currently in talks with Judge Seider's court to pilot a program for individuals with behavioral health concerns. The project will be conducting assessments and will provide a video node for his courtroom. Commissioner Price expressed concern about keeping the Public Defender's office informed about the various courtroom proceedings.

NorthSTAR Update

- **NorthSTAR Update:** Brittony McNaughton informed the committee that the financial collaboration report was located on the website. http://www.ntbha.org/docs/Collaborative_9_29_16.pdf
- **ValueOptions NorthSTAR Update:** John Quattrin, Beacon Value Options, stated that his organization continues to work with the state, NTBHA and Collin County to ensure a seamless transtion. VO is involved with the communication that is being developed and distributed by the State, NTBHA, and the Collin County Authority. The focus is on communicating directly with the members and the providers, and communicating with the members via the providers. VO wants to ensure that the information being distributed is made available to the members so their questions can be answered. Commissioner Price is concerned about the indigent population and

how it is defined. Mr. Stretcher stated that it has already been determined who constitutes the indigent population, the services they receive and who provides those services.

- **State Advisory Committees:** No updates were provided.

Funding Opportunities:

- **SAMSHA Grant Update:** Laura Edmonds reported that the program continues to move forward. There are currently six (6) women in the program which is in its second year of operation. The goal is to send thirty-six (36) women to Nexus. One of the project goals was to enroll thirty-six (36) participants in the program in the first year, however, only thirty-three women participated in the program in the year one.

Community Courts Grant Update (Public Defender's Office): Lynn Richardson, Chief Public Defender, stated that her department has transitioned hearings to the Martin Luther King Center. Judge Rick Magnus presides over the court. The Public Defender's office found it necessary to locate the court in the community to make it more accessible to clients. Commissioner Price requested a more detailed report for the Community Courts Grant. Mrs. Richardson stated that they have presented at CJAB and will be presenting to BHLT soon. Commissioner Price requested that the staff send out the presentation presented at the last CJAB meeting.

Upcoming Events and Notifications:

Janie Metzinger announced that the Prism event will be held next Monday. Judge Lela Mays and Charles Haley will be awardees. Crisis Intervention Training and Appreciation will be held next Tuesday. The Coalition On Mental Illness will meet next Wednesday. The topic for discussion will be Post-Partum Psychosis and Crisis Intervention.

Judge Lela Mays announced that the National Prison Summit on Incarceration will take place on October 21st, at the Concord Church of Dallas. There will be a discussion on the prison pipeline that will include teachers from DISD and the mental health community. Additional information regarding this summit will be sent to members.

Adjournment:

A motion was made by Doug Denton to adjourn at 10:34 AM and seconded by Carol Lucky.

Dallas County Behavioral Health Housing Work Group
Dallas County Administration, 411 Elm Street, 1st Floor, Dallas Texas 75202
October 26, 2016 Minutes

Mission Statement: The Dallas County Behavioral Health 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; Courtney Clemmons, NTBHA; Jay Dunn, The Bridge; Blake Fetterman, Salvation Army; Charles Gulley, RG Consulting; David King, Wilson Randolph Holdings; Thomas Lewis, DCHHS; Ellen Magnis, Family Gateway; James McClinton, Metrocare; Cindy Patrick, Meadows; Sandy Rollins, Texas Tenants' Union; Jacqualene Stephens, MMHPI; Ron Stretcher, DCCJ; Zachary Thompson, DCHHS; Dr. David Woody, The Bridge; Dawn McKeehan, MMHPI; Natalie Chenault, MMHPI; Germaine White, Dallas County; Claudia Vargas, Dallas County; and Terry Gipson, Dallas County

CALL TO ORDER: Minutes approved with no changes.

The BHHWG reviewed and discussed the preliminary report and recommendations prepared by the Commission on Homelessness to determine action steps for the BHHWG. The BHHWG is committed to carrying out the shared responsibilities and has created a separate document highlighting opportunities for Dallas County's collaboration (attached at the end of the minutes report).

At the onset of the Commission on Homelessness, the general mindset was that the group would be charged with developing programs and allocating funding. The discovery and exploration process highlighted the need for policy and governance changes, lack of affordable housing, challenges to developing new housing in a tight housing market, and the lack of coordinated services for the homeless population and other vulnerable subgroups.

The proposed plan contains solid recommendations for moving forward and will require commitment from all agencies and partners in order to effect meaningful change. It is important to note that the plan is already influencing agencies and programs – strategies have been presented where fiscally possible.

Furthermore, it is the view of the BHHWG that effectively addressing the multiple issues outlined in the commission's plan extends beyond the governmental capacity of the Commission on Homelessness. Taking a county-wide or regional approach would make it possible to establish an interagency authority that could make broad-scale decisions as well as have the ability to leverage local, state and federal funding not accessible to the city. Establishing this type of interagency authority would require support from local government leaders and a dedicated revenue stream.

The following are suggestions to enhance the housing and homelessness plan:

1. Dallas County immediately adopts a change in policy to not discharge into homelessness. This continues to be a challenge for all agencies serving the homeless population because all area shelters are at capacity and there is a shortage of beds. Further, coordination with the court system is needed to avoid the unintended consequence of being discharged into homelessness. The Caruth Smart Justice Planning Grant is providing assistance with how to improve criminal justice system response.
2. That an interagency authority is established that could provide oversight and management of resources, services, case management, new affordable and permanent supportive housing developments, and manage

local and state funding. The interagency authority may include local government representatives, mental health providers, medical district providers, and a citizens' commission.

3. Commitment to participate in the HMIS coordinated access system by all entities and agencies who serve the homeless population and vulnerable subgroups. The Dallas County region must position itself as a high performing Continuum of Care system to maximize available funding. Agencies in Dallas County can achieve this by moving toward and aligning with HUD requirements and targets.

The commission's report is heavily focused on housing however the issues affecting the Dallas region are not strictly housing issues. A common thread is a lack of support services for vulnerable populations. Housing first is a successful model for some individuals, but not for all. It is unrealistic to expect someone who needs behavioral health services will succeed in housing without adequate support and case management. Most recent example is Tent City individuals who were housed are no longer in their housing placement.

SUMMARY: Commissioner Daniel

The process revealed how agencies are already addressing different parts of the homelessness crisis and how they are stepping in to fill gaps in services they are not set up to provide. Again, it highlighted that crucial wraparound services are missing. Despite not having the capital or manpower, agencies have continually attempted to fill in the gaps in services. Establishing a governance authority can provide beneficial oversight of services and resources which has proven to be out of the scope of many agencies. It will prevent duplication of services and allow the region to maximize available funding.

INDUSTRY UPDATES

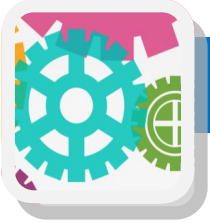
NorthSTAR Transition – NTBHA continues to prepare for the January 2017 transition. NTBHA will be able to assist with housing and service packages after the transition. They will have \$600,000 in state funding that can be used for rental assistance and will adhere to strict targets structured by the SAMHSA housing model toolkit. This funding will serve approximately 30 individuals in short-term (3 months) housing and 30 individuals in long-term housing (12 months).

NEXT STEPS

- Continue work on medical respite housing. Ron Stretcher and Jay Dunn will prepare information on an opportunity to create some respite beds in partnership with The Bridge.
- Create a draft of how the governance authority could function, what the membership could be, if the governance authority would appoint board members, etc. Dallas currently embraces the collective impact approach where participation is voluntary. Establishing an overarching governance structure would necessitate a switch from voluntary only participation. Other communities across the United States that have adopted this approach of establishing a governance authority have done so successfully. Those communities have been able to create dedicated funding using several strategies such as bonds, pensions dollars, housing trust fund, and tax dollars.
- Monitor the current HMIS system and deliverables.
- Request that NTBHA be given ability to make local decisions about how to manage funding.
- Draft a letter response to Commission on Homelessness with a statement about the commitment to not discharge individuals into homelessness and suggested recommendations that would include objectives for coordinating services, case management, and resources.
- Conduct a short assessment of BHHWG agencies reviewing the, number of beds, types of services, funding, etc.

Next Meeting: Wednesday, TBD, at 10:00 am
Dallas County Administration Building, 411 Elm Street, 1st Floor, Allen Clemson Courtroom
If you need parking, please contact Claudia Vargas

Dallas Commission on Homelessness Opportunities for Dallas County



DEVELOP A COMMUNITY-WIDE SYSTEM OF LEADERSHIP AND ACCOUNTABILITY

- This recommendation is consistent with the work of the Behavioral Health Housing Workgroup (Dr. Daniel is Chair) which has advocated for an intergovernmental authority.
- Dallas County can actively work to establish this group and develop the MOU or other agreement among participating entities.
- Dallas County can fund a position dedicated to housing activities who can provide staff support for the new organization and provide leadership in developing a data-driven system of holding providers accountable.
- Someone must own homelessness and drive the community to ensure there are measureable improvements.



INCREASE TARGETED OUTREACH, PLACEMENT AND SUPPORTIVE SERVICES TO MANAGE ENCAMPMENTS AND UNSHELTERED INDIVIDUALS

- Dallas County Health and Human Services provides significant support for the community response to the encampments and future support from Dallas County should be coordinated through the DCHHS efforts and leadership.
- Dallas County can ensure adequate support services are available through NTBHA for those persons with behavioral health needs.
- Dallas County can provide leadership in establishing ongoing meetings with persons performing outreach and engagement to ensure those services are efficient and effective. There is significant duplication of services in this area and opportunities for improved outcomes.



CONVERT TO A COMMUNITY-WIDE COORDINATED ASSESSMENT SYSTEM WITH ALL USING A SINGLE HMIS PLATFORM

- Dallas County can ensure that all persons admitted to jail are screened for housing status and those found to be homeless have their info entered into the HMIS system.
- Dallas County can explore other points of intersection with homeless persons and ensure they are assessed through the coordinated system (veterans, DCHHS, etc).



DEVELOP ADDITIONAL FACILITY AND SHELTER CAPACITY

- Dallas County has limited interaction with shelters, mainly through screening and other services from DCHHS. Dallas County can, through NTBHA, ensure adequate behavioral health services at shelters and other facilities.
- Dallas County can also provide leadership in establishing ongoing meetings with shelter operators to align their operations with the overall community response to homelessness.



INCREASE THE NUMBER OF PERMANENT SUPPORTIVE HOUSING (PSH) UNITS

- Dallas County's biggest impact can be ensuring adequate supportive services for persons in PSH through NTBHA.
- Dallas County can provide resources to assist in identifying and evaluating potential PSH projects and can explore reallocating existing funding to PSH, where available.
- At some point, Dallas County will be asked to contribute funding to specific PSH projects.



CREATE HOUSING NAVIGATION PROGRAMS WITHIN CRIMINAL JUSTICE AND TREATMENT FACILITIES SO THAT PERSONS ARE NOT DISCHARGED FROM FACILITIES INTO HOMELESSNESS

- Dallas County can be an active leader by establishing a policy that no one should be discharged from any of our facilities into homelessness.
- A housing navigator is now funded by the 1115 Waiver specifically for services in the jail and will be on board and working in the next 30 days.
- Through NTBHA, there must be a similar policy for treatment facilities.

**Dallas County Behavioral Health Leadership Team (BHLT)
Adult Clinical Operations Team (ACOT) Committee Meeting
November 3, 2016**

Attendees: Janie Metzinger (MHA), Herb Cotner (DPD), Mary Ann Niles (Green Oaks) Jennifer Torres (Metrocare), Avril Edwin-Boxill (Dallas County), Celeste Johnson (PHHS), Dawn McKeehan (MMHPI), Natalie Chenault (MMPHI), John Henry (NTBHA), Kurtis Young (Parkland), Lajuan McGowan (Transicare), Jacob Twombly (UT Police)

Introduction and Approval of Minutes

The meeting commenced with participant introductions and agency/organization updates. John Henry, NTBHA, stated that the organization's new CEO, Carol Lucky, had commenced work, and Dawn McKeehan, MMPHI, informed members that the institute had received the Caruth Smart Justice grant, and the staff is in the process of arranging training and meetings with the providers. The minutes of the October meeting were approved by Herb Cotner and seconded by Celeste Johnson.

Presentation by Celeste Johnson, Director of Nursing & Psychiatric Services, Parkland Hospital

Celeste Johnson, DNP, Parkland Hospital, delivered a presentation on the suicide risk screenings being undertaken by Parkland Hospital. The presentation, entitled 'Universal Suicide Screening in a Large Health and Hospital System', provided inter alia, a comprehensive account of the processes and measures put in place by the facility's ER department to ensure that every patient is screened for suicide risk, and the benefits that have been achieved.

Ms. Johnson indicated that Parkland Hospital currently leads the nation in suicide risk screening. The facility has been conducting mental health suicide screenings on all patients since February 2015. Approximately fifty thousand (50,000) screenings are conducted every month, and more than eight hundred thousand (800,000) people have been screened to date. The ER department has been able to collect a large quantum of very useful data and recently submitted its first manuscript to one of the suicide journals for publication. Assessments are carried out on those individuals who are identified as being moderate risk (a score of 1, 2 or 3) or high risk (a score above 3). Ms. Johnson added that Parkland Hospital is probably the only medical facility in the country that conducts suicide risk screening. The staff receives calls from hospitals in many states, including Boston's Children's Hospital, and facilities in Georgia and Pennsylvania.

Parkland Hospital uses the 'Columbia Suicide Severity Rating Scale' for adults, and the ASQ for children aged twelve to seventeen (pediatricians were recently asked to lower the age from twelve to ten). The ER staff worked closely with the authors of both tools before administering them. A medical qualification is not needed to administer the tools. They are usually administered by a clinician. An extensive amount of training was provided to all staff, in particular the ER nurses, who are leading the initiative. The latter became very motivated to support the suicide risk screening effort, after many social workers shared stories with them on an ongoing basis that highlighted the benefits of screening.

Herb Cotner, Dallas PD, enquired about the occurrence of screener bias. Ms. Johnson indicated that this has not been an issue that the hospital has had to contend with. She stated that the system was initially too

sensitive, resulting in patients who had been suicidal a long time ago, being categorized as 'severe risk'. The problem was resolved by re-weighting a number of items. Jennifer Torres, Metrocare Services, was interested in finding out whether any data is being gathered post-hospitalization. Ms. Johnson stated that there are plans to do this in the near future, adding that currently only follow-up calls are being made to patients.

Announcements

There were no announcements.

The meeting was adjourned at 1:20 pm.

DRAFT

DALLAS COUNTY, TEXAS
Minutes of the Behavioral Health Steering Committee (BHSC) Meeting
Thursday, October 20, 2016

Call to order and Introductions

The meeting was called to order by Lynn Richardson at 8:35 am. 18 staff and providers in attendee with names available on the meeting sign-in sheet.

Minutes review and approval

The minutes from the last BHSC meeting of October 20, 2016 were reviewed. No discussion or corrections. A motion was made and seconded for them to be accepted as read. Motion passed and minutes approved without objection.

Caruth Grant: Mike Laughlin presented a Caruth Smart Justice Grant update and summary report. The 5-year, \$7 million Implementation Grant proposal submitted by MMHPI to the Caruth Foundation in July has been awarded 2 weeks ago. Mike provided a summary of the upcoming actions related to the award. Funding will happen sometime between now and January with the Court/Jail workgroups immediately beginning to break into smaller task implementation sub-teams to complete SOPs, forms, Court orders, space/staff preparations, modified resource allocations, training curriculums/plans, etc.

Data and reports for BHSC – Lynn Richardson

Program and Department Updates: The program and outcome data, updates, and reports were presented and accepted by relevant dept./agency staff for the SAMHSA Grant, 530 Subcommittee, BHLT/CSP, Public Defenders, District Attorneys, Jail reports, as well as the provider reports (The Bridge, Metrocare, and IPS), as well as Problem Solving and Specialty Courts (see packet for details).

Laura Edmonds presented a summary of current 530 Subcommittee expenses (see packet insert).

Additionally, reminder of new process and expenditures for drug testing and certification for some of the synthetic drugs continues to be available. However, a reminder was given that these are only to be available for Courts that are under the Specialty Courts grants from the Governor's office.

SAMHSA Grant updated by Laura Edmonds and despite delayed start we have done well to meet metrics, and are up to 10 referrals already in Year 2.

CSP stats and metrics were reviewed, and are exceeding year-to-date for outcomes with all other service goal metrics were met and DY 5 metrics will be reported to the State by end of this month. See packet pgs. 8-15 for details.

Charlene and CSP providers continue to communicate with NTHBA for Jan. 2017 transition planning since the care manager and Specialty Court Aftercare Engagement Package currently going through CSP to Value Options will change over to NTBHA. Process continues to go well.

Jail and hospital movement, pregnant defendants, and homeless data and reports were presented by Abdul Mohamed and Shenna Oraibure and are found in the meeting packet on pages 16-25. No further concerns or questions from the group on those items. Mike Laughlin provided monthly CCQ match for MH prevalence which remains around 25%. **All other department and agency data reports and program updates** were accepted as read, and can be reviewed in pages 27-42 of the meeting packet. Harry Ingram pointed out the 150 day Vernon State Hospital wait. Terrell is at 10 days

currently. Lengthy discussion ensued regarding ongoing conversations between the Dallas County and DSHS about the overall need for quicker state hospital placements, part of which is being addressed by the upcoming Legislative Session.

Lynn Richardson provided **Public Defender** MH case data and reports (page 27 of packet) with no changes or further comments at this time.

Lee Pierson provided the **DA data updates and report from pages 28-33** with no further comments or discussion.

Provider Reports

Kelly Lane from The Bridge (pg. 34) advised that current census is remains high at the shelter. Also, they are now making greater linkage with the Metrocare Path Program.

IPS: will be provided by email since both staff normally in attendance were unable to be present today.

Metrocare: Marlene Buchanan advised that Probation census is down right now overall, but everyone else is running along with same average count.

Announcements

Lynn Richardson asked for announcements from the departments/agencies.

Shenna Oriabure gave a reminder for Judge Mays about the upcoming 2016 National Prison Summit on Mass Incarceration at Concord Baptist Church on Oct. 27th. Also, Lynn advised there is a great prison and race documentary out right now on Netflix called: *The 13th*.

Adjournment: The motion to adjourn the meeting by Judge Skemp with second by Roger Lenox. Motion passed and meeting adjourned by Lynn Richardson at 925am. The next meeting is set for 11/17/16 at 830am in the same location.



	Past Year Avg	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	Average:	Sum:
Total Service Episodes:	631	829	780	750	725	745	743	729	768	691	706	759	993	768.17	9,218
Total Unique Consumers:	461	810	728	661	613	589	551	503	505	453	458	502	690	588.58	7,063
% Change to DY 4		175.70%	157.92%	143.38%	132.97%	127.77%	119.52%	109.11%	109.54%	98.26%	99.35%	108.89%	149.67%		

<u>Total Encounters by Type:</u>		2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	Average:	Sum:
Triage		829	780	750	725	745	743	729	768	691	706	759	993	768.17	9,218
Care Coordination		3,138	2,973	3,669	3,870	3,521	3,727	3,329	3,589	3,030	2,963	3,150	3,508	3,372.25	40,467
F2F Encounter		284	267	330	299	284	290	260	291	234	254	239	252	273.67	3,284
Sum:		4,251	4,020	4,749	4,894	4,550	4,760	4,318	4,648	3,955	3,923	4,148	4,753	4,414.08	52,969



	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	Average:	Sum:
Service Episodes:	829	780	750	725	745	743	729	768	691	706	759	993	768.17	9,218

	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	Average:	Sum:
Unique Consumers:														
By N* ID	767	668	596	560	558	499	464	481	420	408	415	559	532.92	6,395
By Client ID	43	60	65	53	31	52	39	24	33	50	87	131	55.67	668
TOTAL Unique Consumers:	810	728	661	613	589	551	503	505	453	458	502	690	588.58	7,063
TOTAL Unique Consumers as %:	97.71%	93.33%	88.13%	84.55%	79.06%	74.16%	69.00%	65.76%	65.56%	64.87%	66.14%	69.49%		

	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	Average:	Sum:
Unique F2F:														
By N* ID	236	200	202	196	177	178	170	183	148	160	132	139	176.75	2,121
By Client ID	16	14	22	16	10	23	16	19	18	13	26	25	18.17	218
TOTAL Unique F2F:	252	214	224	212	187	201	186	202	166	173	158	164	179.92	2,339
TOTAL Unique F2F as %:	88.73%	80.15%	67.88%	70.90%	65.85%	69.31%	71.54%	69.42%	70.94%	68.11%	66.11%	65.08%		

	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	Average:	Sum:
F2F Percentages:	34.26%	34.23%	44.00%	41.24%	38.12%	39.03%	35.67%	37.89%	33.86%	35.98%	31.49%	25.38%	35.93%	431.15%



Crisis Services Project

Frank Crowley

CSP Monthly Report DY5_No Graphs

Last Refresh: 10/25/16 at 6:24:30 PM GMT-05:00

Encounters by Type:	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	Average:	Sum:
Triage	829	780	750	725	745	743	729	768	691	706	759	993	768.17	9,218
Care Coordination	3,138	2,973	3,669	3,870	3,521	3,727	3,329	3,589	3,030	2,963	3,150	3,508	3,372.25	40,467
F2F Encounter	284	267	330	299	284	290	260	291	234	254	239	252	273.67	3,284
TOTAL Encounters:	4,251	4,020	4,749	4,894	4,550	4,760	4,318	4,648	3,955	3,923	4,148	4,753	4,414.08	52,969

Female:	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	Average:	Sum:
Black	121	119	96	90	95	89	78	72	82	67	60	106	89.58	1,075
Hispanic	38	34	18	24	28	20	19	17	24	23	23	23	24.25	291
Other	1	1		1	1		1	2					1.17	7
Unknown	2	1	5		2	3	2					1	2.29	16
White	84	65	65	62	44	53	51	41	44	51	52	78	57.5	690
TOTAL Female:	246	220	184	177	170	165	151	132	150	141	135	208	173.25	2,079

Male:	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	Average:	Sum:
Black	345	278	310	260	257	224	196	209	177	160	190	261	238.92	2,867
Hispanic	75	79	52	50	50	54	52	47	34	44	53	63	54.42	653
Other	4	4		4	4	2	1	3	2	3	3	3	3	33
Unknown	5	5	5	4	5	5	3	5	6	1	2	6	4.33	52
White	135	142	110	118	103	100	100	109	83	109	119	149	114.75	1,377
TOTAL Male:	564	508	477	436	419	385	352	373	302	317	367	482	415.17	4,982



<u>Gender Not Collected:</u>	2016-03	2016-06	Average:	Sum:
Unknown	1	1	1	2
TOTAL Gender Not Collected:	1	1	1	2

<u>Age of Triage Encounters:</u>	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	Average:	Sum:
Adult	4	6	1	2	6	285	146	2		1		1	45.4	454
Minor						3	2						2.5	5
Uncollected						1							1	1
	806	722	660	611	583	262	355	503	453	457	502	689	550.25	6,603
TOTAL Age of Triage Encounters:	810	728	661	613	589	551	503	505	453	458	502	690	588.58	7,063

<u>Age of F2F Encounters:</u>	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	2016-04	2016-05	2016-06	2016-07	2016-08	2016-09	Average:	Sum:
Adult						108	50	2	1	2			32.6	163
Minor							1						1	1
	252	214	224	212	187	93	135	200	165	171	158	164	181.25	2,175
TOTAL Age of F2F Encounters:	252	214	224	212	187	201	186	202	166	173	158	164	194.92	2,339

**Transicare Reporting
Crisis Services Project**

		2015-09	2015-10	2015-11	2015-12	2016-1	2016-2	2016-3	2016-4	2016-5	2016-6	2016-7	2016-8	2016-9
1	Beginning Census	62	61	63	68	76	86	79	97	92	96	105	102	102
2	REFERRALS	33	39	29	26	33	40	44	38	47	46	41	23	48
3	Admissions													
4	Referred Admitted	9	14	13	17	18	21	22	16	16	25	20	15	25
5	No Admit Client Refusal	1	2	0	0	2	3	3	0	4	3	3	2	0
6	No Admit Criteria	15	8	5	0	5	1	4	9	4	2	2	0	0
7	No Admit Structural	3	3	4	2	4	0	11	3	7	7	4	2	5
8	Pending	5	11	7	7	4	15	5	10	16	9	12	4	18
9	<i>PRIOR PENDING</i>													
10	Pending Admitted	3	2	9	3	5	5	10	4	7	10	5	5	4
11	No Admit Client Refusal	1	0	3	0	0	1	4	1	1	2	3	2	0
12	No Admit Criteria	6	2	2	0	0	0	0	1	3	0	0	1	0
13	No Admit Structural	0	0	0	0	1	0	0	0	0	4	1	3	0
14														
15	Total Admissions	12	16	22	20	23	26	32	20	23	35	25	20	29
16														
17	Discharges													
18	Success Transfer	1	0	5	3	3	13	3	6	3	4	8	5	4
19	DC Midterm Disengage	4	6	6	2	7	6	2	7	8	11	14	8	4
20	DC Rapid Disengage	1	1	2	3	0	0	1	4	1	0	2	3	0
21	DC Structural	7	7	4	4	3	14	8	8	7	11	4	4	8
22	Total Discharged	13	14	17	12	13	33	14	25	19	26	28	20	16
23	Active End Of Month	61	63	68	76	86	79	97	92	96	105	102	102	115
24														
25	Outcome Data													
26	<i>Terrell State Hospital Linkages</i>													
27	≤7 Connect To Prescriber	4	3	2	4	5	3	4	1	2	5	7	7	2
28	≤30 Connect To Prescriber	0	0	0	0	0	0	0	0	0	0	0	0	0
29	Missed Metric	0	0	0	1	1	1	1	0	0	1	5	4	1
30	Total Released	4	3	2	5	6	4	5	1	2	6	12	11	3
31														
32	Cummulative ≤7 Connect %	80.6%	100.0%	100.0%	90.0%	87.5%	85.0%	84.0%	84.6%	85.7%	85.3%	78.3%	75.4%	75.0%
33	Cummulative ≤30 Connect %	87.1%	100.0%	100.0%	90.0%	87.5%	85.0%	84.0%	84.6%	85.7%	85.3%	78.3%	75.4%	75.0%
34	Missed Metric	12.9%	0.0%	0.0%	10.0%	12.5%	15.0%	16.0%	16.0%	14.3%	14.7%	21.7%	24.6%	25.0%
35	<i>Unduplicated Served</i>													
36	Monthly Unduplicated	91	90	82	86	99	102	114	108	113	132	122	105	120
37	DSRIP YTD Unduplicated Served	349	90	115	143	174	209	250	281	321	369	404	427	466
38														
39	<i>Encounter Data</i>													
40	F2F Encounter	407	388	335	411	467	595	360	571	567	778	739	886	904
41	Care Coord	163	174	143	184	154	135	118	161	138	163	195	247	240
42	Total	570	562	478	595	621	730	478	732	705	941	934	1133	1144

OCTOBER 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 11 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 consults/supports Updated Flags-add/discharges Monthly reconciliation Supported 7-day after-care appts. (6-ICR/11-jail discharges/ Other-8)	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 (invoices submitted for September 2016 and Reauthorization-8)	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 10 FDU referrals Reviewed 9 TX plans and no consult with MD during this review period	Not Applicable
5	CSP-Cottages Project	Reviewed MH HX on 14 consumers to support appropriate high-risk referrals to program.	Not Applicable

Forensic Diversion Unit (FDU) Report

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Beginning Census	49	45	46	46	48	49	49	49	48	44	37
Number of Referrals Received from CSP	6	8	6	10	8	5	4	8	9	2	8
Adapt	6	7	6	10	8	5	4	8	9	3	8
Metrocare	0	0	0	0	0	0	0	0	0	0	0
Transicare	0	1	0	0	0	0	0	0	0	0	0
DA											0
Number of Admissions	5	7	5	7	7	3	3	5	7	2	8
Number Discharged	10	6	9	5	6	3	3	6	11	5	6
Number not admitted due to:											
Client qualifies for ACT	0	0	0	0	0	0	0	0	0	0	0
Client qualifies for other programs	0	0	0	0	0	2	0	0	0	0	0
Client didn't meet level of need required	0	0	0	0	0	0	0	0	0	0	0
Other reasons	1	1	1	3	1	0	1	3	2	0	1
Average Service Utilization:											
Average hours seen	11.26	10.22	9.87	11.87	10.22	11.1	10.36	11.7	10.02	9.34	10.67
Encounter Breakdown:											
Face to Face	578	602	532	608	683	592	596.6	425.6	439	401	327.82
Service Coordination	71	68	73	80	74	83	67	62	137	128	144
Number of clients accessing:											
Emergency Room (medical)	0	0	0	0	0	1	1	0	0	0	0
23-hour observation (psych)	0	0	1	0	1	1	1	0	1	0	1
Inpatient (med/ psych)	1	1	2	0	0	0		1	0	0	0
Jail book-in	0	2	1	0	1	1	1	0	3	3	3
Reasons for Discharge:											
Graduate	0	0	3	0	1	2	1	0	0	0	0
Client Disengagement	1	1	0	1	1	1	1	2	3	0	4
Extended Jail stay (case-by-case basis)	6	5	6	1	2	0	1	4	2	0	1
Other Intervening factors	3	0	0	3	2	0	0	0	6	5	1
End of Month Stats:											
Number of Active FDU clients end of month	45	46	42	48	49	49	49	48	44	37	39
Number of Unique Consumers	2	2	3	2	2	3	1	0	0	1	2
# of clients waiting to be released from jail	5	6	4	7	8	7	5	5	8	4	9
Average Length of stay on FDU (month)	12.62	12.22	12.14	12.4	12.1	12.8	11.6	12.6	11.79	11.49	11.67
Maximum Census	46	46	46	46	46	46	46	46	46	46	46

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