

Dallas County Behavioral Health Leadership Team
Thursday, May 11, 2017
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*
 - Minutes April 13, 2017*
 - Proposed Representative Update*
- III. Strategic Planning
- IV. NTBHA Update
- V. The Stepping Up/ Caruth SMART Justice Initiative Update
- VI. Dallas County Behavioral Health Housing Workgroup
- VII. 1115 Waiver Crisis Services Project Update
- VIII. Legislative Update
- IX. Funding Opportunities
 - SAMSHA Residential Treatment Grant Update
 - Community Courts Grant Update (Public Defender's Office)
- X. Upcoming Events and Notifications
- XI. Public Comments
- XII. Adjournment

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



Dallas County
Behavioral Health Leadership Team
Meeting Notes
Thursday, April 9, 2017

Welcome and Call to Order

The meeting was called to order by Commissioner Theresa Daniel at 9:35 AM.

Review/Approval of Minutes

The minutes of the BHLT meeting held on March 9, 2017 were included in the meeting packet. A motion made by Sherry Cusumano to accept the minutes was seconded by Dr. Celeste Johnson. The committee members voted to approve the minutes with no modifications.

Introductions and Absent BHLT Members: Dr. Brenner introduced Dr. Ella Williams, UTSW Director of the Psychiatry Department. Charlene Randolph introduced the new CSP Program Coordinator, Brianne Brass. Commissioner Daniel also introduced her new executive assistant for District 1, Walter Taylor. Commissioner Price was unable to attend the meeting.

Strategic Planning:

Commissioner Daniel informed the committee that last summer she and other members of BHLT attended the Meadows Mental Health Policy Institute (MMHPI) workshop. This workshop was designed to bring together mental health leadership teams across the state to share information and develop strategies. Scott Black, Transicare, stated that the workshop was a great opportunity to see what others were doing and how Dallas County can connect with other counties across the state. Dr. Jacqui Stephens, MMHPI, stated that there have been several BHLT committee's that have emerged across the state of Texas and Dallas County has the oldest. Commissioner Daniel then reviewed the original charter for BHLT located on page 6 of the packet. Comm. Daniel stated that she and other members have met to discuss where BHLT is now and how they would like to see BHLT function moving forward. The group all agreed that this planning can take different forms but should be focused on the mission of BHLT, what stakeholders need to be included, and how to better use work groups and committees to ensure that the work of BHLT moves forward. The current goal/mission of BHLT is to manage mental health resources in Dallas County more efficiently and develop recommendations that will lead to systemic changes within the overall system.

Commissioner Daniel asked for comments and observations from the committee. The committee had an in-depth conversation regarding the current status of BHLT, why the committee was created, and how the committee should move forward. Sherry Cusumano, Green Oaks, expressed how there should be better communication with regards to what is happening in the community and organizations within BHLT. Chief Cotner, DPD, would like for the committee to look at what they have done thus far, what they are focusing on now, and how the committee can better serve the county. Dr. Celeste Johnson expressed her thoughts on how the committee should look at other BHLT organizations and gain a better collaboration with those committees. Scott Black suggested that the committee gather data on what has been done over the past 6 years and establish what we have learned from the NorthStar experience. After some continued discussions on the strategic planning, BHLT approved resolution 01-2017 which will establish a Strategic Planning Committee with membership appointed by the BHLT Co-chairs. Commissioner Daniel requested that members contact Walter Taylor at her office, if they would like to be apart of the planning committee.

NTBHA Updates:

Transition De-Brief: Brittony McNaughton, stated that the transition continues to go smoothly. Contracts were executed to increase the Comprehensive Mental Health Provider (CMHP) network which now includes IPS, Homeward Bound, and Southern Area Behavioral Health. This will allow Homeward Bound to offer more continuity of care for crisis residential consumers and better Co-Occurring Psychiatric and Substance Disorders (COPSD) services. IPS will provide COPSD services as well. These changes will allow Southern Area Behavioral Health to provide a better array of services and transfer consumers who show up repeatedly afterhours back to their providers. Brittony McNaughton discussed a report regarding admissions for inpatient services, crisis residential treatment, inbound calls and face-to-face encounters of the crisis hotline and MCOT teams, pharmacy information and OSAR. The legislative session is being watched carefully regarding funding, but NTBHA is preparing for both scenarios – with or without the \$8,400,000 annual funds in the rider. Ms. McNaughton reported there have been challenges getting enough Suboxone services in the new system. Through HHSC, there will be funding available from SAMHSA that focuses on opioid use disorders. This will fund an additional OSAR position to provide SUD screenings. Additionally, NTBHA was awarded funding for an LCDC staff to serve as part of the MCOT at ACS. There were only five dedicated positions awarded across the state and NTBHA received two of them. NTBHA also submitted a proposal for office space for opioid treatment and are confident that we will receive that funding..

Stepping Up Initiative Update/Caruth Grant:

Dr. Jaqui Stephens stated that Meadows Mental Health Policy Institute (MMHPI) currently has great partnership going with Dallas Police Department (DPD) and Dallas Fire Rescue (DFR), and they have named their program Right Care. MMHPI completed a presentation to the Public Safety subcommittee. After completing the presentation, they only had one push back in which the person wanted to know why was this program being done in only one sector of the city. MMHPI will start to have conversations with city council on how they may be able to fund other programs. MMHPI will also be attending the next city council meeting on April 26th to discuss and answer questions regarding clinical services. In addition, Ann Denton conducted a Permanent Housing training with staff. John Petrilla is currently working on a data system that would allow MMHPI, the police, and hospitals to exchange information about patients when needed in an appropriate way.

Behavioral Health Housing Work Group (BHHWG) Update:

Commissioner Daniel stated that the City of Dallas and Dallas County have approved a collaboration to partner together to help prevent homelessness. Ron Stretcher gave recognition to Commissioner Daniel for all of her hard work in helping to get this collaboration. The Cottages currently has 49 individuals currently housed and 1 individual pending. Promise House is currently expanding the number of beds for services at their Northwest Dallas location. The Promise House is a transitional living program that equips homeless teens with skills and education to become independent, and productive adults in the community.

1115 Waiver Crisis Services Project (CSP) Update:

Charlene Randolph acknowledged Crisis Services Project's (CSP) part in the Caruth Initiative as it's currently conducting mental health assessments, identifying individuals with mental health concerns, and connecting people who are transitioning out of the jail into the community. Ms. Randolph wanted to make sure that the committee understood how much their leadership with the 1115 Waiver has helped in the process of moving forward with the Caruth Initiative. Ms. Randolph also stated that the monthly reports had been provided to the committee and was located in the packet. CSP continues to operate and exceed its monthly service goals and it served 755 unique clients during February. CSP is currently working with HHSC on getting their DY6 April status reports which are due at the end of the month. Ms. Randolph asked that the BHLT committee approve resolution (02-2017) which was before them and endorse the submission of the required status report on metrics and milestones, as well as appropriate IGT funds and monitoring fees. The committee unanimously approved resolution 02-2017.

Legislative Update

Ms. Janie Metzinger asked that the committee continue to contact their State Representatives and State Senators and ask that they support Article 11 along with Representative Toni Rose and Representative Matt Shaheen. Representative Rose's rider will help to restore \$8.4 million per year back to the North Texas Behavioral Health Authority budget. Representative Shaheen's rider will help to restore \$715,000 per year to Collin County for opioid treatment services. If Rep. Rose's legislation doesn't pass, there will be 5,735 people on a waitlist come September 1st which doesn't include new people who might present for care next fiscal year. In that scenario, perhaps 6,000 people will be decompensating off their meds at that time.

The Bridge Funding of \$8,400,000 the state previously provided ensured that everyone stayed in care for the current fiscal year. However, to prepare for the next fiscal year budget, the state used a 8-month prorated amount, about \$5,500,000 for FY17, and cut and pasted that figure over the next fiscal year's 12-month period. Therefore, instead of the \$8,400,000 being allocated to NTBHA, the budget for next fiscal year is about \$2,700,000 short. In addition, in the new fiscal year 2018-2019 budget, they totally zeroed out the continuity of care and waitlist prevention funding. There was also a line item for private psychiatric beds that they prorated, approximately \$8,300,000, for the second half of the FY.

Funding Opportunities:

- **SAMSHA Grant Update:**

Laura Edmonds reported that the program is currently at its year target of 36 people. They will start working on their progress report and seeing how many individuals they are able to go over target.

Community Courts Grant Update (Public Defender's Office):

- No updates were given to the members.

Upcoming Events and Notifications:

Dr. John Burruss announced that as a result of Senate Bill 55, the Texas Veterans and Family Alliance (TV & FA) was created to improve the quality of life for Texas veterans and their families by supporting local communities across the state to expand the availability of and access to enhanced mental health treatment and services. TV & FA are grants that help support a range of clinical mental health and non-clinical support services for veterans and family members. A few of the services would be evidenced-based therapies and treatment for individuals, groups, families, and couples as well as peer-support, counseling, case management, and referral services. As part of the Phase III grantee, Dr. Burruss stated that they will receive \$3 million dollars. Metrocare continues to grow their partnership with the VA access and they have one of the very few sanctioned partnerships with them.

Corporal Cotner announced NAMI Walks, May 13th at 10am, and reported that this event will help individuals get into recovery. NAMI Walks will take place at the Frisco Ruff Riders location.

Commissioner Daniel announced that Ron Stretcher would be leaving Dallas County at the end of April. Mr. Stretcher stated that he will continue to be involved in the community but will take off for the month of May and start working with MMHPI on June 1st.

Adjournment:

The meeting was adjourned at 10:16 am with a motion made by Ron Stretcher and seconded by Doug Denton.

RESOLUTION

DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM

RESOLUTION NO: 03-2017

DATE: May 11, 2017

STATE OF TEXAS }

COUNTY OF DALLAS }

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

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

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

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

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

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

- District Attorney's Office-Faith Johnson

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

DONE IN OPEN MEETING this the 11th day of May 2017.

John Wiley Price
Commissioner District #3
Dallas County

Dr. Theresa Daniel
Commissioner District #1
Dallas County

Advocates		Initial Representative	Current Representative	Proposed Representative
Mental Health America	1	Janie Metzinger	Janie Metzinger	
NAMI Dallas	1	Ashley Zugelter	Marsha Rodgers	
NAMI Dallas Southern Sector	1	Anna Leggett-Walker	Anna Leggett-Walker	
Child/Family	1	Vanita Halliburton	Vanita Halliburton	
Consumer	1	Dedra Medford	Dedra Medford	
Category Subtotal	5			
County/City				
Jail Behavioral Health Services	1	Waseem Ahmed	Waseem Ahmed	
City of Dallas	1	New Seat	Norman Seals	
Sheriff Department	1	David Mitchell	Alice King	
CSCD (Adult Probation)	1	Teresa May-Williams	Dr. Jill Love-Johansson	
Juvenile Department	1	Desiree Fleming	Lesile Gipson	
Judicial Representative	1	New Seat	Kristin Wade	
District Attorney	1	Durrand Hill	Open	Faith Johnson
Public Defender	1	Lynn Richardson	Lynn Richardson	
Metro Dallas Homeless Alliance	1	Mike Faenza	Mike Faenza	
Dallas Housing Authority	1	Brooke Etie	Troy Broussard	
Law Enforcement	1	Herb Cotner	Herb Cotner	
Dallas County Health & Human Services	1	Zach Thompson	Zach Thompson	
School Liaison	1	New Seat	Dr. Michael Ayoob	
Category Subtotal	13			
Residential Facilities				
Parkland	1	Josh Floren	Dr. Celeste Johnson	
Green Oaks	1	Tom Collins	Tom Collins	
Timberlawn	1	Craig Nuckles	Shelah Adams	
Terrell State Hospital	1	Joe Finch	Joe Finch	
Chemical Dependency Residential Center	1	Doug Denton	Doug Denton	
Veterans Affairs (VA)	1	New Seat	Tammy Wood	
Category Subtotal	6			
Outpatient Providers				
Alcohol and Other Drug (AOD) -(Residential/OP)	1	Rebecca Crowell	Rebecca Crowell	
The Bridge	1	Jay Dunn	Jay Dunn	
SPN - Adult	1	Liam Mulvaney	Open	
SPN-Child Adolescent	1	Michelle Weaver	Michelle Weaver	
SPN - Crisis	1	Preston Looper	Preston Looper	
Peer/Non-Clinical	1	Joe Powell	Joe Powell	
Non-SPN Crisis	1	Ken Medlock	Ken Medlock	
Re-Entry	1	Michael Lee	Christina Crain	
Adult Clinical Operations Team	1	Renee Brezeale	Sherry Cusumano	
Child/Adolescent Clinical Operations Team	1	Summer Frederick	Jane LeVieux	
Parkland CIPC	1	Jacqualane Stephens	Karen Frey	
Psychiatrist Leadership Organization	1	Judith Hunter	Judith Hunter	
Psychiatry Residency	1	Adam Brenner	Adam Brenner	
Mental Retardation/Developmental Delay	1	James Baker	John Burruss	
Underserved Populations	1	Norma Westurn	Norma Westurn	
Primary Care Physicians	1		Dr. Sue S. Bornstein	
Category Subtotal	16			
Payers/Funders				
Commissioners Court	1	Ron Stretcher	Gordon Hikel	
Meadows Foundation	1	New Seat	Cindy Patrick	
NTBHA	1	Alex Smith	Carol Lucky	
NTBHA Chair	1	New Seat	Ron Stretcher	Open
Value Options	1	Eric Hunter	Matt Wolf	
Category Subtotal	5			
Membership Total	45			

Meadows Mental Health Policy Institute

Community Stakeholder Project Status Update—May 2017

The Caruth Smart Justice Planning Grant Phase II proposal was submitted to the W.W. Caruth, Jr. Foundation at the Communities Foundation of Texas on July 15, 2016. On October 5, 2016, the trustees of the W.W. Caruth Foundation at the Communities Foundation of Texas approved the grant proposal, which enables the Meadows Mental Health Policy Institute to work closely with Dallas County, the City of Dallas, and a broad array of partners to implement the Dallas County Smart Justice Project.

MMHPI and its partners began implementation of this project in January 2017, ensuring that it is aligned with and supports the North Texas Behavioral Health Authority (NTBHA) transition. We continue to engage local and state philanthropists to seek matching funds to support implementation. Additionally, we continue to seek the support of local hospitals to help bridge the gap between the private health care system and the public behavioral health and criminal justice communities.

Intercept 1 (Law Enforcement)

On April 13, 2017, MMHPI partnered with the Dallas Police Department to offer the first HIPAA Consortium for first responders, with MMHPI's Vice President of Adult Policy, John Petrila, serving as presenter. The forum allowed first responders and community clinical providers, some of whom play active roles in the Intercept I RIGHT Care multidisciplinary response team, to ask questions related to the Caruth implementation, such as whether a mental health professional on the scene can discuss their impressions with a law enforcement officer, and whether health care professionals can provide information to jail staff.

On April 10, 2017, Acting Assistant Chief George Gamez of the Dallas-Fire-Rescue Department presented a briefing on the RIGHT Care Pilot Program to the City Council committee meeting. The presentation was well received by City Council members, who voted to move this pilot program on to the full City Council meeting scheduled in May for final consideration.

The latest Intercept I workgroup meeting was held in the Meadows district on April 26, 2017.

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

On April 6, 2017, the district judges approved additional court order forms for the new mental health assessment that will aid in identifying clients eligible for mental health bond release.

With the award of the Caruth implementation grant, the three work groups with the Dallas County Criminal Justice Department are finalizing key tasks for the implementation of timely and more efficient mental health bond releases. On April 11, 2017, all three work groups participated in a training session, held at the Frank Crowley Courts Building, that addressed implementation issues. Each workgroup presented their own relevant portions of new documents, procedures, and system changes that will support the implementation of this project. On April 17, 2017, a beta test launch of the court, attorney, pretrial, and assessment processes was initiated. As a result of the beta test, the jail staff is working through any identified challenges, mainly concerning bond release coordination and the timely processing, filing, and distribution of court documents by the Clerk's Office.

County Jail and Criminal Justice Department staff continue to make progress with space allocation for defendant contacts to accommodate changes that accompany grant implementation. Additionally, several clinical and internal policy staff are completing improvements to the treatment connection and referral processes to ensure compliance and follow-through with treatment.

The last three pretrial officers to be added to the project are currently undergoing recruitment, hiring, and training. The Pretrial Department has received consultation from Lila Oshatz, with The Council of State Governments, on using evidence-based practices to improve bond supervision outcomes.

Intercept 5 (Community Corrections and Services)

With support from the MMHPI team, Caruth ACT and FACT provider housing specialists participated in a second Permanent Supportive Housing training, which provided an in-depth look at local housing options and how to best access the Homeless Management Information System (U.S. Department of Housing and Urban Development). This training was held in two sessions on April 25 and 27, 2017, with the assistance of Ann Denton (national expert on evidence-based supportive housing and President of the Board of the Travis County Strategic Housing Finance Corporation), Myrl Jane Humphrey (North Texas Behavioral Health Authority), and Joyce White (Dallas County Criminal Justice and Transicare).

Dallas County Behavioral Health Housing Work Group
Dallas County Administration, 411 Elm Street, 1st Floor, Dallas Texas 75202
April 26, 2017 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; Zachary Thompson, DCHHS; Courtney Clemmons, NTBHA; Heloise Ferguson, VA; Thomas Lewis, DCHHS; Ellen Magnis, Family Gateway; Jim Mattingly, LumaCorp; James McClinton, MDHA; Shenna Oriabure, CJ; Charletra Sharp, City of Dallas; Dr. Jacqualene Stephens, MMHPI; Joyce White, Transicare; Courtney Clemmons, NTBHA; Ann Denton, MMHPI; Myrl Humphrey, NTBHA; Jennifer Jaynes, MMHPI; Carol Lucky, NTBHA; Brianne Brass, CJ; Mahoganie Gaston, Dallas ISD; Atoya Mason, VA; Lauren Roth, MMHPI; Dr. David Woody, The Bridge; Sibi Powers, NTBHA; Walter Taylor, Dallas County; Claudia Vargas, Dallas County; Erin Moore, Dallas County; Carlos Hernandez, Dallas County; and Rosa Rodriguez, Dallas County

GUESTS: Catholic Charities, Dave Woodyard and Joe Dingman

CALL TO ORDER: Minutes approved with no change.

GOVERNANCE

Dallas Area Partnership to End and Prevent Homelessness: The partnership is between Dallas County and the City of Dallas to combine resources to address homelessness. The City of Dallas voted in support of the partnership on April 12, 2017; Dallas County will vote on May 2, 2017.

Federal and State Legislative Environment: The approval of funding to bridge fiscal year budgets for the NorthSTAR transition from the State has been crucial for local government and service providers who are addressing mental health needs. That bridge funding is approximately 8.4 million dollars. Representative Toni Rose has been extremely supportive of mental health legislation and has filed an amendment to add the bridge funding. There is apparently strong support in favor of the funding on the committee. Individuals and service providers are strongly encouraged to contact their representatives and committee members. NTBHA sent a letter of support for the bridge funding.

Ben Carson, the new HUD Secretary, recently visited Dallas to meet with service providers. During his visit he also met with VA staff where he spoke about the HUD-VASH program. Mr. Carson addressed streamlining budgets and working more efficiently with available resources with no indication that additional vouchers would be added to the program.

Timeline Review: Provides a snapshot of various efforts related to housing and homelessness intended to avoid duplication of services. The timeline review will be helpful so please send additions to Walter Taylor.

DEVELOPMENT ACTIVITIES

Medical Respite Services: Dr. David Woody provided an update on the Healthy Community Collaborative Grant funding awarded for medical respite beds. The Bridge is having ongoing conversations with Parkland to identify individuals and adequate staffing needs for medical respite services. Additionally, there are ongoing conversations with Metrocare to address the overlap between medical and mental health needs. The Bridge recently reached out to UTSW to learn more about a community-based research project with Stewpot Dallas. UTSW is providing supportive services to high-utilizers and gathering data about how to best meet their needs. The Bridge anticipates having a substantial plan by May 2017.

Crisis Residential & Respite Services: Carol Lucky, CEO of NTBHA, reported that NTBHA received the state contract but is still waiting for the final executed contract. Funding is being dedicated for 23-hour observation services. There is interest in shifting some funding into crisis respite services contingent on adequate spacing and location. NTBHA has four remaining months to implement crisis respite services with available PSH funding. NTBHA is interested in partnering with Homeward Bound in their current location. Homeward Bound continues their search for a permanent location and is reviewing two options. NTBHA's crisis respite plan was presented as a startup so a continuation of services would be funded from their regular revenues. NTBHA has not yet finalized their service model and is reviewing several models currently implemented by other major counties. Space and location will continue to be important determining factors in NTBHA's decision.

RESOURCES

Shelter Discussions: MDHA's Continuum of Care assembly established an Adult Shelter Services Committee for 2017 and is inviting all local shelters to participate in a shelter bed availability assessment. The committee's charge is to convey actual shelter needs and to be able to say with certainty how many more beds are needed to fill the gap in service. Area shelters are working together to create a better flow of communication and to more efficiently address the needs of clients.

Family Gateway is following a similar process for family shelters and is collaborating with the Salvation Army. Family shelters are calculating the number of beds available and assessing from past call logs how many families and individuals are not connected with services. Family shelters are reviewing and fine-tuning inclusion criteria for obtaining bed space and who may be inadvertently left out as a result of the criteria. An alternate plan is needed for times when there is no shelter capacity anywhere. Family Gateway collects a wealth of data and will begin assessing why individuals are facing homelessness and finding ways to provide supportive services. There are a number of ways to provide diversion services for some individuals who may not need to be in a shelter. Traditionally, the most persistent callers get help and not necessarily those who fall in the most vulnerable category.

NTBHA: Crisis respite services are being initiated with 23-hour observation; additional services will eventually be added. Crisis residential services are being used more frequently than in the past because it is a way to provide longer treatment services to clients in a better environment. NTBHA is working with service provider Homeward Bound and Serenity. PSH funds in the amount of \$247,000 must be used over the next four months for individuals with mental illness who are on a level of care plan. NTBHA's new funding guidelines target individuals who are long-term sufficient. NTBHA will continue collecting data to learn how to better direct resources. Service providers will continue receiving support and training while they adjust to the new funding guidelines.

Housing Navigator: Work with service providers and DCCJ internal departments continues. Service providers attended case management training and will attend a second training in the near future. Goals include identifying homeless individuals, connecting them with resources, and reducing the recidivism rate of the target population. Housing is an integral component of this project. Pre- and post-tests will be conducted to ensure whether training was useful in housing placement and obtaining permanency. Service providers will receive embedded training at their agencies to see if processes can be successfully implemented. DCCJ internal departments are reviewing how current processes can be integrated with HMIS. The standard HMIS system is not fully compatible with the criminal justice data system so a separate platform is being created for compiling data so that the target population will be counted in the HMIS system. Service providers received training on the use of the HMIS system and how to apply correct billing codes, which was a challenge in the past. The Housing Navigator project is partnering with the Homebase for Housing program, which will tailor resources and referrals for homeless individuals involved with the criminal justice system.

Caruth Smart Justice: Scope of work has been defined; work contracts are in process. The relationship between law enforcement partners and clinical partners is being refined to identify ways to better work together. DCCJ attended a pre-launch training session focused on ensuring that the housing needs of the highest utilizers are adequately addressed. Clinical providers have been identified: Metrocare, Child Family Guidance, and Integrated Psychotherapeutic Services (IPS). These clinical providers will enhance their ACT and FACT teams. A date for full implementation is projected for near future. Implementing Caruth Smart Justice measures is providing an excellent opportunity to

coordinate with NTBHA, 1115 Waiver, and other key agencies. As a result of these efforts, flexible funding has been designated for super utilizers for rent, utilities, rapid rehousing, etc. MDHA provided some assistance in creating a draft of program guidelines for the flexible funding. Efforts to increase access to existing housing and engaging in landlord outreach continue.

INDUSTRY UPDATES

- HMIS training continues and the date for a full launch is May 1. Service providers are learning how to align data entry with their practices.
- Homeless Jail Dashboard: There was a slight uptick in homeless addresses compared to last month.
- The Cottages: As of March 30th all 50 units were occupied. Some re-arrest has occurred as a result of residual activities.
- Catholic Charities has a contract for 108 PSH units in Northwest Dallas with an anticipated closing date in June 2017. Catholic Charities is working closely with MDHA to create a client list. There is collaboration with City Square and other agencies for case management, supportive services and resources for other daily needs.
- A working draft of talking points and facts were distributed with the meeting packet. This document was created to combat myths associated with mental illness and homelessness.

Next Meeting: Wednesday, May 24, 2017, at 10:00 am

Please note the location change for the next meeting:

***CitySquare, Opportunity Center Multipurpose Room
1610 S Malcolm X Blvd. Suite 250
Dallas, Texas 75226***

If you need assistance, please contact Claudia Vargas



Update: MENTAL HEALTH MEMO

Please contact members of the Budget Conference Committee

Support Representative Toni Rose's Rider

to restore \$8.4 million per year for mental health services for over 5735 people

in Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall Counties

The Texas House and Senate have each passed their versions of the state budget, so now they must hammer out the differences in the Budget Conference Committee. The amount designated for the North Texas Behavioral Health Authority remain woefully short in each version though the House budget contains the behavioral health funding restorations needed for our region in Article Eleven.

Action Needed This Week:

It is vitally important that you:

- Contact the members of the Budget Conference Committee listed below—5 Senators and 5 members of the House of Representatives
- Contact your State Representative and your State Senator to remind them of your concern. Ask them to support Rep. Toni Rose's rider which restores \$8.4 million per year in the North Texas Behavioral Health Authority budget, and

Without the Rose rider, 5,735 people in Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall Counties currently receiving needed mental health medications, therapy and services will be dropped and put on a waiting list after September 1.

Sample Message:

Please support Representative Toni Rose's Rider to restore \$8.4 million per year to continue mental health services for over 5735 people in Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall Counties currently being treated for schizophrenia, bipolar disorder, major depression and substance use disorder.

Without this funding they will be dropped from medications and services, and put on a waiting list starting September 1.

Background Information:

Uninsured Texans with schizophrenia, bipolar disorder, major depression or substance use disorder who do not have Medicaid may be eligible for treatment and services through their local mental health authority if their incomes are at or below 200 percent of Federal Poverty Level.

Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall Counties are served by the North Texas Behavioral Health Authority (NTBHA). In 2016, 31,591 of our neighbors in this six-county region received needed mental health medications and therapy.

In 2015, Texas Legislature initiated a change in the regional system formerly known as NorthSTAR beginning January 1, 2017, and appropriated funding to insure that people currently receiving care would not be dropped or put on a waiting list as NTBHA moved to the new model.

Unfortunately, the \$8.4 million per year in waiting list avoidance funding for NTBHA was deleted from the Health and Human Services Commission's 2018-2019 budget proposals now before the State Legislature. HHSC's proposed funding amounts are not sufficient to continue serving the same number of people as last year, or to avoid putting them on a waiting list.

Without the \$8.4 million per year, an estimated 5,735 people who are currently receiving care will no longer receive needed medications, therapy and support services as of September 1, 2017. That breaks down to approximately 4,531 adults and 1,204 children currently receiving services who would be dropped. They, and any new people presenting for care, would be put on a waiting list—something we have not seen in our region in over 17 years.

Discontinuing mental health care for at least 5,735 people in Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall Counties will undoubtedly mean significantly higher costs to local agencies through increased use of 911 services, hospital emergency rooms, crisis intervention by local law enforcement, county jails, and already scarce state hospital beds, in addition to the individual declines in mental health and family disruption that is likely to ensue. These costs will quickly top \$8.4 million, so providing the requested funding is much more cost-effective.

Who to Contact:

Budget Conferees from the Texas House of Representatives:

State Representative John Zerwas, M.D.

Email: <http://www.house.state.tx.us/members/member-page/email/?district=28&session=85>

State Representative Oscar Longoria

Email: <http://www.house.state.tx.us/members/member-page/email/?district=35&session=85>

Fax: (512) 463-0559

State Representative Sarah Davis:

Email: <http://www.house.state.tx.us/members/member-page/email/?district=134&session=85>

Fax: (512) 463-1374

State Representative Trent Ashby

Email: <http://www.house.state.tx.us/members/member-page/email/?district=57&session=85>

Fax: (512) 463-5934

State Representative Larry Gonzales

Email: <http://www.house.state.tx.us/members/member-page/email/?district=52&session=85> Fax: (512) 463-1469

Budget Conferees from the Texas Senate:

State Senator Jane Nelson, Chair

Email: <http://www.senate.texas.gov/memberform.php?auth=rMfDgLO9fibJHnjzm3J94ftc9IRlvwAbyFXycTZQ9s8XCqo6fDp8OsYXdJyrRbVTb04SkaRaEzh9CkrHUjvZxGE4wBHO2fyp&lang=en>

Fax: (512) 463-0923

State Senator Juan “Chuy” Hinojosa, Vice Chair

Email: <http://www.senate.texas.gov/memberform.php?auth=7Fo1Db6e5EPVifgRCWNVrQPVOYqhPK960PqqO145qwx%2Bv4o6fDp8OsLQcbYn9W8h2ZkpLpLFqtssjtlQniDQwzwlSytSUUv3&lang=en>

Fax: (512) 463-0229

State Senator Charles Schwertner, M.D.

Email: <http://www.senate.texas.gov/memberform.php?auth=TejAt72hk4ArSr2AUsjPVeBvr1qc8TFq9cr55Poi5L1AOnw6fDptc%2BvUAh0xCb6zm7u2CHgAiMY1a33PaXBLEDIOt2AsbQ%3D%3D&lang=en>

Fax: (512) 463-5713

State Senator Joan Huffman

Email: <http://www.senate.texas.gov/memberform.php?auth=4rK9HqLb%2F7eB5TpT4ZDISSY6gxE3jMyn4dfL9MBcEHptijp8Onw6qQlcyEH1oVtgzX%2FNyLMofipiS1%2BCOfZQFqBK9xLQ2sc%3D&lang=en>

Fax: (512) 463-0639

State Senator Lois Kolkhorst

Email: <http://www.senate.texas.gov/memberform.php?auth=UhTgaVpUHkaFrYUnyOCnjEFsoKE8E0ZfoEitf5rhxDQxnDp8Onw614tOq05acMgyR0iPxYcDEuRQZM5%2FFWXDXAZwZuK%2BJA%3D&lang=en>

Fax: (512) 475-3736

To find your own State Senator and State Representative, go to:

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Enter your address and push the “Submit” button.

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STATE SENATORS—from Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall Counties:

State Senator Brian Birdwell

<http://www.senate.texas.gov/memberform.php?auth=CSvGV7zXkDfRSDhw8d8xbgDqHR6BzE16L%2FQqpn1civRSpSw6fDp8OgRcFWBXenVQKWLpYB9YTNVtIKABY4tuo8rUXrZvIrQs&lang=en>

State Senator Bob Hall

<http://www.senate.texas.gov/memberform.php?auth=Yy8LmZkgArz1eAzJctqeyRAmmshhgXSPmRMKig3tgfEYOnw6fDqFI27C0SDzrYAwBPSQEGfEXutduVokqCd3xSIw01ZhRQ%3D%3D&lang=en>

State Senator Kelly Hancock

<http://www.senate.texas.gov/memberform.php?auth=M2Wl4prg3FrHr9O22Fg2FTJVwP0USic7PmODkq43JQyOnw6fDqJZnQzc9OPDjnMaleb1ITyosmQBvncAJmneLPVaB28bA%3D%3D&lang=en>

State Senator Don Huffines

<http://www.senate.texas.gov/memberform.php?auth=DTnrpwYDzgBI%2BtjHcOAeZ4pit9kicOs7%2FnT%2FfSI7nZWQxDp8Onw603Kdr6rGKnowSMzcdvOli7fWVbCtscZgM8VP2iNEYwM%3D&lang=en>

State Senator Van Taylor

<http://www.senate.texas.gov/memberform.php?auth=XwCI7Fk6PIKKM0q0JT3GqAXe4MylqxiRWgb9GglCPmu66Tp8Onw6iXXmcTa8iSfHB6Zet%2FMpTs0fzP6klxXXdHjgaDb7zTw%3D&lang=en>

State Senator Royce West

<http://www.senate.texas.gov/memberform.php?auth=as9y1pVP6pmrrAiywFZxufIKA6gf2pJENSLiK4g2qkYd9Tp8Onw6J%2B0pNlserI5W9gpYUmh11mqAro7aNrU0HchBSsdAMOY%3D&lang=en>

STATE REPRESENTATIVES—from Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall Counties:

State Representative Roberto Alonzo

<http://www.house.state.tx.us/members/member-page/email/?district=104&session=85>

State Representative Rafael Anchía

<http://www.house.state.tx.us/members/member-page/email/?district=103&session=85>

State Representative Rodney Anderson

<http://www.house.state.tx.us/members/member-page/email/?district=105&session=85>

State Representative Cindy Burkett

<http://www.house.state.tx.us/members/member-page/email/?district=113&session=85>

State Representative Angie Button

<http://www.house.state.tx.us/members/member-page/email/?district=112&session=85>

State Representative Byron Cook

<http://www.house.state.tx.us/members/member-page/email/?district=8&session=85>

State Representative Yvonne Davis

<http://www.house.state.tx.us/members/member-page/email/?district=111&session=85>

State Representative Dan Flynn

<http://www.house.state.tx.us/members/member-page/email/?district=2&session=85>

State Representative Helen Giddings

<http://www.house.state.tx.us/members/member-page/email/?district=109&session=85>

State Representative Lance Gooden

<http://www.house.state.tx.us/members/member-page/email/?district=4&session=85>

State Representative Justin Holland

<http://www.house.state.tx.us/members/member-page/email/?district=33&session=85>

State Representative Eric Johnson

<http://www.house.state.tx.us/members/member-page/email/?district=100&session=85>

State Representative Linda Koop

<http://www.house.state.tx.us/members/member-page/email/?district=102&session=85>

State Representative Morgan Meyer

<http://www.house.state.tx.us/members/member-page/email/?district=108&session=85>

State Representative Victoria Neave

<http://www.house.state.tx.us/members/member-page/email/?district=107&session=85>

State Representative Matt Rinaldi

<http://www.house.state.tx.us/members/member-page/email/?district=115&session=85>

State Representative Toni Rose

<http://www.house.state.tx.us/members/member-page/email/?district=110&session=85>

State Representative Jason Villalba

<http://www.house.state.tx.us/members/member-page/email/?district=114&session=85>

State Representative John Wray

<http://www.house.state.tx.us/members/member-page/email/?district=10&session=85>

For more information, please contact

Janie Metzinger, Public Policy Director,

Mental Health America of Greater Dallas,

624 N. Good Latimer, # 200, Dallas, Texas 75204

(214) 871-2420, Ext. 114

JMetzinger@mhadallas.org

	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	FY2017 Total	FY2016 Total	
Number of New Admissions	8	4	1	3	7	9	5						37	33	
Number of Successful Completions	3	6	2	5	0	4	8						28	24	
Number of Unsuccessful Completions	1	1	0	0	1	2	2						7	9	
Average Days in Jail from Referral to Admission	5	6	3	4	6	9	10						6	4	
Number of New Admissions on ELM	6	3	1	2	7	8	4						31	12	
Program Referral Follow-Ups by Type (running total per progrant/grant year)															
													0	6	
Court Program Graduate															
Active In Court Program													14	3	
Active In Treatment at Nexus													6	N/A	
In Jail													4	1	
Re-Arrested and Released to Community													4	10	
Re-Arrested and Released to Further Treatment													4	7	
Released to TDCJ													0	1	
Active Warrant													5	5	



	Past Year Avg	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	Average:	Sum:
Total Service Episodes:	768	704	717	552	695	901	1,191	793.33	4,760
Total Unique Consumers:	589	696	672	478	593	764	967	695	4,170
% Change to DY 4		118.17%	114.09%	81.15%	100.68%	129.71%	164.18%		

<u>Total Encounters by Type:</u>		2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	Average:	Sum:
Triage		704	717	552	695	901	1,191	793.33	4,760
Care Coordination		2,736	2,532	2,304	2,627	2,588	2,942	2,621.5	15,729
F2F Encounter		242	255	252	211	237	292	248.17	1,489
Sum:		3,682	3,504	3,108	3,533	3,726	4,425	3,663	21,978



	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	Average:	Sum:
Service Episodes:	704	717	552	695	901	1,191	793.33	4,760

<u>Unique Consumers:</u>	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	Average:	Sum:
By N* ID	635	665	469	586	755	959	678.17	4,069
By Client ID	61	7	9	7	9	8	16.83	101
TOTAL Unique Consumers:	696	672	478	593	764	967	695	4,170
TOTAL Unique Consumers as %:	98.86%	93.72%	86.59%	85.32%	84.79%	81.19%		

<u>Unique F2F:</u>	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	Average:	Sum:
By N* ID	188	220	189	151	171	227	191	1,146
By Client ID	37	3	6	1	6	2	9.17	55
TOTAL Unique F2F:	225	223	195	152	177	229	171.57	1,201
TOTAL Unique F2F as %:	92.98%	87.45%	77.38%	72.04%	74.68%	78.42%		

	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04		Average:	Sum:
F2F Percentages:	34.38%	35.56%	45.65%	30.36%	26.30%	24.52%			32.80%	196.77%



Crisis Services Project

Frank Crowley
 CSP Monthly Report DY6_No Graphs
 Last Refresh: 4/25/17 at 4:50:46 PM GMT-05:00

Encounters by Type:	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	Average:	Sum:
Triage	704	717	552	695	901	1,191	793.33	4,760
Care Coordination	2,736	2,532	2,304	2,627	2,588	2,942	2,621.5	15,729
F2F Encounter	242	255	252	211	237	292	248.17	1,489
TOTAL Encounters:	3,682	3,504	3,108	3,533	3,726	4,425	3,663	21,978

Female:	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	Average:	Sum:
Black	100	100	86	69	110	118	97.17	583
Hispanic	20	30	18	24	33	34	26.5	159
Other			2	1	2	2	1.75	7
Unknown	1	1	2		1	1	1.2	6
White	64	53	47	46	58	87	59.17	355
TOTAL Female:	185	184	155	140	204	242	185	1,110

Male:	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	Average:	Sum:
Black	291	295	189	260	325	373	288.83	1,733
Hispanic	74	57	44	51	85	148	76.5	459
Other	6	2	2	6	2	9	4.5	27
Unknown	3	9	3	9	2	5	5.17	31
White	136	123	85	125	142	187	133	798
TOTAL Male:	510	486	323	451	556	722	508	3,048



<u>Gender Not Collected:</u>	2016-10	2016-11	2017-01	2017-02	2017-03	Average:	Sum:
Unknown	1	2	2	4	3	2.4	12
TOTAL Gender Not Collected:	1	2	2	4	3	2.4	12

<u>Age of Triage Encounters:</u>	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	Average:	Sum:
	696	672	478	593	764	967	695	4,170
TOTAL Age of Triage Encounters:	696	672	478	593	764	967	695	4,170

<u>Age of F2F Encounters:</u>	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	Average:	Sum:
	225	223	195	152	177	229	200.17	1,201
TOTAL Age of F2F Encounters:	225	223	195	152	177	229	200.17	1,201

Triage 12	4,084
Recidivism 12-12	671
Recidivism 12-12%	16.43%

Triage 6	4,084
Recidivism 6-6	671
Recidivism 6-6%	16.43%

Triage 6	4,084
Recidivism 6-12	671
Recidivism 6-12%	16.43%

	October	November	December	January	February	March
Year MO	2016/10	2016/11	2016/12	2017/01	2017/02	2017/03
Recidivism 12-12	9	65	140	246	412	671
Triage 12	678	1,338	1,808	2,391	3,131	4,084
Recidivism 12-12%	1.33%	4.86%	7.74%	10.29%	13.16%	16.43%

	October	November	December	January	February	March
Year MO	2016/10	2016/11	2016/12	2017/01	2017/02	2017/03
Recidivism 6-6	9	65	140	246	412	671
Triage 6	678	1,338	1,808	2,391	3,131	4,084
Recidivism 12-12%	1.33%	4.86%	7.74%	10.29%	13.16%	16.43%

	October	November	December	January	February	March
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Recidivism 6-12	9	65	140	246	412	671
Triage 6	678	1,338	1,808	2,391	3,131	4,084
Recidivism 12-12%	1.33%	4.86%	7.74%	10.29%	13.16%	16.43%

Transicare Reporting Crisis Services Project

		2016-10	2016-11	2016-12	2017-01	2017-02	2017-03
1	Beginning Census	115	115	107	103	98	123
2	REFERRALS	46	33	32	23	42	54
3	Admissions						
4	Referred Admitted	19	18	16	8	26	27
5	No Admit Client Refusal	2	1	1	2	0	1
6	No Admit Criteria	1	1	3	0	1	0
7	No Admit Structural	2	6	2	2	2	2
8	Pending	22	7	10	11	13	15
9	<i>PRIOR PENDING</i>						
10	Pending Admitted	12	17	2	4	8	10
11	No Admit Client Refusal	3	3	4	1	0	0
12	No Admit Criteria	2	1	1	1	0	0
13	No Admit Structural	0	4	3	4	1	1
14							
15	Total Admissions	31	35	18	12	34	37
16							
17	Discharges						
18	Success Transfer	7	3	4	3	2	4
19	DC Midterm Disengage	12	16	6	2	4	3
20	DC Rapid Disengage	6	6	2	4	2	14
21	DC Structural	6	18	10	9	1	13
22	Total Discharged	31	43	22	18	9	34
23	Active End Of Month	115	107	103	97	123	126
24							
25	Outcome Data						
26	<i>Terrell State Hospital Linkages</i>						
27	≤7 Connect To Prescriber	1	6	2	1	4	5
28	≤30 Connect To Prescriber	0	1	0	0	0	0
29	Missed Metric	1	3	0	1	3	3
30	Total Released	2	10	2	2	7	6
31							
32	Cummulative ≤7 Connect %	50.0%	58.3%	64.3%	62.5%	60.9%	65.5%
33	Cummulative ≤30 Connect %	50.0%	66.7%	71.4%	68.8%	65.2%	69.0%
34	Missed Metric	50.0%	33.3%	28.6%	31.3%	34.8%	37.9%
35	<i>Unduplicated Served</i>						
36	Monthly Unduplicated	141	141	124	111	119	154
37	DSRIP YTD Unduplicated Served	141	180	209	227	259	308
38							
39	<i>Encounter Data</i>						
40	F2F Encounter	848	840	730	756	799	856
41	Care Coord	198	138	113	82	30	117
42	Total	1046	978	843	759	829	759

Forensic Diversion Unit (FDU) Report

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Beginning Census	47	46	50								
Number of Referrals Received from CSP											
Adapt	7	8	16								
Metrocare	0	0									
Transicare	0	0									
DA	0	0									
Number of Admissions	5	8	10								
Number Discharged	0	4	10								
Number not admitted due to:											
Client qualifies for ACT	0	0	0								
Client qualifies for other programs	1	0	0								
Client didn't meet level of need required	0	0	0								
Other reasons	0	0	0								
Average Service Utilization:											
Average hours seen	7.22	6.46	6.36								
Encounter Breakdown:											
Face to Face	254	275.25	245								
Service Coordination	193	225	215								
Number of clients accessing:											
Emergency Room (medical)	0	0	0								
23-hour observation (psych)	1	1	0								
Inpatient (med/ psych)	0	0	0								
Jail book-in	10	2	0								
Reasons for Discharge:											
Graduate		0	0								
Client Disengagement	2	3	0								
Extended Jail stay (case-by-case basis)		0	0								
Other Intervening factors		1	0								
End of Month Stats:											
Number of Active FDU clients end of month	46	50	48								
Number of Unique Consumers	2	0	2								
# of clients waiting to be released from jail	11	12	15								
Average Length of stay on FDU (month)	12.27	11.38	7.72								
Maximum Census	46	46	46								

APRIL 2017 Monthly Report

Dallas County Crisis Services Program	Program Specific and Systems Update	Summary of NTBHA's Monthly Activities	Action Items/Concerns
1	Adapt Community Solutions (ACS) – Targets member released from jail using ACS to ensure continuity of care	Conducted case consultations on approximately 7 referrals.	Not Applicable
2	Transicare Post Acute Transitional Services (PATS) – Targets high utilizers released from jail with more intensive need to ensure continuity of care	<p>Provided case consultation and clinical support during PATS/FACT case review.</p> <p>Resolved Rx issue for 3 consumers. Provided Local Case Numbers for 1 individual.</p>	Not Applicable
3	<p>ACT Forensic Diversion Unit (FDU) – Provides ACT services for high utilizers of the legal system.</p> <p>Responsible for approving evaluations of FDU referrals and FDU oversight</p>	<p>Clinical review of cases for appropriate LOC recommendations on 9 FDU referrals, 7 of which were approved.</p> <p>Reviewed 6 recovery plans. There was no MD consult during this reporting period.</p>	Next FDU meeting TBA (tentatively sometime in May)
4	Caruth Smart Justice	Participated in planning meeting with Dallas Metrocare re: transition of clients into outpatient tx and transportation concerns.	Brainstorm/Develop NTBHA involvement in assisting both CMHPs and DCCJ in this initiative

**Dallas County Behavioral Health Leadership Team (BHLT)
Adult Clinical Operations Team (ACOT) Committee Meeting
May 4, 2017**

Attendees: Angela Sanders (City of Dallas), James McClinton (MDHA), Janie Metzinger (MHA), Herb Cotner (DPD), Kurtis Young (PHHS), Jacob Twombly (UT Police), Charlene Randolph (Dallas County), Sherry Cusumano (Green Oaks/ NAMI), Mike Ayoob (Counseling Institute of Texas), Lauren Roth (MMHPI), Jennifer Jaynes (MMHPI), Doug Denton (HBInc), Jennifer Torres (Metrocare), Karla Sweet (HWB), Ashley Williams (CSCD Clinical), Andy Wolfskill (CFGC), Melissa Cade (HBInc), Dawn Mckeehan (MMHPI), Alice Zallarello (The Well Community), Myrl Humphrey (NTBHA), Heath Frederick (NTBHA), Brianne Brass (Dallas County), Sam Bates (NAMI/SSD), Becca Crowell (Nexus Recovery), Walter Taylor (Dallas County)

Introductions and Minutes Approval

- Committee members made introductions.
- Meeting minutes from April 2017 were approved with the contingency a few corrections be made.

Homeward Bound Inc. Presentation

- Doug Denton provided an overview of the services provided by Homeward Bound Inc. (HBInc.).
- HBInc. provides Detoxification & Crisis stabilization, Outpatient Programs, HIV programs, Specialized Female with Child programs, male and female residential programs and Co-Occurring Psychiatric & Substance abuse programs.
- There are four locations throughout North Texas; HBInc. also services the El Paso area as well.
- HBInc. is now exploring targeted programming for individuals involved in Panhandling.
- HBInc. does not provide acute medical care and their Crisis facility is not a lock-down facility.

Updates

- NTBHA RFP contracts for additional beds have been awarded, Timberlawn has been added as a network provider and will serve children and adults; NTBHA is still working to solidify contracts with other potential network providers.
- NTBHA has been awarded the Office Based Opioid Treatment grant funding through HHSC and still working to complete contracts.

Smart Justice Update

- Meadows reported that Dallas Fire and Rescue (DFR) conducted a presentation to the City of Dallas City Council that was well received. Final approval of the Statement of Work with City of Dallas is set for May 2017, due to language changes in the statement of work.

-Meadows reported on Intercept 2 through 4, all three work groups met April 3rd addressing implementation issues and barriers related to full deployment of the Smart Justice Initiative.

- Dallas County Criminal Justice launched the Beta Test on April 17th and is working through identified challenges. The last three Pre-Trial positions have been added to the grant and are actively being hired.

- Meadows reported that Intercept 5 is making progress with housing, there was additional training provided for ACT & FACT on April 25th and 27th in coordination with Ann Denton, Myrl Humphries and Joyce White going over housing options and how HMIS systems will be utilized; further HMIS training will follow.

Legislative Update

- Janie Metzinger provided the legislative update, at this time there is no indication of a Special Session being held.

Other

-Jennifer Torres with Metrocare offered to present in August.

-Members voted to cancel the meeting in July in observance of Fourth of July holiday.

-NAMI walks will be held on May 13th at 10am at Dr. Pepper Ballpark in Frisco.

The meeting was adjourned at 1:29 pm.

Targeted Capacity Expansion-HIV Program: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS

samhsa.gov/grants/grant-announcements/ti-17-011

Short Title:

TCE-HIV: High Risk Populations

Funding Opportunity Announcement (FOA) Information

FOA Number:

TI-17-011

Application Due Date:

Wednesday, May 3, 2017

Description

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2017 Targeted Capacity Expansion-HIV Program: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS (Short Title: TCE-HIV: High Risk Populations) cooperative agreements. The purpose of this program is to increase engagement in care for racial and ethnic minority individuals with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (COD) who are at risk for HIV or HIV positive that receive HIV services/treatment. The program also aims to contribute to the nation's achievement of the 90-90-90 goals regarding HIV status and treatment.

This program will focus on high risk populations including racial/ethnic minority populations, such as black young men who have sex with men (YMSM) (ages 18-29), and other high-risk populations such as Latino YMSM and men who have sex with men (MSM) (ages 30 years and older), and gay, bisexual, and transgender individuals who have a SUD or COD who are HIV positive or at risk for HIV/AIDS. This cooperative agreement will support the following activities: linkage to care for racial and ethnic minority individuals with SUD and/or COD treatment needs who are HIV positive or at high risk for HIV, including SUD and/or COD treatment and recovery support services; HIV/AIDS testing and case management services, including linkage and provision of HIV care and treatment; Hepatitis testing, vaccination, and referral/linkage for treatment and case management; housing support services; outreach; and enhancement and expansion of infrastructure and capacity to retain clients in SUD/COD and HIV/AIDS care.

The expected outcomes for the program include increasing the number of individuals with SUD/COD who are HIV positive that are on antiretroviral therapy (ART) and linked to HIV care, reducing the impact of behavioral health problems, reducing HIV risk and incidence, reducing trauma related conditions, and increasing access to and retention in treatment for individuals with co-existing behavioral health, HIV, and hepatitis conditions. This program will ensure that individuals who have been diagnosed with a SUD and/or COD and who are HIV positive or most at risk for HIV/AIDS have access to and receive appropriate behavioral health services. Cooperative agreement funds must be used to serve people diagnosed with a SUD as their primary condition.