

**Dallas County Behavioral Health Leadership Team**

**Thursday, July 13, 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 June 8, 2017\*
  - Proposed Representative Update\*
  - Discussion: BHLT Membership
- III. Strategic Planning
- IV. NTBHA Update
- V. The Stepping Up/ Caruth SMART Justice Initiative Update
  - **Senate Bill 292**
  - **House Bill 13**
- 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, June 8, 2017

**Welcome and Call to Order**

The meeting was called to order by Commissioner John Wiley Price at 9:34 AM.

**Review/Approval of Minutes**

The minutes of the BHLT meeting held on May 11, 2017, were included in the meeting packet. A motion was made by Commissioner Theresa Daniel to accept the minutes and was seconded by Gordon Hikel. The committee members voted to approve the minutes with modifications to be made on pages 3&4. Commissioner Daniel presented resolution 04-2017\* which recommended that Mr. Hikel be appointed as the representative for the NTBHA Chair. The committee members approved the resolution, with a motion made by Janie Metzinger and seconded by Ken Medlock.

**Introductions and Absent BHLT Members:** No introductions were made. Carol Lucky was not in attendance.

**Strategic Planning:**

Commissioner Price deferred this agenda item to Commissioner Daniel. Commissioner Price expressed his concerns about the Strategic Planning Committee (SPC) and that there needed to be some additional discussions regarding SPC and the intent of the meetings. Commissioner Daniel informed Commissioner Price that there have been some discussions regarding SPC and that a few of the members attended the initial meeting and the members from BHLT were included at the following meeting. Ron Stretcher, Senior Director of Systems Management for Meadows Mental Health Policy Institute (MMHPI); stated that the initial discussion occurred at a conference that MMHPI held in September, 2016. Mr. Stretcher stated that the idea was to have a committee discuss how the BHLT committee was formed and to provoke thought into where BHLT currently is and how the committee can move forward. There will be a follow-up discussion at the next scheduled conference meeting. Commissioner Price would like to see the frame work SPC and wants to make sure that the BHLT committee is driving the discussion on this topic. Mr. Stretcher stated that MMHPI, continues to encourage other counties to do what Dallas County is doing because it works. Commissioner Daniel stated that the intent was also to look at, who are the stakeholders on the committee and who still has interest. SPC is also looking at putting ideas together; they are currently reviewing the vacancies and reviewing the mission statement of BHLT. Mr. Hikel requested some additional information regarding the three topics (areas) that SPC are focusing on, the Charter for BHLT, and the mission statement for BHLT. There were some continued discussions on the SP and how it was generated and the purpose of the SPC by Herb Cotner, Scott Black and Sherry Cusomano. Ms. Cusomano questioned why the advocates were not at the table from the beginning.

**NTBHA Updates:**

Carol Lucky, was not in attendance therefore Brittany McNaughton (Chief Local Officer), gave the report for NTBHA. Ms. McNaughton informed the committee that the \$8.1 million for the Bridge funding was awarded, without it many of the indigent consumers would have been dropped from the program. Commissioner Price and Ms. McNaughton thanked everyone who participated and who had a hand in advocating for the funds. Commissioner Price wanted some additional information on Temporary Rental Assistant (TRN) and Supportive Housing Funds (SHF). Ms. McNaughton stated that the TRH is a value

added service kept in place for general revenue service; which assist approximately 20 people per month and this allows them to go into a more stable housing. NTBHA is currently on track to spend their allocated funds for SHF, these funds are very limited and specific. Through the NorthStar underspend carryover NTBHA is currently trying to push out the \$247,000 to their Mental Health providers for housing funds. One of the complications these are additional funds that NTBHA will not receive in FY18. The target for these funds will be short term housing (3 months), individuals who are homeless, indanger of losing their housing, and individuals that will be able to transition into supportive housing. The funds need to be spent by mid August.

Ms. Randolph went on to discuss the handout in packet (pg. 6-8), this chart was created so that the judges would have some additional information regarding the some of the NTBHA funds that were available. Judge Wade stated that she still feels that this is the information that the case managers and workers should be trained on (programs and funds available). After some additional discussions on this topic; it was decided that Ms. Edmonds, Mr. Stretcher, Judge Wade, Ms. Randolph and Mrs. Richardson would get together to schedule a training with Dr. Buruss, case managers and caseworkers at the Frank Crowley building. Mr. Hikel informed Judge Wade that he and others will work on a document that will be decimated to them regarding who is elligible and what funds and programs are available. Mrs. White stated that during the trainings that are already being provided they discuss other funds that are available for example, Continuum of Care (COC). Commissioner Price would like to know what does the budget look like with these fundings. Mrs. Vickie Rice with the Public Defenders office would like to know who are the different funds intended for and if there is a possibility of their clients receiving the funds. Mrs. White explained that that COC is currently working on getting individuals in the Homeless Management Information System (HMIS). If clients are not in the system they will not have access to the funds. Mrs. White the goal is to conduct trainings from June until August. James McClinton, Director of Housing Resources for MDHA stated that they have funding about \$16 million dollars to help support housing, manage, and operate. Mrs. McClinton stated that its not the training the problem they are having is that housing is not available. Mr. McClinton stated that there is not a lot of money and their funds are for rapid rehousing for individuals. Mrs. Randolph asked for clarification on housing funds and if they would be spent by mid August. Ms. McNaughton stated that they are currently working with the providers and should not have a problem with getting the money spent in time.

#### **Stepping Up Initiative Update/Caruth Grant:**

Ron Stretcher, Senior Director of Systems Management gave the update, he informed the committee that the updates were in the packet on pages 9-10. Mr. Stretcher stated the contracts with IPS & Metrocare are in the final stages, he has reviewed them and they should be out within the next few days. On May 24, 2017, the Dallas City Council met and approved the acceptance of a sub-grant award for the development of the RIGHT Care Program.

#### **Behavioral Health Housing Work Group (BHHWG) Update:**

Commissioner Daniel stated that the partnership with the City of Dallas to End and Prevent Homelessness will be reapproved on June 20, 2017, after modifications had to be made to the contract. The BHH/WG also discussed at their last meeting the \$8.1 million Bridge Funding that was approved for NTBHA during the legislation. Commissioner Price gave recognition to Mrs. Janie Metzinger, State Rep. Toni Rose, and others for their leadership and guidance with the Bridge Funding. Other items that were discussed were the continued collaboration of the area shelters with the Homeless Management Information System (HMIS). Catholic Charities is working closely with the Catholic Housing Initiative to purchase a facility with 108 single occupancy PSH units for individuals 55 and older. Veterans Affairs has completed a review of its grant and per diem program and is revising it program models. Commissioner Daniel informed the committee that there seems to be an increase for the City of Dallas Economic Development Bond for 2017.

#### **1115 Waiver Crisis Services Project (CSP) Update:**

Ms. Charlene Randolph, Manager of the 1115 Project, stated there is still no new word on the 1115 Waiver Project regarding renewal information however, they are still in negotiations. Ms. Randolph presented the Crisis Services Project FY'17 Cash Flow Chart (pg 15), which gives in detail how the funds of the project have been spent and will continue to submit this to the committee moving forward. CSP continues to

operate and exceed its monthly service goals the month of April they served 723 unique clients. CSP had 64% of Dallas County Forensic clients connected to a prescriber within 7 days and 67% connected within 30 days of discharge from Terrell State Hospital. Sheena Oriabure gave an update on the Cottages, the report was located in the packet (pg. 24). The Cottages was down 3 people, out of the 3; two of the residents passed away and another resident broke her lease and moved back with her family. Ms. Oriabure introduced Diana Dusek, Clinical Manager for the Cottages.

**Funding Opportunities:**

- **SAMSHA Grant Update:**

Laura Edmonds stated that the numbers for the program were located on page 13. The program goal is to send as many clients involved in the Specialty Courts to Nexus. The program has reached its yearly targeted goal of 36 people. The program can continue to send as many individuals through the program as the budget will allow. They have continued to utilize the Electronic Monitoring program, which is going very well.

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

Chief Public Defender Lynn Richardson reported that the South Dallas Community Court is moving along successfully, by following best practices. This court is coordinated by Mrs. Diane Gibson and lead by Judge Williams. The SKIP program will be traveling to New York to meet with technical advisors. Chief Richardson stated that the Public Defender's office wants to stay transparent and would continue to include their Mental Health Program statistics to the county. Commissioner Price requested that someone be designated to deal with the Specialty Courts Programs. Mrs. Edmonds acknowledged that Mrs. Oriabure is the Specialty Court Coordinator for the Criminal Justice Department and they are currently working on best practices for the different courts. Mrs. Edmonds will follow up with Chief Richardson and Vickie Rice in creating the best practices and making sure they are in compliance.

**Upcoming Events and Notifications:**

There were no upcoming events or notifications made.

**Adjournment:**

The meeting was adjourned at 11:09 am with a motion made by Commissioner Daniel and seconded by Mr. Hikel.

Advocates		Initial Representative	Current Representative	Proposed Representative
Mental Health America	1	Janie Metzinger	Janie Metzinger	
NAMI Dallas	1	Ashley Zugelger	Marsha Rodgers	
NAMI Dallas Southern Sector	1	Anna Leggett-Walker	Sam Bates	
Child/Family	1	Vanita Halliburton	Vanita Halliburton	!
Consumer	1	Dedra Medford	Dedra Medford	!
<b>Category Subtotal</b>	<b>5</b>			
County/City				
Jail Behavioral Health Services	1	Waseem Ahmed	Waseem Ahmed	
City of Dallas	1	New Seat	Bernadette Mitchell	*Nadia Chandler Hardy
Sheriff Department	1	David Mitchell	Alice King	
CSCD (Adult Probation)	1	Teresa May-Williams	Dr. Jill Love-Johansson	
Juvenile Department	1	Desiree Fleming	Leslie Gipson	
Judicial Representative	1	New Seat	Kristin Wade	
District Attorney	1	Durrand Hill	Faith Johnson	
Public Defender	1	Lynn Richardson	Lynn Richardson	
Metro Dallas Homeless Alliance	1	Mike Faenza	Cindy Crain	
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 Ayooob	
<b>Category Subtotal</b>	<b>13</b>			
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	
<b>Category Subtotal</b>	<b>6</b>			
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	Carol Lucky	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 COPC	1	Jacqualane Stephens	Karen Frey	
Psychiatrist Leadership Organization	1	Judith Hunter	Judith Hunter	
Psychiatry Residency	1	Adam Brenner	Adam Brenner	*Ella Williams
Mental Retardation/Developmental Delay	1	James Baker	John Burruss	
Underserved Populations	1	Norma Westurn	Norma Westurn	
Primary Care Physicians	1		Dr. Sue S. Bornstein	Open
<b>Category Subtotal</b>	<b>16</b>			
Payers/Funders				
Commissioners Court	1	Ron Stretcher	Gordon Hikel	Open
Meadows Foundation	1	New Seat	Jaqualene Stephens	
NTBHA	1	Alex Smith	Carol Lucky	
NTBHA Chair	1	New Seat	Gordon Hikel	
Value Options	1	Eric Hunter	Matt Wolf	
<b>Category Subtotal</b>	<b>5</b>			
<b>Membership Total</b>	<b>45</b>			
* new Members				
! Low Attendance				
^ Timberlawn vs. Dallas Behavioral Health				
Dallas Behavioral Health Hospital		Patrick LeBlanc	Selene Hammon	^ 6/9/2016

**RESOLUTION**

**DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM**

**RESOLUTION NO:** 05-2017

**DATE:** July 13, 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 13<sup>th</sup> day of July 2017, 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 five (5) Advocates, thirteen (13) County/City organizations, five (5) Residential Facilities, sixteen (16) Outpatient Providers, and four (4) 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:

- City of Dallas-Nadia Chandler Hardy
- Psychiatry Residency-Dr. Ella Williams

**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 13<sup>th</sup> day of July 2017.

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John Wiley Price  
 Commissioner District #3  
 Dallas County

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Dr. Theresa Daniel  
 Commissioner District #1  
 Dallas County

**Dallas County Behavioral Health Leadership Team (BHLT)  
Strategic Planning- Overview**

**History of Dallas County BHLT Strategic Planning:**

The Dallas County BHLT established a Strategic Planning Committee by resolution on April 13, 2017 to review the original BHLT Charter, examine current operations, obtain broad input from the BHLT and the community, and recommend to the full BHLT any changes in the Charter, and membership or operations.

**Timeline:**

<b>Date</b>	<b>Activity</b>	<b>Attendees:</b>
Summer 2016	<p>Conference in Austin: Engage and Excel workshop hosted by the Meadows Mental Health Policy Institute (MMHPI).</p> <p>The MMHPI was designed to bring together leadership teams across the state to share information and develop strategies for the teams to be as effective as possible.</p> <p>Dallas County BHLT attendees discussed that there have been many significant changes in our community since the BHLT was established and there is merit in looking at where we are now and how we want the BHLT to function moving forward.</p>	BHLT attendees: Commissioner Theresa Daniel, Dr. Jacqualene Stephens, Scott Black, Dr. Celeste Johnson, Herb Cotner
3/30/2017	<p>Meeting: Purpose was to explore BHLT Mission And Vision.</p> <p>This meeting was to reconvene attendees at the Summer 2016 Conference to discuss if this was the time to consider the overall direction of BHLT going forward. There was consensus from attendees that the timing is right to conduct strategic planning for the BHLT moving forward. The group all agreed that this planning can take different forms, but should be focused on our mission, what stakeholders need to be included, and how to better use workgroup and committees to ensure that the work of the BHLT moves forward.</p>	Commissioner Theresa Daniel, Dr. Jacqualene Stephens, Scott Black, Charlene Randolph, Ron Stretcher, Dr. Celeste Johnson, Herb Cotner, Walter Taylor
4/13/17	<p>Resolution: BHLT committee members voted to approve Resolution 01-2017 which established the BHLT Strategic Planning Committee</p> <p>Membership was extended via email to all BHLT committee members.</p>	Attendees at BHLT April 13, 2017 scheduled meeting.

4/18/2017	Correspondence: Strategic Membership was extended via email to all BHLT committee members.	Invite sent by email. The following responded expressing interest in serving on the Strategic Planning Committee: Tom Collins, Kenneth Medlock, Jill Johansson-Love, Celeste Johnson, Joe Powell, Sherry Cusumano, Jay Dunn, Jane LaVieux, Charlene Randolph, Kristin Wade, Jacqui Stephens, Carol Lucky, Waseem Ahmed,
4/27/17	<p>Meeting: 1<sup>st</sup> Strategic Planning Committee meeting was held.</p> <p>Activities:</p> <ul style="list-style-type: none"> <li>- Reviewed Zia Study's 12 recommendations as to what activities had been addressed, whether the right people were at the table and whether the committee work was fueling the BHLT to accomplish what it had the potential to accomplish.</li> <li>-Reviewed the "Deliverables" from the BHLT Initial Charter Document Recommendations.</li> </ul> <p>Recommendations from attendees:</p> <ul style="list-style-type: none"> <li>- More tasks assigned to subcommittees</li> <li>- Consider additional resources (autism, respite, etc.)</li> <li>- More communication from subcommittees to BHLT</li> <li>- New initiatives should be brought up early on in process so they can be addressed if there is wide-spread interest; items can be enhanced through group attention</li> <li>- more coordination overall since mental health is still a very disjointed system; strive for record sharing within HIPPA guidelines</li> </ul> <p>Next steps:</p> <ul style="list-style-type: none"> <li>- Review 12 steps from Zia study (what do we keep/ change)</li> <li>- Review membership list/ subcommittee structure</li> </ul>	Herb Cotner, Sherry Cusumano, Commissioner Dr. Theresa Daniel, Jay Dunn, Kurtis Young (for Celeste Johnson), Jane LaVieux, Dr. Jill Love-Johansson, Ken Medlock, Charlene Randolph, Walter Taylor, and Dr. Ella Williams
5/18/17	<p>Meeting: 2<sup>nd</sup> Strategic Planning Committee meeting was held</p> <p>Activities:</p> <ul style="list-style-type: none"> <li>- Review BHLT member categories (Advocates, County/City, In-Patient Facilities, Outpatient Providers, Payers/Funders) and discussed if these were still valid</li> </ul>	Commissioner Theresa Daniel, Dr. John Burruss, Charlene Randolph, Ken Medlock, Walter Taylor, Herb Cotner, Dr. Ella Williams, Jane LaVieux



	<p>Discussions:</p> <ul style="list-style-type: none"> <li>- Communication and Coordination with other Counties. Consensus: BHLT should have a primary focus on Dallas County, but should remain open to collaborating with other counties.</li> <li>- Data-Sharing. Consensus: Data-sharing could be improved and may need to consider having a research committee.</li> <li>- Web Page. Consensus: A web presence might be helpful in terms of information sharing</li> <li>- Advocacy and Fundraising. Consensus: BHLT has engaged in advocacy work, but not fundraising.</li> <li>- Written input to the Commissioners Court and Parkland Hospital. Consensus: This has not really taken place. There may need to be more formal communication to the Commissioners Court and Parkland Hospital.</li> <li>- Committee Structure. Consensus: The BHLT committee creation and structure should arise from the needs that require attention.</li> </ul>	
6/15/17	<p>Meeting: 3<sup>rd</sup> Strategic Planning Committee meeting was held</p> <p>Discussions:</p> <ul style="list-style-type: none"> <li>- Suggestion for open forum at BHLT to discuss strategic planning rather than a formal committee. Consensus: All Strategic Planning updates should be taken back to the BHLT for discussion/ decisions on planning work.</li> <li>- Dallas County Focus versus Multi-county Focus. Consensus: Dallas County BHLT should be an open meeting but voting members should be Dallas County representatives.</li> <li>- Limitations of smaller communities establishing BHLT committee</li> <li>- Data needs to respond to needs/ trends and to justify funding</li> <li>- Lack of key participants at BHLT (VA, Medicaid providers, etc.)</li> <li>- Reviewed/ discussed open BHLT member slots</li> </ul>	<p>Commissioner Theresa Daniel, Walter Taylor, Doug Denton, Gordon Hikel, Dr. Jill Love-Johansson, Ken Medlock, Joe Powell, Charlene Randolph, Scott Black, Kurtis Young (for Celeste Johnson)</p>

**Future of Strategic Planning Work: Discussion by BHLT**

## Meadows Mental Health Policy Institute

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### Summary of 85(R) SB 292 – Community Jail Diversion Grants

*Signed into law June 9, 2017*

**Senate Bill 292** establishes a program to provide matching grants to **county-based community collaboratives** to reduce the recidivism of people with mental illness, and to decrease wait times for forensic (criminal justice-related) commitment to state psychiatric hospitals.

Hundreds of individuals currently languish in county jails, while they wait for a state hospital bed. The Legislature's intent with SB 292 is to fund programs that will keep people with mental illness from cycling through county jails and the state psychiatric hospital system. Lawmakers provided **\$12.5 million in FY 2018** (September 1, 2017 – August 31, 2018) and **\$25 million in FY 2019** (September 1, 2018 – August 31, 2019) for this grant program.

The text of the legislation can be found [here](#).

#### Who May Apply for Grants?

To be eligible to apply for a matching grant, community collaboratives must include the county government, a local mental health authority serving that county, and each hospital district, if any, located in the county. Collaboratives may include other local entities.

In FY 2018, which begins on September 1, 2017, only community collaboratives that include a county with a population of 250,000 or more may apply. Beginning in FY 2019, 20 percent of the total funds will be reserved for collaboratives that include a county with a population of less than 250,000.

#### What are Allowable Uses for Grants?

- 1) continuing an existing mental health jail diversion program;
- 2) establishing or expanding a mental health jail diversion program;
- 3) developing competency restoration programs that operate outside of the state psychiatric hospital system, including outpatient competency restoration, inpatient competency restoration in a community setting, or jail-based competency restoration;
- 4) providing assertive community treatment (ACT) or forensic assertive community treatment (FACT) with an outreach component to help people with severe mental illness avoid repeated visits to jails and state hospitals;

- 5) providing intensive mental health services and substance abuse treatment not readily available in the community;
- 6) providing continuity of care services for individuals released from state hospitals;
- 7) developing interdisciplinary rapid response teams to reduce law enforcement's involvement with people experiencing mental health emergencies; and
- 8) purchasing local community hospital crisis, respite, or residential psychiatric beds.

### **Financial Matching Requirements**

Each grant is contingent on the community collaborative providing matching funds from non-state sources and non-federal sources in an amount at least equal to:

- 1) 50 percent of the grant if the collaborative includes a county with a population of less than 250,000;
- 2) 100 percent of the grant if the collaborative includes a county with a population of 250,000 or more; or
- 3) if the collaborative includes more than one county, the percentage of the grant required for the largest county in the collaborative (e.g., a collaborative that includes El Paso and Hudspeth counties must provide a 100 percent match).

### **When Should a Community Collaborative Apply?**

A collaborative must submit its application to the Health and Human Services Commission not later than September 30 of the fiscal year in which it is requesting funding.

The application must indicate the amount of matching funds the collaborative can provide as well as a plan that is:

- 1) endorsed by each of the collaborative's member entities;
- 2) identifies a target population;
- 3) describes how the grant money will be used;
- 4) includes outcome measures to evaluate the success of the plan; and
- 5) describes how the success of the plan fulfills the legislation's goals of lowering recidivism and reducing demand for competency restoration services in state hospitals.

### **For more information, please contact:**

John Petriola, JD | Vice President for Adult Policy  
jpetriola@texasstateofmind.org | 813.625.7441 (m)

AN ACT

relating to the creation of grant programs to reduce recidivism, arrest, and incarceration of individuals with mental illness.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.0993 to read as follows:

Sec. 531.0993. GRANT PROGRAM TO REDUCE RECIDIVISM, ARREST, AND INCARCERATION AMONG INDIVIDUALS WITH MENTAL ILLNESS AND TO REDUCE WAIT TIME FOR FORENSIC COMMITMENT. (a) The commission shall establish a program to provide grants to county-based community collaboratives for the purposes of reducing:

(1) recidivism by, the frequency of arrests of, and incarceration of persons with mental illness; and

(2) the total waiting time for forensic commitment of persons with mental illness to a state hospital.

(b) A community collaborative may petition the commission for a grant under the program only if the collaborative includes a county, a local mental health authority that operates in the county, and each hospital district, if any, located in the county. A community collaborative may include other local entities designated by the collaborative's members.

(c) The commission shall condition each grant provided to a community collaborative under this section on the collaborative providing funds from non-state sources in a total amount at least

1 equal to:

2 (1) 50 percent of the grant amount if the  
3 collaborative includes a county with a population of less than  
4 250,000;

5 (2) 100 percent of the grant amount if the  
6 collaborative includes a county with a population of 250,000 or  
7 more; and

8 (3) the percentage of the grant amount otherwise  
9 required by this subsection for the largest county included in the  
10 collaborative, if the collaborative includes more than one county.

11 (c-1) To raise the required non-state sourced funds, a  
12 collaborative may seek and receive gifts, grants, or donations from  
13 any person.

14 (c-2) Beginning on or after September 1, 2018, from money  
15 appropriated to the commission for each fiscal year to implement  
16 this section, the commission shall reserve at least 20 percent of  
17 that total to be awarded only as grants to a community collaborative  
18 that includes a county with a population of less than 250,000.

19 (d) For each state fiscal year for which a community  
20 collaborative seeks a grant, the collaborative must submit a  
21 petition to the commission not later than the 30th day of that  
22 fiscal year. The community collaborative must include with a  
23 petition:

24 (1) a statement indicating the amount of funds from  
25 non-state sources the collaborative is able to provide; and

26 (2) a plan that:

27 (A) is endorsed by each of the collaborative's

1 member entities;

2 (B) identifies a target population;

3 (C) describes how the grant money and funds from  
4 non-state sources will be used;

5 (D) includes outcome measures to evaluate the  
6 success of the plan; and

7 (E) describes how the success of the plan in  
8 accordance with the outcome measures would further the state's  
9 interest in the grant program's purposes.

10 (e) The commission must review plans submitted with a  
11 petition under Subsection (d) before the commission provides a  
12 grant under this section. The commission must fulfill the  
13 commission's requirements under this subsection not later than the  
14 60th day of each fiscal year.

15 (f) Acceptable uses for the grant money and matching funds  
16 include:

17 (1) the continuation of a mental health jail diversion  
18 program;

19 (2) the establishment or expansion of a mental health  
20 jail diversion program;

21 (3) the establishment of alternatives to competency  
22 restoration in a state hospital, including outpatient competency  
23 restoration, inpatient competency restoration in a setting other  
24 than a state hospital, or jail-based competency restoration;

25 (4) the provision of assertive community treatment or  
26 forensic assertive community treatment with an outreach component;

27 (5) the provision of intensive mental health services

1 and substance abuse treatment not readily available in the county;

2 (6) the provision of continuity of care services for  
3 an individual being released from a state hospital;

4 (7) the establishment of interdisciplinary rapid  
5 response teams to reduce law enforcement's involvement with mental  
6 health emergencies; and

7 (8) the provision of local community hospital, crisis,  
8 respite, or residential beds.

9 (f-1) Beginning on or after September 1, 2018, to the extent  
10 money appropriated to the commission for a fiscal year to implement  
11 this section remains available to the commission after the  
12 commission selects grant recipients for the fiscal year, the  
13 commission shall make grants available using the money remaining  
14 for the fiscal year through a competitive request for proposal  
15 process, without regard to the limitation provided by Subsection  
16 (c-2).

17 (g) Not later than the 90th day after the last day of the  
18 state fiscal year for which the commission distributes a grant  
19 under this section, each community collaborative that receives a  
20 grant shall prepare and submit a report describing the effect of the  
21 grant money and matching funds in achieving the standard defined by  
22 the outcome measures in the plan submitted under Subsection (d).

23 (h) The commission may make inspections of the operation and  
24 provision of mental health services provided by a community  
25 collaborative to ensure state money appropriated for the grant  
26 program is used effectively.

27 (i) The commission may not award a grant under this section

1 for a fiscal year to a community collaborative that includes a  
2 county with a population greater than four million if the  
3 legislature appropriates money for a mental health jail diversion  
4 program in the county for that fiscal year.

5 (j) Notwithstanding any other provision in this section,  
6 the commission may award a grant under this section for the state  
7 fiscal year beginning on September 1, 2017, only to a community  
8 collaborative that includes a county with a population of 250,000  
9 or more. This subsection expires on August 31, 2018.

10 SECTION 2. Subchapter B, Chapter 531, Government Code, is  
11 amended by adding Section 531.09935 to read as follows:

12 Sec. 531.09935. GRANT PROGRAM TO REDUCE RECIDIVISM, ARREST,  
13 AND INCARCERATION AMONG INDIVIDUALS WITH MENTAL ILLNESS AND TO  
14 REDUCE WAIT TIME FOR FORENSIC COMMITMENT IN MOST POPULOUS COUNTY.

15 (a) The commission shall establish a program to provide a grant to  
16 a county-based community collaborative in the most populous county  
17 in this state for the purposes of reducing:

18 (1) recidivism by, the frequency of arrests of, and  
19 incarceration of persons with mental illness; and

20 (2) the total waiting time for forensic commitment of  
21 persons with mental illness to a state hospital.

22 (b) The community collaborative may receive a grant under  
23 the program only if the collaborative includes the county, a local  
24 mental health authority that operates in the county, and each  
25 hospital district located in the county. A community collaborative  
26 may include other local entities designated by the collaborative's  
27 members.



1       (c) Not later than the 30th day of each fiscal year, the  
2 commission shall make available to the community collaborative  
3 established in the county described by Subsection (a) a grant in an  
4 amount equal to the lesser of:

5           (1) the amount appropriated to the commission for that  
6 fiscal year for a mental health jail diversion pilot program in that  
7 county; or

8           (2) the collaborative's available matching funds.

9       (d) The commission shall condition a grant provided to the  
10 community collaborative under this section on the collaborative  
11 providing funds from non-state sources in a total amount at least  
12 equal to the grant amount.

13       (e) To raise the required non-state sourced funds, the  
14 collaborative may seek and receive gifts, grants, or donations from  
15 any person.

16       (f) Acceptable uses for the grant money and matching funds  
17 include:

18           (1) the continuation of a mental health jail diversion  
19 program;

20           (2) the establishment or expansion of a mental health  
21 jail diversion program;

22           (3) the establishment of alternatives to competency  
23 restoration in a state hospital, including outpatient competency  
24 restoration, inpatient competency restoration in a setting other  
25 than a state hospital, or jail-based competency restoration;

26           (4) the provision of assertive community treatment or  
27 forensic assertive community treatment with an outreach component;

1           (5) the provision of intensive mental health services  
2 and substance abuse treatment not readily available in the county;

3           (6) the provision of continuity of care services for  
4 an individual being released from a state hospital;

5           (7) the establishment of interdisciplinary rapid  
6 response teams to reduce law enforcement's involvement with mental  
7 health emergencies; and

8           (8) the provision of local community hospital, crisis,  
9 respite, or residential beds.

10          (g) Not later than the 90th day after the last day of the  
11 state fiscal year for which the commission distributes a grant  
12 under this section, the community collaborative shall prepare and  
13 submit a report describing the effect of the grant money and  
14 matching funds in fulfilling the purpose described by Subsection  
15 (a).

16          (h) The commission may make inspections of the operation and  
17 provision of mental health services provided by the community  
18 collaborative to ensure state money appropriated for the grant  
19 program is used effectively.

20          SECTION 3. This Act takes effect September 1, 2017.

\_\_\_\_\_  
President of the Senate

\_\_\_\_\_  
Speaker of the House

I hereby certify that S.B. No. 292 passed the Senate on April 20, 2017, by the following vote: Yeas 31, Nays 0; and that the Senate concurred in House amendments on May 25, 2017, by the following vote: Yeas 31, Nays 0.

\_\_\_\_\_  
Secretary of the Senate

I hereby certify that S.B. No. 292 passed the House, with amendments, on May 23, 2017, by the following vote: Yeas 138, Nays 5, one present not voting.

\_\_\_\_\_  
Chief Clerk of the House

Approved:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Governor

## Meadows Mental Health Policy Institute

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### Summary of 85(R) HB 13

*Signed into law June 15, 2017*

**House Bill 13** provides matching grants to support **community mental health programs** that provide services and treatment to individuals experiencing mental illness. The Legislature's intent is to fund programs that will help address gaps in mental health services and treatment in local communities.

The legislature provided **\$10 million in FY 2018** (September 1, 2017 – August 31, 2018) and **\$20 million in FY 2019** (September 1, 2018 – August 31, 2019) for this grant program.

The Health and Human Services Commission (HHSC) is required to reserve 50 percent of the funds for community mental health programs located in counties with a population of less than 250,000.

The text of the legislation can be found [here](#).

### Who May Apply for Grants?

Private nonprofit and government entities may apply for funds; HHSC will select grant recipients.

To be considered for a grant, applicants must obtain a letter of support for their proposal from each local mental health authority with a geographic service area covered by the proposed community mental health program. HHSC will consider this written input in awarding grants.

### How Will Grantees Be Selected?

House Bill 13 is intended to support any community mental health programs that provide services and treatment to people with mental illness. However, HHSC will develop detailed criteria to evaluate grant proposals. The criteria will:

- 1) evaluate and score fiscal controls for the project, project effectiveness, project cost, and the applicant's previous experience with grants and contracts;
- 2) address whether the services proposed would duplicate services already available in the applicant's service area;
- 3) address the possibility of and method for making multiple awards; and

- 4) include other factors that HHSC considers relevant.

### **Financial Matching Requirements**

Each grant is contingent on the applicant's obtaining or securing matching funds from non-state and non-federal sources in an amount at least equal to:

- 1) 50 percent of the grant if the community mental health program is in a county with a population of less than 250,000;
- 2) 100 percent of the grant if the community mental health program is in a county with a population of 250,000 or more; or
- 3) if the program is in more than one county, the percentage of the grant required for the largest county in which the community mental health program is located (e.g., a program that includes Lubbock and Hale counties must secure a 100 percent match).

Matching funds may include locally-generated revenue or cash or in-kind contributions from individuals, foundations or other funders but may not include money from state or federal funds.

### **When Should a Nonprofit or Governmental Entity Apply?**

HHSC is required to adopt rules to implement this matching grant program but will not do so until later this year. We expect the agency will begin accepting applications in late fall or early winter of this year.

### **For more information, please contact:**

Coby Chase | Vice President for External Affairs Policy  
cchase@texasstateofmind.org | 512.658.1911 (m)

1 AN ACT

2 relating to the creation of a matching grant program to support  
3 community mental health programs for individuals experiencing  
4 mental illness and the coordination of certain behavioral health  
5 grants.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

7 SECTION 1. Subchapter B, Chapter 531, Government Code, is  
8 amended by adding Section 531.0999 to read as follows:

9 Sec. 531.0999. GRANT PROGRAM FOR MENTAL HEALTH SERVICES.

10 (a) To the extent money is appropriated to the commission for that  
11 purpose, the commission shall establish a matching grant program  
12 for the purpose of supporting community mental health programs  
13 providing services and treatment to individuals experiencing  
14 mental illness.

15 (b) The commission shall ensure that each grant recipient  
16 obtains or secures contributions to match awarded grants in amounts  
17 of money or other consideration as required by Subsection (h). The  
18 money or other consideration obtained or secured by the recipient,  
19 as determined by the executive commissioner, may include cash or  
20 in-kind contributions from any person but may not include money  
21 from state or federal funds.

22 (c) Money appropriated to or obtained by the commission for  
23 the matching grant program must be disbursed directly to grant  
24 recipients by the commission, as authorized by the executive

1 commissioner.

2 (d) A grant awarded under the matching grant program and  
3 matching amounts must be used for the sole purpose of supporting  
4 community programs that provide mental health care services and  
5 treatment to individuals with a mental illness and that coordinate  
6 mental health care services for individuals with a mental illness  
7 with other transition support services.

8 (e) The commission shall select grant recipients based on  
9 the submission of applications or proposals by nonprofit and  
10 governmental entities. The executive commissioner shall develop  
11 criteria for the evaluation of those applications or proposals and  
12 the selection of grant recipients. The selection criteria must:

13 (1) evaluate and score:

14 (A) fiscal controls for the project;

15 (B) project effectiveness;

16 (C) project cost; and

17 (D) an applicant's previous experience with  
18 grants and contracts;

19 (2) address whether the services proposed in the  
20 application or proposal would duplicate services already available  
21 in the applicant's service area;

22 (3) address the possibility of and method for making  
23 multiple awards; and

24 (4) include other factors that the executive  
25 commissioner considers relevant.

26 (f) A nonprofit or governmental entity that applies for a  
27 grant under this section must notify each local mental health

1 authority with a local service area that is covered wholly or partly  
2 by the entity's proposed community mental health program and must  
3 provide in the entity's application a letter of support from each  
4 local mental health authority with a local service area that is  
5 covered wholly or partly by the entity's proposed community mental  
6 health program. The commission shall consider a local mental  
7 health authority's written input before awarding a grant under this  
8 section and may take any recommendations made by the authority.

9 (g) The commission shall condition each grant awarded to a  
10 recipient under the program on the recipient obtaining or securing  
11 matching funds from non-state sources in amounts of money or other  
12 consideration as required by Subsection (h).

13 (h) A community that receives a grant under this section is  
14 required to leverage funds in an amount:

15 (1) equal to 50 percent of the grant amount if the  
16 community mental health program is located in a county with a  
17 population of less than 250,000;

18 (2) equal to 100 percent of the grant amount if the  
19 community mental health program is located in a county with a  
20 population of at least 250,000; and

21 (3) equal to the percentage of the grant amount  
22 otherwise required by this subsection for the largest county in  
23 which a community mental health program is located if the community  
24 mental health program is located in more than one county.

25 (i) Except as provided by Subsection (j), from money  
26 appropriated to the commission for each fiscal year to implement  
27 this section, the commission shall reserve 50 percent of that total



1 to be awarded only as grants to a community mental health program  
2 located in a county with a population not greater than 250,000.

3 (j) To the extent money appropriated to the commission to  
4 implement this section for a fiscal year remains available to the  
5 commission after the commission selects grant recipients for the  
6 fiscal year, the commission shall make grants available using the  
7 money remaining for the fiscal year through a competitive request  
8 for proposal process, without regard to the limitation provided by  
9 Subsection (i).

10 (k) Not later than December 1 of each calendar year, the  
11 executive commissioner shall submit to the governor, the lieutenant  
12 governor, and each member of the legislature a report evaluating  
13 the success of the matching grant program created by this section.

14 (l) The executive commissioner shall adopt any rules  
15 necessary to implement the matching grant program under this  
16 section.

17 (m) The commission shall implement a process to better  
18 coordinate all behavioral health grants administered by the  
19 commission in a manner that streamlines the administrative  
20 processes at the commission and decreases the administrative burden  
21 on applicants applying for multiple grants. This may include the  
22 development of a standard application for multiple behavioral  
23 health grants.

24 SECTION 2. This Act takes effect only if a specific  
25 appropriation for the implementation of the Act is provided in a  
26 general appropriations act of the 85th Legislature.

27 SECTION 3. This Act takes effect immediately if it receives

H.B. No. 13

1 a vote of two-thirds of all the members elected to each house, as  
2 provided by Section 39, Article III, Texas Constitution. If this  
3 Act does not receive the vote necessary for immediate effect, this  
4 Act takes effect September 1, 2017.

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President of the Senate

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Speaker of the House

I certify that H.B. No. 13 was passed by the House on April 13, 2017, by the following vote: Yeas 133, Nays 6, 2 present, not voting; and that the House concurred in Senate amendments to H.B. No. 13 on May 25, 2017, by the following vote: Yeas 138, Nays 7, 1 present, not voting.

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Chief Clerk of the House

I certify that H.B. No. 13 was passed by the Senate, with amendments, on May 23, 2017, by the following vote: Yeas 31, Nays 0.

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Secretary of the Senate

APPROVED: \_\_\_\_\_

Date

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Governor

**Dallas County Behavioral Health Housing Work Group**  
**Dallas County Administration, 411 Elm Street, 1<sup>st</sup> Floor, Dallas Texas 75202**  
**June 28, 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; Rev. Gerald Britt, Jr., CitySquare; Courtney Clemmons, NTBHA; Atoya Mason, VA; Thomas Lewis, DCHHS; Ellen Magnis, Family Gateway; Jim Mattingly, LumaCorp; James McClinton, MDHA; Ikenna Mogbo, Metrocare; Shenna Oriabure, CJ; Charletra Sharp, City of Dallas; Zachary Thompson, DCHHS; Brianne Brass, CJ; Dr. David Woody, The Bridge; Jari Mema, Catholic Charities; Amy Gill, VOA TX; James Espinosa, The Bridge; Sibi Powers, NTBHA; Walter Taylor, Dallas County; Claudia Vargas, Dallas County; Cimajie Best, Dallas County; Saif Pardwala, Dallas County; and Terry Gipson, Dallas County

**CALL TO ORDER:** Minutes approved with no change.

#### **GOVERNANCE**

Dallas Area Partnership to End and Prevent Homelessness: The initial partnership meeting scheduled for June 23, 2017, was postponed in order to address pending contract items. A new meeting date is to be determined.

Federal and State Legislative Update: NTBHA is waiting to receive their final budget for mental health services. Representative Toni Rose was instrumental in securing the \$8.1 million per year, \$16.2 M for both years for NTBHA transition.

There is speculation that 22 million dollars in funding was cut from the state budget for mental health services and will instead be used to offset lost revenue in other areas.

Timeline Review: No additional updates at this time.

#### **DEVELOPMENT**

Medical respite: The Bridge is in the process of pursuing a medical director who will be responsible for assisting with establishing appropriate supportive services and medical direction. The search process highlighted an opportunity for shelters to work with Parkland, Baylor, and Methodist in supporting emergency room frequent fliers and connecting them with more appropriate support services. This process will allow the shelters and hospital systems to track individuals who may need medical respite and other services through IRIS.

#### Crisis Residential and Respite Services:

Catholic Charities anticipates closing on their property at the end of July 2017 and is still on track to open their housing project by January 2018. The property offers the potential to use existing office space, classrooms, and common areas for supportive services. Catholic Charities is in the process of submitting an RFP to the Dallas Housing Authority for project vouchers. Catholic Charities will sign MOU's with CitySquare and other partners identified for this housing project. Catholic Charities also announced that they are in a new office space on Mockingbird Lane in the Love Field area.

NTBHA is working with Homeward Bound to find a new location. A decision is expected soon on a former nursing home property that is being reviewed. The new location will have to be suitable to provide crisis respite services.

TDHCA 2016 Housing & Services Partnership Academy: The academy will use their remaining time with the Corporation for Supportive Housing (CSH) to provide a 2-day seminar on August 1st and 2<sup>nd</sup>. The seminar will focus on development opportunities in Dallas and Collin counties. James McClinton will share details as they become available.

## **RESOURCES**

Shelter Discussions: Dr. David Woody is on the MDHA Adult Shelter Services Sub Committee and reports that shelters are discussing gaps in services needs and the impact on the community. Shelters are reviewing eligibility criteria, coordinating night shelter availability, mental health and physical health services. The Bridge facilitates night shelter intake for United Gospel Mission (UGM) and is able to coordinate space for individuals who do not meet placement requirements with Austin Street. Adult shelters are working towards tracking real-time bed space and needs in IRIS.

Family Gateway is one of three low-barrier shelters that focuses on families. Family Gateway initiated similar conversations as the adult shelter committee around reducing barriers, establishing identification needs, and transfer needs. Family Gateway is working with Salvation Army and UGM to figure out ways to cohesively work together. Since conversations began, Family Gateway now has diversion staff in place to screen calls and immediately assess needs and resources. Family shelters are working on implementing the IRIS HMIS system.

NTBHA: Additional housing funding in the amount of \$200,000 is being divided between service providers for use through the end of current fiscal year. Planning for the next contract cycle is contingent upon approval of the final budget for the upcoming fiscal year. Moving forward, NTBHA will focus on crisis services and how they impact the Continuum of Care (CoC). NTBHA is working on strengthening outpatient providers, on early crisis intervention, and assessing needs and gaps in service. NTBHA staff is using this time of transition from an MCO to an authority to make meaningful adjustments. Medical directors will be invited to a roundtable discussion to explore how NTBHA and medical providers can best work together.

Housing Navigator: The housing program plan is projected to be finalized by mid-July. The HMIS test site has launched. Test clients are being entered into the system to determine how they became involved with the criminal justice system and whether the housing capacity within the housing program is sufficient. A training schedule will be set for internal Dallas County departments on housing resources, using HMIS and connecting clients with housing. A training date of July 21<sup>st</sup> is tentatively scheduled for the Public Defender's Office.

## **PROJECTS AND INDUSTRY UPDATES**

Coordinated Access System: Shelters and agencies continue to input data into the new HMIS system. Some agencies are working through issues with missing data values. HMIS IRIS does not currently capture all the data values that some agencies have historically recorded and need for outcomes reports. Although data migration issues exist, agencies agree that building the HMIS will be instrumental in calculating performance measure for the CoC. Follow-up conversations are needed to continue developing a more comprehensive HMIS that will be meaningful for individual agencies opting into the system. Additional support and training is needed for new agencies who are interested in joining the system.

Homeless Jail Dashboard: Book-ins are expected to rise because summer is approaching. Average number of days has increased for homeless addresses. Data outline the average number of days for felonies. Each of the categories has increased days in jail. At least 15 individuals are duplicates, indicating that certain individuals are coming back to jail twice in one month. This is an increase from 5 individuals in May.

The Cottages: There are 3 vacancies due to 2 deaths and 1 voluntary surrender. The Criminal Justice Department is revisiting how to maintain the waitlist more effectively with Metrocare and CitySquare. Individuals on the waitlist are processed for DHA approval and ready for move-in into project-based housing as it becomes available. The current waitlist is being modified and will include prioritization factors not previously included.

Veterans Affairs: Conditional letters of acceptance were sent to all grant per diem providers. Salvation Army and UGM will receive funding for the most recent NOFA on October 1<sup>st</sup>.

**Crisis Services Project- FY'17 Cash Flow Worksheet**

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
<b>CSP Revenue Metrics</b>								
Continue CSP Services					783,660.00			
Crisis Cost Containment					0.00			
Improve CSP- BHLT					783,660.00			
Bi-weekly meetings					783,660.00			
Test new ideas					783,660.00			
Learning Collaborative					783,660.00			
Category 3- Recidivism					260,916.00			
Category 3- 7/30 day Follow-up					0.00			
<b>TOTAL Revenue</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>4,179,216.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>CSP Expenses</b>								
Adapt	108,973.83	0.00	104,843.34	129,012.44	148,899.96	106,054.21	102,040.16	90,800.87
Transicare	11,626.22	295,262.79	22,225.68	0.00	418,283.00	0.00	195,817.90	306,683.44
Harris Logic- 2nd year license	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Metrocare/ FDU (billed quarterly)	0.00	0.00	0.00	0.00	134,303.25	0.00	0.00	0.00
Cottages/ FDU	14,855.82	0.00	27,880.97	18,817.22	0.00	24,072.63	38,999.97	0.00
Value Options Care Coordinator	9,333.33	9,333.33	9,333.33	16,333.33	0.00	0.00	0.00	0.00
NTBHA Care Coordinator	0.00	0.00	0.00	0.00	0.00	12,147.66	6,985.00	13,200.00
Serial Inebriate Program (estimate)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dallas County Salaries/ Benefits- Project Analyst, Administrative Assistant, Program Coordinator	9,522.33	19,044.62	26,528.78	13,921.17	13,171.18	15,615.96	16,838.38	18,956.45
Property less than \$5,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Computer Hardware	0.00	0.00	0.00	0.00	295.20	0.00	0.00	0.00
Computer Software	0.00	0.00	590.40	0.00	0.00	0.00	0.00	0.00
Consulting Fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Training Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Business Travel/ Trainings	1,585.62	0.00	0.00	0.00	0.00	0.00	376.14	0.00
Bus Passes (5000 count)	0.00	0.00	3,000.00	0.00	0.00	0.00	0.00	0.00
After-care Engagement Package	0.00	0.00	7,978.72	0.00	0.00	0.00	0.00	0.00
Speciality Court After-Care Engagement	0.00	0.00	0.00	18,757.00	0.00	0.00	0.00	0.00
Transitional Housing- CSCD (12 female beds at Salvation Army)	6,888.00	0.00	0.00	0.00	9,884.00	102,764.00	7,280.00	7,140.00
Transitional Housing- CSP (8 male beds at Salvation Army)	5,040.00	0.00	0.00	0.00	3,526.00	4,564.00	5,096.00	4,872.00
Housing Specialist (estimate)								
New Space Renovations/ Office Supplies (cubicles, wiring, phones, renovations, chairs, etc.)	0.00	0.00	0.00	0.00	20.52	0.00	0.00	0.00
<b>SUBTOTAL</b>	<b>167,825.15</b>	<b>323,640.74</b>	<b>202,381.22</b>	<b>196,841.16</b>	<b>728,383.11</b>	<b>265,218.46</b>	<b>177,615.65</b>	<b>441,652.76</b>
<b>TOTAL Expenses</b>	<b>167,825.15</b>	<b>323,640.74</b>	<b>202,381.22</b>	<b>196,841.16</b>	<b>728,383.11</b>	<b>265,218.46</b>	<b>177,615.65</b>	<b>441,652.76</b>

**Department of Criminal Justice  
FY 2017 SAMSHA Grant Project**

	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	FY2017 Total	FY2016 Total
Number of	8	4	1	3	7	9	5	1	4				42	33
Number of	3	6	2	5	0	4	8	4	2				34	24
Number of	1	1	0	0	1	2	2	0	0				7	9
Average D	5	6	3	4	6	9	10	6	11				6	4
Number of	6	3	1	2	7	8	4	1	3				35	12
Program Referral Follow-Ups by Type (running total per grant year)														
Court Program Graduate													0	6
Active In Court Program													13	3
Active In Treatment at Nexus													2	N/A
In Jail													4	1
Re-Arrested and Released to Community													6	10
Re-Arrested and Released to Further Treatment													5	7
Released to TDCJ/State Jail													1	2
Active Warrant													10	4

**Dallas County Behavioral Health Leadership Team (BHLT)  
Adult Clinical Operations Team (ACOT) Committee Meeting  
June 1, 2017**

**Attendees:** Angela Sanders (City of Dallas), James McClinton (MDHA), Janie Metzinger (MHA), Kurtis Young (PHHS), Jacob Twombly (UT Police), Charlene Randolph (Dallas County), Sherry Cusumano (Green Oaks/ NAMI), Jennifer Jaynes (MMHPI), Jennifer Torres (Metrocare), Ashley Williams (CSCD Clinical), Myrl Humphrey (NTBHA), Heath Frederick (NTBHA), Brianne Brass (Dallas County), Homer Norville (Dallas Fire and Rescue), Anne Kissack (City of Dallas), Ellen Duke (Hickory Trail), Todd Wright (Child and Family Guidance), Vivian Scott (Solution Fac Cou), Jackie Malckey (Turtle Creek Recovery Center), Dave Hogan (Dallas PD), Michael Laughlin (Dallas County), Ron Cowart (City of Dallas)

**Introductions and Minutes Approval**

- Committee members made introductions.
- Meeting minutes from May 2017 were approved.

**City Of Dallas Presentation**

- Angela Sanders provided an overview of the services provided by South Dallas Drug Courts.
- Services are provided to individuals 18 and over with an active drug addiction.
- Clients do not have to be a resident of Dallas but, must have a City of Dallas citation.
- Upon acceptance clients must complete community service but, are not required to pay additional fees to be enrolled in the program.
- The program is funded for 60 slots and there are currently 40 available slots. Funding will end October 2017.

**Updates**

- NTBHA is awaiting Fiscal Year 2018 legal approvals to get Statement of Work sent to each provider. Contracts with providers will expire on August 31<sup>st</sup>.
- IPS, MetroCare and Child and Family Guidance will be receiving additional Supportive Housing Funds within the next Fiscal Year.

**Smart Justice Update**

- Michael Laughlin with Dallas County gave an update on the Caruth implementation phase with the Pretrial Mental Health bonds.
- Charlene Randolph with Dallas County shared that NTBHA and treatment providers met to discuss collaboration strategies as individuals are released from Dallas County jail on Pretrial Mental Health bonds.



- Jennifer Jaynes with Meadows Mental Health Policy reported that the Dallas City Council passed a resolution for the Right Care Team.

**Legislative Update**

- Janie Metzinger provided the legislative update; \$8.1 million has been awarded for Bridge funding.

**Other**

-Jennifer Torres with Metrocare offered to present in August.

**The meeting was adjourned at 1:29 pm.**



	Past Year Avg	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05	Average:	Sum:
<b>Total Service Episodes:</b>	768	704	717	551	694	900	1,191	960	847	<b>820.5</b>	<b>6,564</b>
<b>Total Unique CID:</b>	589	696	673	477	592	765	963	751	593	<b>688.75</b>	<b>5,510</b>
<b>Total Unique SID:</b>		678	661	470	584	742	956	720	584	<b>674.38</b>	<b>5,395</b>
<b>% Change to DY 4 by CID</b>		118.17%	114.26%	80.98%	100.51%	129.88%	163.50%	127.50%	100.68%		

<u>Total Encounters by Type:</u>		2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05	Average:	Sum:
<b>Triage</b>		704	717	551	694	900	1,191	960	847	<b>820.5</b>	<b>6,564</b>
<b>Care Coordination</b>		2,736	2,532	2,304	2,626	2,588	2,943	2,239	2,330	<b>2,537.25</b>	<b>20,298</b>
<b>F2F Encounter</b>		242	255	252	211	237	292	301	361	<b>268.88</b>	<b>2,151</b>
<b>Sum:</b>		<b>3,682</b>	<b>3,504</b>	<b>3,107</b>	<b>3,531</b>	<b>3,725</b>	<b>4,426</b>	<b>3,500</b>	<b>3,538</b>	<b>3,626.63</b>	<b>29,013</b>

<u>F2F Encounter</u>		2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05	Average:	Sum:
<b>MHPR Bond</b>								75	163	<b>119</b>	<b>238</b>
<b>Non-MHPR</b>		242	255	252	211	237	292	226	198	<b>239.13</b>	<b>1,913</b>
<b>Sum:</b>		<b>242</b>	<b>255</b>	<b>252</b>	<b>211</b>	<b>237</b>	<b>292</b>	<b>301</b>	<b>361</b>	<b>268.88</b>	<b>2,151</b>



	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05	Average:	Sum:
<b>Service Episodes:</b>	704	717	551	694	900	1,191	960	847	<b>820.5</b>	<b>6,564</b>

	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05	Average:	Sum:
<b>Unique Consumers:</b>										
By N* ID	601	598	423	500	532	627	529	460	<b>533.75</b>	<b>4,270</b>
By Client ID	95	75	54	92	233	336	222	133	<b>155</b>	<b>1,240</b>
<b>TOTAL Unique Consumers:</b>	<b>696</b>	<b>673</b>	<b>477</b>	<b>592</b>	<b>765</b>	<b>963</b>	<b>751</b>	<b>593</b>	<b>688.75</b>	<b>5,510</b>
<b>TOTAL Unique Consumers as %:</b>	<b>98.86%</b>	<b>93.86%</b>	<b>86.57%</b>	<b>85.30%</b>	<b>85.00%</b>	<b>80.86%</b>	<b>78.23%</b>	<b>70.01%</b>		

	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05	Average:	Sum:
<b>Unique F2F:</b>										
By N* ID	185	186	165	117	111	155	179	210	<b>163.5</b>	<b>1,308</b>
By Client ID	40	37	30	35	66	75	63	80	<b>53.25</b>	<b>426</b>
<b>TOTAL Unique F2F:</b>	<b>225</b>	<b>223</b>	<b>195</b>	<b>152</b>	<b>177</b>	<b>230</b>	<b>242</b>	<b>290</b>	<b>192.67</b>	<b>1,734</b>
<b>TOTAL Unique F2F as %:</b>	<b>92.98%</b>	<b>87.45%</b>	<b>77.38%</b>	<b>72.04%</b>	<b>74.68%</b>	<b>78.77%</b>	<b>80.40%</b>	<b>80.33%</b>		

	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	Average:	Sum:
<b>F2F Percentages:</b>	34.38%	35.56%	45.74%	30.40%	26.33%	24.52%	31.35%	42.62%		<b>33.86%</b>	<b>270.90%</b>



**Crisis Services Project**

Frank Crowley

CSP Monthly Report DY6\_No Graphs

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Encounters by Type:	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05	Average:	Sum:
Triage	704	717	551	694	900	1,191	960	847	820.5	6,564
Care Coordination	2,736	2,532	2,304	2,626	2,588	2,943	2,239	2,330	2,537.25	20,298
F2F Encounter	242	255	252	211	237	292	301	361	268.88	2,151
<b>TOTAL Encounters:</b>	<b>3,682</b>	<b>3,504</b>	<b>3,107</b>	<b>3,531</b>	<b>3,725</b>	<b>4,426</b>	<b>3,500</b>	<b>3,538</b>	<b>3,626.63</b>	<b>29,013</b>

Female:	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05	Average:	Sum:
Black	99	98	86	69	111	118	96	99	97	776
Hispanic	17	29	17	24	33	35	29	29	26.63	213
Other			2	1	2	2	2	2	1.83	11
Unknown	1	1	2		1	1	2		1.33	8
White	63	51	46	46	58	86	83	64	62.13	497
<b>TOTAL Female:</b>	<b>180</b>	<b>179</b>	<b>153</b>	<b>140</b>	<b>205</b>	<b>242</b>	<b>212</b>	<b>194</b>	<b>188.13</b>	<b>1,505</b>

Male:	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05	Average:	Sum:
Black	284	286	188	258	325	371	286	229	278.38	2,227
Hispanic	71	57	44	51	86	146	110	52	77.13	617
Other	6	2	2	6	2	8	3	4	4.13	33
Unknown	3	9	3	9	2	5	3	3	4.63	37
White	133	124	85	126	141	188	135	110	130.25	1,042
<b>TOTAL Male:</b>	<b>497</b>	<b>478</b>	<b>322</b>	<b>450</b>	<b>556</b>	<b>718</b>	<b>537</b>	<b>398</b>	<b>494.5</b>	<b>3,956</b>



<u>Gender Not Collected:</u>	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05	Average:	Sum:
Unknown	19	16	2	2	4	3	2	1	6.13	49
<b>TOTAL Gender Not Collected:</b>	<b>19</b>	<b>16</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>6.13</b>	<b>49</b>

<u>Age of Triage Encounters:</u>	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05	Average:	Sum:
	696	673	477	592	765	963	751	593	688.75	5,510
<b>TOTAL Age of Triage Encounters:</b>	<b>696</b>	<b>673</b>	<b>477</b>	<b>592</b>	<b>765</b>	<b>963</b>	<b>751</b>	<b>593</b>	<b>688.75</b>	<b>5,510</b>

<u>Age of F2F Encounters:</u>	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05	Average:	Sum:
	225	223	195	152	177	230	242	290	216.75	1,734
<b>TOTAL Age of F2F Encounters:</b>	<b>225</b>	<b>223</b>	<b>195</b>	<b>152</b>	<b>177</b>	<b>230</b>	<b>242</b>	<b>290</b>	<b>216.75</b>	<b>1,734</b>

Triage 12	5,390
Recidivism 12-12	968
Recidivism 12-12%	17.96%

Triage 6	4,088
Recidivism 6-6	552
Recidivism 6-6%	13.50%

Triage 6	4,088
Recidivism 6-12	904
Recidivism 6-12%	22.11%

	October	November	December	January	February	March	April	May
Year MO	2016/10	2016/11	2016/12	2017/01	2017/02	2017/03	2017/04	2017/05
Recidivism 12-12	9	65	129	205	346	549	744	968
Triage 12	678	1,338	1,808	2,392	3,133	4,088	4,806	5,390
Recidivism 12-12%	1.33%	4.86%	7.13%	8.57%	11.04%	13.43%	15.48%	17.96%

	October	November	December	January	February	March	April	May
Year MO	2016/10	2016/11	2016/12	2017/01	2017/02	2017/03	2017/04	2017/05
Recidivism 6-6	9	65	129	205	346	549	552	552
Triage 6	678	1,338	1,808	2,392	3,133	4,088	4,088	4,088
Recidivism 12-12%	1.33%	4.86%	7.13%	8.57%	11.04%	13.43%	13.50%	13.50%

	October	November	December	January	February	March	April	May
Year MO	2016/10	2016/11	2016/12	2017/01	2017/02	2017/03	2017/04	2017/05
Recidivism 6-12	9	65	129	205	346	549	732	904
Triage 6	678	1,338	1,808	2,392	3,133	4,088	4,088	4,088
Recidivism 12-12%	1.33%	4.86%	7.13%	8.57%	11.04%	13.43%	17.91%	22.11%

<b>Transicare Reporting</b>		<b>Crisis Services Project</b>						
	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05
<b>Beginning Census</b>	115	115	107	103	98	123	127	140
REFERRALS	46	33	32	23	42	56	79	76
<b>Admissions</b>								
<b>Referred Admitted</b>	<b>19</b>	<b>18</b>	<b>16</b>	<b>8</b>	<b>26</b>	<b>28</b>	<b>30</b>	<b>19</b>
No Admit Client Refusal	2	1	1	2	0	1	2	1
No Admit Criteria	1	1	3	0	1	0	1	
No Admit Structural	2	6	2	2	2	3	5	
Pending	22	7	10	11	13	24	41	56
<i>PRIOR PENDING</i>								
<b>Pending Admitted</b>	<b>12</b>	<b>17</b>	<b>2</b>	<b>4</b>	<b>8</b>	<b>11</b>	<b>17</b>	<b>18</b>
No Admit Client Refusal	3	3	4	1	0	0	0	1
No Admit Criteria	2	1	1	1	0	0	0	1
No Admit Structural	0	4	3	4	1	1	4	6
<b>Total Admissions</b>	<b>31</b>	<b>35</b>	<b>18</b>	<b>12</b>	<b>34</b>	<b>39</b>	<b>47</b>	<b>37</b>
<b>Discharges</b>								
Success Transfer	7	3	4	3	2	4	5	6
DC Midterm Disengage	12	16	6	2	4	4	4	13
DC Rapid Disengage	6	6	2	4	2	14	5	10
DC Structural	6	18	10	9	1	13	20	15
<b>Total Discharged</b>	<b>31</b>	<b>43</b>	<b>22</b>	<b>18</b>	<b>9</b>	<b>35</b>	<b>34</b>	<b>44</b>
Active End Of Month	115	107	103	97	123	127	140	133
<b>Outcome Data</b>								
<i>Terrell State Hospital Linkages</i>								
≤7 Connect To Prescriber	1	6	2	1	4	6	2	4
≤30 Connect To Prescriber	0	1	0	0	0	0	0	0
Missed Metric	1	3	0	1	3	3	0	1
Total Released	2	10	2	2	7	9	2	5
<b>Cummulative ≤7 Connect %</b>	<b>50.0%</b>	<b>58.3%</b>	<b>64.3%</b>	<b>62.5%</b>	<b>60.9%</b>	<b>62.5%</b>	<b>64.7%</b>	<b>66.7%</b>
<b>Cummulative ≤30 Connect %</b>	<b>50.0%</b>	<b>66.7%</b>	<b>71.4%</b>	<b>68.8%</b>	<b>65.2%</b>	<b>65.6%</b>	<b>67.6%</b>	<b>69.2%</b>
<b>Missed Metric</b>	<b>50.0%</b>	<b>33.3%</b>	<b>28.6%</b>	<b>31.3%</b>	<b>34.8%</b>	<b>34.4%</b>	<b>32.4%</b>	<b>30.8%</b>
<i>Unduplicated Served</i>								
<b>Monthly Unduplicated</b>	<b>141</b>	<b>141</b>	<b>124</b>	<b>111</b>	<b>119</b>	<b>155</b>	<b>156</b>	<b>162</b>
DSRIP YTD Unduplicated Served	141	180	209	227	259	308	352	397
<i>Encounter Data</i>								
F2F Encounter	848	840	730	756	799	856	1018	1196
Care Coord	198	138	113	82	30	117	119	108
<b>Total</b>	<b>1046</b>	<b>978</b>	<b>843</b>	<b>759</b>	<b>829</b>	<b>759</b>	<b>1137</b>	<b>1304</b>

## 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	Dec - 17
<b>Beginning Census</b>	47	46	50	45	44							
<b>Number of Referrals Received from CSP</b>												
Adapt	7	8	16	12	20							
Metrocare	0	0										
Transicare	0	0										
DA	0	0										
<b>Number of Admissions</b>	5	8	10	7	9							
<b>Number Discharged</b>	0	4	10	3	6							
<b>Number not admitted due to:</b>												
Client qualifies for ACT	0	0	0	2								
Client qualifies for other programs	1	0	0									
Client didn't meet level of need required	0	0	0									
Other reasons	0	0	0	3	7							
<b>Average Service Utilization:</b>												
Average hours seen	7.22	6.46	6.36	6.52	6.72							
<b>Encounter Breakdown:</b>												
Face to Face	254	275.25	245	264.25	269							
Service Coordination	193	225	215	188	296							
<b>Number of clients accessing:</b>												
Emergency Room (medical)	0	0	0		0							
23-hour observation (psych)	1	1	0	1								
Inpatient (med/ psych)	0	0	0		2							
Jail book-in	10	2	0	1	5							
<b>Reasons for Discharge:</b>												
Graduate		0	0		1							
Client Disengagement	2	3	0	3	3							
Extended Jail stay (case-by-case basis)		0	0		1							
Other Intervening factors		1	0	2	1							
<b>End of Month Stats:</b>												
Number of Active FDU clients end of month	46	50	48	44	47							
Number of Unique Consumers	2	0	2	0	47							
# of clients waiting to be released from jail	11	12	15	12	14							
Average Length of stay on FDU (month)	12.27	11.38	7.72	8.06	6.33							
<b>Maximum Census</b>	46	46	46	46	46							

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



## JUNE 2017 Monthly Report

Dallas County Crisis Services Program	Program Specific and Systems Update	Summary of NTBHA's Monthly Activities	Action Items/Concerns
1	<b>Adapt Community Solutions (ACS)</b> – Targets member released from jail using ACS to ensure continuity of care	Conducted case consultations on approximately 28 referrals.	Not Applicable
2	<b>Transicare Post Acute Transitional Services (PATS)</b> – 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>Completed hospitalization/benefit inquiries for 2 clients. Resolved 4 prescription issues. 1 referral made to Metrocare for IDD services.</p>	Not Applicable
3	<p><b>ACT Forensic Diversion Unit (FDU)</b> – 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 19 FDU referrals, 17 of which were approved.</p> <p>Reviewed 5 recovery plans. There was no MD consult during this reporting period.</p>	Not Applicable
4	<b>Caruth Smart Justice</b>	No documented activities during this reporting period.	Not Applicable
5	<b>CSP – Cottages Project</b> – Housing complex of 50 cottages that provides housing, mental health assessments and counseling for clients categorized as high utilizers of MH and judicial systems	Submitted parameters to be utilized for NTBHA portion of Cottages residents screening. Initiated process of obtaining MOU between City Square and NTBHA for Care Coordinator's involvement in the applicant screening process.	Finalize MOU between City Square and NTBHA.

<b>The Cottages: Metrics for Month of May 15 through June 15</b>		
<b>Metric Criteria</b>	<b>#</b>	<b>Notes</b>
Beginning Census	47	
Discharges	1	Resident moved to nursing home
Move-ins	0	
Ending Census	46	
*New screenings for waitlist	3	
<b>Total Number of face-to-face encounters</b>	<b>88</b>	
<b>Encounter Breakdown</b>		
<b>Psychosocial Rehab Individual Sessions</b>	<b>6</b>	<i>By 6 unique residents</i>
CBT sessions	4	<i>By 2 unique residents</i>
**Psychosocial Group Sessions	7	<i>Attended by 13 unique residents</i>
ANSA's/Recovery Plans/Crisis Plans done	18	<i>By 13 unique residents</i>
Nurse (injection, med-minder, labs)	26	<i>By 15 unique residents</i>
Financials Completed	5	<i>3 for NTBHA only and 2 Medicaid updates</i>
<b>Residents accessing higher level of care</b>		
Emergency Room	21	<i>By 8 unique residents</i>
Psychiatric (inpatient and 23 hour obs)	7	<i>By 5 unique residents</i>
Jail book-in	8	<i>By 6 unique residents</i>
Treatment Centers	2	<i>By 1 unique resident</i>
<b>Appointments made with prescriber</b>	<b>50</b>	<i>By 29 unique residents</i>
<b>Appointments attended</b>	<b>23</b>	<i>By 16 unique resident</i>
<b>Residents that were delivered medication</b>	<b>20</b>	
<b>Incident Reports by category</b>		
Medical	6	<i>By 6 unique residents</i>
Psych	1	<i>By 1 unique resident</i>
DPD on property encounters	3	<i>By 3 unique residents; resident may not have been arrested</i>
<b>New Behavioral Contracts</b>	<b>4</b>	<i>By 4 unique residents</i>
***Lease Violations	42	<i>By 26 unique residents</i>
<b>*Key Details*</b>		
*Selection committee will be meeting every 2 weeks and # of screenings will be reported		
**Only clinical groups reported this month, going forward it will include both clinical and recreational activities. Number of clinical increasing from 2 to 4 wky in July.		
***New Interim Property Manager gave out lease violations after cottage inspections for cleanliness and missing items		