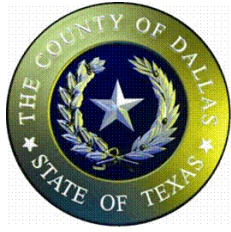


**Dallas County Behavioral Health Leadership Team**  
**Thursday, February 13, 2020**  
**Henry Wade Juvenile Justice Center**  
**2600 Lone Star Drive, Dallas, TX**  
**Room 203-A at 9:30am -11:00am.**

- I. Welcome and Call to Order
  - Review/ Approval of Minutes \*January 9, 2020\*
- II. Introductions
- III. NTBHA Update
- IV. Meadows Mental Health Policy Inst. (MMHPI)
- V. Dallas County Behavioral Health Housing Workgroup
- VI. 1115 Waiver Crisis Services Project Update
- VII. Legislative Update
- VIII. Funding Opportunities
  - Cottages Update
  - SAMHSA Residential Treatment Grant Update
  - Community Courts Grant Update (Public Defender's Office)
- IX. Upcoming Events and Notifications
- X. Public Comments
- XI. Adjournment

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

The following reports from BHLT Committees are included for your records: *ACOT, BHSC, PD Mental Health Stats and North Texas Behavioral Health Authority*. Unless action is required, there will be no verbal updates from those committees.



# DALLAS COUNTY, TEXAS

Minutes of the Behavioral Health Leadership Team (BHLT) Meeting

Thursday, January 9, 2020

<https://www.dallascounty.org/departments/criminal-justice/bhlt/>

## **Welcome and Call to Order**

Commissioner John Wiley Price called the Behavioral Health Leadership Team meeting to order at 9:35 AM.

*Commissioner John Wiley Price made a motion regarding having a quorum of the Court of Commissioners to official open the meeting. Commissioner Dr. Theresa Daniel made the motion for approval and second by Commissioner J.J. Koch. Commissioner John Wiley Price asked if there is any unreadiness regarding the motion. There was no unreadiness made to the motion. The motion was unanimously passed accepting the request without objection.*

## **Review/Approval of Minutes**

The minutes of the BHLT meeting held on Thursday, January 9, 2020 were included in the meeting packet.

*A motion was made and second by Commissioner Dr. Theresa Daniel and Commissioner J.J. Koch respectively for acceptance with no discussion or corrections. The motion was unanimously passed by the committee members accepting the minutes as read without objection or modifications.*

## **Introductions**

Commissioner John Wiley Price welcomed all attendees and allowed all first-time attendees to introduce themselves. The following individuals identified themselves as first-time attendees to the BHLT: Daron Kirven, Prism Health North Texas; Erica McDaniel, Dallas County (Pretrial Services); Charlene Randolph introduced Rolanda Thomas as the new Administrative Assistant to the Criminal Justice department. The CSP staff received no notice of absence from committee members. Commissioner John Wiley Price thanked everyone for his or her hard work during the holiday break. Commissioner John Wiley Price thanked everyone who participated in the 29<sup>th</sup> annual Kwanzaa Fest. Commissioner John Wiley Price reported that the Community Health Needs Assessment (CHNA) is scheduled to be released before the end of January 2020.

## **NTBHA Update**

Carol Lucky, CEO of North Texas Behavioral Health Authority (NTBHA), provided the update. She reported that the NTBHA board met yesterday, January 8, 2020. NTBHA's external audit is occurring and they have not received a copy of the final draft, but received verbal notification that there are no findings. They released several RFPs to expand services: 1) To provide Community Mental Health Provider (CMHP) services at the building behind the Dr. Louis E. Deere, Sr. Behavioral Health Complex (NTBHA Living Room). They received four bids from the release of that RFP and Southern Area Behavioral Health received the highest score with the lowest bid and a majority own business.

She shared that their procurement committee comprises of eight individuals and excludes herself, Walter Taylor, NTBHA-CSO, or other administrative staff who provide recommendations. Commissioner John Wiley Price asked when those services are projected to begin. Carol Lucky answered stating they have not negotiated a start date with Southern Area Behavioral Health, but the contract will begin March 1, 2020 and renovation of the building is required. Commissioner Dr. Theresa Daniel asked what the building would be transformed into behind the Dr. Louis E. Deere, Sr. Behavioral Health Complex (NTBHA Living Room). Carol Lucky answered stating the building behind the complex will be transformed into a mental health clinic and not the gym area.

Carol Lucky reported that NTBHA also released an RFP to administer crisis respite services in a facility NTBHA purchased in Corsicana, TX. The facility will require retrofit because intellectual and developmental disability (IDD) does not require a ligature free environment. Homeward Bound was the only bid they received to administer crisis respite services in that location. The Corsicana, TX facility will help aid individuals who received services in southern counties and provide individuals in the Dallas area needing crisis respite services the opportunity to receive resources. They are hoping to secure funds to provide substance abuse services in the future. Commissioner John Wiley Price asked how many beds would be in the facility. Carol Lucky answered stating 12-14 beds. Doug Denton stated that they plan to take measurements to obtain the square footage to see what is allowed by state regulations to determine the amount of beds that can be housed. Carol Lucky stated that 6-8 beds would also be feasible as an opening phase since this will be the first-time crisis respite services would be offered and will assist the hospital with handling mental health treatment opposed to being transferred to Dallas to administer services.

Carol Lucky reported that the third contractual offer made by the NTBHA board was to expand the urgent care hours at Southern Area Behavioral Health. They previously were not open on Saturdays and the board voted to allocate additional funding of \$8,000.00 monthly to aid with those extended hours. She also reported that Walter Taylor, NTBHA Chief Strategy Officer (CSO) chairs the Planning and Network Advisory Committee (PNAC) and they create a consolidated local plan every two years. They will send a survey monkey form via email to the BHLT committee members, as a state requirement to obtain feedback regarding NTBHA's future goals and objectives.

Last, she reported that the Tenant-Based Rental Assistance (TBRA) housing program move-ins were slower over the holidays. Thirty-five individuals have been housed and 29 of those individuals primarily have a substance abuse disorder.

Commissioner John Wiley Price asked Doug Denton to provide an update regarding Homeward Bound's renovation progress. Doug Denton reported that he is still working to complete the facility's roof in order to open the second unit. In the past 60 days, they have been through two roofing and air conditioning companies to complete the process. Hopefully, since rain is expected in the forecast over the next 48 hours that will be the determining factor to see if the roof has been fixed or if more work is needed. He will provide the committee with an update at the February 2020 BHLT meeting. He stated that the final stage will include internal renovations and volunteers are welcomed to assist with painting. He stated that both plumbing and backlog issues also need to be addressed.

Commissioner John Wiley Price asked the amount of inventory that would be added with the proposed changes. Doug Denton answered stating the total building square foot is 58,000 and about 20,000 square feet has been unused due to the roofing issues. Once those issues are addressed, they can expand the location he reported that they share a 24-male bed unit with the Dallas County Criminal Justice department, NTBHA, and Tarrant County overflow that they committed to about 15-20 years ago. They hope to open a second male unit, which will increase from a 24-male bed unit to a 40-male bed unit. He reported that he met with the SAMSHA jail team yesterday to address wait list clients with receiving a bed. The second male unit opening will house the Deflection Center. He

stated the facility has the potential to be a 200-bed unit and they are at 106 beds. Commissioner Dr. Theresa Daniel reported that the Dallas Deflection Center was mentioned in the Dallas Observer news article: "Dallas' New Deflection Center Enjoys Widespread Support. But Funding It? That's Another Matter".

### **Meadows Mental Health Policy Institution (MMHPI)**

Ron Stretcher reported that the Deflection committee is working to establish on-site security and medical services. They have been communicating with the Dallas Sherriff's Office (DSOs) and they are voicing concerns regarding overseeing the site. The committee is also researching alternative subcontract security options. Parkland Hospital has been discussed to provide medical services. The committee also discussed possibly providing additional funds to be allocated toward Homeward Bound to provide medical support staff. Last, he stated that the committee discussed expanding the HOMES program to assist with the Dallas Deflection Center.

Commissioner John Wiley Price asked Doug Denton what is the utilization of the Parkland's HOMES van and how long does it stay at Homeward Bound. Doug Denton stated that the van comes to their facility about three hours once a week. Commissioner John Wiley Price asked if that is enough hours to service his location. Doug Denton answered they are trying to increase those hours and have been in communication with Parkland Hospital to possibly expand transportation without using the van and use new funding sources they have received. They also discussed moving telemedicine services inside Homeward Bound and have clinicians connect from Parkland Hospital telemedicine health services opposed to using the HOMES van. Becca Crowell stated that the HOMES van services Nexus Recovery Center three times per week for specialty female services.

Conversation ensued around the HOMES van services and other in house treatment sources. Doug Denton stated that Homeward Bound transports six to eight individuals a week by the HOMES van. Ron Stretcher stated that it is important to remember the amount of medical clearance needed when individuals first enter into the clinic to estimate the amount of individuals who need HOMES van transportation. Kurtis Young stated he could reach out to the HOMES program to obtain their schedule information and share with the committee to discuss during the February 2020 meeting.

### **Dallas County Behavioral Health Housing Workgroup**

Commissioner Dr. Theresa Daniel reported that the committee discussed the Housing Resources meeting, which projects to bring together banks, private and public sector corporations, developers, and service providers to discuss methods of increasing housing for our population whether it is remodeling existing homes or new construction of single or multi-family homes. She stated they are discussing how to streamline communications among those entities. Commissioner John Wiley Price asked if the committee discussed the new HUD declaration. Commissioner Dr. Theresa Daniel answered stating that they have seen an increase of 90% of applications for the housing models for the tax section of the declaration. The committee is monitoring the declaration and the result rate.

Commissioner John Wiley Price suggested that the committee should focus on methods to manage zero to low income affordable housing opportunities for our population. Commissioner Dr. Theresa Daniel stated that the committee is discussing various housing configurations to help individuals who are chronically homeless and cannot afford affordable housing opportunities. Commissioner John Wiley Price stated that Dallas County has transferred 500 tax properties to the City of Dallas mainly in District 3. Commissioner Dr. Theresa Daniel stated that our communities should encourage City Council members to examine city ordinances structures to increase landlords' interest to offer housing to our population. Ken Medlock asked if there is a procedure to getting the 500 transferred tax properties occupied and are they habitable. Commissioner John Wiley Price answered stating that only tax properties were transferred and include a variety of properties. Conversation ensued regarding the transfer of the 500 tax properties and various housing models to house the homeless.

Commissioner Dr. Theresa Daniel also stated that over the last two years 40,000 new apartments were built at higher market rates. She stated that the committee would continue to search for those landlords who want to contribute toward housing the homeless population and communicate with city council officials to encourage creating city ordinances to support those landlords with housing the population we serve.

### **1115 Waiver Crisis Services Project Update**

Dr. Joyce White, CSP Program Manager, reported that the October reporting was completed and submitted on time to the state. The report included the Return of Investment (ROI)/Cost Benefit Analysis (CBA). The payment will be released from the state by the end of January 2020. The expected payment amount is around \$460,000.00. For the June 2020 transitional plan, the CSP Governance Committee team completed an internal criminal justice behavioral health assessment that examines all of the behavioral health services that CSP funds within the criminal justice system. The committee created a documental analysis of the assessment and will review it next Tuesday, January 14, 2020. The committee's next step is to create a behavioral health map, which will include all of the behavioral health services involved the criminal justice system both funded and non-funded CSP services. Last, the committee plans to include in the transitional plan a section regarding post-waiver funding alternative options, future services cost estimations, and recommendations to present to the BHLT members, an implementation strategic, and things to be mindful as the plan moves forward.

### **Legislative Update**

Janie Metzinger, NTBHA Legislative Coordinator, reviewed the "86<sup>th</sup> Texas Legislature Senate Interim Charges Related to Behavioral Health" handout. She reported that the Committee on County Affairs are examining best practices standards for the detention of individuals with intellectual or developmental disabilities, mental health programs in certain counties, indigent defense in both urban and rural counties, and the behavioral health county jails. She stated that these charges are in addition to both the Committees on Human Services and Public Health charges, which the committee has traditionally monitored. Today, January 9, 2020 at 9:00am a House Select Committee began regarding mass violence and committee safety hearing in El Paso, TX.

### **Funding Opportunities**

#### **• Cottages Update**

Charlene Randolph, Director (Criminal Justice Department) stated that a Cottages representative was not able to attend that meeting, but their data is included in the meeting materials. She reported for the beginning of December 2019, they had a census of 44 residents and at the end of December it fell to 43 residents.

#### **• SAMHSA Residential Treatment Grant Update**

Shenna Oriabure, Specialty Court/Special Populations Coordinator (Criminal Justice Department), reported they closed out the 2019 year on September 29, 2019 and September 30, 2019 began the second year of the 5-year grant. In year one, they reached their goal of 36 admissions and over 40 referrals. They achieved all their metrics and reported that information to SAMHSA. As of today, in year two of the grant, they have received 26 admissions and 10 individuals are pending totaling 36 referrals. Their goal for this year is 40 participants. She expressed the need of these services in the community and the maximum funding cap at \$400,000.00 and not being able to request additional funds. Commissioner John Wiley Price asked what happens to the program when the maximum cap is reached. Shenna Oriabure answered stating they will have to rely on other funding sources such as carry over funding from the first year, which will fund 12 additional participants (6 male and 6 females) going to either Homeward Bound or Nexus Recovery Center. After those vacancies have been filled, they will rely on NTBHA and individual court grant funding. Commissioner John Wiley Price asked if there is a transitional plan in place to continue the program once the funding has ended.

Shenna Oriabure answered stating yes, and that individual courts have state grant funding that could be used, which began September 2019. She stated that their plan is to use those resources efficiently and effectively and continue to report on this current grant and reapply once the 5 years are completed. Last, she stated that they are having their quarterly partnership meetings to address these types of issues.

• **Community Courts Grant Update (Public Defender’s Office)**

Lynn Richardson, Chief of the Dallas County Public Defender’s Office, stated that they have a new initiative to analyze and address any gaps in their system. Some challenges they discovered are collecting other sources and partners data outside of their agency, which affects their workload. They must concentrate on the data that is available in their office and identify partners and resources that can provide assistance. She stated that she wants to ensure that their partners are following the proper policies and procedures. The number of new trials has reduced in the criminal justice system. She believes it may be due to some of the specialty diversion programs. This is a concern because they have new attorneys in the office who should be ready to go to trial. Because of the reduction of trials, the office has initiated intense training to prepare them for trial. This will ensure all attorneys are prepared and can efficiently cover other attorneys who are out-of-the-office and or on medical leave. She reported that the office continues to reach out to various funding sources to grow the department. The office was awarded the Texas Indigent Defense grant to help expand their mental health department and will be adding three social workers and an administrative assistant. Conversation ensued regarding the need of a case management system and navigators for the criminal justice system. Lynn Richardson stated that attorneys manually enter their daily data into excel spreadsheets and many attorneys have caseloads of 100+ clients. Commissioner Dr. Theresa Daniel stated that she believes that the District Attorney’s office is trying to implement a case management system. Lynn Richardson stated that a system is needed to retrieve certain field information. She stated that manually inputting the information is more efficient than filing and sorting paper files. Dallas County does not have a system that will populate a client’s case information to help attorneys to access it with ease. The office is willing to work toward obtaining a system that will allow attorneys to access client case information online. She reported that they can access the indigent defense portal, but it has limited information. Last, she would like the case management system to retrieve data that shows how many of their clients had a mental health status, ages, genders, etc. Commissioner Dr. Theresa Daniel will follow-up with Lynn Richardson regarding the case management system on a later date. Lynn Richardson stated that they have a meeting with the Dallas County IT administration Monday, January 13, 2020.

**Public Comments**

Commissioner John Wiley Price thanked and encouraged both the committee and community partners for their work in our community and to continue making progress toward successfully assisting our population. He also welcomed Dr. Celeste Johnson for attending the meeting and the NTBHA Board Members for their work and the policies and procedures decisions that aid the community.

Carl Falconer (MHDA) stated that the “Point in Time” homeless count will be held January 23, 2020 and registration can be access on their website <https://mdhadallas.org/>. Commissioner John Wiley Price asked how many individuals have previously participated in the count. Carl Falconer answered stating that 1,500 individuals have previously participated. They now have 1,300 individuals registered this year and need more volunteers. Commissioner Theresa Daniel stated that her team has registered to participate in the count. Anyone interested in participating on her team, please contact her office. Joe Powell (APAA) informed everyone to have a Happy Martin Luther King day. Carol Lucky (NTBHA) asked Joe Powell to share the recent honor he received. Joe Powell answered stating he completed an interview in the SAMHSA Gains Center newsletter titled: “Afrocentric Transitional Housing and Access Partner Resources”.

**Adjournment**

The meeting was adjourned at 10:32am with a motion by Commissioner J.J. Koch and seconded by Commissioner Dr. Theresa Daniel.



# DALLAS COUNTY, TEXAS

## Minutes of the Behavioral Health Steering Committee (BHSC) Meeting Thursday, January 16, 2020

### Call to order and Introductions

Judge Kristin Wade called the meeting to order at 8:36 am. 28 staff and agency representatives/providers attended with names recorded on the meeting sign-in sheet. Introductions were given around the room.

### Minutes review and approval

The minutes from the last bi-monthly BHSC meeting held on November 21, 2019 (packet pgs.1-4), were reviewed with motion and second by Lynn Richardson and Julie Turnbull respectively for acceptance with no discussion or corrections. The motion was unanimously passed accepting the minutes as read without objection.

**\*\*\*\*Judge Kristin Wade rearranged the agenda so BHSC Data and Reports were given before Commander Karen Hearod and Lieutenant Traci Murray's SAMHSA presentation.\*\*\*\***

### BHSC Data and Reports - Judge Kristin Wade

**Program and Department Updates:** Program/outcome data, updates, and workload reports were presented and accepted via relevant dept./agency staff for the SAMHSA Grant, 530 Sub Committee, BHLT/CSP, Jail reports, Public Defenders, District Attorneys, Provider Reports, and Problem Solving and Specialty Courts (See packet pgs. 5-35 for details).

**SAMHSA Update (Shenna Oriabure pg. 5):** Shenna Oriabure reported that they are at capacity, but those who have sent referrals will be processed. They will not accept new referrals until June 2020 and will review carryover funds from the previous grant-funding year and the amended contract funds to examine how many new people they can serve. Judge Kristin Wade asked her to explain the additional funding options available for treatment. Shenna Oriabure answered stating that courts may use their own court grant funding, NTBHA funding, and the 530 Committee has some available funding. The 530 Committee meetings are held on the 2<sup>nd</sup> Wednesday of the month and to contact her for information on how to retrieve those funds.

**530 Sub Committee (Shenna Oriabure pgs. 6-11):** Shenna Oriabure corrected the title of the minutes, which stated January 8, 2020, but are from the December 11, 2019 minutes. They have two funding requests from DIVERT (\$2,250) and STAC (\$2,520.00) courts for incentives.



***Judge Kristin Wade asked for a motion to approve both the DIVERT and STAC courts requests of funding incentives for \$2,250 (DIVERT) and \$2,520 (STAC).***

***Alyssa Aldrich accepted the motion on the floor and Janine Capetillo seconded the motion. The motion passed without any objections.***

Last, Shenna Oriabure reported that the TASC will be held March 2020 in Dallas, TX and would be a good opportunity to receive high-level specialty court training. Registration for the training is \$300.00.

Judge Kristin Wade stated that there should be both stipend and 530 Committee funds available for those specialty courts wanting to attend the TASC training. She reported during the January 15, 2020, judges meeting she mentioned that anyone interested in attending the training may do so.

**BHLT & CSP Update Dr. Joyce White/Adapt (Dr. Joyce White pgs. 12-16):** Dr. Joyce White stated to please refer to the reports on pages 12-16 to review the data. The CSP team has completed the October reporting and submitted it on time to the state. The payment will be released from the state by the end of January 2020. The expected payment amount is around \$460,000.00. For the June 2020 transitional plan, the CSP Governance Committee team completed an internal criminal justice behavioral health assessment that examines all the behavioral health services that CSP funds within the criminal justice system. The committee created a document analysis of the assessment and will review it next Tuesday, January 14, 2020. The committee's next step is to create a behavioral health map, which will include all the behavioral health services involved the criminal justice system both funded and non-funded CSP services. The CSP team will contact internal/external partners to provide information to implement into the transitional plan toward continuing post-waiver funding. Last, the committee plans to include in the transitional plan a section regarding post-waiver funding alternative options, future services cost estimations, and recommendations to present to the BHLT members, an implementation strategic, and things to be mindful as the plan moves forward.

**Hospital Movement (Janine Capetillo pg. 17):** Janine Capetillo reported that the data is on page 17 of the meeting materials. She stated that there has been little movement with getting individuals admitted into Terrell state hospital. Wait times are increasing and she has not been notified regarding when wait times would be reduced. Last, she reported that they had lower evaluations for the month of December 2020.

Judge Kristin Wade asked Janine Capetillo to also provide the Jail Based Competency Restoration (JBCR) report.

**Jail Based Competency Restoration (JBCR/ Janine Capetillo pg.23):** Janine Capetillo reported that the data is on page 23 of the meeting materials. She reported that there are 14 individuals in the tank and they are seeking and accepting referrals to maintain tank capacity. They have had some private bar clients successfully complete the program. She recommended to both Laura Edmonds and NTBHA that they should expand private bar client referrals into JBCR to help increase the number of individuals in the tank and maintain capacity.

**Homeless Report Kimberly Rawls (pgs.18-21):** Kimberly Rawls reported that the data is on pages 18-21 of the meeting materials. All her numbers are consistent. There was an increase to the "Suspected MH Flag by Gender" category. For males, there was an increase of 163 clients and for females, an increase of 132 clients. She also reported that she researched historical data from August 2019 to October 2019, and it showed a decrease. Last, she reported that she believes the increase is because of the holiday season and will continue to watch those numbers and inform the committee of any further changes.

**Public Defenders (Lynn Richardson pgs. 24-25):** Lynn Richardson reported that there is no new information to report, and the data has been consistent.

**District Attorney's (Kendall McKimney (Supplemental packet):** Kendall McKimney reported that their data is included in the supplemental packet handouts. She also reported that the attorney's numbers have increased for both November and December 2020. Last, she reported that she believes the increase may be because of the holiday season.

**Mental Health Case Matches (Judge Kristin Wade accidentally bypassed this agenda item pg.22):** Judge Kristin Wade reported to please refer to the data on page 22 of the meeting materials and that all numbers are consistent.

**Presentation:**  
**“The Opioid Crisis: Updates and Strategic Initiatives”**  
**Commander Karen Hearod, Regional Administrator- LSCW &**  
***Lieutenant Traci Murray, ARA-PhD***  
**(SAMHSA)**

**\*\*\*\* Commander Karen Hearod and *Lieutenant Traci Murray* presented from 8:45 am- 9:40 am with a Q&A session held after.\*\*\*\***

**Provider Reports**

**The Bridge (Kelly Kane pg. 26):** Kelly Kane reported that their data is on page 26 of the meeting materials. Their numbers have been consistent. She also reported that the “Point in Time Count” would be held Thursday night, January 23, 2020 from 7:00pm-12:00am. If you would like to volunteer, visit the Metro Dallas Homeless Alliance (MDHA) website: <https://mdhadallas.org/homeless-pit-count/> for more information.

**Metrocare (Kawana Weeks pg. 27):** Kawana Weeks reported that their data is on page 27 of the meeting materials. She stated that for November 2019; they had 12 admissions, 22 discharges, and the total number of consumers serviced was 103. For December 2019, there were 11 admissions and 21 discharges, which many of those participants graduated out of the program. She also reported that the total number of consumers serviced in December 2019 was 93. Last, she reported that the numbers decreased due to the number of participants who graduated out of the program.

**IPS Reports (Judge Kristin Wade pgs. 28-29):** Judge Kristin Wade reported to please refer to their data on pages 28-29 of the meeting materials.

**Outpatient Competency (Janine Capetillo pg. 30):** Janine Capetillo reported that their data is on page 30 of the meeting materials. Their numbers have been consistent. They experienced some issues with not sending their treatment plans in a timely matter and are working to rectify the issue for the New Year.

**DIVERT (Kimberly Rawls pg. 31):** Kimberly Rawls reported to please refer to their data on page 31 of the meeting materials.

**Specialty Courts CSCD (Nathaniel Clark Jr. pgs. 32-35):** Nathaniel Clark Jr. reported their data is on pages 32-35. He reported for ATLAS court there was an increase of six participants for November and December 2019. For DDCA, a slight increase occurred because of six participants graduating from the program and one participant who was unsuccessfully discharged. For STAC court, there was a slight admission increase over November and December 2019. Misdemeanor Mental Health court numbers were consistent. They had three participants who graduated out of the program and one participant who was unsuccessfully discharged. Last,

he reported for STAR court, they had one admission and the “End of the Month” total should reflect 10 participants opposed to nine.

**Announcements:** Judge Kristin Wade made the following announcements:

- Judge Kristin Wade announced that Kimberly Rawls is handing out a survey to complete regarding today’s presentation. Please complete and return to Kimberly.
- Janie Metzger reviewed the “86<sup>th</sup> Texas Legislature Senate Interim Charges Related to Behavioral Health” handout. She reported that the Committee on County Affairs are examining best practices standards for the detention of individuals with intellectual or developmental disabilities, mental health programs in certain counties, indigent defense in both urban and rural counties, and the behavioral health county jails. She stated that these charges are in addition to both the Committees on Human Services and Public Health charges, which the committee has traditionally monitored.

There was a House Select Committee hearing in El Paso, TX regarding mass violence and community safety hearing held January 9, 2020. She attended a hearing yesterday, January 15, 2020, which addressed legislation passed last session that will be available online June 2020 regarding developing a statewide registry of protective orders. The House is also reviewing mass violence and public safety legislation as it relates to domestic violence to assist prosecutors and law enforcement with addressing offender needs.

- Michael Laughlin announced that his last day as the Pretrial Services Program Manager would be tomorrow, Friday, January 17, 2020. He stated that he would be the new Criminal Justice Director for Tarrant County. Lynn Richardson thanked Michael Laughlin for his hard work and dedication to the Dallas County Criminal Justice department.
- Judge Kristin Wade announced that Martin Luther King, Jr. Day will be Monday, January 20, 2020 and the courthouse will be closed. The next BHSC meeting will be held Thursday, March 19, 2020 @ 8:30 am and will be in our same location on the 1<sup>st</sup> Floor in room A-5. The March 19, 2020 speaker will be Patrick Parker, MDHA (Metro Dallas Homeless Alliance), Housing Navigator. Last, Judge Kristin Wade reported to please send your data in a timely manner to Kimberly Rawls ([kimberly.rawls@dallascounty.org](mailto:kimberly.rawls@dallascounty.org)).

**Adjournment**

Judge Kristin Wade adjourned the meeting at 9:48 am. The next meeting is set for Thursday, March 19, 2020, in the original location (Frank Crowley Courthouse, 1<sup>st</sup> Floor Room A-5). A reminder was provided to everyone to submit their monthly stats to Kimberly Rawls at [Kimberly.Rawls@dallascounty.org](mailto:Kimberly.Rawls@dallascounty.org) via email by the 2<sup>nd</sup> Friday of each month for tracking and distribution.

**Dallas County Behavioral Health Housing Work Group**  
**Dallas County Administration, 411 Elm Street, 1<sup>st</sup> Floor, Dallas Texas 75202**  
**January 22nd, 2020 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; Josh Cogan, Outlast Youth; Doug Denton, Homeward Bound; Edd Eason, The CitySquare; Laura Edmunds, DCCJ; Blake Fetterman, Salvation Army; Tzeggabhrhan Kidane, Dallas County; Traswell Livingston III, AIDS Services of Dallas; Elizebeth Loomis, City of Dallas; Jim Mattingly, LumaCorp, Inc.; Anntionete Morgan, Prism Health; Charlene Randolph, DCCJ; Kimberly Rawls, DCCJ; Wyndll Robertson, Dallas County; Ron Stretcher, MMHPI; Joyce White, Dallas County; David Woody, The Bridge; Erin Moore, Dallas County

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

#### **GOVERNANCE**

Dallas Area Partnership to End and Prevent Homelessness: Dr. Theresa Daniel, Commissioner

Commissioner Daniel reported that the next Partnership meeting will be held on January 27th. The Dallas County Citizens Committee is continuing to move forward.

Ms. Blake Fetterman mentioned Rider 67 (Proposal to enhance the efficiency of substance abuse services) for which Mr. Doug Denton stated he would gather more information.

Federal and State Legislative Update: Theresa Daniel, Commissioner

Commissioner Daniel spoke on the Supreme Court's decision on Texas Dept. of Housing and Community Affairs v. Inclusive Communities Project, Inc. 576 U.S. passed down in 2015 in which the Court analyzed whether disparate impact claims are recognizable under the Fair Housing Act. In Justice Anthony Kennedy's majority opinion, the Court held that Congress specifically intended to include disparate impact claims in the Fair Housing Act, but that such claims require a plaintiff to prove it is the defendant's policies that cause a disparity.

[Full Supreme Court Opinion](#)

#### **PRESENTATION**

Leader Perceptions of Their Roles Within Homeless Collaboratives in Dallas County, Texas: A Phenomenological Study -

Dr. Joyce White

#### **DEVELOPMENT ACTIVITIES**

Crisis Residential and Respite Services: Doug Denton, Homeward Bound

Mr. Denton reported the new roof for the deflection center was green-tagged and brings them one step closer to opening. Work will begin on other wings soon.

#### **RESOURCES**

Shelter Discussions: Traswell Livingston III, AIDS Services of Dallas, Edd Eason, CitySquare; Blake Fetterman, Salvation Army

Mr. Livingston announced the groundbreaking of their HOPWA (Housing Opportunities for Persons With Aids) apartment unit on February 11<sup>th</sup> at 4pm (511 North Lancaster Ave.). It is an 8 unit apartment which will add an

additional 8 units (8 single-bedroom and 8 efficiency units) for a total of 16 units. Rent will be capped at 80% or below of AMI (Adjusted Median Income).

Edd Eason reported THR continues to raise funds (\$300k of a \$2.6 million budget) for their medical respite program which will be housed at Austin Street. There will be 20 units of rapid rehousing attached to it. After a 60-day stint in the medical respite, CitySquare will be moving individuals into rapid rehousing. This will be a 2-year pilot working with the Presbyterian Hospital Emergency Room.

Blake Fetterman offered that the City of Dallas completed the zoning change which will allow for inclement weather shelters outside of traditional shelters. Next up will be formal approval through the City Council after further community engagement for additional perspectives. So far, the OHS has received quite a bit of feedback in preparation for their formal presentation.

Commissioner Daniel mentioned that the Cities of Garland, Mesquite and Plano decided not to create zoning changes for inclement weather shelters. Instead they have drafted agreements with those providing the spaces, food, transportation, security, volunteers, etc. to take on and provide for homeless individuals during inclement weather.

#### North Texas Behavioral Health Authority (NTBHA):

Mr. McCarty's report on TBRA has been included in the Housing Workgroup Packets.

#### Housing Navigator: Joyce White, Dallas County Crisis Services

Ms. White reported that Dallas County sent over their jail-based navigator contract to the United Way on January 17<sup>th</sup>. She also mentioned the Criminal Justice Dept. is applying for a grant to add an additional navigator and other resources.

#### FUSE Grant: Edd Eason, CitySquare

Mr. Edd Eason pointed to his report on the The Cottages, Dallas Connector and the FUSE project. He added that embedded navigators with the FUSE project are working with those who have criminal backgrounds and are receiving the needed resources to move these individuals. The United Way will be providing \$100k per year for three years, in addition the United Way has brought the TI (Texas Instruments) Foundation onboard to make a one-time \$300k gift contribution. The project will begin April 1<sup>st</sup> and a meeting will be convened at the end of January to begin establishing the necessary infrastructure for launch.

Mr. Eason updated the Connector project: 142 people were served in December (78 reported living in shelters, a drop from November), with 1351 total rides. There was a large increase in people getting on the Housing Priority List who are obtaining the necessary documentation. Of those using the Connector service, 8 received housing in November and 8 in December.

## **PROJECTS AND INDUSTRY UPDATES**

#### Homeless Jail Dashboard: Joyce White, DCCJ

Ms. White highlighted an expected increase in book-ins of the total homeless population with suspected mental health flags from 59% in November to 68% in December. Commissioner Daniel followed up with a corollary note on the total jail population having increased to around 5,500 in that same timeframe.

#### St. Jude: Joyce White, DCCJ

Ms. White provided a brief update, saying 13 units were filled and one client was facing eviction.

#### The Cottages: Edd Eason, The Cottages

Mr. Eason reported on The Cottages' mixed model: 33% chronically homeless with preexisting mental health and substance abuse disorders, at least two jail book-ins in two years and no income requirement; 33% chronically homeless with a limited criminal history and enough income to qualify for a project-based voucher and 33% chronically homeless with no criminal history and enough income to pay their portion in addition to the vouchers. They are in the process of

finalizing an onsite mental health provider with CitySquare continuing to provide onsite case management for the project.

Youth Housing: Josh Cogan, Outlast Youth

Mr. Cogan announced that Outlast Youth released their second annual Policy Priority Guide in January to around 1,280 elected officials and candidates (Democrat and Republican) DFW-wide. They have seen an increase in responses from the suburban cities this year.

Jim Mattingly commented on the uptick in housing being built (single-family and multi-family units) in the area accompanied by a slowdown in rent increases. Commissioner Daniel offered that Dallas County was looking at the development of 120 affordable units on an existing property.

#### **ANNOUNCEMENTS**

Commissioner Daniel announced the annual PIT Count taking place on Thursday, January 23<sup>rd</sup> and reiterated that the HOPWA Groundbreaking will be February 11<sup>th</sup> at 4pm at 511 N. Lancaster Ave., Dallas, TX 75203.

Ms. Laura Edmunds announced that they applied for, and were awarded, a workshop through the SAMHSA Day Center to gather community partners to look at Sequential Intercept Mapping (How individuals in the criminal justice system go through that system).

***Next Meeting: February 26, 2020***

***Dallas County Administration Building, 411 Elm Street, 1<sup>st</sup> Floor, Allen Clemson Courtroom***

**Dallas County Behavioral Health Leadership Team (BHLT)  
Adult Clinical Operations Team (ACOT) Committee Meeting  
February 6, 2020**

**Attendees:** Walter Taylor (Chair, NTBHA), Laura Edmonds (Dallas County), Amy Cunningham (Child and Family Guidance), Jarrod Gilstrap (Dallas Fire), Doug Denton (Homeward Bound), Melissa Cade (Homeward Bound), Ellen Duke (Hickory Trail), Janie Metzinger (NTBHA), Tzeggarbhan Kidane (Dallas County Commissioner Daniel's Office), and Sherry Cusumano (Green Oaks, NAMI North Texas), Celeste Johnson (NTBHA), Jennifer Erasime (Parkland), Jenny Esparza (Parkland), Jennifer Torres (Metrocare), Rebecca Puchkors (UTSW), Cornelius Metili (UTSW), Jacob Twombly (University Texas Police), Patricia Wordell (NTBHA), and Jessica Martinez (NTBHA)

**Welcome and Introductions (Charlene Randolph, Co-Chair):**

- All attendees were introduced.
- The meeting minutes from the previous month's meeting were reviewed and approved by the ACOT attendees.

**Presentation: "Living Room, Dallas Connector Program, Criminal Justice Partnership" –Jessica Martinez and Patricia Wordell with NTBHA**

- Jessica Martinez with NTBHA presented to the ACOT committee regarding the Living Room. The Living Room is funded out of House Bill 13 and is located in the Fair Park area. It opened on 10/15/2019. The purpose of the Living Room is to provide treatment and service connection, and peer support for individuals exiting a crisis episode (recent hospital or jail discharge).
- The Living Room provides a place for individuals to come and get connected with needed mental health and substance abuse treatment. The Living Room also provides the individual the opportunity to work with a Certified Benefits Specialist in order to aid in benefit reinstatement, etc. Individuals also work with peers from APAA who help the individual get to appointments, connect with needed services, and provide additional community support and follow-up in order to aid in stability post crisis.
- Ms. Martinez shared that NTBHA has been working with Parkland HOMES and will soon have a HOMES van at the Living Room to help aid in connection to physical healthcare.
- NTBHA has partnered with City Square and other local shelter partners on the Dallas Connector Project. This project is designed to provide free bus transportation for the homeless population that stops at various shelters, Parkland Hospital, the VA, etc. The Dallas Connector project currently has two bus routes. One of the routes includes stops at the Dallas County Jail and the Living Room. This has been utilized to help allow individuals being released from jail to get a warm hand-off to the Dallas Connector to ensure they are transported directly to the Living Room for service connection.
- Ms. Martinez and Ms. Wordell shared pictures of the Living Room for the ACOT committee to see the layout and set up of the facility. They shared that there will soon be an outpatient mental health clinic operated by Southern Area Behavioral Health that will be located in the Living Room facility.
- NTBHA will also be utilizing the Living Room as they partner with the Right Care team as they expand.

**Multicultural Competency Training Update:**

- Amy Cunningham shared that the next Multicultural Competency Training is scheduled for March 24-26<sup>th</sup>. Individuals interested in registering can do so on Eventbrite.

### **NTBHA Updates**

- Walter Taylor and Jessica Martinez shared that Homeward Bound was awarded the RFP to set up crisis respite services in Corsicana, Texas. Crisis respite services are a step down from crisis residential services. Doug Denton shared that this will be a valuable resource for the community both in Navarro County and in Dallas County.

### **Smart Justice Initiative Updates:**

- No update provided

### **Legislative Updates:**

- Janie Metzinger shared that the House Committee hearings have started to take place regarding school and community safety in response to the school and community shootings that took place last year.
- Key themes from these hearings include providing training and resources for immediate responders and providing increase Civilian Response to Active Shooter Events (CRASE) training.
- Work is being done through these committees to not stigmatize mental illness. The hearings have also discussed the connection between domestic violence and mass shootings.
- Discussion took place amongst the ACOT committee regarding the benefit of having CRASE training and Stop the Bleed training provided to service providers.
- Jacob Twombly stated that he is able to provide the CRASE training and can help arrange this. Walter Taylor will also look into ways to provide the Stop the Bleed training in the future.

### **Announcements:**

- Sherry Cusumano shared about the upcoming NAMI meetings that will be taking place.
- Walter Taylor welcomed discussion and ideas for upcoming presenters for ACOT. He also asked for feedback regarding the structure the ACOT meetings and suggested an idea to possibly move it to a discussion/symposium style meeting. The committee seemed interested in this and Mr. Taylor suggested starting with reading and discussing the book *Restoring Sanctuary: A New Operating System for Trauma-Informed Systems of Care* by Dr. Sandra L. Bloom and Brian Farragher.
- The next ACOT meeting will be held on March 5, 2020

Meeting was adjourned at 1:45pm.





# Crisis Services Project

CSP Total

DY9 CSP Monthly Report\_No Graphs(with LCN)

Last Refresh: 1/22/20 at 12:15:35 PM GMT-06:00

	Past Year Avg	2019-10	2019-11	2019-12	Average:	Sum:
<b>Total Service Episodes:</b>	362	358	289	363	<b>336.67</b>	<b>1,010</b>
<b>Total Unique CID:</b>	356	398	317	355	<b>356.67</b>	<b>1,070</b>
<b>Total Unique SID:</b>		398	317	347	<b>354</b>	<b>1,062</b>
<b>% Change to DY 4 by CID</b>		67.57%	53.82%	60.27%		

<u>Total Encounters by Type:</u>		2019-10	2019-11	2019-12	Average:	Sum:
<b>Triage</b>		358	289	363	<b>336.67</b>	<b>1,010</b>
<b>Care Coordination</b>		2,105	1,579	1,642	<b>1,775.33</b>	<b>5,326</b>
<b>F2F Encounter</b>		281	260	285	<b>275.33</b>	<b>826</b>
<b>Sum:</b>		<b>2,744</b>	<b>2,128</b>	<b>2,290</b>	<b>2,387.33</b>	<b>7,162</b>

<u>F2F Encounter</u>		2019-10	2019-11	2019-12	Average:	Sum:
<b>MHPR Bond</b>		149	143	174	<b>155.33</b>	<b>466</b>
<b>Non-MHPR</b>		132	117	111	<b>120</b>	<b>360</b>
<b>Sum:</b>		<b>281</b>	<b>260</b>	<b>285</b>	<b>275.33</b>	<b>826</b>



# Crisis Services Project

Frank Crowley

DY9 CSP Monthly Report\_No Graphs(with LCN)

Last Refresh: 1/22/20 at 12:15:35 PM GMT-06:00

	2019-10	2019-11	2019-12	Average:	Sum:
<b>Service Episodes:</b>	358	289	363	<b>336.67</b>	<b>1,010</b>

<u>Unique Consumers:</u>	2019-10	2019-11	2019-12	Average:	Sum:
By N* ID	141	110	120	<b>123.67</b>	<b>371</b>
By LCN	139	106	131	<b>125.33</b>	<b>376</b>
By Client ID	118	101	104	<b>107.67</b>	<b>323</b>
<b>TOTAL Unique Consumers:</b>	<b>398</b>	<b>317</b>	<b>355</b>	<b>356.67</b>	<b>1,070</b>
<b>TOTAL Unique Consumers as %:</b>	<b>111.17%</b>	<b>109.69%</b>	<b>97.80%</b>		

<u>Unique F2F:</u>	2019-10	2019-11	2019-12	Average:	Sum:
By N* ID	105	67	89	<b>87</b>	<b>261</b>
By LCN	86	74	90	<b>83.33</b>	<b>250</b>
By Client ID	88	92	75	<b>85</b>	<b>255</b>
<b>TOTAL Unique F2F:</b>	<b>279</b>	<b>233</b>	<b>254</b>	<b>191.5</b>	<b>766</b>
<b>TOTAL Unique F2F as %:</b>	<b>99.29%</b>	<b>89.62%</b>	<b>89.12%</b>		



# Crisis Services Project

Frank Crowley

DY9 CSP Monthly Report\_No Graphs(with LCN)

Last Refresh: 1/22/20 at 12:15:35 PM GMT-06:00

Encounters by Type:	2019-10	2019-11	2019-12	Average:	Sum:
Triage	358	289	363	336.67	1,010
Care Coordination	2,105	1,579	1,642	1,775.33	5,326
F2F Encounter	281	260	285	275.33	826
<b>TOTAL Encounters:</b>	<b>2,744</b>	<b>2,128</b>	<b>2,290</b>	<b>2,387.33</b>	<b>7,162</b>

Female:	2019-10	2019-11	2019-12	Average:	Sum:
Black	58	31	49	46	138
White	30	30	32	30.67	92
Hispanic	12	5	8	8.33	25
Other	3	1	1	1.67	5
<b>TOTAL Female:</b>	<b>103</b>	<b>67</b>	<b>90</b>	<b>86.67</b>	<b>260</b>

Male:	2019-10	2019-11	2019-12	Average:	Sum:
Black	168	160	143	157	471
White	77	62	88	75.67	227
Hispanic	47	25	31	34.33	103
Other	3	1	2	2	6
Unknown		2	1	1.5	3
<b>TOTAL Male:</b>	<b>295</b>	<b>250</b>	<b>265</b>	<b>270</b>	<b>810</b>



F2F Recidivism Summary for 01/01/2019 to 12/31/2019

QPI\_DY9 Multi-version Recidivism - New

Last Refresh: 1/22/20 at 12:37:46 PM GMT-06:00

Triage 12 w/F2F	2,372
Recidivism 12-12 w/F2F	737
Recidivism 12-12 w/F2F Percentage	31.07%

Bookins 12 w/PAP	3,205
Recidivism 12-12 w/PAP	655
Recidivism 12-12 w/PAP Percentage	20.44%

Total F2F and PAP	5,577
Recidivistic Individuals	1,392
Recidivism Percentage	24.96%

	January	February	March	April	May	June	July	August	September	October	November	December
Year MO	2019/01	2019/02	2019/03	2019/04	2019/05	2019/06	2019/07	2019/08	2019/09	2019/10	2019/11	2019/12

**Triage w/F2F:**

Triage 12 w/F2F	216	421	600	828	1,051	1,244	1,461	1,677	1,876	2,053	2,203	2,372
Recidivism 12-12	5	23	61	101	166	218	305	389	463	568	653	737
Recidivism 12-12%	2.31%	5.46%	10.17%	12.20%	15.79%	17.52%	20.88%	23.20%	24.68%	27.67%	29.64%	31.07%

**PAP:**

Count of PAP	301	605	826	1,089	1,369	1,647	1,909	2,171	2,445	2,695	2,946	3,205
PAP Recidivism	8	25	66	104	154	204	272	357	425	507	563	655
PAP Recidivism%	2.66%	4.13%	7.99%	9.55%	11.25%	12.39%	14.25%	16.44%	17.38%	18.81%	19.11%	20.44%

**Total:**

Count of F2F & PAP	517	1,026	1,426	1,917	2,420	2,891	3,370	3,848	4,321	4,748	5,149	5,577
Recidivism F2F& PAP	13	48	127	205	320	422	577	746	888	1,075	1,216	1,392
Recidivism%	2.51%	4.68%	8.91%	10.69%	13.22%	14.60%	17.12%	19.39%	20.55%	22.64%	23.62%	24.96%



# Transicare Reporting

## Crisis Services Project

	2019-10	2019-11	2019-12	TOTAL
<b>Beginning Census</b>	<b>111</b>	<b>102</b>	<b>108</b>	
Referrals	27	25	17	69
<b>Admissions</b>				
<b>Referred Admitted</b>	<b>6</b>	<b>7</b>	<b>5</b>	<b>18</b>
No Admit Client Refusal	3	1	1	5
No Admit Criteria	0	0	0	0
No Admit Structural	5	1	5	11
Pending	13	16	6	35
<i>Prior Pending</i>				
<b>Pending Admitted</b>	<b>2</b>	<b>5</b>	<b>5</b>	<b>12</b>
No Admit Client Refusal	0	2	0	2
No Admit Criteria	1	0	1	2
No Admit Structural	7	4	21	32
<b>Total Admissions</b>	<b>8</b>	<b>12</b>	<b>10</b>	<b>30</b>
<b>Discharges</b>				
Success Transfer	3	0	3	6
DC Midterm Disengage	9	5	12	26
DC Rapid Disengage	3	1	4	8
DC Structural	1	0	3	4
<b>Total Discharged</b>	<b>16</b>	<b>6</b>	<b>22</b>	<b>44</b>
<b>Active End Of Month</b>	<b>103</b>	<b>108</b>	<b>96</b>	
<b>Outcome Data</b>				
<i>Terrell State Hospital Linkages</i>				
≤7 Connect To Prescriber	3	5	1	9
Missed ≤7 Day Connect	1	1	0	2
≤30 Connect To Prescriber	3	5	1	9
Missed ≤30 Day Connect	1	1	0	2
<b>Total Missed Metric</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>
<b>Total Released</b>	<b>4</b>	<b>6</b>	<b>1</b>	<b>11</b>
	<b>2019-10</b>	<b>2019-11</b>	<b>2019-12</b>	<b>TOTAL</b>
<b>Cummulative ≤7 Connect %</b>	<b>75.0%</b>	<b>83.3%</b>	<b>100.0%</b>	<b>81.8%</b>
<b>Cummulative ≤30 Connect %</b>	<b>75.0%</b>	<b>83.3%</b>	<b>100.0%</b>	<b>81.8%</b>
<b>Missed Metric</b>	<b>25.0%</b>	<b>16.7%</b>	<b>0.0%</b>	<b>18.2%</b>
<i>Unduplicated Served</i>				
Monthly Unduplicated	94	72	64	
<b>DSRIP YTD Unduplicated Served</b>	<b>94</b>	<b>100</b>	<b>112</b>	
<i>Encounter Data</i>				
F2F Encounter	545	321	303	1169
Care Coord	20	11	11	42
<b>Total</b>	<b>565</b>	<b>332</b>	<b>314</b>	<b>1211</b>



**86<sup>th</sup> Texas Legislature—Interim Hearing Summary**  
**Joint Legislative Oversight Committee**  
**on the Health and Human Services Transition**  
**August 26, 2019**

**Committee Members**

Co-Chairs: Senator Jane Nelson, Representative Four Price  
 Senators Brian Birdwell, Juan “Chuy” Hinojosa, Charles Schwertner, M.D.  
 Representatives James Frank, Richard Peña Raymond, Toni Rose  
 Dr. Wayne Carson, Mr. Billy Hamilton, Judge Bonnie Hellums

**Links to Hearing Video and Presentations**

Hearing Video: [https://tlcsenate.granicus.com/MediaPlayer.php?view\\_id=45&clip\\_id=14839](https://tlcsenate.granicus.com/MediaPlayer.php?view_id=45&clip_id=14839)  
 Presentation by Executive Commissioner Dr. Courtney N. Phillips:  
<https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2019/leg-presentations/presentation-transition-legislative-oversight-committee-aug-26-2019.pdf>

**Purpose of Hearing**

Senator Jane Nelson chaired the meeting, noting that the Joint Legislative Oversight Committee on Health and Human Services Transition was created in 2015 by the 84<sup>th</sup> Texas Legislature following the passage of SB 200, that session’s Sunset Review bill. The Sunset Commission at that time found that HHSC lacked accountability, had a long history of not implementing previous legislative directives, was riddled with turf battles and insufficient coordination between division which resulted in a confusing, disjointed system for clients to try to navigate. SB 200 functionally aligned programs within divisions, making them accountable to the Executive Commissioner. The Texas Department of State Health Services was kept as an independent agency to focus only on public health. Similarly, the Department of Family and Protective Services was kept to focus on the protection of vulnerable children and adults. The purpose of SB 200 was to create easier access needed services, eliminate blurred lines of authority and barriers to system improvements, and to improve overall system efficiencies. The Joint Legislative Oversight Committee on Health and Human Services Transition was charged by the Legislature to provide strong oversight to ensure that legislative mandates are implemented by HHSC.

*This document is intended for informational purposes only and is not intended to indicate a position for or against any legislation. If you have questions regarding this summary, please contact Sabrina Conner at [sconner@ntbha.org](mailto:sconner@ntbha.org) or Janie Metzinger at [jmetzinger@ntbha.org](mailto:jmetzinger@ntbha.org)*

### Invited Testimony

#### **Texas Health and Human Services Executive Commissioner Dr. Courtney N. Phillips**

Commissioner Phillips's presentation is linked above.

The Committee expressed concern regarding the level of leadership and staff vacancies, particularly in IDD and Behavioral Health, Medicaid and CHIP, Procurement and Contracting, Financial Services (which sets rates) Internal Auditing, Information Technology and women's health. Commissioner Phillips stated that previously the overall vacancy rate was 26% and is now 15%. Committee members expressed concern about particular vacancy rates and leadership vacancies in key services:

IDD and Behavioral Health: 28% vacancy, Medicaid and CHIP: 16% vacancy, Financial Services: 18% vacancy, Procurement and Contracting: 20% vacancy, Internal Auditing: 43% vacancy, Health, Developmental and Independence Services (includes Women's Health) 14% vacancy  
Ombudsman: 17% vacancy.

Representative Price expressed concern that he continues to hear complaints from vendors that there is still a culture in HHSC that create communication difficulties, possibly due to a misinterpretation of SB 20 from the 84<sup>th</sup> regular session which reformed state contracting. Rep. Price and Sen. Nelson sent a letter to the agency a year ago to clarify the intent of SB 20. Commissioner Phillips pledged to continue staff training and to raise the issue with vendors in upcoming meetings to identify areas where improved training and communication are needed.

Commissioner Phillips cited nine areas needing continued improvement including:

- Simplifying evaluation and scoring processes.
- Developing policies and procedures for Requests for Proposals (RFPs) that are different from those for Requests for Applications (RFAs).
- Streamlining procurement procedures.
- Improved training Procurement and Contracting Services staff.
- Improved communication with customer organizations.
- Improved quality assurance in procurement process.

The State Operated Facilities Division of HHSC has been re-named the Health and Specialty Care System (HSCS). Other changes related to HSCS include:

- Unified processes and oversight of 13 state-supported living centers and 10 state hospitals.
- Improved efficiency and services, increased appropriations for deferred maintenance.
- Effects of SB 562 and HB 601:
  - Standardized forensic services and competency restoration assessments.
  - Centralized competency restoration evaluations.
  - Providing consultative services to county jails.
  - Coordinating with Medicaid and community mental health system.
  - More appropriate placement for persons requiring competency restoration is freeing up maximum security beds.
- New specialized services
  - Behavioral and psychiatric care at state-supported living centers instead of transferring residents to state hospitals.
  - Veterans Forensic Unit at Terrell State Hospital.
  - Increased use of telemedicine.



- State Hospital Construction Plan (please see table below)
  - Representative Rose asked how many people are waiting in the Dallas County Jail for a state hospital forensic bed.
  - Senator Birdwell asked about the possibility of developing smaller more regional hospitals in more rural counties. Commissioner Phillips stated that HHSC is looking at increasing the number of purchased beds.
  - Senator Nelson discussed anticipated state hospital projects and asked what the agency’s plans are “to contain construction costs over the next two years so we continue down that path”?

State Hospital	Construction Goal	Groundbreaking	Expected Completion Date	Funding to Complete
Austin	Replacement	Fall 2019	Late FY 2023	\$124.1 Million
Houston UT Health	New Continuum of Care Campus 132 beds	June 2019	December 2021	Guaranteed Maximum Price finalized
Kerrville	Maximum Security Unit (MSU) 70 beds	September 2019	September 2021	No additional need stated
Rusk	Expand Maximum Security Unit 60 beds	October 2019	February 2022	No additional need stated
Rusk	Replacement 200 beds	October 2019	March 2024	No additional need stated
San Antonio	Replacement	April 2020		\$152.4 Million
San Antonio	Renovation 40 beds	Fall 2019	April 2021	No additional need stated

Note: Senate Committee staffer stated that funding for replacement of Terrell State Hospital and the addition of a new state hospital in the Dallas area would be up for consideration next session.

Commissioner Phillips is preparing an annual business plan that she expects to be ready by late September or early October focusing on staff retention, managed care, procurement, contracting and development of an operational plan focused on coordinating disability services, similar to HHSC’s efforts related to behavioral health.

### **Texas Department of Family Protective Services-Trevor Woodruff—Acting Commissioner**

Mr. Woodruff is Acting Commissioner follow the retirement of former DFPS Commissioner Hank Whitman.

Senator Nelson asked about a rider in HB 1 that directed the Commission and DFPS to evaluate how to modernize foster care rate methodology. Senator Nelson asked for a progress report and asked if either agency has bandwidth to do this. She noted that she had originally wanted to require HHSC and DFPS to use an outside third party to accomplish this task, (using the word “shall instead of “may”) however, legislative rules required that the rider be permissive. Mr. Woodruff deferred to Commissioner Phillips, who responded that discussions regarding use of an outside agency are ongoing, and final decision has

not yet been made. Senator Nelson reiterated, “I want to make sure we get this right. If I could have used the word ‘shall’ I would have”. Note: Rate-setting at HHSC is done by the Financial Services Division, which has an 18% vacancy rate, and was cited earlier as one that concerned committee members).

Representative Rose asked about staff turnover rates, and the effects of increased appropriations. Acting Commissioner Woodruff responded that DFPS has a 4% vacancy rate agency-wide and that thanks to raises to CPS caseworkers, APS and intake workers, caseloads and turnover is now down from previous levels.





## Summary of Hearing—September 17, 2019

### House Select Committee on Mass Violence Prevention and Community Safety

**Committee Members:** Representative Drew Darby, Chair, Poncho Nevárez, César Blanco, Giovanni Capriglione, Charlie Geren, Barbara Gervin-Hawkins, Julie Johnson, Brooks Landgraf, Mike Lang, Joe Moody, Geanie W. Morrison, Four Price, Armando Walle.

**Link to Hearing:** (1 hour, 41 minutes) [https://tlchouse.granicus.com/MediaPlayer.php?view\\_id=44&clip\\_id=18176](https://tlchouse.granicus.com/MediaPlayer.php?view_id=44&clip_id=18176)

#### **Interim Charge Considered at Hearing:**

**Jurisdiction:** The committee has jurisdiction over all matters pertaining to programs and policies that ensure the safety of Texas communities by reducing the occurrence and impact of mass violence, including:

- (1) State and local funding for research, program development and implementation, staffing resources, and training;
- (2) Preparedness of and collaboration between state and local agencies, including nongovernmental entities, for the prevention of and response to mass violence;
- (3) Violence prevention protocols and strategies that contribute to creating and sustaining safe climates in schools and local communities;
- (4) Appropriate access to state and local services for communities impacted by mass violence and persons at risk for harming themselves or other; and
- (5) Technological capabilities and solutions for threat detection, assessment, reporting, and prevention.

**Duties:** The committee shall:

- (1) Examine options for strengthening enforcement measures for current laws that prevent the transfer of firearms to felons and other persons prohibited by current law from possessing firearms.
- (2) Examine impediments and challenges to the timely reporting of relevant criminal history information and other threat indicators to state and federal databases:
- (3) Examine the role of digital media and technology in threat detection, assessment, reporting, and prevention, including the collaboration between digital media and law enforcement;
- (4) Evaluate the ongoing and long-term workforce needs of the state related to cybersecurity, mental health, law enforcement, and related professionals and
- (5) Evaluate current protocols and extreme risk indicators used to identify potential threats and consider options for improving the dissemination of information between federal, state, and local entities and timely and appropriate intervention of mental health professionals.

The committee shall also maximize the opportunity for public input, while scheduling hearings during which public testimony will be heard, the committee shall make every effort to coordinate hearing dates with a Senate Select Committee on Mass Violence Prevention and Community Safety.

**Reporting:** The committee shall submit a preliminary assessment to the Speaker within 90 days of the committee's creation and shall submit periodic progress reports to the Speaker thereafter.

The committee shall submit a final report in the same manner as an interim study under Rule 4, Section 61, House Rules.

#### **Invited Testimony:**

Steven C. McGraw, Director, Texas Department of Public Safety and Skylor Hearn, Deputy Director, Law Enforcement Services, Texas Department of Public Safety briefed the committee on Governor Abbott's eight executive orders to Texas Department of Public Safety (DPS), Fusion Centers in Texas, and answered questions related to social media, law enforcement and civilian training, training, criminal background checks related to purchase of firearms .

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Link to Texas Safety Action Report:

[https://gov.texas.gov/uploads/files/press/Texas\\_Safety\\_Action\\_Report.pdf](https://gov.texas.gov/uploads/files/press/Texas_Safety_Action_Report.pdf)

Link to Gov. Abbott's Executive Orders Relating to the Prevention of Mass Attacks.

[https://gov.texas.gov/uploads/files/press/EO-GA\\_07\\_preventing\\_mass\\_attacks\\_IMAGE\\_09-05-2019.pdf](https://gov.texas.gov/uploads/files/press/EO-GA_07_preventing_mass_attacks_IMAGE_09-05-2019.pdf)

Fusion Centers:

- Eight Fusion Centers in Texas—Austin, Dallas, El Paso, Fort Worth, Houston, McKinney, San Antonio
- Austin is main Fusion Center in Texas, is a shared network.
- Threat Assessment Centers—are often local multi-agency, multi-disciplinary teams including law enforcement and psychiatry. DPS's Intelligence and Counterterrorism unit under Homeland Security Operations also performs these functions.
- Chair Darby suggested that the committee tour and consult with fusion centers regarding the resource needs in preparing for upcoming session.

Training:

- Texas State University's Advanced Law Enforcement Rapid Response Training (ALERRT) was named the national standard in active shooter response training by the FBI.
- Texas A&M's Civilian Response to Active Shooter Events (CRASE) Training.

Monitoring Social Media:

- DPS is attempting to work with social media companies, but some have shown a reluctance to share information with law enforcement, has improved somewhat since recent shootings.
- DPS Adheres to the warrant process, First Amendment and privacy concerns.
- Major concern is social media companies is social media companies:
  - Only share that an imminent threat has been posted somewhere in Texas, but no further specifics.
  - Often do not respond in a timely manner to law enforcement requests for information.
  - Sometimes are completely non-responsive.
- Significant number of people posing threats have 'self-radicalized' through internet sites that are racially motivated, anti-government, foreign adversaries or other ideologies.

Keeping firearms out of hands of those who shouldn't have them:

- Federally prohibited persons per the U.S. Bureau of Alcohol, Tobacco Firearm and Explosives (ATF) website: <https://www.atf.gov/firearms/identify-prohibited-persons>
- National Criminal Background Check is a combination of 3 databases:
  - National Instant Criminal Background Check System (NICS),
  - National Criminal Information System (NCIC) Temporary database of protective orders with expiration dates.
  - Interstate Identification Index (I.I.I.) permanent records, including recent arrest records.
- Odessa shooter lied on a federal NICS form. Rep. Geren suggested making falsification of information on the federal form a state offense, so local district attorneys could prosecute, even if US Attorneys won't. Cited information that 112,000 applications were denied for falsified information, 12,700 were referred to ATF field divisions, U.S. Attorneys only prosecuted twelve.
- People under protective orders should be input into system within 48 hours. Rep. Moody suggested these should include sexual assault, human trafficking, or making a terroristic threat.
- Reporting is a county function and is a 3-phase process at points of arrest, indictment and conviction.



## Summary of Hearing—September 26, 2019

### Senate Select Committee on Mass Violence Prevention and Community Safety

**Committee Members:** Senators Joan Huffman-Chair, Judith Zaffirini-Vice Chair, Senators Donna Campbell, Kelly Hancock, Jane Nelson, Charles Perry, Jose Rodriguez, Larry Taylor, and John Whitmire.

**Link to Hearing:** [https://tlcsenate.granicus.com/MediaPlayer.php?view\\_id=45&clip\\_id=14848](https://tlcsenate.granicus.com/MediaPlayer.php?view_id=45&clip_id=14848)

#### Interim Charges

1. Learn firsthand, the personal, family, and community impact of mass shootings in Texas by hearing from victims of mass violence in Dallas, Santa Fe, Sutherland Springs, El Paso, and Midland/Odessa. Conduct hearings in Austin, El Paso, and the Midland/Odessa area to meet with victims and their families in those communities.
2. Examine ways to keep firearms out of the hands of individuals who would not pass a federal background check, while protecting the Second Amendment and Texans' right to bear arms. Examine whether stranger-to-stranger gun sales in Texas should be subject to background checks.
3. Consider the role digital media, dark web networks, and overall cultural issues play in the promotion of mass violence and how these contribute to the radicalization of individuals and incitement of racism, white supremacy and domestic terrorism. Research the link between violent video games and recent mass shootings in Texas and examine the impact of the overall fraying culture on mass shootings, including increased violence, tolerance for violence, and extremist views in our society.
4. Assess how state and local law enforcement agencies, fusion centers, mental health providers, digital platforms and social media companies such as Google, Facebook, Instagram, Twitter, etc., can better collaborate to detect, prevent, and respond to mass violence and terroristic activity. Examine what resources, staffing and protocols are necessary to enhance these partnerships and whether state funding is needed to assist local authorities in this endeavor.
5. Determine effectiveness of current laws that are used for timely reporting of criminal history information, emergency protective orders, and other threat indicators to keep firearms out of the hands of individuals who would not pass a federal firearms background check. Review workforce and resource challenges impeding current laws, identify accountability measures needed for law enforcement, courts, firearm distributors, and private sellers who fail to follow reporting requirements under current law.

#### Introductory Comments

- Senator Nelson noted that the committee must address the role of mental illness in mass shootings but must also be careful not to stigmatize people with mental illness. She also noted the significant increases in behavioral health funding in recent years, as well as improvements to system efficiency.
- Senators Campbell and Perry urged the members to be willing to dig deeply into root causes and symptoms that resulted in mass tragedies.
- Senator Hancock noted the traumatic, emotional consequences of the recent tragedies. "People are hurting...this is not just business for us".

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## **Invited Testimony**

### **Panel 1**

Col. Steven C. McCraw, Director, Public Safety Commission and  
Lt. Col. Skylor Hearn, Deputy Director-Law Enforcement Services.

#### **Testimony Related to Mental Health—Panel 1**

- Col. McCraw and Lt. Col. Hearn outlined the Governor's Executive Orders to Law Enforcement issued on September 5, 2019. (Please see attached document).
- There have been twelve mass shootings in Texas in the past fifty-three years. Six of those have been in the last three years.
- The FBI receives approximately 3500 threat-to-life calls each day.
- Perpetrators almost always exhibit pre-attack indicators and choose soft targets (schools, churches, public areas).
- Law enforcement should be trained to note and report indicators, so that dots can be connected for probable cause.
- ALERRT Program for law enforcement and CRASE Training for civilians are effective.
- Judges report information regarding individuals involuntarily committed to inpatient mental health care to Texas Department of Public Safety (DPS), which passes the information on to the National Instant Criminal Background Check System (NICS). Court Clerks have 30 days to submit information to DPS.

### **Panel 2**

Vincent Giardino—Assistant Criminal District Attorney-Tarrant County.

Erica Benites Giese—Former U.S. Attorney for the Western District of Texas

David Slayton—Administrative Director, Office of Court Administration, Austin, Texas.

Mr. Giardino distributed a one-page document outlining who can possess a firearm in Texas.

- Noted some discrepancies between federal and state laws.
- In most cases, an individual's right to possess a firearm is limited to a five-year prohibition, including after the end of a prison sentence, probation, or deferred adjudication, especially for Class A assault on a family member.
- Protective orders can be highly tailored, but are rarely lifetime prohibitions.
- Tarrant County had approximately 3500 emergency detentions in 2018. Seventy-five percent of them were initiated by police because the individual was a danger to self or others.
- Penalties for violating the prohibition can result in a new third degree felony, carrying a two to ten year sentence.
- There is no Texas statute that requires voluntary surrender of firearms. Systems for surrendering firearms when a prohibition is imposed vary from county to county and must be driven by the judge. Existing programs have been of limited utility because there is no explicit authority in law.
- Half of the murders in Tarrant County are a result of domestic violence, and most are committed using firearms.

Panel 2—continued

Erica Benites Giese:

- Generally federal cases don't have protective orders, but surrender of weapons can be stated by the judge as a condition of bond.
- Federal penalty for 'lie-to-buy' on the federal form to purchase a firearm is up to ten years. Usually only prosecuted if it was a 'straw purchase' when intent was to traffic weapons to Mexico.
- Gang members who are drug users or addicts can be prosecuted federally for illegal firearms possession.
- Links to ATF Quick Reference Guides:
  - <https://www.justice.gov/sites/default/files/usao-ut/legacy/2013/06/03/guncard.pdf>
  - <https://www.atf.gov/file/11241/download>
- State and local law enforcement and prosecutors often lack resources to follow-up on all reports of suspicious activities or concerning behaviors (approximately 3500 calls per day).
- Suggestion: Embedding state prosecutors in U.S. Attorney's Office.  
(Problem noted by Sen. Huffman: they don't have concurrent jurisdiction).

David Slayton:

Link to Presentation: <https://www.txcourts.gov/media/1445034/senate-select-committee-on-violence-and-community-safety-9262019-002.pdf>

- Federal firearms possession disqualifiers in Brady Bill in 1993.
- In FY 2018, 47,218 new applications for temporary mental health services were filed with 44,417 Orders for Protective Custody (OPCs) were signed. 36,124 probable cause hearings were held with 11,674 final commitment hearings held. 7,331 individuals were committed to involuntary inpatient treatment, requiring disqualification to possess a firearm to be reported to the federal system. This is one of the fastest growing categories of cases that the Office of Court Administration tracks.
- Texas went back 20 years to catch up filing of mental health records to the federal database, increasing the number of records from 168,384 in 2011, to approximately 304,000 to date of hearing, a 69% increase. Texas has been recognized by U.S. General Accounting Office (GOA) for its efforts.
- Notes that there are discrepancies in between and within federal and state law regarding the suspension right to possess of firearms, including judicial discretion in similar cases, for example domestic violence as opposed to sexual assault, abuse, stalking, trafficking (Slide 12 of 15).
- Legislation: SB 325—Protective Order Registry. HB 1528—Requires personal appearance in Class C misdemeanor domestic violence cases so that proper notice is provided by the court regarding their ineligibility to possess firearms, and so that their fingerprints can be taken for required reporting. SB 1804 would have provided law enforcement statewide access to information on bond conditions.
- Suggestions:
  - Automate county case management systems \$30 million was appropriated
  - Standardize forms for court orders
  - Have a way to verify that information has been uploaded to NICs. Can only be looked up one-by-one with FBI case number currently.
  - Better training for judges, prosecutors and law enforcement statewide, particularly on protective orders and domestic violence. Grant funded position should be permanently funded.
  - Law needs to be clarified regarding the authority that judges have regarding possession of firearms.
- Overall, most Texas counties are meeting required time deadlines for reporting, but at least nine have no computerized systems at all. Multiple 'customized' systems are not always interoperable.



Panel 2—continued

David Slayton—continued

- Procedure of background checks: federal NICS queries state database. Legislature has appropriated funding to provide case management systems to counties that reports information in real time to DPS, but there is no requirement that counties use it.
- Other states with extreme risk protective orders have higher level of due process above danger to self or others, for example, clear and convincing evidence of recent threats/acts of violence, recent cruelty to animals, recent domestic violence or violation of protective orders, previous convictions, recent reckless use or brandishing of firearm, recent purchase or attempts to purchase a firearm, drug abuse.

### **Panel 3**

Sonja Gaines—HHSC Deputy Executive Director, IDD and Behavioral Health

Chance Freeman—HHSC Director of Disaster Behavioral Health Services Program

Link to Presentation: <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2019/leg-presentations/senate-select-sept-26-2019.pdf>

Sonja Gaines:

- Thanks to appropriations for last session, waiting lists for community-based services has been eliminated, inpatient care and substance use services have been expanded, work on Child Mental Health Consortium and rural behavioral health initiative has commenced.
- Nationally, less than five percent of mass violence episodes involve a perpetrator with a diagnosed mental illness. However, there are often early signs that a person is troubled that are noticed by someone close who is close to the individual. We need a service like the Mobile Crisis Outreach Teams that can respond to these concerns.
- Use of innovation and technology to assist particularly in rural areas through telepsychiatry and mobile mental health units, improved training and relationships with law enforcement.
- SAMHSA
- 39 LMHAs/LBHAs across the state assess for risk factors including violence, danger to self, others. Early intervention, engagement and treatment is key. In times of emergency, are ready to respond.
  - Each one has 24/7 call center and Mobile Crisis Outreach Team.
  - LMHA is often best equipped to deal with aftermath because staff is trained in trauma informed care, Mental Health First Aid, Psychological First Aid.
  - Have Critical Incident Response Teams, law enforcement liaisons, etc.

Chance Freeman:

- HHSC collaborates with LMHA/LBHAs to deploy assistance to victims, families, law enforcement, general community
- Critical Incident Stress Management Teams trained to work with first responders.







**Texas Legislature—86<sup>th</sup> Interim**  
**House Select Committee on**  
**Mass Violence Prevention and Community Safety**  
October 10, 2019—Brookhaven College, Farmers Branch, Texas

**Summary of Hearing**

**Committee Members:** Representative Drew Darby (Chair), Poncho Nevárez (Vice-Chair), César Blanco, Giovanni Capriglione, Charlie Geren, Barbara Gervin-Hawkins, Julie Johnson, Brooks Landgraf, Mike Lang, Joe Moody, Geanie W. Morrison, Four Price, Armando Walle. Also attending: Representative Morgan Meyer.

**Link to Hearing:** [https://tlchouse.granicus.com/MediaPlayer.php?view\\_id=44&clip\\_id=18235](https://tlchouse.granicus.com/MediaPlayer.php?view_id=44&clip_id=18235)

**Invited Testimony:**

Panel 1: Digital Media/Technology in Collaboration with Law Enforcement.

David Edmondson—TechNet—Network of 86 technology companies.

Ana Martinez—FaceBook—Head of State Policy for Texas and the Southwest.

Lonzo Anderson—Asst. Chief—Patrol Operations—Dallas Police Department.

David Cabrera—Major—Texas Department of Public Safety.

Committee expressed disappointment that most of the social media companies invited chose not to attend. Mr. Edmondson and Ms. Martinez presented the efforts that their companies make to collaborate with law enforcement, however the law enforcement officers testified that each social media company has its own policies and procedures, and urged lawmakers to establish standardized subpoena forms and procedures. Further, law enforcement testified that often even when they send social media companies a subpoena in emergency situations, they are met with resistance, foot dragging and lack of timely response.

Panel 2: Social Media and the Law—First Amendment Concerns

Daxton Stewart—Texas Christian University—Bob Sheffer School of Communication.

Jarred Schroeder—Southern Methodist University—Meadows School of the Arts.

Richard Piñeda—University of Texas at El Paso-Sam Donaldson Center for Communications Studies.

Panel discussed social media and the First Amendment to the U. S. Constitution

Panel 3: Recommendations on Social Media Subpoena Procedures, Protective Orders Registry

Jennifer Tharp—District Attorney—Comal County, Texas

Danny Coulson—Coulson and Associates—Former FBI Agent-in-Charge—Dallas Region

Ms. Tharp noted that in 15 years in the criminal justice system, she has never received a notice from a social media company regarding a threat in her district, though local law enforcement has averted very serious potential attacks that were on social media and should have been reported by social media companies to local authorities. Her suggestions:

- Community often has information regarding mass shooters—family members, employers, neighbors, teachers, etc. Many citizens state they do not know to whom concerns should be reported. Establish a hotline similar to the child abuse hotline, so that citizens will have one place to report suspicious activities or concerns.

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### Panel 3:--continued

- Currently each county has its own forms and procedures for subpoenas. Texas Department of Public Safety, partnering with local law enforcement and criminal justice officials should develop a state-wide standardized form for subpoenas, protective orders, etc. to facilitate rapid response from social media companies.
- SB 325, <https://capitol.texas.gov/tlodocs/86R/billtext/html/SB00325F.htm> a statewide registry of protective orders becomes effective on June 1, 2020.
- Ms. Tharp also favors inclusion of bond conditions and emergency detention orders and orders of protective custody on the statewide registry of protective orders. Bond conditions were the subject of SB 1804 passed in the 86<sup>th</sup> Legislature, but was vetoed by the Governor because of a non-germane amendment. Ms. Tharp suggested that the registry form being developed now by the Office of Court Administration have:
  - A space for additional information with a large enough number of characters allowable to add bond conditions and other pertinent information and
  - The name of the investigating officer or bond supervising officer who has the most information regarding the person under court order.
  - Recommended that SB 1804 be re-introduced and passed next session.  
Text of SB 1804: <https://capitol.texas.gov/tlodocs/86R/billtext/html/SB01804F.htm>
- Lethality assessments for protective orders should be evidence-based, and should include questions of recent losses, homicide-/suicidality, harm to animals, access to weapons, etc.
- Recommended that Legislature review statutes related to terroristic threats, false alarms and false reports.

Danny Coulson noted that social media companies make billions of dollars annually.

- Social media companies are not ‘Switzerland’—uninvolved entities—as part of the community they should be on the side of keeping law-abiding citizens safe, and should be required to assist law enforcement in tracking threats. Voluntary compliance is not in social media ‘culture’.

Mr. Coulson noted that the challenge is what to do when intelligence fails—the Boston Marathon Bombers, the September 11 attackers, and the Florida shooter(s) were all known to the FBI and local law enforcement.

- Citizens need training on how to stay alive whether at school, shopping, or at their place of worship. Principles are time, space and reaction.
- Committee should look at best practices and make recommendations for citizen preparedness training. “There is a lot of bad training out there that will just get you killed”.
- Training for children should be age-appropriate. He noted that no children have died in school fires in 50 years because of fire drills. Teachers should be trained how to train children.
- Odessa attacker was mobile, victims in multiple locations. Recommended a public communications system (similar to Amber Alert) to tell citizens to avoid a particular area, etc.

**Public Testimony:**

Witnesses included Former Judge of Dallas County Criminal Court # 10, Roberto Cañas, testified regarding the procedures Dallas County developed to assure that domestic violence offenders who have lost the right to have a firearm do, in fact, comply with federal and state laws. Judges, prosecutors and law enforcement collaborated to insure that:

- 1.) Firearms were stored until person was no longer covered by statute or court order prohibiting possession of a firearm, whereupon the firearm(s) were returned or
- 2.) Disposal of firearms in cases in which the right to possess a firearm will not be reinstated.

A total of 140 firearms were collected.

Judge Cañas applauded passage of SB 325 (Huffman, Creighton and Langraf), which established a protective order registry and requires court personnel to submit records of protective orders filed or issued under Chapters 82, 83 or 85—Texas Family Code and Article 17.292—Texas Code of Criminal Procedure. SB 325 becomes effective June 1, 2020. Also mentioned HB 1528 (Rose, West) which requires reporting of misdemeanor family violence convictions or affirmative findings of family violence into the computerized criminal history system.

SB 325: <https://capitol.texas.gov/tlodocs/86R/billtext/html/SB00325F.htm>

HB 1528: <https://capitol.texas.gov/tlodocs/86R/billtext/html/HB01528F.htm>

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## Summary of Hearing—October 21, 2019

### Senate Select Committee on Mass Violence Prevention and Community Safety

**Committee Members:** Senators Joan Huffman-Chair, Judith Zaffirini-Vice Chair, Senators Donna Campbell, Kelly Hancock, Jane Nelson, Charles Perry, Jose Rodriguez, Larry Taylor, and John Whitmire. Also attending: Representatives Cesar Blanco, Art Fiero, Lina Ortega.

**Link to Hearing:** [https://tlcsenate.granicus.com/MediaPlayer.php?view\\_id=45&clip\\_id=14908](https://tlcsenate.granicus.com/MediaPlayer.php?view_id=45&clip_id=14908)

#### Invited Testimony

Panel 1: Dee Margo—Mayor of El Paso and Jaime Esparza—El Paso District Attorney

##### Mayor Margo

- Timeline: 911 call placed at 10:39, police on site at 10:45, suspect apprehended at 11:06.
- Casualties: 22 people killed, 25 injured.
- El Paso has 14 CIT officers for responding to calls involving a person with mental illness.
- More psychiatric hospital beds are needed.

##### Mr. Esparza

- Noted the importance of addressing secondary trauma in the community.
- He suggested that the next Legislature should encourage development of protocols for firearm surrender in cases of domestic violence or other emergency orders or conditions of bond in every county so that current laws can be enforced.
- State funds received to cover overtime for officers and prosecutors.
- Family Reunification Center identified all victims by Monday afternoon.
- Texas Crime Victims Compensation Fund is applicable only to Texas residents, so was not available to victims from Mexico. However, local businesses and agencies met many needs. Funerals were free to all families. United Airlines provided free transportation for all family members wishing to attend funerals. Local companies provided automobiles for people whose cars had bullet holes and were impounded as evidence.
- In response to a question from Senator Zaffirini regarding the Hate Crimes Act, Mr. Esparza responded that it is not needed—he has only used it once in 27 years as a prosecutor and will not use it in this case. He can get the necessary verdict without it.

Panel 2: Jorge Rodriguez—Assistant Fire Chief—El Paso Fire Department and Emergency Management Coordinator, Mr. Juan Acereto—Office of Bi-national Affairs—City of Juarez, Mexico, Pastor Michael Grady—Prince of Peace Christian Fellowship

##### Chief Rodriguez:

- 105 firefighters and 140 police officers were mobilized within first hour with additional assistance from Texas Department of Public Safety (DPS), Federal Bureau of Alcohol, Tobacco and Firearms (ATF) and Federal Bureau of Investigation (FBI).
- El Paso had conducted an active shooter exercise in October 2018, but did not fully exercised or understood behavioral health needs in the planning of the exercise.
- Local Mental Health Authority (LMHA) set up five recovery sites. There is also a recovery program for first responders.

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*please contact Sabrina Conner at [sconner@ntbha.org](mailto:sconner@ntbha.org) or Janie Metzinger at [jmetzinger@ntbha.org](mailto:jmetzinger@ntbha.org)*

Mr. Acereto gave his testimony entirely in Spanish, but provided written testimony to the committee. Unfortunately, at present, neither a transcript nor the written testimony is available on the Senate website. Rev. Grady described the injuries his daughter sustained as she was shot three times but survived. He leads the El Paso Coalition for Peace and Unity in efforts to assist all members of the community traumatized by the events of August 3, 2019.

Dr. Allen Tyrock, Trauma Director—Texas Tech University Medical Center, El Paso

- Statistics:
  - 40,000 deaths by firearms in 2017 per Center for Disease Control
    - 60% suicide
    - 37% murder
    - 3% accident, law enforcement action, unknown cause
  - 70,000 deaths related to opioids
  - 30,000 automobile accidents
  - Active shooter events responsible for less than 1% of gun-related deaths.
- TT UMC El Paso:
  - Immediate Responders (civilians on the scene) saved lives.
  - TT UMC El Paso admitted 13 victims in 34 minutes
  - Nearby Level II Trauma Center admitted 11 patients.
  - Emergency surgeries were all completed by Saturday afternoon.
  - Recommends that Legislature review suggestions by American College of Trauma Surgeons.
- Texas Trauma System worked that day.

### **Public Testimony Related to Behavioral Health**

- David Stout—El Paso County Commissioner—Outlined the millions of dollars that the tragedy will cost El Paso County, including mental health care for victims, first responders and other members of the community.
- Veronica Carbajal—Attorney—Texas Rio Grande Legal Aid—Outlined uncompensated financial costs to victims, family members, Walmart employees, including accessing mental health care.
- El Paso Inter-religious Sponsoring Organization (EPISO) held a series of listening meetings in El Paso congregations, and identified education on mental health and traumatic stress as well as access to services as priorities.
- Rolanda Valencia—Ysleta Teacher's Association—emphasized need for identifying students with mental health disorders and need for trauma care for the survivors.





### Summary of Hearing

**Committee Members:** Representative James Frank, (Chair), Representative Gina Hinojosa (Vice-Chair), Representatives Travis Clardy, Joe Deshotel, Stephanie Klick, Theresa ‘Terry’ Meza, Rick Miller, Candy Noble, Toni Rose. Also attending: Representative Harold Dutton

**Link to Hearing Video:** [https://tlchouse.granicus.com/MediaPlayer.php?view\\_id=44&clip\\_id=18294](https://tlchouse.granicus.com/MediaPlayer.php?view_id=44&clip_id=18294)

#### Interim Charge:

The Committee will receive an update regarding the latest changes to funding within programs under the Texas Healthcare Transformation and Quality Improvement Program-Section 1115 Demonstration Waiver.

#### Invited Testimony Related to Behavioral Health:

Panel 1: Medicaid 1115 Waiver—Charlie Greenberg, Director, Hospital Finance and Waiver Programs, Texas Health and Human Services Commission (HHSC), and Andy Vasquez, Deputy Associate Commissioner, Quality and Program Improvement, HHSC.

Link to 1115 Presentation: <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2019/leg-presentations/house-human-services-nov-12-2019.pdf>

Mr Greenberg’s Testimony:

- Texas makes approximately \$11 Billion (mostly federal and local funding) for FY 2020 for Medicaid Supplemental and Directed Payment Program payments to Texas Medicaid Providers. Supplemental payments go from HHSC to providers. Directed payments go from HHSC through the Managed Care Organization (MCO) to the provider.
- Uncompensated Care (UC) Disproportionate Share Hospital Program (DSH) and Delivery System Reform Incentive Payments (DSRIP) are supplemental payments.
- DSH payments are Medicaid funds to hospitals serving a large number of Medicaid or uninsured patients, to help cover unreimbursed costs of services.
  - The Affordable Care Act authorized a \$4 Billion funding cut to DSH nationwide in the first year, which was to commence in 2014, but has been subsequently delayed each year. Subsequent to this hearing, the cut scheduled for November 21,2019 has been delayed until May 20, 2020.
  - UC and DSRIP are under the 1115 Medicaid Waiver. 1115 Waivers allow states to test budget neutral policy innovations. Budget neutrality is that federal Medicaid spending under the waiver cannot be greater than it would have been without the waiver. The difference between what the federal government would have spent and what it actually spent is considered savings that the state is allowed to use to create supplemental or directed payment programs. Texas uses the 1115 Waiver to fund UC and DSRIP, as well as some directed payments. CMS is about to revise the budget neutrality baseline to use only the last five years to calculate what the federal government would have spent. This will probably reduce the amount available for UC and DSRIP.



Mr. Greenberg—continued

- Local governments can form a Local Provider Participation Fund (LPPF) to assess and collect mandatory payments from non-public hospitals based on annual net patient revenue. Local governments can use these funds for local share of Medicaid and to draw down federal money for UC or DSRIP. Dallas and Ellis County have formed LPPFs.
- UC Pool for FY 2020-21 is \$3.37 Billion for over 300 Texas hospitals. Beginning October 2019, the UC Pool may only be used to help hospitals supplement cost of care for uninsured patients. Medicaid shortfall claims will no longer be allowed.

Mr. Vasquez's Testimony:

1115 Waiver—Delivery System Reform Incentive Payments (DSRIP) Transition (September 2021).

- Incentive payments based on performance on health outcomes, population health measures, number of individuals served.
- Quality measures: Chronic disease management, primary care, prevention, patient navigation, care transitions, emergency diversion improved maternal care and safety
- Core Activities: Care management, screening, follow-up services, management of complications, comorbidities, use of emergency room, social drivers of health, expanded access, vaccinations, primary care/urgent care/emergency coordination, system navigation, Certified Community Behavioral Health Clinic care model.
- Draft Transition Plan Goals: Alternative payment models to promote healthcare quality, support delivery system reform, support innovative financing models (offer incentives to MCOs to participate in quality-based alternative payment models), cross focus areas, strengthen supporting infrastructure to improve health.
- Final approval of draft transition plan must be received from Center for Medicare and Medicaid Services (CMS) by March 31, 2020.

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**Committee Members:** Chair: Senator Lois Kolkhorst Vice Chair: Senator Charles Perry  
Members: Senators Dawn Buckingham, Donna Campbell, MD, Peter Flores, Nathan Johnson, Borris Miles, Beverly Powell, Kel Seliger.

**Links to Hearing Video:** (6 hours, 55 minutes) [https://tlcSENATE.granicus.com/MediaPlayer.php?view\\_id=45&clip\\_id=14966](https://tlcSENATE.granicus.com/MediaPlayer.php?view_id=45&clip_id=14966)

### **Purpose of Hearing**

#### Public Health

- Examine the emerging public health concerns from the rise in e-cigarette use and "vaping," especially among minors. Determine if additional policies or laws are needed to protect the public's health.
- Monitor the implementation of Senate Bill 21, including strategies to address tobacco and nicotine use, including e-cigarettes and vaping, by adolescents.

#### Health Care Costs

- Examine the current status and future direction of the following programs: The Texas Healthcare Transformation and Quality Improvement Program Section 1115 Demonstration Waiver, including the DSRIP Transition Plan, and the Healthy Texas Women Section 1115 Demonstration Waiver.

### **Invited Testimony**

#### Panel 1—Re: E-Cigarettes and Vaping:

Manda Hall, M. D.—Associate Commissioner for Community Health Improvement, Texas DSHS

Link to Dr. Hall's presentation: <file:///C:/Users/jmetzinger/Downloads/VapingPresentation-December2019.pdf>

- Vaping uses an electronic device to heat a liquid containing nicotine, cannabinoids or other substances into an inhalable vapor. Other substances may be solvents, ultra-fine particles, volatile organic compounds, cancer-causing compounds and heavy metals.
- Nicotine exposure is harmful to developing fetuses and can harm development of the adolescent brain.
- CDC warns against e-cigarette use by youth, young adults and pregnant women.
- EVALI is E-cigarette or Vaping product use—Associated Lung Injury—lung disease associated with vaping that can be severe and life-threatening, mostly in otherwise healthy young people.
  - 95% of patients hospitalized.
  - Over 2,290 cases in 49 states, DC and territories. 47 deaths nationwide.
  - Over 263 cases, 1 death to date in Texas.
  - 83% reported some THC-product use.
  - 35% reported exclusive THC-product use.
  - In Texas, 109 cases reported in North Texas (Region 2/3).
  - THC is present in most (82%) of vaping products tested to date by FDA.
  - Vitamin E acetate is an additive in THC-containing vaping products.



E-Cigarettes—Manda Hall, MD—continued

- DSHS efforts to address EVALI in Texas include:
  - Identification of new cases, collaboration with local health departments, Centers for Disease Control and other states.
  - DSHS Tobacco Prevention and Control programs include focus on vaping in middle- and high-schools and on college campuses.
  - Enforcement efforts include undercover controlled buys.

Emily Blanford—National Conference of State Legislatures

- Ten states and six tribes have taken some action to ban e-cigarettes, ranging from full bans, partial bans, flavor bans, temporary bans and required educational materials. Many have issued health advisories.
- 35 states have regulated e-cigarettes, ranging from taxation, sales/distribution regulations, changing the age from 18 to 21 to purchase, defining e-cigarettes as a tobacco product. Massachusetts banned e-cigarettes in November. California now requires labeling to indicate if vaping liquid contains cannabis.

Phillip Huang, MD, MPH, Director—Dallas County Health and Human Services

- Long term effects: chronic cough, bronchitis and asthma, impaired immune system, increased susceptibility to bacterial and viral infections, increased carcinoma and abnormal cell growth.
- Dallas County Health and Human Services works closely with Dallas County Medical Society and hospitals, Poison Control. EVALI Response Team follows up with interviews, medical record reviews, forwards any remaining liquids to FDA for testing etc. Robust reporting may account for high numbers.
- Dallas County experience: Median age of patient is age 22, 30% under age 18, 14 patients required intubation, average length of hospitalization is 7 days, 37% of patients from outside Dallas County
- Prevention efforts: Promoting CDC advice to the public through English and Spanish media, schools.
- Contents of substances and chemicals in e-cigarette products is unregulated and unknown.
- Vitamin E-acetate, often used in e-cigarettes is approved for food consumption but not for inhalation. EVALI victims seem to have an unknown coating on lungs.
- Kids tend to use e-cigarettes constantly, rather than intermittent use of combustible tobacco.
- Secondary harms (for example, to children in the car with a vaping parent) have not been studied.
- Link to Dallas County website re: EVALI: <https://www.dallascounty.org/departments/dchhs/electronic-cigarettes.php>

Ernest Hawk, MD, MPH—Vice President for Cancer Prevention and Population Sciences

- Lack of federal regulations regarding vaping products make them difficult to study. Use a variety of chemicals, often cancer-causing substances. Most contain nicotine and therefore stimulate nicotine addiction, which is highly addictive, and may serve as a cancer promoter.
- In youth, there are documented reductions in cognitive functioning, memory, attention span and concentration. Promotes irritability.
- E-cigarettes do not reduce the use of combusted tobacco—often results in dual use, not cessation of smoking. More than 70% of smokers report wanting to quit but find it difficult to quit. Seven nicotine cessation products have been recommended by FDA as safe and effective and should be used.
- Re: Marketing to youth: Youth are highly susceptible to nicotine addiction. JUUL has 60-80% of market share. Vaping is a gateway to use of traditional tobacco products. FDA study shows e-cigarette users more likely to smoke cigarettes within two years.

E-Cigarettes—Ernest Hawk, MD,PhD—continued

- Recommendations:
  - Standardize e-cigarette products and require labeling of e-cigarette product contents.
  - Conduct animal and human studies to establish efficacy in tobacco cessation and safety.
  - Implement evidence-based actions to prevent youth uptake and usage of e-cigarettes.

Jay Maddock, PhD, FAAHB—Chief Wellness Officer, Texas A&M University

- Texas A&M University has banned use of tobacco and e-cigarettes on all campuses (68,000 students).
  - Rate of vaping in high school and college students doubled in one year.
  - 39% of high school seniors, 33% college men, 20% of college women had vaped in the past year. (particularly concerning because high school rates typically are lower than college rates).
  - Monthly use among college students increased from 6% to 15% in one year (rapidly increasing).
  - Harder to measure vaping use compared to number of cigarettes smoked per day.
- Enforcement at point of sale is critical.
  - 45 percent of vape shops sell to minors—leads to high rates of use by minors.
  - Youth are particularly price sensitive, therefore increases in excise taxes can be effective.
  - Bans harder to enforce because of shorter time to use e-cigarettes compared to cigarette smoking.

Josh Tigpen—Supervisor of Tobacco Tax Division, Texas Comptroller’s Office

Captain Justin Scott—Criminal Investigations Division, Texas Comptroller’s Office

- SB 21 raised the age to purchase e-cigarettes and tobacco from age 18 to 21. Information has been distributed to 30,334 permitted tobacco retailers in Texas.
- There are 775,000 retail locations that require only a sales tax permits. Retailers who only sell e-cigarettes do not have any other requirements, therefore Comptroller’s office cannot identify retailers who may be out of compliance with SB 21.
- Between July 2018 to November 2019, 83 retail locations were targeted for selling to minors, 10 were vape shops, 3 were found selling to minors.
- To have tax permit revoked, retailer must be caught 5 times in one year. Comptroller’s Office doesn’t have sufficient staffing to follow up at that level of intensity.
- Sen. Johnson suggested it might be easier to enforce vaping sales to minors if vaping products were treated the same as tobacco. Sen. Perry suggested that the committee might study if these statute might be better placed under the jurisdiction of Texas Commission on Alcohol, Tobacco and Firearms, which has more staffing and resources that the Comptroller’s Office has.

Dr. Steven Kelder, PhD, MPH—University of Texas School of Public Health Professor of Epidemiology, Human Genetics, Environmental Health

- E-cigarette use up 300% since 2016.
- Categories of harm of cigarettes for youth:
  - Most have high levels of nicotine, which can lead to increased attention and concentration disorders and significantly higher levels of anxiety.
  - Youth who vape are more likely to experiment with tobacco products and marijuana
  - E-cigarettes contain toxins and carcinogens, and linked to markers for cardiovascular disease, adverse respiratory effects and inflammation .
  - Vaping devices have exploded in the mouths and pockets of users.
  - Devices are used to vape to THC, associated with EVALI.

- Attraction of flavors
  - No e-cigarette companies have completely eliminated flavored products.
  - 50% of kids don't know that e-cigarettes contain nicotine.
  - 80% of teen smokers use flavored cigarettes.
  - 95% of teen e-cigarette users use flavored e-cigarettes.
  - 75% say they would not use unflavored products.
  - E-cigarettes 're-normalizes' smoking.
  - Removing flavors would 'dis-incentivize' teens.
- University of Texas' School of Public Health's 'Catch My Breath' Program" for elementary, middle and high schools. Program has been sponsored by CVS Pharmacies and is free to schools. Central Texas schools using the program saw a 46% reduction in use over two years  
<https://catchinfo.org/modules/e-cigarettes/>

Carolyn Counce, Director Policy Services—Texas Association of School Boards

- TASB gives guidance to school districts regarding enforcement of state laws regarding tobacco and e-cigarette use on school properties.

Eric Mullins, Principal—Hempstead High School, Hempstead Texas

- Hempstead High School is a AAA school of 404 students. 23% of students are African American, 57% are Hispanic, 17% are Anglo and 3% Other. 73% are economically disadvantaged. In 2017, three vaping incidents were reported, and in 2018, six were reported. Mr. Mullins developed an education program and invited Annie Trostel, Regional Tobacco Coordinator at the Texas Department of State Health Services as a guest speaker to train students and staff on dangers of tobacco and e-cigarette use. To date, only one report in 2019.

#### Panel 2—Re: Medicaid Waivers

Emily Blanford—National Conference of State Legislatures:

- Social Security Act, Section 1115 allows waivers for demonstration projects and programs that don't fit under traditional Medicaid. Most states use 1115 waivers to design SUD benefits, non-traditional Medicaid expansion. They can take more time to implement due to negotiations with Center for Medicare and Medicaid Services (CMS).
- Non-traditional Medicaid expansions include premium assistance, wrap-around services, eligibility and enrollment guidelines, work/volunteer service requirements, surcharges on tobacco users not in cessation treatment, benefits cost restrictions, managed long-term services and supports waivers.
- Behavioral health waivers—SUD treatment, coverage for people in an Institution for Mental Disease (IMD) allows a residential treatment option, expanded continuum of care with more access to outpatient and community-based treatment.
- Eligibility expansion for adults without children, expanded eligibility for pregnant women with SUD to one year postpartum,
- Improved integration of primary care and behavioral health.
- Delivery System Reform and Incentive Payment (DSRIP) Waivers encourage payment for value rather than volume, primary care/behavioral health care integration in managed care.

Medicaid Waivers--continued

Emily Blanford

- Eighteen states have applied for work requirement elements of waivers. Work requirements have been enjoined in Kentucky, Arkansas and New Hampshire. CMS has not approved work requirements in non-expansion states. No state operating programs that withhold coverage if beneficiary fails to meet work requirements. Indiana has a work ‘encouragement’ by providing additional resource to people who meet work/community engagement goals.

Barbara Eyman—Eyman Associates

- Section 1115 of Social Security Act provides:
  - Waiver authority-exempts states from certain Medicaid regulations to allow more flexibility. Texas has used this to phase-in Medicaid managed care.
  - Expenditure authority-provides federal matching funds for state expenditures that are not usually eligible for federal match in demonstration projects likely to promote the objectives of the Medicaid Act.
  - Budget Neutrality—The state must, over the life of the waiver, spend less federal money with the waiver than it would have without the waiver. Texas reinvested its savings of federal dollars into the DSRIP and the uncompensated care (UC) pool.
- Current federal priorities re: Medicaid
  - Flexibility—Range of waiver proposals and extensions have been approved, however, DSRIP projects cannot be open-ended, and must have transition plan for future after expiration
    - Some states with DSRIPs are building value-based programs into managed care.
    - No new UC pools have been approved, existing pools have had stricter limits on spending, but states are not required to phase them out.
    - New waivers include SUD, work requirements, community engagement, personal responsibility, social determinants of health
    - Block grants under consideration
  - Accountability—More rigorous evaluation, monitoring, data, reporting, improvement targets.
  - Program Integrity—More strict enforcement of terms and conditions.

Matthew Selo—Executive Director, National Association of Medicaid Directors

- \$600 Billion spent on Medicaid per year, covers 70 million Americans, about half of U.S. births.
- Important to deliver value for both Medicaid beneficiary and taxpayer.
- Purpose of DSRIP was to move away from a fragmented fee-for-service system to more wholistic, coordinated, better managed system with financial incentives to reward value more than volume, changing business model of health care system.
- Most States have adopted managed care, involving managed care organizations (MCOs) or accountable care organizations (ACOs) through 1115 waivers.
  - Role and capacity of state government changes under Medicaid to insure quality and effectiveness.
  - Build transparency requirements and delivery system changes into contracts.
  - Fiscal accountability important—see new rules.

Sen. Kolkhorst noted:

- Because the Affordable Care Act does not cover non-citizens, even if Texas expanded Medicaid, it would cover only approximately 1 million of the estimated 6 million uninsured individuals in Texas.
- The Legislature approved expansion of Medicaid for the Texas Healthy Women program addressing pregnant and postpartum women with addictions in an effort to address maternal mortality and morbidity, and that we are still waiting for CMS to address the Medicaid waiver that Texas has requested to implement it.

Sen. Perry asked NCSL for information on:

- Comparison of states who have expanded Medicaid.
- Comparison of state Medicaid programs to Medicare.
- Effects of 90:10 split on Medicaid expansion state budgets.
- Effectiveness of residential treatment centers re: recidivism rates, outcomes, etc.
- CMS Section 1332 State Innovation Waivers

CMS Rule 2393P Federal Register:

<https://www.federalregister.gov/documents/2019/11/18/2019-24763/medicaid-program-medicare-fiscal-accountability-regulation>

CMS Fact Sheet:

<https://www.cms.gov/newsroom/fact-sheets/fact-sheet-2019-medicare-fiscal-accountability-regulation-mfar>

Texas DSRIP Transition Plan submitted to CMS October 3, 2019:

<https://hhs.texas.gov/sites/default/files/documents/laws-regulations/policies-rules/1115-waiver/waiver-renewal/draft-dsrrip-transition-plan-cms.pdf>

Medicaid Section 1332 State Innovation Waivers

[https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section\\_1332\\_State\\_Innovation\\_Waivers-](https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_State_Innovation_Waivers-)

### Panel 3—Texas Health and Human Services Commission (HHSC)

Link to HHSC Presentation: <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2019/leg-presentations/senate-health-human-services-dec-3-2019.pdf>

Charles Greenberg, Dir., Hospital Finance and Waiver Programs—(HHSC)

- CMS will ‘re-base’ the budget neutrality baseline amount for what Medicaid expenditures would have been without the waiver beginning in January 2021.
- CMS will limit unused savings rollover to the most recent five-year period. Previously savings were allowed to be carried over waiver to waiver.
- If a state had significant savings under the 1115 Waiver, this re-basing could significantly affect the amount that state will have to spend on future waiver projects.

Andy Vasquez, Deputy Associate Commissioner-Quality and Program Improvement (HHSC)

- DSRIP pool has had approximately \$3.1 Billion per year.
  - Has paid incentives for quality outcomes and performance.
  - Has allowed for non-traditional services and additional populations served.
  - HHSC preparing for the end of current DSRIP pool funding.
- Transition Plan has been submitted with milestones of how decisions will be made.
- Final Transition Plan due to CMS by April 1, 2020. (see Appendix of slide presentation).

Texas Senate Health and Human Services Committee—Interim Hearing—December 3, 2019

Dee Adams Budgewater—Dep. Exec. Commissioner-Health, Developmental and Independence Services.  
Healthy Texas Women 1115 Waiver proposal was submitted in July 2016. Currently funding with Texas General Revenue.

- Offers health and family planning services to Texas women ages 18-44, U.S. citizens or qualified immigrants currently not pregnant, with incomes under 200% Federal poverty level.
- Auto-enrolls women when Medicaid postpartum benefits expire.
- Has experienced 30% growth since 2017, 172,023 served in 2018, over 300,000 served now.
- Goals to increase women's access to health care, preventive care, and early detection, decrease maternal mortality and provide alternatives to abortion, decrease the overall cost of health care.

#### Panel 4—Regional Health Partnerships (RHPs)

Carol Huber—University Health Center—RHP 6

- 300 providers in RHPs statewide, thousands of projects, milestones, metrics and measures.
- Provide for greater local control, have built relationships for future endeavors.

John Hawkins—Texas Hospital Association

- 1115 Waiver important to safety-net services, particularly for those who are not eligible for Medicaid.
- Important to maximize federal funds. Uncompensated Care Pool is increasing, even though Medicaid shortfall, bad debt and uncompensated care will be removed budget neutrality calculations in current waiver. HHSC has negotiated a larger UC Pool amount for hospital providers in Texas.
- In future will have to realign regions with managed care service delivery areas.
- Want to look closely at directed payments through MCOs to providers.
- Effects on rural providers—will be first hit, adversely

Lee Johnson, Deputy Director—Texas Council of Community Centers

- LMHAs/LBHAs are units of local governments in all 254 Texas counties.
  - 60 % of adults served are uninsured.
  - 1115 process initiated in 2011.
  - HHSC directed to pursue Certified Community Behavioral Health Clinic model in 2015.
- Involvement in 1115 waivers (DSRIP)
  - Integration of primary care, mental health and substance use disorder.
  - 40% of funds in system today come through DSRIP.
  - 100,000 existing clients receive enhanced services now through DSRIP.
  - 120,000 new clients served through DSRIP.
    - Some were in Medicaid managed care, but majority were uninsured.
  - DSRIP ends October 2021.
- 3 components of 1115 transition
  - CCBHC Model as a class of providers and creating a Directed Payment strategy through managed care to pay for CCBHC services.

Link to CMS instructions for directed payments under managed care:

<https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/cib11022017.pdf>

- Focus on SMI target population.
  - Design benefit of services to be available.
  - Establish diagnostic criteria.
  - Financial eligibility threshold.
- Integrated Care Capacity Building Initiative.
  - Allow increased access to integrated primary, mental health and substance use services in communities statewide.
- CCBHC meets the parameters of CMS instructions for Directed Payments under managed care. (Please see CMS Rule 2393P Federal Register, above).
- Texas Certified Community Behavioral Health Clinic Initiative promoted by HHSC to transform behavioral health delivery.  
<https://hhs.texas.gov/sites/default/files/documents/about-hhs/budget-planning/hhs-inaugural-business-plan.pdf>
- CCBHCs meet goals of Texas Behavioral Health Strategic Plan.  
<https://hhs.texas.gov/sites/default/files/050216-statewide-behavioral-health-strategic-plan.pdf>
  - Addresses 15 gaps:
    1. Access to appropriate behavioral health services.
    2. Behavioral health needs of public school students.
    3. Coordination across state agencies.
    4. Veteran and military service member supports
    5. Continuity of care for individuals exiting county and local jails.
    6. Access to timely treatment services
    7. Implementation of evidence-based practices
    8. Use of peer services
    9. Behavioral health services for individuals with intellectual disabilities
    10. Consumer transportation and access to treatment
    11. Prevention and early intervention services
    12. Access to housing
    13. Behavioral health workforce shortage.
    14. Services for special populations
    15. Shared and usable data
  - Currently there are ten CCBHCs in Texas.
  - Statewide rollout by August 2021.
- Increasing number of CCBHC sites is in HHSC’s Blueprint for a Healthy Texas—HHS Business Plan.  
<https://hhs.texas.gov/sites/default/files/documents/about-hhs/budget-planning/hhs-inaugural-business-plan.pdf>

Mr. Stephen Williams, Director-Houston Health Department.

- Transition from traditional Medicaid to Medicaid Managed Care has presented barriers to participation by local health departments.
- 5% of DSRIP funds were allocated to public health departments.
- Most are preventive, reduce costs, connect people to services.
- TB, vaccine-preventable diseases, use of emergency services due to untreated dental problems.
- Recommendation: Supports HHSC’s move to include Public Health Departments in Medicaid.

Yen-Chi Le, PhD., Assistant Director, Healthcare Transformation Initiatives—UT Health System

- Testified on UT Health System participation in 1115 projects and outcomes.

Texas Senate Health and Human Services Committee—Interim Hearing—December 3, 2019

Steve Love—Dallas-Fort Worth Hospital Council.

- 200,000 uninsured people in Dallas County alone.
- 40-50% of people served by 1115 projects do not qualify for Medicaid. Mr. Love is concerned that managed care companies decline to cover them.
- Recommended Medicaid expansion.
  - Arizona added an ‘escape hatch’ if federal share dips below the 90:10 ratio.
  - In Indiana, the Hospital Association and Medical Societies agreed to a ‘provider tax’
  - Some states have sliding scale deductibles and co-insurance.
  - Undocumented immigrants are not eligible for Medicaid expansion.

Adrienne Trigg—Protect Texas Fragile Kids.

- ACE Kids Act—Addresses needs of medically complex children.
  - 6% of kids on Medicaid have medically complex conditions and account for 40% of Medicaid expenditures.

Lindsay Lanagan—Legacy Community Health Federally Qualified Health Center (FQHC).

- Discussed her FQHC’s participation in 1115 projects.





86<sup>th</sup> Texas Legislature—Interim Hearing Summary  
Senate Finance Committee  
December 3, 2019

**Committee Members** Chair: Senator Jane Nelson. Vice Chair: Senator Juan ‘Chuy’ Hinojosa. Members: Senators Paul Bettencourt, Brian Birdwell, Donna Campbell, M.D., Peter Flores, Kelly Hancock, Joan Huffman, Lois Kolkhorst, Robert Nichols, Charles Perry, Larry Taylor, Kirk Watson, Royce West, John Whitmire.

**Links to Hearing Video** (2 hours, 17 minutes): [https://tlcsenate.granicus.com/MediaPlayer.php?view\\_id=45&clip\\_id=14965](https://tlcsenate.granicus.com/MediaPlayer.php?view_id=45&clip_id=14965)

**Purpose of Hearing**

**Spending Limits:** Examine options and make recommendations for strengthening restrictions on appropriations established in Article VIII, Section 22, of the Texas Constitution, including related procedures defined in statute. Consider options for ensuring available revenues above spending limit are reserved for tax relief.

**Business Personal Property Tax:** Study the economic dynamics of the current business personal property tax. Consider the economic and fiscal effects of increased exemptions to the business personal property tax, versus its elimination. Following such study, make recommended changes to law.

**Monitoring:** Monitor the implementation of legislation addressed by the Senate Committee on Finance passed by the 86th Legislature, as well as relevant agencies and programs under the committee's jurisdiction. Specifically, make recommendations for any legislation needed to improve, enhance, or complete implementation of House Bill 1525, relating to the administration and collection of sales and use taxes applicable to sales involving marketplace providers (*Wayfair* Decision).

**Invited Testimony**

**Re: Constitutional Limits to State Spending:** Stewart Shallow, Analyst, Texas Legislative Budget Board. Presentation by Texas Legislative Budget Board:

[http://www.lbb.state.tx.us/Documents/Publications/Presentation/SFC\\_Presentation\\_Spending\\_Limit\\_12-03-2019.pdf](http://www.lbb.state.tx.us/Documents/Publications/Presentation/SFC_Presentation_Spending_Limit_12-03-2019.pdf)

Four limitations on state spending in the Texas Constitution-Article VIII, Section 22:

- Debt Limit-restricts new debt from general revenue (GR).
- Welfare Spending Limit-to spending for assistance grants to needy children and their caretakers.
- Pay-As-You-Go Limit-prohibits spending from exceeding available revenues.
- Spending Limit-Restricts rate of growth of appropriations from state tax revenues not dedicated by the Texas Constitution may not exceed the estimated growth of the state’s economy.
  - Restricted: Sales taxes (GR portion), motor vehicle taxes (GR portion), franchise tax, cigarette and tobacco taxes.
  - Not restricted: Motor fuels taxes (dedicated to transportation and education), oil and natural gas production taxes (25% dedicated to education), sales and motor vehicle taxes (dedicated to transportation-State Highway fund).
  - Not restricted: Appropriations funded with non-tax revenues: fees, fines, penalties, interest and investment income, lottery proceeds, federal revenue.

*This document is intended for informational purposes only and is not intended to indicate a position for or against any legislation.*

*If you have questions regarding this summary, please contact*

*Sabrina Conner at [sconner@ntbha.org](mailto:sconner@ntbha.org) or Janie Metzinger at [jmetzinger@ntbha.org](mailto:jmetzinger@ntbha.org)*

General Revenue:

Description	Amount	Percentage of Total General Revenue
Total Estimated General Revenue	\$123.1 Billion	100%
GR-Constitutionally restricted by spending limits	\$101.8 Billion	82.7%
GR-Constitutionally dedicated tax revenue	\$ 6.4 Billion	5.1%
GR-Non-tax revenue (fees, fines, penalties, interest/investment income, lottery proceeds)	\$ 14.9 Billion	12.2%

- Texas personal income growth is used to measure the growth of the Texas economy.
- State budget is required to be controlled by either the Spending Limit or the Pay-As-You-Go Limit, whichever is most restrictive.
- The budget passed by the 86<sup>th</sup> Legislature passes all constitutional requirements and is controlled by the Pay-As-You-Go Limit.
- Changes to the above limits would require constitutional and/or statutory amendments.

Tom Currah, Chief Revenue Estimator, Texas Comptroller of Public Accounts:

- Comptroller provides LBB with projections from one biennium to the next on Texas' personal income growth, population and inflation.

Re: Business Personal Property Tax

Dale Craymer, President, Texas Taxpayers and Research Association

Link to article on Mr. Craymer's testimony:

<https://thetexan.news/business-personal-property-tax-reform-considered-by-senate-finance-committee/>

Annie Spilman, State Director, National Federation of Independent Businesses

Re: HB 1525 (Wayfair Decision)

Karey W. Barton, Associate Deputy Comptroller, Texas Comptroller of Public Accounts

Link to article summarizing Mr. Barton's testimony:

<https://comptroller.texas.gov/economy/fiscal-notes/2019/sep/taxlaws.php>

For more information on Texas Budget Process:

Budget 101-A guide to the Budget Process in Texas—Senate Research Center

[https://senate.texas.gov/assets/srcpub/86th\\_Budget\\_101.pdf](https://senate.texas.gov/assets/srcpub/86th_Budget_101.pdf)

Texas Comptroller Budget Primer-1-page

<https://comptroller.texas.gov/transparency/budget/primer.php>





**Texas Legislature—86<sup>th</sup> Interim**  
**House Select Committee on**  
**Mass Violence Prevention and Community Safety**  
January 9, 2020—El Paso, Texas

**Summary of Hearing**

**Committee:** Representative Drew Darby-Chair, Representative Poncho Nevarez, Vice-Chair, Members: Representatives César Blanco, Giovanni Caprigione, Charlie Geren, Barbara Gervin-Hawkins, Julie Johnson, Brooks Langraf, Mike Lang, Joe Moody, Geanie W. Morrison, Four Price, Armando Walle José Also attending: Representatives Art Fiero, Lina Ortega, Mary Gonzalez, Senator José Rodriguez

**Link to Hearing:** [https://tlchouse.granicus.com/MediaPlayer.php?view\\_id=44&clip\\_id=18350](https://tlchouse.granicus.com/MediaPlayer.php?view_id=44&clip_id=18350)

**Invited Testimony**

**Panel 1:** Pastor Michael Grady, Senior Pastor, Prince of Peace Christian Fellowship—father of Michelle Grady, shooting survivor.

Mr. Jean Burguete—Survived shooting with his mother, who was shot in the leg.

Each described their experiences on August 3, and the experience of their loved ones.

**Panel 2:** David Chayer, Director, Center Against Sexual and Family Violence in El Paso, Jennifer Eno Loudon, PhD—UTEP, Joseph Penn, MD, University of Texas Medical Branch (UTMB), and Texas Society of Psychiatric Physicians (TSPP), Alan Tyroch, MD—Texas Tech University Medical Center, Vice Chair-Emergency Medical Services Trauma Council, Texas Medical Association.

David Chayer:

- In 2018, there were 31,000 domestic violence or sexual assault calls to 911 in El Paso County. Of the 174 domestic violence murders, 103 were with a firearm.
- More than half of mass shooters have a history of domestic violence or stalking. Half also displayed warning signs.
- Recommendations: HB 3191-Moody, close the ‘boyfriend loophole’, require firearms dealers to report to law enforcement when a person under a domestic violence court order attempts to buy a firearm.

Jennifer Eno Loudon, PhD:

- 90% of violence is committed by persons without mental illness.
- 20% of perpetrators of mass violence have a diagnosed mental illness.
- Mass violence perpetrators tend to have anti-social personality traits, anger, hatred.
- Recommendations:
  - Better threat assessment protocols and procedures,
  - Public education on early warning signs (e.g. “Friends don’t let friends drive drunk”),
  - Crisis services for mental distress that is unrelated to mental illness.

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Panel 2—continued

Joseph Penn, MD:

- Mental illness is not a predictor of mass violence.
  - Perpetrators exhibit mental distress, not mental illness. According to National Institute of Mental Health research shows that 4% of violence in US is by people with mental illness.
- Past violence is a predictor of future violence.
  - Higher correlation is with being young, male, experienced poverty, cognitive disabilities, childhood abuse, anti-social behavior, juvenile incarceration, fire setting, bullying, domestic violence, fighting.
  - Substance use disorder accounts for a 34% risk of violence toward others possibly due to violence, crime required to support drug habit.
- Recent studies of mass shooters:
  - FBI study of pre-attack behaviors of 63 mass shooters showed that 25% had a diagnosed mental illness, 37% had no psychiatric history, 60% had unspecified psychological distress. Lone actors had highest incidence of mental disorders.
  - Violence Project links childhood trauma, crisis point leading to anger, despondency, suicidality, study other mass shooters to validate their motivation and methods, then gain access to people, places, firearms.
  - There is not a specific profile to predict who actually becomes a school shooter, therefore all threats should be acted upon.
  - FBI study of 160 mass shooters showed importance of noting changes in behavior –conversations with family, friends, social media etc.
- Link to FBI studies:
  - List of Active Shooter Incidents in the United States 2000-2018  
<https://www.fbi.gov/file-repository/active-shooter-incidents-2000-2018.pdf/view>
  - Active Shooter Incidents in the United States in 2018  
<https://www.fbi.gov/file-repository/active-shooter-incidents-in-the-us-2018-041019.pdf>
  - A Study of Pre-Attack Behaviors of Active Shooters:  
<https://www.fbi.gov/file-repository/pre-attack-behaviors-of-active-shooters-in-us-2000-2013.pdf>
- No evidence to show that psychiatric medications cause mass violence
  - 87% of shooters were not on medications.
- Important to address secondary trauma on first responders.
- Recommendations:
  - Temporarily restrict purchase or possession of firearms after involuntary psychiatric hospitalization, with clinical evaluation that person is “unlikely to relapse” to authorize removal of restriction.
  - Restrictions of purchase or possession of firearms based on violent misdemeanors, two or more driving while intoxicated convictions in the last five years or two or more convictions of crimes involving a controlled substance in the last five years.
  - Require law enforcement to remove firearms when threat is credible though not imminent
  - Have a way for mental health professionals to disclose information to medical professionals or law enforcement.
  - Address mental health professionals, forensic psychiatry shortages by more funding for residencies.
  - Improve education of mental health professionals, emergency physicians regarding HIPAA.
  - Address secondary trauma for first responders, community.
  - Local emergency rooms see a large number of people in psychiatric emergencies. We need alternatives to state hospitals.

Panel 2—continued

Alan Tyroch, MD:

- Shooting left 22 people dead, 25 injured, and many more traumatized. Estimates are that approximately 30% of residents have experienced some post-traumatic stress.
- August 3 Response:
  - Immediate Responders (civilians on the scene) saved lives.
  - TT UMC El Paso admitted 13 victims in 34 minutes, 11 patients to nearby hospital.
  - Emergency surgeries were all completed by Saturday afternoon.
- 40,000 Americans died of gunshot wounds, 70,000 of opioid overdose, 33,000 in car accidents.
- Less than 1% of gunshot deaths are in mass shootings.
- 30% of Americans own guns, another 11% live with someone who owns one. 48% grew up in a household with guns. 55% know someone close to them who owns a gun. 72% have fired a gun. 66% of people who own a gun have more than one. 29% of gun owners have five or more.
- Texas Medical Association recommends a public health approach to gun safety:
  - Educate on firearm safety and potential hazards of gun ownership.
  - Promote the Texas Hunter Education and Certification Program of Texas Parks and Wildlife.
  - Protect doctor-patient communication regarding firearm safety information.
  - Strictly enforce current laws.
  - Promote firearm security through trigger locks, locked gun cabinets, etc.
  - Allow Texas Department of State Health Services to study, in an unfettered manner, the issues of firearms and public safety, injury prevention initiatives, influence of video games, etc., cited the lack of data on these subjects.
  - Develop an effective process for implementing protective orders.
  - Align state law with HIPAA regarding disclosure of patient mental health information to law enforcement or medical professionals related to safety of the patient or others.
- Dr. Tyroch complimented legislators for their investment in the Texas Trauma System, which is a national model, and worked well on August 3, 2019.

Panel 3: Dee Margo—Mayor of El Paso, Jaime Esparza—El Paso District Attorney, Selina Saenz--  
Mayor Dee Margo:

- Timeline: 911 call placed at 10:39, police on site at 10:45, suspect apprehended at 11:06.
- Casualties: 22 people killed, 25 injured.
- El Paso has 14 CIT officers for responding to calls involving a person with mental illness.
- Generally, more psychiatric hospital beds are needed.

Jaime Esparza

- Noted the importance of addressing secondary trauma in the community.
- State funds received to cover overtime for officers and prosecutors in shooting case.
- Family Reunification Center identified all victims by Monday afternoon.
- Texas Crime Victims Compensation Fund is applicable only to Texas residents, not victims from Mexico. However, local businesses and agencies met many needs. (Funerals were free to all families. United Airlines provided free transportation for all family members wishing to attend funerals. Local companies provided vehicles for people whose bullet-damaged cars were impounded as evidence.

Panel 3—continued

Mayor Margo—continued

- He suggested that the next Legislature should encourage development of protocols for firearm surrender in cases of domestic violence or other emergency orders or conditions of bond in every county so that current laws can be enforced.—recommended language of HB 3191 by Moody to direct all counties to have weapons retrieval protocol in domestic violence cases.

Selina Saenz:

- Noted correlation between domestic violence and murder using firearms.

Panel 4: David Burton, Chief of Police—City of Socorro, Texas, Commander Roberto Flores—El Paso County Sheriff's Office, Jeoff Williams, North Texas Regional Director—Texas Department of Public Safety, Colonel Steve McCraw—Texas Department of Public Safety, Skylor Hearn, Deputy Director—Texas Department of Public Safety.

Chief David Burton:

- Lead active shooter response instructor for the State of Connecticut for 17 years. Works closely with El Paso Fusion Center.
- Post-incident investigations often show that police departments are often the last to know information that could have prevented tragedies. Family members, gun store owners, delivery drivers, social media companies etc. often have crucial information.
- Recommends public service announcements, public information campaigns, improved standard operating procedures by police departments in response to suspicious activity reports, including home visits.

Commander Roberto Flores:

- Recommends requirement that gun sellers must report to law enforcement when a restricted person has attempted to purchase a firearm.

DPS Regional Director Jeoff Williams:

- Emphasized the role of the civilian immediate responders and recommended:
  - ALERT Program from Texas State, which is a national model and
  - Civilian Response to Active Shooter Events (CRASE) Training, which is offered free.
- Average active shooter event is 7 minutes. White Settlement church incident lasted 6 seconds due to well-trained civilians. When civilian immediate responders act, shooting event is shorter and casualty count is lower.
- Shared an incident in an East Texas school in which a student who threatened peers was merely suspended and sent home. School did not report threats to law enforcement. Parent who checked their child's social media reported to a friend who was also a deputy. Determined that the suspended student and a friend had a plan, had worked on logistics and intended to carry out attack on school.

Panel 5: Amy Swearer, Senior Legal Policy Analyst—Heritage Foundation. Scott Calderwood, Director—El Paso County 911 District, Lee Spiller, Executive Director—Citizen's Commission on Human Rights (Scientologists), Richard Hayes, Attorney.

Amy Swearer:

- Will never be able to predict or prevent violence, particularly not rare events like mass violence.
- Approximately half of mass shooters tell someone (family, friends, etc.) about plans, giving an opportunity for intervention according to The Violence Project <https://www.theviolenceproject.org/>
- About two-thirds of mass shooters exhibit evidence of serious mental instability in the days, weeks and months before attacks. Almost none were receiving treatment.
- Very few mass shooters have criminal or mental health histories that would disqualify them from possessing or purchasing firearms.
- Extreme Risk Protective Orders or 'Red Flag Laws' are often poorly designed or implemented.
  - Definition of dangerousness should be narrowly drawn with the highest levels of due process.
  - Should not allow should loss of civil rights due to disfavored, vulgar or politically incorrect speech.
  - *Ex parte* orders should be limited to very extraordinary circumstances.
  - Should be integrated with existing mental health services.
  - Should include an avenue for restoration upon the expiration of the court order.
  - Solutions do not have to be a 'false choice' between protecting lives vs. constitutional rights.

Scott Calderwood:

- August 3 response was chaotic, but system didn't fail.
  - Experienced three times the normal call volume for about 3 hours, quickly doubled number of call-takers to respond.
  - System interoperability, 38 entities all using same computer-aided dispatch system provided efficiency.
  - Emergency Operations Center and Fusion Center are co-located.
  - Response was taxed because too many people didn't know where they were, so reported wrong location. At one point, first responders were dispatched to three different locations, which delayed appropriate response to the Walmart. Next Generation 911 uses heat maps showing where calls originate.

Lee Spiller:

- Existing dangerousness protocols work well when vigilant people speak up.
- Lack of speedy due process (two to five days).
- White Settlement and Southerland Springs shooters had histories that should have prevented firearm possession.
- Police officers not required to read Miranda Rights to people detained for mental health reasons.
- Recommended a Task Force to address these issues. Noted other current legislative task forces

Richard Hayes:

- Concealed Carry Handgun License holders have criminal histories at one-fifth the rate of law enforcement officers.
- Existing law in Texas Code of Criminal Procedure, Texas Family Code, Texas Health and Safety Code and the Texas Penal Code have sufficient means to remove firearms from dangerous people.
- The standard of Probable Cause should be used.
- Texas Health and Safety Code 573 should be maintained, taught to police officers and prosecutors.

El Paso Commissioner David Stout:

El Paso County will have to pay for shooter's incarceration, prosecution, defense, change of venue costs, victims assistance and services to first responders. Costs will probably exceed \$6 million. County is tax-base poor. Average home value is \$135,000.

The Cottages: Monthly Metrics Summary

Metric Criteria	2017												2018												2019												2020		Notes
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb							
<b>Management</b>																																							
Beginning Census	45	44	40	44	45	46	44	44	42	43	40	41	44	47	46	45	38	38	40	39	39	36	37	40	42	43	41	42	43	44	42								
Evictions	3	2	0	0	1	1	1	0	1	0	0	0	2	3	5	1	3	1	0	4	1	0	0	1	1	1	1	0	0	2	1								
Terminations	0	2	0	0	2	1	2	3	2	2	0	0	0	0	0	2	0	0	0	0	0	0	1	2	2	2	0	0	0	1	0								
Exit to Permanency									0	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	2	0	0	0	0	0	0								
Move-ins	2	0	4	1	3	0	3	1	5	0	2	3	3	1	2	0	1	5	0	0	1	3	4	2	4	1	2	1	1	1	0								
Ending Census	44	40	44	45	46	44	44	42	43	40	41	44	47	46	45	38	38	40	39	39	36	37	40	42	43	41	42	43	44	42	41								
New screenings for waitlist	4	16	11	13	11	5	6	9	11	9	5	5	5	24	37	25	3	0	0	24	43	41	0	5	2	4	5	3	2	3	4								
DHA Inspections	2	0	9	1	0	1	0	4	9	0	3	3	1	2	1	0	5	0	0	1	3	3	4	2	1	2	3	1	1	2									
Total residents housed since opening	52	52	56	57	60	60	63	64	69	69	71	74	77	78	80	80	81	86	86	86	87	90	93	99	100	101	103	104	105	106	106								
Residents in Cottages for less than 90 days	2	2	7	6	7	4	6	3	9	6	5	5	8	8	6	3	3	6	6	6	1	4	8	9	16	16	7	4	5	4	3								
Residents in Cottages 91-180 days	14	8	5	7	8	10	12	15	12	14	14	16	15	14	14	19	16	16	16	16	16	16	12	12	10	7	21	22	18	17	13								
Residents in Cottages 181 days or more	36	42	44	44	45	43	42	45	47	29	52	53	54	57	60	60	63	64	64	70	70	84	79	74	74	75	78	82	85	90									
<b>CitySquare/Case</b>																																							
Residents receiving case management service	33	38	43	42	37	39	40	38	37	32	34	27	33	38	35	38	37	37	37	39	35	34	39	39	43	43	42	41	-	-	-								
Residents served by Community Nurse	11	11	6	8	4	9	9	10	9	9	13	7	7	3	4	7	8	7	5	5	0	0	4	4	2	3	4	12	-	-	-								
Residents served by CitySquare Clinic	5	6	7	6	6	6	8	8	7	6	8	7	0	5	3	3	2	4	4	3	5	4	4	2	5	8	0	-	-	-									
Residents attending LifeSkills Groups	10	5	4	16	0	0	0	21	5	9	0	18	12	7	13	21	0	0	0	5	14	2	0	7	11	0	0	-	-	-									
Residents attending Community Groups	27	29	36	25	28	27	21	24	37	33	24	30	35	33	26	28	27	17	0	29	21	24	12	4	29	33	31	22	-	-	-								
<b>Metrocare Services</b>																																							
<b>Encounter Breakdown</b>																																							
Psychosocial Rehab Individual Sessions	74	138	148	208	183	177	179	130	165	219	132	158	151	127	120	152	116	118	147	141	141	123	135	120	139	136	125	137	-	-	-								
CBT sessions	0	18	16	7	27	40	44	19	8	11	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Psychosocial Group Sessions (clinical groups only)	25	6	15	9	26	16	24	25	20	46	33	32	23	15	13	17	10	6	9	5	4	0	0	0	0	0	0	0	0	0									
Appointments made with prescriber	39	41	37	44	21	34	40	40	27	72	80	93	82	81	92	58	95	25	64	61	43	15	19	31	36	30	19	31	-	-	-								
Appointments attended	21	27	27	29	16	23	30	29	20	61	74	76	69	64	79	44	82	21	58	57	33	11	19	20	24	21	13	23	-	-	-								
Residents that were prescribed medication	19	23	19	26	17	18	27	19	21	24	25	30	28	29	26	21	23	20	23	25	18	11	18	17	19	19	13	23	-	-	-								
<b>Incident Reports by</b>																																							
Medical	2	3	4	2	5	4	2	1	6	1	3	2	4	2	6	0	1	0	3	4	3	2	0	1	1	0	0	0	-	-	-								
Psychiatric	1	0	1	0	1	3	1	1	9	0	0	0	3	4	1	0	0	0	2	2	2	1	3	1	2	0	0	0	-	-	-								
<b>Residents Accessing Higher</b>																																							
Number of residents involved in EMS transports	-	-	-	-	-	-	-	0	6	1	1	0	3	2	3	0	0	0	2	1	1	0	2	3	1	0	0	0	-	-	-								
Emergency Room visits (Baylor and Parkland)/Does not include ER admit's	38	43	20	30	15	29	7	6	12	5	7	5	14	11	13	3	5	3	8	6	5	9	3	9	5	7	9	1	-	-	-								
Psychiatric (inpatient and 23 hour obs)	5	2	1	3	3	11	3	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	3	0	0	0	0	0	-	-	-								
Jail Book-In (number of Cottage residents arrested and stayed in jail during the month)	6	5	5	4	4	2	0	2	3	2	1	4	3	3	5	4	1	0	0	0	1	2	3	0	0	1	1	0	0	0	0								
SUD Treatment Centers	2	1	4	1	1	1	0	0	1	2	0	0	0	0	0	0	1	1	0	0	0	2	0	0	0	0	0	0	-	-	-								



Metrocare Services at the Cottages Metrics										
Metrocare Services at the Cottages Metric Criteria	April	May	June	July	August	Sept	October	Nov	Dec	Notes
<b>Beginning Cottages Census</b>	36	37	40	42	43	41	42	43	44	
<b>Ending Cottages Census</b>	37	40	42	43	41	42	43	44	45	
<b>Treatment Compliance</b>										
Metrocare Assigned Individuals	29	29	31	33	35	34	34	34	34	Total number of Individuals who are assigned to services through Metrocare.
Metrocare Engaged Individuals	18	16	17	16	15	15	14	12	11	Total number of Individuals who agreed to 6 hours of services per month and have signed contracts.
Non-Engaged Metrocare Individuals	13	13	14	17	20	19	20	22	23	Total number of Individuals who have not agreed to the engagement contract.
Percentage of Metrocare assigned individuals who met Engagement Agreement	50%	88%	82%	88%	93%	80%	86%	8%	90%	10 of the 11 individuals received an average of 6 hours of service for the month of December.
Percentage of Non-Engaged Metrocare Assigned Individuals with weekly outreach: Applicable for Metrocare clients who have been residing at the Cottages for 1-59 days	100%	50%	50%	100%	66%	100%	67%	100%	100%	There are 3 individuals who fit these parameters and recieved weekly outreach.
Percentage of Non- Engaged Metrocare Assigned Individuals with bi-weekly outreach: Applicable for Metrocare clients who have been residing at the Cottages for 60 plus days.	70%	81%	66%	79%	94%	93%	100%	79%	100%	There are 20 individuals who fit these parameters, all received bi-weekly outreach.
<b>Psychiatric Crisis Services</b>										
Psychiatric Crisis Services for actively engaged Metrocare Individuals for the month.	1	2	0	0	0	0	0	0	0	There were no Psychiatric Crisis Services in the month of December.
Percentage of engaged Individuals who did not obtain Crisis Services for the month.	95%	88%	100%	100%	100%	100%	100%	100%	100%	There were no Psychiatric Crisis Services in the month of December for the 11 engaged individuals.

**Department of Criminal Justice  
FY2020 SAMHSA Grant Project**

	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	FY2020 Total	FY2019T otal
<b>Nexus</b> New Admissions	4	4	4	4									16	25
<b>Nexus</b> Average Days in Jail from Referral to Admission	14	8	8	4									8.5	8
<b>Homeward Bound</b> New Admissions	5	4	2	3									14	11
<b>Homeward Bound</b> Average Days in Jail from Referral to Admission	13	38	52	68									34	7

**RESIDENTIAL TREATMENT DISCHARGES**

<b>Successful Completions</b>	6	5	5	5									21	27
<b>Unsuccessful Completions</b>	2	0	1	0									3	3

**REFERRING SPECIALTY COURTS FY2020**

<b>Number of Referrals by Specialty Courts</b>	AIM	6	DWI Misd/Felony	0	STAR	2
	ATLAS	1	IIP	0	Veterans	0
	Competency	3	Legacy Family	2	4-C	12
	DDC	0	MHJD/SET	1		
	DIVERT	2	STAC	8		