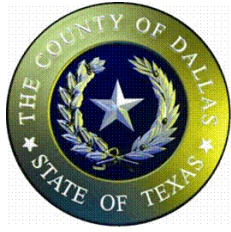


Dallas County Behavioral Health Leadership Team
Thursday, April 9, 2020
9:30am -11:00am

- I. Welcome and Call to Order
 - Review/ Approval of Minutes *March 12, 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
 - Resolution- 01-2020- DY9 CPS Metric Submission Report*
- VII. Legislative Update
- VIII. Funding Opportunities
 - Cottages Update
 - SAMHSA Residential Treatment Grant Update
 - Community Courts Grant Update-Public Defender's Office
 - The Restorative Justice Division-District Attorney's Office (RJD)
- 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, North Texas Behavioral Health Authority, and RJD Stats*. 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, March 12, 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 9:30 AM.

Review/Approval of Minutes

The minutes of the Behavioral Health Leadership Team (BHLT) meeting held on Thursday, February 13, 2020 were included in the meeting packet.

Commissioner John Wiley Price requested a motion regarding acceptance of the minutes. A motion was made by Ken Medlock to accept the minutes and was then seconded by Commissioner Dr. Theresa Daniel. Commissioner John Wiley Price asked if there was any unreadiness. There was no unreadiness made to the motion. The motion was unanimously passed by the committee members accepting the minutes as read without objection or modifications.

Introductions

Commissioner John Wiley Price asked first-time attendees to stand and introduce themselves. The following individuals identified themselves as first-time attendees to the BHLT: Hilary Miller, District Attorney's Office Civil Division; JoDee Neil, Simon Greenstone Panatier, P.C.; Meaghan Reed, Mental Health America of Greater Dallas; Deborah Hill, Criminal Justice Department; Becky Tinney, Recovery Resource Council. Commissioner John Wiley Price welcomed the attendees. He also thanked the committee members for managing the challenges within the population they serve.

Commissioner John Wiley Price reported the absence of Commissioner J.J. Koch due to the school his children attend being closed.

NTBHA Update

Carol Lucky, CEO of North Texas Behavioral Health Authority (NTBHA), provided the update. She began by introducing Dr. Celeste Johnson, NTBHA consultant. Ms. Lucky stated that Dr. Johnson has provided leadership regarding the Coronavirus. Commissioner John Wiley Price acknowledged Dr. Johnson as a prior member of the BHLT committee and her involvement in the expansion of mental health services provided by Parkland Hospital.

NTBHA is assisting attorney JoDee Neil in collecting data for the opioid lawsuit filed by the county. Carol Lucky asked Ms. Neil, who is representing the county in the lawsuit, to provide an update. Ms. Neil stated the county filed a lawsuit in the opioid litigation in January of 2018 and a trial date has been set for January of 2021. She stated that experts are being used to determine what services the county can offer and how the money will be used if a settlement or verdict is reached. Ms. Neil thanked Carol

Lucky, Doug Denton, Judge John Creuzot, and Charlene Randolph for their time and resources. She acknowledged the county's efforts in addressing drug problems, while stating that more data is needed to determine opioid related issues. Last, she mentioned preparing witnesses for depositions and expressed her gratitude for the opportunity to represent Dallas County. Commissioner John Wiley Price thanked Ms. Neil and her team for their service.

Carol Lucky expressed recent difficulties while applying for the substance use contract. A Request for Proposal (RFP) was issued to the state that did not allow NTBHA to apply for the contract. They will receive level funding through next year, but the full funding is uncertain until the RFP is awarded. Ms. Lucky thanked Collin County LifePath Systems for partnering with NBTHA in correcting this issue. Additional RFP's were received making changes to how mental health services are reported. The Office Based Treatment Opioid Contact (OBOT) now groups the funding for females and males into one fund. The contract to increase funding at the beginning of the year has been received, and Ms. Lucky reported that five additional psychiatric beds have been received. Dr. Johnson will review their process to determine if the additional beds will be needed during the surge of the Coronavirus. Funding for a staff position as a coordinator with the educational system was received, along with an additional \$55,000 a year in funding for medication discharge for individuals who have been court committed. This funding will provide a 7-day supply of medication. Emergency Detention and Order of Protective Custody (OPC) are not covered under this funding.

Commissioner John Wiley Price asked for an update on the Dr. Lewis E. Deere Behavioral Health Complex. Walter Taylor, NBHTA Chief Strategy Officer (CSO), answered that they are anticipating April to mid-April for the contract to be finished. Commissioner John Wiley Price asked for an update on Southern Area Behavioral Healthcare as a vendor at the location. Mr. Walter stated they have hired staff and are ready to begin once the building is finished. Ms. Lucky reiterated that the clinic is not a part of the Living Room but will provide services people at the Living Room and within the community including telemedicine.

Commissioner John Wiley Price asked for an overview of the Living Room and the Dr. Lewis E. Deere Sr. Behavioral Health Complex. Carol responded that the Living Room provides post crisis services for citizens once released from jail. Particularly, connections to outpatient and housing services, addressing psychosocial needs, and providing peer coordinators to help them safely adjust in the community and with their families. Carol Lucky provided clarification to Michaela Himes, PD Office, that the services provided at the Dr. Lewis E. Deere Sr. Complex can be accessed by walk-ins or through appointments

Walter Taylor provided the tenant based rental assistance update. He stated of the \$4.1 million available statewide, \$1.4 million has been secured. 37 people have been housed and five are looking for housing which will bring the total to 42 people housed. There are 146 people on the waiting list and the state is insisting that the waiting list remain closed until that number has been reduced.

Meadows Mental Health Policy Institution (MMHPI)

Commissioner John Wiley Price acknowledge Ron Stretchers absence. Julie Turnbull, DA Office, asked to provide the update on Dallas Deflects. She stated the Dallas Deflects Organizing Committee meets every other Monday. Two architectural designs were presented to the group and redesigned to accommodate the additional space needed by Parkland. An executive committee will be established to oversee the group, as well as a DPD procedure and training committee, and a financial planning committee. Ms. Turnbull stated that the Dallas Deflects minutes and budget needs are included in the supplemental packet. She mentioned uncertainty regarding funds being matched. Discussion ensued on funding opportunities and the organizations that will be matching funds. DA Judge Creuzot expressed the importance of the Deflection Center to his office and the community. Ms. Turnbull

referenced the antidotal story provided in the supplement packet as an example of the costed saved by use of the center. Commissioner Dr. Theresa Daniel suggested the discussion on collecting additional information be continued after the meeting. Commissioner John Wiley Price stated he would follow up on funding commitments from the city council. Commissioner Dr. Theresa Daniel stated she would follow up on the city council meeting minutes.

Doug Denton, Homeward Bound Director, acknowledged the loss of peer coach Dr. John Rosebud and praised his work in the recovery community. Commissioner John Wiley Price also mentioned Dr. Rosebud's resourcefulness and influence.

Julie Turnbull announced a presentation on the Dallas Deflection Center scheduled for April 23, 2020 at 2:30 p.m. at Downtown Dallas Inc. 901 N. Main, Suite 4200.

Dallas County Behavioral Health Housing Workgroup (BHHWG) update

Commissioner Dr. Theresa Daniel reported that the Texas Health Resources Medical Respite Pilot Program will be providing 10 beds for the individuals we serve in hospital settings, additionally 20 beds are being provided by City Square. She mentioned the BHHWG's focus on how to build a strong foundation and the time spent collecting data to determine what services packages are need. The housing navigators will begin April 1st. They will link individuals with services between the jail, Parkland shelters, and the community to ensure they have sustainable living situations. She stated that the Fuse Grant is collecting data along with Ellen Magnis of Family Gateway to coordinate a data access point for the providers and consumers of services.

1115 Waiver Crisis Services Project Update

Kimberly Rawls, Mental Health Jail Diversion Program Coordinator Dallas County Criminal Justice Department, reported that for April reporting staff is preparing for preliminary reports. She stated that the CSP Governance Committee is working on service cost estimates and CSP will make recommendations for Dallas County to fund some of those service. The committee plans to complete the cost estimates by April and have the transitional plan completed by May. An internal review of the plan will be conducted prior to presenting it to BHLT in June.

Legislative Update

Janie Metzinger, NTBHA Legislative Coordinator, stated there has been a reduction in legislative hearings due to the primaries, but the hearings will resume at the end of March. She stated that the primary runoffs occur on May 26th, 2020. Last, she stated that the Legislative Appropriations Request (LAR) for Human Health and Services (HHS) has not been come out yet.

Funding Opportunities

• Cottages Update

Charlene Randolph, Director Dallas County Criminal Justice Department, provided the update. She stated their census for the beginning of February 2020 was 41 and they ended the month at 43.

• SAMHSA Residential Treatment Grant Update

Shenna Oriabure, Specialty Court/Special Populations Coordinator Dallas County Criminal Justice Department, reported that the metrics and numbers for the year will be met.

• Community Courts Grant Update Public Defender's Office (PD)

Commissioner John Wiley Price reported that he was contacted by Lynn Richardson, Chief Dallas County PD, regarding their absence. They are attending the mandatory "Indigent Defense Seminar"

Commissioner John Wiley Price asked Michaela Himes if she would be giving the update, stating the data reports were included in the packet. She answered that she did not have anything additional to add but would like to mention a recent visit to Parkland hospital.

Michaela Himes stated the she and Vickie Rice recently visited Parkland Hospital for a civil commitment trial. She acknowledged two staff members at Parkland, Delilah Cook and Nathan Meyer, for their helpfulness and assistance in navigating the hospitals new processes.

• **Dallas County District Attorney’s Office Mental Health Division**

Julie Turnbull, Assistant DA (ADA), provided the update. Commissioner John Wiley Price for an overview of the job descriptions within the division. Ms. Turnbull stated the chief ADA handles the mental health referrals and insanity cases. The deputy chief ADA handles the competency cases. There are 3 felony ADA’s who handle the pre-trial intervention agreements, and a misdemeanor ADA who handles misdemeanor competency case and pre-trial agreement. She also mentioned that Hector Faulk, Dallas County Office of Budget and Evaluation, shadowed the division. DA John Creuzot asked to add to the discussion from an administrative standpoint. He stated that during the budget process he asked for 2 case managers to assist with the work of this division. Conversation ensued between DA John Creuzot and the committee members regarding staffing, budgets, and funding.

Commissioner Dr. Theresa Daniel asked about the precautionary measures being taken by organizations to address the coronavirus. Kurtis Young, Parkland, answered stating they are screening individuals at all entry point, Additionally, they conduct infection prevention and secondary screenings for individuals traveling. Doug Denton, Homeward Bound, stated that screening is conducted on everyone coming in. Commissioner John Wiley Price stated he has a conference call scheduled tomorrow, Thursday, March 13th, to discuss the coronavirus. Commissioner Dr. Theresa mentioned the segments of population who do not have preventative protocols and her responsibility to ensure that the public is safe. Commissioner John Wiley Price acknowledged the challenges that will be experienced during this time by the citizens who do not have access to the internet.

Dr. Kenneth Rogers, UT Southwestern, announced that this is his last BHLT meeting. Commissioner Dr. Theresa Daniel and Commissioner John Wiley Price wished him safe travels and thanked him for his work in the community.

Commissioner John Wiley Price mentioned the Community Health Needs Assessment (CHNA) and Parkland’s plan on how to address the issues within the community. Conversation ensued regarding areas without internet access.

Public Comments

➤ Sherry Cusumano announced that the NAMI Walk Kick-Off event will be held March 20, 2020 from 12:00 p.m. to 6:00 p.m. at the NAMI North Texas Office, 2812 Swiss Ave, Dallas Texas. There will be food, games, massages, and prizes. Also, videos will be posted on their website of participants talking about mental health and what it means to them. The walk is scheduled for Saturday, May 16, 2020.

She shared that on April 5, 2020 a preview of the NPR documentary Bedlam be will held at Studio Movie Grill, 13933 N Central Expressway, Dallas Texas, and a panel discussion after the movie.

She shared that The Well Community is hosting a luncheon April 22, 2020 at the Belo Mansion. NAMI North Texas will receive an award at this event.

- Patrick LeBlanc announced that the Southern Dallas Alliance of Mental Health Professional's networking meeting "Connecting the Mind, Body, and Soul", is being held March 14, 2020 from 9:00 a.m. to 11:30 a.m. at Antioch Fellowship Missionary Baptist Church.
- Julie Turnbull announced that the Texas Association of Specialty Courts Annual Conference will be held April 8-10 2020 at the Omni Hotel in Dallas Texas.
- DA John Creuzot stated the need for Dallas County to expand the capacity of its treatment facility. Conversation ensued regarding appropriation of funds and legislation.

Commissioner Dr. Theresa Daniel recognized Dr. James Williams from Lakes Regional Community Center.

Adjournment

The meeting was adjourned at 10:50 a.m. by Commissioner John Wiley Price

Meadows Mental Health Policy Institute

Mental Health Resources During a Pandemic – March 18, 2020

General Information

Centers for Disease Control and Prevention (CDC) provides general tips on managing anxiety and stress during COVID-19:

<https://www.cdc.gov/coronavirus/2019-ncov/about/coping.html>

Substance Abuse and Mental Health Services Administration (SAMHSA) – Taking Care of Your Behavioral Health During an Outbreak:

<https://store.samhsa.gov/product/Taking-Care-of-Your-Behavioral-Health-During-an-Infectious-Disease-Outbreak/sma14-4894>

Harvard Medical School advice on coping with coronavirus anxiety:

<https://www.health.harvard.edu/blog/coping-with-coronavirus-anxiety-2020031219183>

For Parents and Caregivers

National Child Traumatic Stress Network (NCTSN) – Parent/Caregiver Guide to Helping Families Cope with Coronavirus:

<https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019>

The Child Mind Institute has compiled resources on talking to children about COVID-19:

<https://childmind.org/article/talking-to-kids-about-the-coronavirus/>

National Association of School Psychologists (NASP) – Talking to Children About COVID-19 (Coronavirus): A Parent Resource:

[https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/health-crisis-resources/talking-to-children-about-covid-19-\(coronavirus\)-a-parent-resource](https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/health-crisis-resources/talking-to-children-about-covid-19-(coronavirus)-a-parent-resource)

SAMHSA – Talking with Children: Tips for Caregivers, Parents, and Teachers During Infectious Disease Outbreaks:

https://store.samhsa.gov/system/files/pep20-01-01-006_508_0.pdf

For Healthcare Professionals and Providers

Texas Health and Human Services Commission (HHSC) – Coronavirus (COVID-19) Provider Information:

<https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>

CDC – Information for Healthcare Professionals:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fguidance-hcp.html

For Those in Need of Mental Health Resources

For people with severe mental health needs, ensuring ongoing linkages to care is essential. HHSC contracts with 37 local mental health authorities (LMHAs) and two local behavioral health authorities (LBHAs) across Texas to deliver mental health services in our communities. A list of LMHAs and LBHAs in Texas can be found here:

<https://hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/find-your-local-mental-health-or-behavioral-health-authority>

A search for public resources by Texas county can be performed here:

<https://hhs.texas.gov/about-hhs/find-us/where-can-i-find-services>

HHSC – Coronavirus (COVID-19) Provider Information for People Receiving Services:

<https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-information-people-receiving-services>

MMHPI COVID-19 Response Briefings

Planning Guide for County Officials Seeking to Reduce Jail Demand During Pandemic – Diversion Prioritization and Admission Protocol Considerations *March 24, 2020 Version*

For questions or help implementing these recommendations, please contact the MMHPI Justice Policy Team: Dr. Tony Fabelo, Senior Fellow, and Jessy Tyler, Senior Director for Justice Research.

Introduction

The accelerating COVID-19 emergency is spreading rapidly, requiring major changes to standard operating protocols by both governmental entities and private agencies. For counties, a “hotspot” is the county jail. In response to numerous requests from Texas counties for guidance on the operation of jails during a pandemic, the Justice Policy Team at the Meadows Mental Health Policy Institute (MMHPI) developed this briefing to provide a guide for county officials to inform their efforts to prioritize jail bed use and admissions protocols in order to promote public safety by reducing the demand for jail space during the emergency.

The primary goal of these recommendations is to prepare Texas jails to have more space to better control the spread of the virus within the jail and, just as importantly, have the ability to protect the jail staff, who need to stay healthy for the jails to operate efficiently. This would also allow the jail to more safely address the needs of inmates with underlying health needs, including severe mental illness.

The secondary goal is for jails to have enough capacity in the next few months to detain a higher rate of violent and serious offenders, under the assumption that violent crime and domestic abuse crimes (including child abuse), among others, seem to already be increasing¹ due to both the pandemic and the dramatic economic consequences of suppression efforts.² Additionally, the enhancement of certain offenses during an emergency under Texas Penal Code Section 12.50 alone may increase the influx of more severe offenders.³

¹ Lopez, R. (2020, March 20). *Domestic violence calls increase as people shelter in place during COVID-19 outbreak*. KVUE-TV. <https://bit.ly/33JEQg7>

Clarridge, E. (2020, March 20). *Adults stressed by coronavirus assaulted six children, Fort Worth hospital says*. Star Telegram. <https://www.star-telegram.com/news/coronavirus/article241382431.html>

² MMHPI will be releasing a COVID-19 Briefing Paper later this week with projections on expected increases in violence related to the pandemic and the economic consequences of suppression efforts. Will update this footnote with a reference, once it is released.

³ These offenses include Assault, Arson, Robbery, Burglary of a Coin Operated Machine, Burglary, Burglary of Vehicles, Criminal Trespass, and Theft.

Public safety, defined as making jail space available in the future for violent and severe offenders and maintaining a healthy jail staff to operate jails effectively in the near future, has to be the immediate and clear goal at this time of crisis. However, conditions on the ground in each county – including the rate of community transmission of the illness, the local economic consequences of the suppression measures, the community’s broader public safety priorities, and the availability of post-release services – all need to be taken into account by local leaders. For counties that determine they need to lower their jail population to promote public safety, the recommendations in this briefing provide a guide for minimizing the public safety risks to communities as enhanced diversion and release procedures are implemented.

This document provides a general guide to inform planning by county officials choosing to reduce baseline demand for jail space during the pandemic to consider as they prioritize specific jail bed use and admissions protocols. The priority levels detailed below provide a conceptual framework to inform these decisions, but county officials should consider all the recommendations in accord with their priorities and implement them accordingly. MMHPI recognizes that it remains the responsibility of local officials both to determine the level of local need for enhanced diversion and/or release procedures, as well as to identify the specific target populations for potential jail release or admissions diversion and to get agreement among local officials on the specific protocols by which to implement those temporary practices. This emergency has already resulted in orders by the Governor and state agencies to change standard operating procedures. For example, the Texas Commission on Jail Standards issued guidance regarding the internal operations of the jails, and the Supreme Court of Texas and Criminal Court of Appeals have both issued guidance to the courts, including orders to reduce person-to-person contacts and operate with on-line processes.

Level One Priority: Presume that Cutting Jail Time is Appropriate During the Pandemic

Level One presumes that certain people in jail can have their time reduced without a public safety risk. Policies to review include:

- **Serving a Sentence:** A county should consider releasing a person convicted to county jail time with only a certain number of days remaining until discharge. Article 42.032, Code of Criminal Procedure, grants a sheriff the power to credit good time to people sentenced to county jail time.
- **Child Support:** A county should consider releasing a person who is incarcerated only for contempt of court because they have not been paying child support. The county should find an alternative, working with the Texas Attorney General Child Support Division, to encourage payment. This category of offenders may increase significantly with worsening economic conditions related to pandemic suppression efforts. People who are unemployed will be unable to pay child support and incarceration does not remedy the problem.

Level Two Priority: Presume that Jail is Inappropriate During the Pandemic

Level Two presumes that incarceration is inappropriate during the pandemic for persons who are: not posing a risk to public safety; in jail for low-level offenses; low-risk; having statutory entitlement to release; or at high risk of health problems if exposed to the coronavirus. Policies for county leaders to review and consider include:

- Municipal Holds, Misdemeanor C, and Municipal Offenses:** A county should consider releasing from jail persons held on a Class C Misdemeanor or Municipal Offenses. If a person is jailed because the person owes fines, the county should consider requiring community service hours in lieu of the fine or obtaining a waiver for indigence, as allowed by Texas law. The parameters surrounding community service will need to take into account the specific local restrictions on activity related to the pandemic.
- Cite and Release:** A county should consider releasing people from jail who are charged with an offense that qualifies for cite and release to pretrial services for the office to monitor the person. 80(R) HB 2391, passed in 2007, allows for cite and release at the misdemeanor Class B level for the following offenses: criminal mischief; graffiti; theft; hot checks; theft of service; driving with an invalid license; possession of contraband in a correctional facility; and possession of marijuana, for which Class A misdemeanors are also eligible.
- Medical Choices:** A county should consider directing people age 50 years or older (which is considered geriatric for the criminal justice system) and pregnant women charged with nonviolent offenses to pretrial services for appropriate supervision. A county should also consider release options for inmates with underlying medical conditions that put them at higher risk of COVID-19, including cancer, heart disease, hypertension, diabetes, respiratory conditions, renal failure, weakened immune systems, or other conditions identified by the Texas Department of State Health Services or the federal Centers for Disease Control as at higher risk.⁴
- People with Mental Illnesses or Intellectual or Developmental Disabilities:** A county should consider accelerated assessments for people screened at jail intake who may have a mental illness or intellectual or developmental disability to determine if an immediate release to pretrial mental health supervision and appropriate services can be safely carried out. The county should also recognize that arrangement of appropriate services will be more challenging given the pandemic and take steps to heighten coordination with local mental health authorities and other post-release service providers or, in the absence of that, take independent action to ensure that post-release needs are met (for example, releasing people in need of medication with 30 to 90 day supplies, depending on the specific limitations in a given county). People with mental

⁴ Please see the following sites for current information about at-risk groups:

<https://www.dshs.state.tx.us/coronavirus/> and <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>

illnesses who have been incarcerated 96 hours or longer should be subject to Section 17.032, Code of Criminal Procedure, processes for release from jail. If the county has a mental health court, jurisdictional issues could be addressed by consolidating the review of these cases through this court.

- **Timely Trial:** A county should consider releasing people who meet the criteria under Article 17.151, Code of Criminal Procedure, for personal bond and pretrial supervision, or conduct an immediate bond review hearing to determine if the person can bond out on a lower bond.

Article 17.151, Code of Criminal Procedure, Section. 1, states:

A defendant who is detained in jail pending trial of an accusation against him must be released either on personal bond or by reducing the amount of bail required, if the state is not ready for trial of the criminal action for which he is being detained within:

- (1) 90 days from the commencement of his detention if he is accused of a felony;*
 - (2) 30 days from the commencement of his detention if he is accused of a misdemeanor punishable by a sentence of imprisonment in jail for more than 180 days;*
 - (3) 15 days from the commencement of his detention if he is accused of a misdemeanor punishable by a sentence of imprisonment for 180 days or less; or,*
 - (4) five days from the commencement of his detention if he is accused of a misdemeanor punishable by a fine only.*
- **Capias Pro Fine:** Counties should consider bringing persons incarcerated only for outstanding fines or fees immediately before the court that issued the capias and then releasing them from jail. These persons can be required to report to the probation department or other designated local agency to determine an alternative collection strategy, short of jail time.

Level Three Priority: Improved Processes Would Reduce Jail Time

Level Three presumes that improving certain processes may help reduce the burden with the present jail population and with future jail admissions. Policies to review for possible modification include:

- **Blue Warrants:** Since 2015, persons in violation of parole being held in jail for technical violations have been allowed to have their bond set, but these persons typically sit in jail waiting to hear if their parole will be revoked. A county should review warrants for bond eligibility and consider releasing persons eligible under Section 508.254, Government Code. The county would need to work with the Texas Department of Criminal Justice regarding the issuance of a summons instead of a warrant, which is allowed under Section 508.251, Government Code, as long as a person is not on intensive supervision, an absconder, or a threat to public safety. A summons is even possible for persons with

only Class C misdemeanor charges if those charges occurred more than one-year post release and did not involve family violence.

- **Probation:** Probation departments should consider implementing more aggressive policies to find alternatives to filing technical revocation for probationers. Probationers should have been subjected to the progressive model required by the state. Progressive sanctions refer to the state policy of encouraging the use of various risk management strategies and programs (like Day Reporting Treatment) before a violation report is filed in court, particularly for rule violations (and not commissions of new crimes).⁵ If a technical revocation is filed, the District Attorney should prioritize the case for processing.

Additional Issues Related to Managing Future Admission Processes

In addition to the three priorities noted above, there is an additional set of policies that should be considered for implementation to safely reduce the demand for jail admissions more broadly. These include the following:

- **First Bail Hearing, Code of Criminal Procedure 15.17:** A county should consider granting persons bond if they are arrested for a misdemeanor (except for family violence, second degree DWI, and simple assault). The pretrial department should conduct a risk assessment to recommend who in this group should go to pretrial supervision. Conducting a risk assessment here does not necessarily require a risk assessment tool; an interview that determines criminogenic risk elements will serve this purpose. The Supreme Court of Texas has ordered that magistration is an essential proceeding that must continue during the pandemic.⁶
- **Cite and Release:** A county should consider implementing this policy immediately for people who qualify and do not pose a substantial risk, in the judgment of local officials.
- **Class C Misdemeanors and Municipal Cases:** A county should consider processing these types of violations without a jail admission for people who do not pose a substantial risk, in the judgment of local officials.
- **District Attorney Screening of Cases:** During this critical time, it is important for District Attorneys to consider if only the highest, sustainable charge should be made to conserve precious resources and expedite case processing. District Attorney offices may want to enhance processes for screening charges early and speed up processes for filing charges.

⁵ For more information, see the Texas Progressive Interventions and Sanctions Bench Manual, 2017, at https://www.tdcj.texas.gov/documents/cjad/CJAD_Bench_Manual.pdf

⁶ State of Texas Judicial Branch. (2020, March 19). *Court procedures for the 2019 novel coronavirus (COVID-19)*. , *updated guidance*. <https://www.txcourts.gov/media/court-procedures-for-the-2019-novel-coronavirus-covid-19/> Examples of essential functions include: criminal magistration proceedings, child protective services removal hearings, temporary restraining orders/temporary injunctions, juvenile detention hearings, and family violence protective orders.

Issues to Consider Related to Indigent Defense

There are also issues related to indigent defense that should be considered for implementation to safely reduce the demand for jail admissions more broadly. These include the following:

- **Blue Warrants (Parole Violation Arrests Warrants):** This involves immediate review of whether or not the person is eligible for bond release, which is noted on the warrant by statute under Section 508.254, Government Code. Although Blue Warrants do not invoke the right to counsel, during this emergency, having defense counsel review warrants for bond eligibility could be a good use of resources, even if counsel does not represent the parolee.
- **Appointed Counsel or Public Defender Role in Timely Trial:** Defense counsel must monitor the number of days their clients have been held in jail against the time limits in Article 17.151, Code of Criminal Procedure, and submit bond reduction or personal recognizance (PR) bond consideration motions.
- **Overcome Jurisdictional Issues:** Consider a habeas writ if a defense counsel wishes to obtain a release hearing for persons magistrates outside the jurisdiction.
- **Virtual Visits for Client:** Jail systems and the defense bar should work together to figure out how clients and counsel can continue to meet using virtual options. As courts are moving online to use video conference platforms (such as Zoom) for the foreseeable future, the two technical planning conversations (for the defense bar and for courts) should occur concurrently.

Issues to Consider Related to Mental Health and Reentry

There are also issues related to mental health that should be considered for implementation to safely reduce the demand for jail admissions more broadly. These include the following:

- **Population Awaiting Mental Health Competency Hearings:** Local jail officials, working with local mental health authorities, should examine how to implement an emergency protocol to review competency issues locally, with outpatient strategies, to reduce the number of people waiting in jail for competency restoration. In most Texas counties, this population consumes unnecessary jail space due to their long stays in jail, and strategies to cut this time are essential during the emergency period. It should be recognized that, during the pandemic, local mental health authority capacity will likely be strained by increased demand and other constraints related to the pandemic, so additional coordination or independent action by the county will be necessary.
- **Jail Reentry Population:** Local jail officials, working with health and mental health agencies, should perform an immediate review of policies related to supplying continuity of care medications to persons released from jail. On a temporary basis during the pandemic, jail official should provide a larger allowance of psychotropic medications (up to 30 to 90 days, depending on local conditions, to the extent safely possible), given the strain on the local health delivery infrastructure and to ensure that

people are not exposed to the virus during a clinic or pharmacy visit to refill prescriptions.

- **Pretrial Services:** Attention should be given to ways to enhance pretrial services agencies. These agencies would need to have sufficient staffing to provide timely information about persons accused of a crime in order to help the magistrate make a determination about the least restrictive form of release that is consistent with public safety. Once a defendant is released, pretrial service agencies would also need sufficient staff and technological capacity to monitor the defendant (consistent with social distancing and related suppression requirements), employ clear protocols to assure that the defendant appears in court, and provide the appropriate level of supervision more broadly while they are released. Pretrial agencies may also need to provide guidance to defendants as to how they will now be expected to interact “virtually” with the court system, especially for defendants who lack internet access.

Dallas County Behavioral Health Housing Work Group
Dallas County Administration, 411 Elm Street, 1st Floor, Dallas Texas 75202
March 25th, 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 Edmonds, DCCJ; Carl Falconer, MDHA; Heloise Ferguson, Dallas County DA; Blake Fetterman, Salvation Army; Yvonne (Lavette) Green, Dallas County; Tzegabrhan Kidane, Dallas County; Jim Mattingly, LumaCorp, Inc.; Charlene Randolph, DCCJ, Wyndll Robertson, Dallas County; Martha Rodriguez, Dallas County; Ron Stretcher, MMHPI; Claudia Vargas, Dallas County; Joyce White, Dallas County; Erin Moore, Dallas County

CALL TO ORDER: Minutes approved with a change proposed by Doug Denton.

GOVERNANCE

Federal and State Legislative Update: Doug Denton, Homeward Bound

Mr. Denton mentioned he was looking forward to the relief package coming out of the U.S. Congress and noted that the Small Business Administration is including non-profits in their willingness to provide loans and support.

DEVELOPMENT ACTIVITIES

Crisis Residential and Respite Services: Ron Stretcher, MMHPI; Doug Denton, Homeward Bound

In his overview of the Deflection Center, Mr. Stretcher reported Parkland would be able to provide the medical services needed in addition to covering the cost, approximately \$1,000,000 per year. Other funds will still need to be raised for renovations, security, etc.

Mr. Denton stated that proposals and an overview were being created for Homeward Bound's Deflection Center in order to meet Parkland's standards, which are national standards for a clinic.

RESOURCES

Shelter Discussions: Blake Fetterman, Salvation Army; Carl Falconer, MDHA

Ms. Fetterman stated all shelters have been coordinating daily with the Office of Homelessness Solutions on efforts to move people from the Convention Center to shelters. Concurrently, the City of Dallas has opened up 50 hotel rooms in order to relocate homeless individuals from shelters. Austin Street, Union Gospel Mission and The Bridge have identified individuals to be moved into these hotel rooms. The current homeless population at the Convention Center is hovering just below 400. Additionally, some shelters have lost beds in order to maintain social distancing conditions.

Mr. Falconer touched on the role of MDHA along with its partners on its plans of moving homeless individuals from hotels to housing with the intent of freeing up shelter space. There is currently no definitive number of people the city would be able to make provisions for in this manner. Other cities (Mesquite, Garland, etc.) have expressed concerns about slowing COVID-19 due to the lack of shelters in their area, resulting in an inability to place at-risk individuals in shelters. Hotels have been raised as temporary solutions but a more expedient housing solution is still being discussed.

Housing Navigator: Edd Eason, City Square

Mr. Eason reported that Housing Navigator candidate interviews were currently on hold due to the COVID-19 crisis.

Caruth Smart Justice: Ron Stretcher, MMHPI

Mr. Stretcher mentioned a white paper that was submitted concerning the management of jail populations during the COVID-19 crisis. This is currently a work-in-progress with more information coming at a later date.

FUSE Grant: Edd Eason, CitySquare

Mr. Edd Eason stated that a new start date for the project would be announced mid-April. The funds have already been committed and distributed and are in a holding pattern. A launch date for the FUSE grant will be contingent on the jails returning to normal operations.

PROJECTS AND INDUSTRY UPDATES

Coordinate Access System: Carl Falconer, MDHA

Mr. Falconer stated that people were still moving through the CAS and that work on integrating the CAS with the HMIS is still in process. 34 individuals were moved into housing during the month of February through CAS.

Homeless Jail Dashboard: Joyce White, Dallas County

Ms. White reported 325 fewer book-ins month-over-month. 64% homeless w/ suspected mental health flags

PreTrial Diversion and Mental Health Screening: Laura Edmonds, DCCJ

Ms. Edmonds reported that DCCJ has been working with Parkland (Diane Yuri) to get a list of people who are more medically high-risk considering the COVID-19 crisis.

The Cottages: Edd Eason, CitySquare

Mr. Eason highlighted The Cottages are filling available units from the Housing Priority List. Mr. Eason also noted ridership of the Dallas Connector is up approximately 18% due to extra hours transporting individuals to and from the Convention Center. He is currently seeking a backup driver and backup outreach positions to be filled ASAP.

Mr. Eason touched on strategies to expand rapid rehousing for Continuum of Care and make more vouchers available for permanent supportive housing to free up beds for the chronically homeless population. He also spoke on how COVID-19's effect on our economy will create newly homeless individuals, especially among hourly workers who lose homes and apartments due to a reduction in hours or lost jobs.

St. Jude: Joyce White, DCCJ

Ms. White reported all 13 units were occupied with one eviction pending.

Homeward Bound: Doug Denton, Homeward Bound

Mr. Denton reported that 8 individuals with substance abuse issues were placed and 9 people with mental illness, via the Mental Health Peer Program, were also placed into recovery housing.

Youth Housing: Josh Cogan, Outlast Youth

Mr. Cogan reported that OHS has said the Convention Center is youth and young adult friendly and has seen an uptick in that demographic during the COVID-19 crisis. Additionally, they are working on setting up WI-FI hotspot access for DISD students who are at risk of or experiencing homelessness.

DISCUSSION

There was a discussion regarding what the group could be doing to assist during the COVID-19 crisis. That discussion will continue through emails and other forms of online communication.

Next Meeting: April 22, 2020

Dallas County Administration Building, 411 Elm Street, 1st Floor, Allen Clemson Courtroom

RESOLUTION

DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM

RESOLUTION NO: 01-2020

DATE: April 9, 2020

STATE OF TEXAS }

COUNTY OF DALLAS }

BE IT REMEMBERED at a regular meeting of the Dallas County Behavioral Health Leadership Team held on the 9th day of April 2020, the following Resolution was adopted:

WHEREAS, on February 14, 2013 the Dallas County Behavioral Health Leadership Team endorsed the 1115 Healthcare Transformation Waiver DSRIP Project, and development of Behavioral Health Crisis Stabilization Services as alternatives to hospitalization; and

WHEREAS, the Dallas County Behavioral Health Leadership Team is the governing body for the DSRIP project through a standing committee known as the Crisis Services Project (CSP) Governance Committee; and

WHEREAS, CSP receives payment from the 1115 Healthcare Transformation Waiver DSRIP Project based on metric achievement during each performance year; and

WHEREAS, Metric achievement to be reported for April 2020 is as follows:

DY 9 Metric	Payment Amount	Achievement
L1-160: Follow-Up After Hospitalization for Mental Illness	\$369,726	100%
L1-241: Decrease in Mental Health Admissions/Readmissions to Criminal Justice Settings	\$92,431	25%
M1-262: Assessment for Risk to Self/Others	N/A	New Baseline
M1-263: Assessment for Psychosocial Issues	N/A	New Baseline
M1-265: Assessment for Housing	N/A	New Baseline

WHEREAS, the Crisis Services Project is looking for the Behavioral Health Leadership Team to approve the mandatory reporting of metric achievement for the April 2020 report.

IT IS THEREFORE RESOLVED that the Dallas County Behavioral Health Leadership Team approves the mandatory reporting of metric achievement of the Crisis Services Project, 1115 Healthcare Transformation Waiver for the DY 9 April 2020 report that covers the January 1, 2019 – December 31, 2019 period.

DONE IN OPEN MEETING this the 9th day of April, 2020.

John Wiley Price
Dallas County Commissioner, District #3

Dr. Theresa Daniel
Dallas County Commissioner, District #1

J.J. Koch
Dallas County Commissioner, District #2



Public Law 116-123—HR 6074

<https://www.congress.gov/116/plaws/publ123/PLAW-116publ123.pdf>

Division A—Caronavirus Preparedness and Response Supplemental Appropriations Act of 2020

Title I

- **Food and Drug Administration (FDA)**—\$ 61,000,000 to the for medical countermeasures and vaccines, manufacture of medical products, monitoring of medical product supply chains and related administrative activities.

Title II

- **Small Business Administration (SBA)**—\$20,000,000 for Small Business Disaster Loans Program Account. For economic injury disaster loans.

Title III

- **Centers for Disease Control and Prevention (CDC)**—\$2,200,000,000 for prevention, preparedness and response domestically or internationally.
 - \$950,000,000 must be used for grants to states, localities, territories, Indian tribes, tribal organizations, urban Indian health organizations or health service providers to tribes for surveillance, epidemiology, lab capacity, infection control, mitigation, communication and other preparedness and response activities.
 - \$475,000,000 must be allocated within 30 days of enactment.
 - At least \$40,000,000 must go to tribes/tribal organizations and services.
 - Spending plan must be submitted to CDC within 45 days.
 - 300,000,000 must go to global disease detection and emergency response.
 - Requires report to Congress every 14 days for one year.
 - Funds may be used for construction, alteration or renovation of non-Federally owned facilities to improve preparedness and response capability at the State and local level.
- **National Institutes of Health (NIH)-National Inst, of Allergy and Infectious Diseases (NIAID)**
 - Adds \$836,000,000 to NIAID for prevention, preparedness and response.
 - At least \$10,000,000 shall be transferred to National Institute of Environmental Health Sciences for worker-based training to prevent and reduce exposure of hospital employees, emergency first responders and other workers at risk for exposure through their work duties.

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 or Janie Metzinger at jmetzinger@ntbha.org

Public Law 116-123—HR 6074—Title III--Continued

- **Public Health and Social Services Emergency Fund**
 - \$3,100,000,000 for prevention, preparedness and response domestically or internationally, including countermeasures and vaccines, prioritizing platform-based technology with U.S.-based manufacturing capabilities, in quantities determined by the Secretary of HHS to meet the need and at a reasonable price, affordable in the commercial market, and that may be placed in the Strategic National Stockpile. May also be used for construction, alteration, or renovation of non-Federally-owned facilities to improve local preparedness and response capability or for production of necessary amounts of vaccines, therapeutics and diagnostics.
 - \$100,000,000 to Health Resources and Services Administration-Primary Health Care for grants under the Health Centers Program for prevention, preparedness and response.
 - \$300,000,000 to Public Health and Social Services Emergency Fund for purchase of imminently needed vaccines, therapeutics and diagnostics related to coronavirus.
- **General Provisions**

Grants or cooperative agreements with States, localities, territories, tribes, tribal organizations, urban Indian health organizations or health service providers to tribes for surveillance, epidemiology, lab capacity, infection control, mitigation, communications, and other preparedness and response activities.

Title IV—Department of State—This Title does not contain provisions related to behavioral health.

Division B—Telehealth Services During Certain Emergency Periods Act of 2020

- § 102—Gives Secretary of HHS temporary authority to waive or modify certain Medicare requirements regarding telehealth services in emergency areas and in emergency periods by a qualified provider using two-way audio and video capabilities for real-time interactive communication. An emergency or disaster must be declared by the President or must be a public health emergency declared by the HHS Secretary.





Public Law 116-127—HR 6201
Families First Coronavirus Response Act

Note: These provisions are not directly behavioral health related, but may serve to reduce the financial stress resulting from job displacement and other factors.

Division A—Second Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020

Title I—U. S. Department of Agriculture (USDA)—Appropriates \$500,000,000 for the Commodity Assistance Program. Allows USDA to approve emergency food benefits for households on the WIC or SNAP programs who have children who would ordinarily receive free-or reduced-price meals at school, if the child’s school is closed due to the COVID-19 outbreak. Funds can be distributed by electronic funds transfer. In Texas, this is known as the Lone Star Card.

Title II—U.S. Department of Defense—Appropriates \$82,000,000 to Defense Health Program for COVID-19 diagnostic testing and services.

Title III—U.S. Department of Treasury—\$15,000,000 to assist with taxpayer services for tax credits through the Internal Revenue Service.

Title IV—U.S. Department of Health and Human Services

- \$64,000,000 to Indian Health Service for COVID-19 diagnostic testing and services.

Title V—U.S. Department of Health and Human Services

- \$250,000,000 to Administration for Community Living for nutrition programs for the elderly.
 - \$160,000,000 of which is for home-delivered meals and \$80,000,000 for congregate meals and \$10,000,000 for Nutrition Services for Native Americans.
- \$1,000,000,000 to Public Health and Social Services Emergency Fund for the National Disaster Medical System to reimburse costs for COVID-19 tests and services to the uninsured.

Title VI—Veterans Affairs

- \$ 60,000,000 for COVID-19 testing and services and community medical care.

Title VII—General Provisions.

- Required report to Congress every 60 days until funds are expended.

Division B—Nutritional Waivers—Maintaining Essential Access to Lunch for Students Act

Title I—Allows USDA to continue to supply meals and snacks to children on the free and reduced-price school lunch program, waives increases in federal costs during COVID-19 school closures.

Title II—Provides for appropriate COVID-19 safety measures when providing meals and snacks, allows non-congregate meals, and waives nutritional content requirements in the event of a COVID-19 related food supply chain disruption. Waives regulations requiring that SNAP and WIC recipients be physically present at a state office for recertification, waives certain medical tests to determine nutritional risk.

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Public Law 116-127—HR 6201—Families First Coronavirus Response Act—continued

Division B--continued

Title III—SNAP Waivers during the COVID public health emergency:

- Suspends work requirements for SNAP recipients.
- Allows states to request emergency allotments for SNAP to address emergency food needs.

Division C—Emergency Family and Medical Leave Expansion Act

- Allows employees to take public health emergency leave to care for a sick child.
- Provides for up to 12 weeks of paid leave if the child’s school or daycare is closed.
- Employees may use accrued paid leave during public health emergency.
- Employers not required to pay for first ten days of public health emergency but must pay at least two-thirds of regular pay not to exceed \$200/day or a total of \$10,000.
- Employers of 25 workers or more are required to restore employee’s position unless the position no longer exists due to economic conditions caused by the public health emergency.
- Department of Labor may exclude certain health care workers, emergency responders, and employers of fewer than 50 employees if the requirements would threaten the existence of the business.

Division D—Emergency Unemployment Insurance Stabilization and Access Act of 2020

- Provides emergency grants to states for unemployment benefits
- Waives waiting periods and work-search requirements.

Division E—Emergency Paid Sick Leave Act

Requires employers to pay 80-hours paid sick leave immediately if the employee, the employee’s child, or another individual who is in the employee’s care is subject to quarantine or isolation ordered by a government or advised by a health care provider. Adverse action against employee is prohibited.

- Employers must pay regular pay up to \$511 per day or \$5110 for the 80 hours if the employee is ill or
 - \$200 per day or \$2000 for the 80 hours if the employee is serving as caregiver to a sick person.
- Department of Labor may exclude certain health care workers, emergency responders, and employers of fewer than 50 employees if the requirements would threaten the existence of the business.

Division F—Health Provisions During the Public Health Emergency

- Requires private health insurance companies, including those that insure federal employees, TRICARE, the VA, the Indian Health Service, Medicare Advantage Plans, Children’s Health Insurance Program (CHIP) and Medicaid to cover COVID-19 testing and visits to health care providers without deductibles, coinsurance or copayments. Also applies to HHS services to
- Allows states to cover uninsured individuals under Medicaid (and applies a 100% FMAP) for COVID-19 testing and treatment. Allows an increased Medicaid FMAP to states.

Division F—Tax Credits for Paid Sick Leave and Paid Family and Medical Leave

- Allows a tax credit for 100% of qualified sick leave wages paid by the employer each quarter.
- 100% refundable income tax credit for documented sick leave amounts for self-employed people.
- Sick leave amounts are not considered wages for calculation of FICA taxes in employees paycheck.

Dallas Deflects Organizing Committee

March 23, 2020

Meeting Notes

Attendees: Diana Ayala (Dallas County DA's Office), Laura Edmonds (Dallas County Criminal Justice Department), Marsha Edwards (Dallas County DA's Office), Michaela Himes (Dallas County Public Defender's Office), Dave Hogan (Dallas Metrocare Board), Jessica Martinez (NTBHA), Kim Nesbitt (Dallas County DA's Office), Matt Roberts (NTBHA), Albert Sanchez (Downtown Dallas Inc.), Ron Stretcher (Meadows Mental Health Policy Institute), Julie Turnbull (Dallas County DA's Office), Matt Walling (DART PD), and Kurtis Young (Parkland)

Welcome and Introductions:

- All meeting attendees were introduced

Update from DEMARST Architecture:

- Julie Turnbull reported that no new updates are available at this time. DEMARST is continuing to work on the rendition and should have it review prior to April 23.

Committee Reports:

Executive Committee

- No updates provided

Financial (Budget)

- The budget spreadsheet was reviewed. It was requested that NTBHA provide information regarding cost of psychiatric prescriber and QMHP coverage and if this will be covered with SB292 funding.

Police Procedure and Training

- Julie Turnbull reported her and Dave Hogan worked to secure a conference call with DPD to discuss policy training. Meeting is currently scheduled for April 1st.

Data/Goals and Objectives

- Marsha Edwards discussed that new database that was discussed by MDHA at the State of the Homeless Address. This is an opportunity for data integration with Dallas Deflects that will be explored further.
- Marsha also shared that Dallas County is working to get a database system for specialty courts and hoping to utilize this for Dallas Deflects so that data collection and reporting can take place.

Policies and Procedures:

- No new updates provided. First meeting with the subcommittee will take place within the next couple of weeks.

Security

- Marsha Edwards shared that there was a meeting with Allied Security and Homeward Bound. Allied Security provided a quote of \$145,000/year for daytime coverage, and \$250,000/year for 24/7 coverage. This would involve having one security guard on site at a time.
- An update is still needed regarding funding source for security coverage.

Medical

- Parkland is still set to continue to be the provider of the medical services at Dallas Deflects. Discussions continue to take place between Parkland and Homeward Bound regarding the needs for the clinic space build out.

Marketing/Public Relations

- No new updates provided

Facilities

- No new updates provided

Other Updates:

- Downtown Dallas, Inc. Presentation: Due to the current situation with coronavirus, this event has been cancelled
- Kevin Oden, with RIGHT Care is the new acting director for the Office of Homeless Solutions with the City of Dallas

The next Dallas Deflects planning meeting will be held on Monday, April 6th from 2:00pm-3:30pm via conference call.

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

	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	FY2020 Total	FY2019 Total
Nexus New Admissions	4	4	4	4	0	0							16	25
Nexus Average Days in Jail from Referral to Admission	14	8	8	4	0	0							5.6667	8
Homeward Bound New Admissions	5	4	2	3	1	0							15	11
Homeward Bound Average Days in Jail from Referral to Admission	13	38	52	68	85	118							62	7

RESIDENTIAL TREATMENT DISCHARGES

Successful Completions	6	5	8	6	5	7							37	27
Unsuccessful Completions	2	0	2	0	0	0							4	3

REFERRING SPECIALTY COURTS FY2020

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

HARRY INGRAM

FY2020 ATLAS STATISTICS

203rd

MONTH	BEGINNING # OF PENDING CASES	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TBJ	TBC	PLEAS	REV	GRADUATES	PROBATION MODIFICATIONS	DISMISSALS	OTHERS	TOTAL DISPOSITIONS	ENDING # PENDING CASES **	CURRENT PARTICIPANTS	FORMER PARTICIPANTS	BOND	
March	37	2	39	0	0	0	0	6	0	0	1	7	32	14	4	2	10

HARRY INGRAM

FY2020 MISDEMEANOR DIVERT MENTAL HEALTH COURT STATS

CCCAP/IWADE

MONTH	BEGINNING # OF PENDING CASES	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TBJ	TBC	PLEAS	DISMISSAL	OTHER	TOTAL DISPOSITIONS	ENDING # PENDING CASES **	CURRENT PARTICIPANTS	FORMER PARTICIPANTS	BOND	
March	19	0	9	28	0	0	0	0	5	5	23	20	0	18

HARRY INGRAM

FY2020 S.E.T. STATISTICS

291st

MONTH	BEGINNING # OF PENDING CASES	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TBJ	TBC	PLEAS	REV	GRADUATES	PROBATION MODIFICATIONS	DISMISSALS	OTHERS	TOTAL DISPOSITIONS	ENDING # PENDING CASES **	CURRENT PARTICIPANTS	CURRENT PARTICIPANTS IN CUSTODY	FORMER PARTICIPANTS	BOND	
March	92	18	110	0	0	0	0	0	0	0	0	0	0	110	36	4	0	32

March

FY2020 MHPD STATS

BEGINNING # OF PENDING CASES	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TRIALS	PLEAS	COND. DISM.	REVOK	DISMISSALS	INCOMP. ELT	REFER RALS	OTHER COMPLETION CLOSED	TOTAL		
R. Lenox	290	26	316	0	2	7	0	0	9	2	1	7	28
L. Strather	264	22	286	0	1	4	0	0	9	3	7	7	24

March

FY2020 FELONY COMPETENCY STATISTICS

MONTH	BEGINNING # OF CASES	NEW CASES THIS MONTH	TBJ	TBC	Alt. Trial Dispos.	PLEAS	REVOCATION	DISMISSALS	PROBATION	COMP. HRG.	EXTENSIONS	CIVIL COMMITMENT	MHR REFERRAL	CONSU LTS	OTHER	ENDING # OF PEOPLE IN OCR
M. Harden	171	11	0	0	0	1	3	10	0	10	6	0	0	0	2	8
R. Scott	9	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0

RANDALL SCOTT

FY2020 MISDEMEANOR COMPETENCY STATISTICS

MONTH	BEGINNING # OF CASES	NEW CASES THIS MONTH	TBJ	TBC	Alt. Trial Dispos.	PLEAS	REVOCATION	DISMISSALS	PROBATION	COMP. HRG.	EXTENSIONS	CIVIL COMMITMENT	MHR REFERRAL	CONSU LTS	OTHER	ENDING # OF PEOPLE IN OCR
March	183	44	0	0	0	1	0	45	0	31	11	3	0	0	4	8

March

MI Court

MONTH	TOTAL NEW CASES RECEIVED	NEW CLIENTS AT TERRELL	NEW CLIENTS AT GREEN OAKS	NEW CLIENTS AT MEDICAL CENTER	NEW CLIENTS AT PARK AND	NEW CLIENTS AT DALLAS	NEW CLIENTS AT S AT BEHAVIORAL HEALTH	NEW CLIENTS AT S AT GARLAND	NEW CLIENTS AT ZALE LIPSHY	NEW CLIENTS AT S AT BEHAVIORAL HEALTH	NEW CLIENTS AT S AT WICKER	NEW CLIENTS AT WETHOOD	NEW CLIENTS AT DALLAS	NEW CLIENTS AT ATVA	NEW CLIENTS AT WELLS RIDGE	NEW CLIENTS AT TIMBERLAWN	NEW CLIENTS AT GLEN OAKS	NEW CLIENTS AT TEXOMA	NEW CLIENTS AT HAVEN	PROBABLE CAUSE HEARINGS HELD	NO CONTESTED COMMIT	CONTESTED COMMIT	FORGED MEMS HEARING IN COURT
L. Roberts	175	16	0	49	0	0	95	0	0	0	0	0	0	0	0	0	15	0	0	4	1	27	24
C. Cox	184	0	0	152	0	0	7	0	0	0	0	25	0	0	0	0	0	0	0	4	0	18	17
K. Nelson	110	0	0	24	0	0	0	0	55	0	0	0	0	0	0	0	0	0	0	4	0	9	9
R. Black	154	0	103	0	0	0	0	0	0	0	28	0	0	0	23	0	0	0	0	8	0	4	4

DAN ECKSTEIN

MHPD BOND STATS

MONTH	INITIAL ELIGIBILITY DAILY LIST (MH FLAGS)	MHPD BOND APPOINTMENTS FROM DAILY LIST (MH FLAGS MINUS THOSE SCREENED-OUT)	MHPD BOND HEARING-BOND GRANTED (# of clients)	MHPD BOND HEARING-BOND DENIED (# of clients)	TOTAL HEARING of Cases	Total # of Felony Cases	# of Felonies Approved	# of Felonies Denied	Total # of Misc. Cases	# of Misc's Approved	# of Misc's Denied	
March	1405	169	20	3	23	33	27	21	6	6	5	1

DAO - RESTORATIVE JUSTICE DIVISION UPDATE

MENTAL HEALTH DIVISION - COVID 19 RESPONSE

The Dallas District Attorney's Office Mental Health Division has made several changes in response to the Covid 19 pandemic in an attempt to effectively process cases and keep the criminal justice system moving as "normal" as possible. The following are steps taken so far to ensure continuity:

1. Everyone in the Division has a laptop with a VPN so that work can be done from home.
2. Competency hearings are now done with defense counsel being allowed to call in and appear telephonically. This is assuring that competency reports are not expiring and is also reducing the number of people in the courtroom.
3. Last week alone over 20 misdemeanor competency cases were evaluated and dismissed with exit plans created by the Public Defender's Office, Parkland, NTBHA and others so that individuals were not in jail exposed to Covid 19.
4. The prosecutors in the Mental Health Division are still actively looking at cases on their dockets to see if there are defendants who can be safely released from jail on a PR bond or other cases that can be dismissed.
5. Individual phone calls are being made to every employee in the Mental Health Division to make sure everyone is holding up well mentally and personally during these challenging times.
6. Staffings and meetings are being attended via Microsoft Teams, teleconference etc.

DA CIVIL DIVISION MENTAL ILLNESS COURT – COVID-19 UPDATE

- Remotely litigating Mental Illness Court cases telephonically with Probate Court #3 Mental Illness Court
 - Attorneys (ADA and Civil Commitment APDs), State's Expert witnesses (psychiatrists), and mentally ill patients all calling into the Court for remote hearings
 - Submission of all proposed Court Orders and State's Exhibits prior to trial setting, distributed to the Court and opposing counsel
- Remotely litigating Forensic Jail Medication hearings for incompetent defendants within the jail refusing psychoactive medication; telephonic hearings
 - ADA Hilary Miller, Criminal Mental Health Incompetency APD Randall Scott, State's Expert witnesses (Parkland Jail Health psychiatrists) calling into the Court for remote hearings

- Receiving the criminal case dismissals and conversion to civil commitment cases; following up with those Orders of Protective Custody (OPCs) and within 30 days, trials if determined necessary by the psychiatric hospitals
- MIC meetings are being attended via Microsoft Teams, Zoom, telephonically, etc.
- ADA Hilary Miller responding to requests and inquiries from the hospitals on changes in protocol with Mental Illness Court due to COVID-19 including remote testimony, law enforcement and Mental Illness Warrants changes, issues with notaries if conducting telemedicine remote care, and other issues impacting the hospitals and State seeking civil commitments and orders to administer psychoactive medication

DA Civil Division, Mental Illness Court March 2020 Stats

1. **Civil Commitments** (Court Order for Inpatient Temporary Mental Health Services)
 - a. March 2020: **50**
 - b. Year to date: **116**
2. **Medication Hearings** (Court Order to Administer Psychoactive Medications, while receiving inpatient mental health services)
 - a. March 2020: **51**
 - b. Year to date: **122**
3. **Dallas County Jail Medication Hearings** (Court Order to Administer Psychoactive Medications for 46B criminal defendants who have been found incompetent to stand trial and are refusing prescribed psychoactive medications)
 - a. March 2020: **5**
 - b. Year to date: **12**
4. **Jury Trials**
 - a. March 2020: **1 jury trial** - jury verdict and Court ruled in favor of State's application for 90-day inpatient mental health services
 - b. Year to date: **1 jury trial**

ADAs/DALLAS COUNTY SPECIALTY COURTS - RESPONSE TO COVID-19

- All specialty courts continue to have an ADA on their court team who is participating in regular staffings, most through Microsoft Teams.
- At staffings, court teams are determining the most appropriate therapeutic solutions for our participants at this time.
- Case managers and counselors are sharing those solutions with the participant through multiple phone contacts or other virtual platforms. Case managers and counselors are connecting participants to various hotlines, telehealth options and resources to meet the needs of participants.

- Specialty Courts are using 530 funding to provide limited drug patches due to reduced ability to take UAs. Focus is not on sanctioning those testing positive but rather intensifying the treatment response and contact.
- Most specialty courts are exploring virtual platform options to determine which will work best for their court so that they may begin court sessions again as soon as possible. This might include holding court sessions through Zoom for general outreach and check in and then using a more secure platform such as Microsoft Teams for individual court and treatment responses.
- All specialty court ADAs were instructed to attend the NADCP webinars on March 26 and April 6) and are visiting the NADCP website for updated information.
- Biggest barrier currently: due to the many positive covid-19 tests in our county jail, the jail releases to SAFF, ISF, JTC and other community providers are on hold. We are working on getting that pipeline open again.
- Last, each individual specialty court, depending on their funding and ability, is utilizing new innovative practices in order to address the risks and meet the needs of their participants.

Monthly Stats Registered Pre-Trial Specialty Courts - MARCH

COURT	# Referrals	# Accepted	# Graduates	# Fail	Total Caseload #
DIVERT	9	8	12	2	105

COURT	# Referrals	# Accepted	# Graduates	# Fail	Total Caseload #
AIM	5	5	0	2	48

COURT	# Referrals	# Accepted	# Graduates	# Fail	Total Caseload #
SET	2	6	2	0	34

COURT	# Referrals	# Accepted	# Graduates	# Fail	Total Caseload #
MHJD	2	6	0	2	24

COURT	# Referrals	# Accepted	# Graduates	# Fail	Total Caseload #
VETERANS	10	6	4	0	44

**Dallas County Behavioral Health Leadership Team (BHLT)
Adult Clinical Operations Team (ACOT) Committee Meeting
April 2, 2020**

Attendees: Walter Taylor (Chair, NTBHA), Charlene Randolph (Co-Chair, Dallas County), Laura Edmonds (Dallas County), Joyce White (Dallas County), Kim Rawls (Dallas County), Jessica Martinez (NTBHA), Chad Anderson (NTBHA), Matt Roberts (NTBHA), Andy Garcia (NTBHA), Sabrina Conner (NTBHA), Ashley Rader (Grant Haliburton Foundation), Amy Cunningham (Child and Family Guidance), Jarrod Gilstrap (Dallas Fire), Marie Ruiz (Metrocare LIDDA), Alicia Gerich (Child and Family Guidance), Eddie Wascal (Child and Family Guidance), Sherry Cusumano (NAMI North Texas/Green Oaks), Janie Metzinger (NTBHA), Sonya Plank (Southern Area Behavioral Health), Rolanda Williams (Southern Area Behavioral Health), Obie Bussey (ARM), TJ O'Reilly (Southern Area Behavioral Health), Kurtis Young (Parkland Hospital), Tiffany Lindley (IPS), Ashley Williams (Dallas County CSCD), Megan Reid (MHA Dallas), Bob Costello (Commissioner Daniel's Office), Erin Moore (Commissioner Daniel's Office), Tzegabrhan Kidane (Commissioner Daniel's Office), Angela Sanders (City of Dallas South Dallas Drug Court), Julie Turnbull (Dallas County DA's Office), Audrey Garnett (Dallas County DA's Office), Lee Pierson (Dallas County DA's Office), Kendall McKimmey (Dallas County DA's Office), and Alice Zaccarello (The Well)

Welcome and Introductions (Walter Taylor, Chair):

- All attendees were introduced.
- Agenda was adjusted to suspend the review and approval of the March 2020 ACOT meeting notes due to the increased number of attendees on the call.

Presentation: "COVID-19 Behavioral Health Response and Update" – Jessica Martinez, Chief Clinical Officer and Chad Anderson, Director of Intensive and Forensic Services, NTBHA

- Matt Roberts with NTBHA opened the presentation by providing an update on the community services.
 - He shared that all NTBHA contracted community services still exist, but adjustments and accommodations have been made in response to COVID-19. Increased access to allow for telehealth services has allowed many providers to continue to see clients. NTBHA has not implemented any regulations that should hinder providers from executing services.
 - Mr. Roberts shared that providers are screening clients for COVID-19 symptoms as they enter each clinic, and if a client is experiencing symptoms, the providers are providing directions to the client utilizing CDC guidelines.
 - Mr. Roberts also shared that client access to medication should not be a barrier. Pharmacies will deliver or mail medications and some providers are delivering medications to clients' homes. Mr. Roberts also shared that crisis services continue to operate as normal.
- Chad Anderson with NTBHA presented an update on the Disaster Behavioral Health Response in response to COVID-19.
 - Mr. Anderson shared that the Kay Bailey Hutchinson Convention Center (KBHCC) is being utilized to allow existing shelter beds to expand in the convention center to allow for more social distancing. He did explain that the KBHCC did not add additional shelter beds into the system. Existing community shelters had to decrease bed capacity to allow for increased social distancing, and the KBHCC was able to accommodate the bed capacity that had to be reduced.
 - NTBHA staff is present at the KBHCC shelter in order to assist with operations, manage issues that may arise, and ensure that clients with behavioral health needs get connected with services they need.

- Mr. Anderson shared that NTBHA is working with the Dallas County Office of Emergency Management in order to assist and provide increased behavioral health support in the community. NTBHA is also working with HHSC and Texas State Office of Disaster Management to stay up to date. NTBHA has also worked to request PPE for frontline behavioral health providers.
- He reported that the NTBHA Living Room continues to remain open and has temporarily expanded daytime hours in order to help provide increased service connection for clients. The Extended Observation Unit (EOU) also continued to operate as normal.
- Mr. Anderson shared that that the Jail Based Competency Restoration program continues to operate and participants are receiving programming via telehealth. Outpatient Competency Restoration also continues to operate, with adjustments made where NTBHA completes the initial screening via telehealth to prevent providers having to enter the jail to screen referrals.
- Jessica Martinez finished up the presentation by providing increased information about the Kay Bailey Hutchinson Convention Center shelter.
 - Ms. Martinez shared that the KBHCC is an overnight shelter only, with open hours from 5:00pm-7:00am.
 - All individuals who enter the shelter will have a temperature screening, and if elevated, the individual is pulled aside and screened again. If someone is showing signs of COVID-19, Dallas Fire and Rescue (DFR) are onsite to respond.
 - DFR paramedics are present throughout the night at the shelter and NTBHA staff is present to help link clients to the Living Room or to a community provider.
 - Ms. Martinez shared that if an individual is identified with increased and persistent behavioral health needs the individual can remain at the Living Room during the day and then will be transported to the KBHCC via the Dallas Connector in the afternoon. Ms. Martinez stated that the Living Room services have been expanded during this time to help ensure clients have all services and support during this time.
 - She did share that because the KBHCC shelter is run by the City of Dallas, a background check is completed on each individual. Ms. Martinez shared that the background check is only looking for anyone with an active warrant for a serious offense; they are not pursuing active warrants for minor offenses. There are no exclusionary offenses that would prevent someone from entering the shelter.
 - The KBHCC shelter allows for a separate area for sex offenders. It does not allow children or pets.
 - Ms. Martinez emphasized that the space at the shelter is limited and individuals are being turned away due to reaching capacity. She also discussed the importance of appropriate discharge planning for all clients, especially individuals who are older or have co-occurring medical issues.

Trauma-Informed Care Book Discussion – “Restoring Sanctuary” by Sandra L. Bloom and Brian Farragher

- Due to time constraints, this agenda item was not discussed during the April meeting.

Multicultural Competency Training Update:

- Matt Roberts shared that all Multicultural Competency Trainings are on hold during to current social distancing guidelines and will resume once all current guidelines are lifted.

NTBHA Updates

- All NTBHA updates were discussed during the presentation section of the agenda.

Smart Justice Initiative Updates:

- No update provided

Legislative Updates:

- Janie Metzinger shared about discussions that have taken place at the state level to ensure appropriate access to PPE to those that needed it.

Announcements:

- The next ACOT meeting will be held on May 7, 2020

Meeting was adjourned at 1:10pm.