

DALLAS COUNTY BEHAVIORAL HEALTH HOUSING WORK GROUP

**Dallas County Administration – 500 Elm Street, Customer Excellence Training Room 7.Y17, 7th Floor, Dallas Texas
September 25, 2024, 10:00-11:30am**

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.

1. Welcome and Introductions

2. Reports

a. Governance – Commissioner Theresa Daniel

- Approval of August 28, 2024, minutes
- Dallas Area Partnership to End and Prevent Homelessness
- Dallas County Citizen Committee
- Federal & State legislative environment

b. Resources – services, programs, people, funds

- Shelter Discussions
- NTBHA
- Housing Navigator / Homeless Jail Dashboard/St Jude Center
- Housing Authority Report- DHA/DCHA
- ARPA Update

c. Projects and Industry Updates

- Housing Forward updates
- Pretrial Diversion and MH screening
- Dallas Connector
- Homeward Bound, Crisis Residential & Respite Services, Deflection Center
- Youth Housing
- Family Housing
- Mattingly Report

3. Next Meeting October 23, 2024

Dallas County Administration, 500 Elm Street, 7th Floor, Dallas Texas 75202

August 28, 2024 Minutes

Mission Statement: The Dallas County Behavioral Health Housing Work Group (DCBHWG), 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 DCBHWG is committed to a data driven decision-making process with a focus on data supported outcomes.

ATTENDEES: Dr. Theresa Daniel, Dallas County Commissioner; Erin Moore, Dallas County; Jennifer Corona, DCCJ; Latoya Jenkins, Dallas County; Tzeggabhran Kidane, Dallas County; Ellen Magnis, Family Gateway; Kendall Brown, Family Gateway; Dustin Perkins, Austin Street Center; Doug Denton, Homeward Bound; Kerrie Stitt, Youth 180; Thomas Lewis, Dallas County HHS; Ikenna Mogbo, Metrocare; Traswell Livingston, AIDS Services of Dallas; Taylor Hurtado, AIDS Services of Dallas

Dr. Daniel opened the meeting with some discussion about the state of homelessness in Dallas County and attendees introduced themselves.

CALL TO ORDER: The minutes were approved with no changes.

GOVERNANCE

Dallas Area Partnership to End and Prevent Homelessness: Commissioner Theresa Daniel, Dallas County & Ellen Magnis, Family Gateway

Commissioner Daniel reported that the Partnership is in the middle of providing services that each agency is mandated to do. Ellen Magnis stated that she presented to the Partnership, and that post pandemic families are not faring well. She stated that there are a high number of families are being evicted and living in cars. Ellen reported that in 2019, 738 families came to them for assistance from living in their cars and this year 1241 made requests. In 2019, 218 families were pending evictions and last year, there were 709. A few of the reasons for this are, 1. lack of advocacy for the child tax credit, which failed in Congress, 2. emergency housing vouchers were given out during Covid specifically to families that were experiencing homelessness and now housing choice vouchers are given on a lottery system, and 3. a lack of using the TANF funds in various ways that may include housing in some way. More research needs to be done on that front to see if the funds can be used here in Texas. Nationally, family homelessness is on the rise, but there has been a decline in the Dallas area in family homelessness because of major push in diversion resources. Last year 1,100 families were diverted from eviction which had proved to be much more cost effective.

Dallas County Homeless Advisory Committee: Erin Moore, Dallas County

Erin Moore reported that the committee has a new eviction data update. Since July 2024, 46,000 eviction cases have been filed, 13,000 have had interventions by navigators, and 2,600 eviction diversions cases are in progress or completed. Funding is running out for the program, but there are two options available. One is to continue using navigators within the courts and add five permanent staff from Dallas County which will assist 240 households for three months. The other is to take the navigators out of the court system and put them in HHS which would cost about \$600,000.00 and help 48 households for up to 3 months. This would be a less impactful but more sustainable model. There was discussion about the amount of eviction prevention that is happening and the cost of preventing eviction is less than sheltering and rehousing a client. There was also discussion about acquiring land for affordable housing and the permitting issues that come with that. They also discussed the youth housing issues of those aging out of foster care.

Discussions were had about developers and landlords benefitting from both the rental of units and the evictions of people from units, but overall, the upper housing market is saturated with units and has caused overall rental prices to decrease. The imbalance of income and housing prices is impacting the market. There was a question of how many total rental units

are in the Dallas County area and it was determined according to RealPage there are 1,038,656 in the area with proportionally fewer in the less expensive range.

Federal and State Legislative Update: Janie Metzinger, NTBHA

Janie Metzinger was not available for the meeting, but it was reported that she was at the groundbreaking of the replacement facility for Terrell State Hospital in Terrell.

Ikenna Mogbo reported that at the last biennium, the legislature gave a \$100 million toward behavioral health capital programs. Metrocare applied through NTBHA for \$5.25 million to build 35 or 40 units of multifamily housing for women with children. NTBHA applied for \$1.5 million for a crisis residential facility. The state has tentatively awarded them the funding and now they are waiting on correspondence from the HHSC to determine when they will receive the funds. Metrocare has to match funds. There is an opportunity that Metrocare can apply for the capital program through HUD which will award 26 communities with up to \$7 million dollars. Only one award will be given per community. They are applying to that program as well and if given this award, they will use these dollars to match the state funding for their capital program.

There was discussion regarding “ground up” building and the cost that are associated with building. Ikenna Mogbo discussed that land is the new commodity that everyone is vying for. Even though the cost of land has greatly risen, it is the commodity that is needed to assist with the housing issues.

Mr. Lewis spoke and encouraged everyone to continue to do their part in the process. Housing and homelessness is a struggle and he implored that if everyone can continue to do their fair share in doing their best, we collectively can make a dent in the fight.

Commissioner Daniel questioned if there are other communities around the country that are making great strides in eradicating the issue. Ellen Magnis answered and said some communities are experiencing less homelessness because their economies are not booming like Dallas and because of that, housing is more affordable.

Dustin Perkins reported that vouchers make housing affordable. He also stated that he did an analysis this week looking at the 50th percentile of one bedroom rents in the Dallas area versus 50th percentile area median income according to HUD and what the change is. Since 2016 nationally, rents have gone up 106% for one bedrooms. In the same length of time, incomes have only gone up 54%. He also reported that he found that for every 100 people over 120% area median income, there are 120 available units, but for people at 30% area median income, there are only 30 units for every 100 people at that rate. Child Poverty Action Lab said this area needs 33,600 more units of affordable housing. They can either be built or used from existing stock, but only 7% of area landlords are taking housing vouchers. With this being the case, the housing market is not geared towards what people can pay.

Traswell Livingston stated that there are some best practices that are happening across the country in other counties that we may need to look into. Some of those include, rent caps, regulatory suggestions that incentivize affordable housing, re-purposing commercial retail spaces, and tax abatements. He also suggested that we may incentivize those developers to make a percentage of their units affordable. He expressed there may need to be more advocating for infrastructure systems and planning within the cities that can also be looked into. He stated that there is a real need to conscientiously look into of the environment, community and equity within the areas to make the red tape and zoning issues less restrictive. Dustin Perkins stated that looking into the discrimination practices and policies also would make an impactful difference. He stated that maybe looking into “dormitory” style housing where a 2-4 bedroom unit is broken up into a “shared housing” unit may also be an option. He believes that we need to look into more innovative ways to make housing affordable, not only by government subsidy. We can start to look outside the box and think of making units available for those in need.

Commissioner Daniel asked what the group can do to try to rectify some of these issues. Dallas County invested \$75 million dollars in 20 housing projects around the county. She also suggested writing correspondence to the cities to map out some of the issues that the area is experiencing. Dustin suggested doing a brief or “legislative road map” of the ideas expressed that would have an impact on the housing market. Doug Denton stated that this road map hits every level of city, county,

and state government and we might need to pinpoint a specific focused area. Ikenna Mogbo pointed out that the Dallas Housing Coalition is doing a lot of this work already. He suggested collaborating with them may be the way to go because they are a grass roots operation that have involved the citizens and maybe some of the elected officials will be more open to hearing their constituents' concerns. Commissioner stated that a next plan of action may be to speak with Brian Toney of the Dallas Housing Coalition and HUD's Special Advisor Rachel Wilson to see where we are and what else can be done. She also asked if some of the organizations within the workgroup could write a summary of the current work they are doing that is making impact. Dustin reiterated that if we could make the market "behave" and lower rent amounts then more funding could go towards behavioral programming. Doug also stated that we can speak with other counties and see what innovative ways they are addressing some of these issues and how we can look into integrating some of those policies.

Jennifer Corona reported for the Criminal Justice Department and stated that FUSE report is found on page 5 of the meeting packet. They are waiting on the final deliverables for the CSG grant which should be coming within the next couple of weeks and she will keep everyone posted on that. She also reported that the Dallas Connector is running well on our end, and they are continuing to work with Austin Street.

She also reported on the Homeless Jail Dashboard and the report is available in the packet for review. All of the numbers have been consistent with a slight increase from June and July of the overall book-ins. The bottom of page 3 reflects the average length of stay for those who identify as homeless or unsheltered.

She provided the Pre-trial Diversion report that is available in the meeting packet for review. She stated that the Criminal Justice Department worked with NTBHA to release 85 people from jail. The vendor Adapt is performing the assessments for the 1622 Project. In the month of July, there were 2,453 people assessed. The first time felony offender charged with nonviolent crimes mandated 87 people be referred for diversion and 95 assessments were completed.

***Due to the length of the meeting, the regular reports on Resources and Projects and Industry Updates will be provided at the next meeting.**

The meeting was adjourned with words of motivation by staying engaged and informed by Dr. Daniel.

Next Meeting: September 25, 2024



DCHHS EVICTION DIVERSION PROGRAM (EDP)

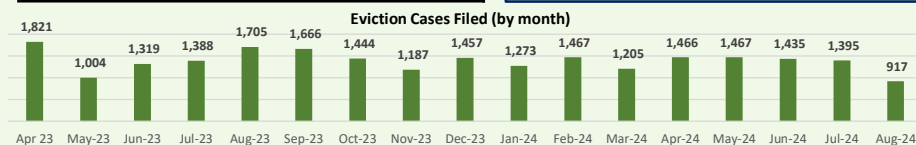
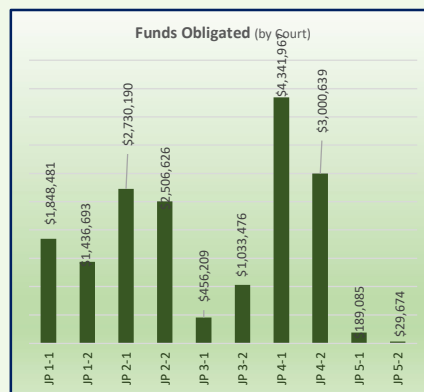
DATA ANALYSIS REPORT

(As of 09/13/2024)

	Cumulative Assistance
Pre-Eviction Diversion Interventions	806
Pre-Eviction Diversions Eligible/Approved	281
Funds Obligated (Pre-EDP)	\$1,743,999
Total Eviction Cases Filed	49,089
Interventions Provided by Navigators	13,718
Eviction Diversions Completed/In Process	2,798
Eviction Appeal Cash Bond Assistance	11
Funds Obligated (EDP)	\$17,587,337

Eviction Diversion Details					
JP Courts	Eviction Cases	Evictions Ordered	Persons Assisted by Navigators and Percent	Approved Cases	Eviction Diversions Pending/ Process
JP 1-1	6,018	data not available	1,718 (28.5%)	301	
JP 1-2	3,658		1,335 (36.5%)	239	
JP 2-1	7,733		1,328 (17.2%)	459	1
JP 2-2	8,957		2,257 (25.2%)	449	
JP 3-1	1,703		449 (26.4%)	66	
JP 3-2	1,816		811 (44.7%)	152	
JP 4-1	10,429		3,291 (31.6%)	608	2
JP 4-2	6,641		2,014 (30.3%)	481	
JP 5-1	2,064		478 (23.2%)	34	
JP 5-2	70		37	6	
TOTAL	49,089		13,718 (27.9%)	2,795	3

Funds Obligated and Clients Assisted Data			
JP Courts	Funds	Clients	Average
JP 1-1	\$ 1,848,481	301	\$ 6,141
JP 1-2	\$ 1,436,693	239	\$ 6,011
JP 2-1	\$ 2,730,190	459	\$ 5,948
JP 2-2	\$ 2,506,626	449	\$ 5,583
JP 3-1	\$ 456,209	66	\$ 6,912
JP 3-2	\$ 1,033,476	152	\$ 6,799
JP 4-1	\$ 4,341,967	608	\$ 7,141
JP 4-2	\$ 3,000,639	481	\$ 6,238
JP 5-1	\$ 189,085	34	\$ 5,561
JP 5-2	\$ 29,674	6	\$ 4,946
TOTAL	\$ 17,573,040	2795	\$ 6,287



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Texas Behavioral Health Advisory Committee

Annual Report

July 2024

The Behavioral Health Advisory Committee (BHAC) is established in [Texas Administrative Code 351.807](#). BHAC is required by federal law for state planning on federal Mental Health Block Grant (MHBG) funding. Its purpose is to make recommendations, with stakeholder input, to the Health and Human Services Commission regarding the allocation and adequacy of services and programs related to mental health and substance use disorders. The representation on the BHAC is specified by the above statute, and is made up of 19 voting members appointed by the HHSC Executive Commissioner.

The report notes that progress has been made on some of these recommendations, but have not been fully implemented.

Link to Report: <https://www.hhs.texas.gov/sites/default/files/documents/behavioral-health-advisory-fy23-report.pdf>

Recommendations:

1. Revise the licensing requirements for facilities in which substance use treatment may occur to expand the ability to provide school- and community-based treatment services, increasing access to substance use treatment and recovery services and supports for students.
2. Expand HHSCs Supportive Housing Rental Assistance to all 39 LBHA/LMHAs.
3. Expand Housing and Community-Based Services-Adult Mental Health (HCBS-AMH) to include services for homeless individuals.
4. Improve legislative reporting on local boarding home ordinances to better understand their impact on housing options for persons who are disabled by behavioral health issues. Findings will inform policy changes.
5. Build capacity for quality mental health services and trauma-informed care for individuals with Intellectual and Developmental Disabilities (IDD).
6. Support the development of recovery community organizations (RCOs) in rural and small metropolitan areas in Texas.
7. Create (or improve an existing) early childhood developmental screening web platform and data portal, utilizing the ASQ®-3 and the ASQ®:SE-2 developmental screening tools and early childhood development and referral resources.
8. Implement a state policy that Child Care Licensing and the Texas Rising Star Quality Rating and Improvement System require childcare and education centers to offer developmental screening for all children in their care who meet the age requirement.
9. Expand the eligibility for peer support services to youth and young adults under the age of 21.

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, please contact at jmetzinger@ntbha.org

10. Include Parent/Family Peer Support, provided by Certified Family Partners, Certified Family Peer Support Providers or Certified Family Specialists, as determined by the state certification entity as a covered service under the Medicaid State Plan to caregivers of children with emotional disturbances.
11. HHSC should work collaboratively with stakeholders to identify and approve additional family skills training materials for use as rehab billable services for families of children and youth.
 - Develop a workgroup.
 - Adopt a procedure by which recommended materials will be reviewed, approved, and adopted for use, including updates to Utilization Management (UM) guidelines.
12. Approve the Preparing Adolescents and Youth for Adulthood (PAYA) curriculum for use by certified family partners as a rehab billable service to the families of adolescents transitioning to adult mental health services.
 - HHSC should develop a UM "decision tree" specifically for PAYA training material that provides direction as to when the use of certain skills training materials may be appropriate.
 - Make every effort to identify, educate and inform providers of these expanded services.
13. Provide training through Centralized Training by Dr. Russell Barkley and his associates on the use of Barkley's Defiant Child/Teen and ensure fidelity by making this training opportunity available to all Certified Family Partners and some LBHA/LMHA Staff.
 - HHSC should develop a UM "decision tree" specifically for Barkley's Defiant Child/Defiant Teen skills training material that provides direction as to when the use of certain skills training materials may be appropriate.
 - Make every effort to identify, educate and inform providers of these expanded services.
14. Review and provide immediate approval of the Families Thrive curriculum for training and use by Certified Family Partners.
 - Make use of Families Thrive an approved rehab billable service.
 - HHSC should develop a UM "decision tree" specifically for Families Thrive skills training material that provides direction as to when the use of certain skills training materials may be appropriate.
 - Make every effort to identify, educate and inform providers of these expanded services.
15. Establish a dedicated Housing Coordinator at each LBHA/LMHA that will implement the requirements laid out in the HHSC Performance Contract. Add the following requirements to be added to the Performance Contract for LBHA/LMHAs:
 - The Housing Coordinator of each LBHA/LMHA shall establish a landlord outreach and engagement program to strengthen partnerships with local landlords and increase opportunities to house people with serious mental illness and/or co-occurring SUD or IDD conditions.
 - The Housing Coordinator shall report quarterly on the activities throughout the year in a report template to be developed by HHSC.

16. Increase funding for the Supporting Healthy Relationships (SHR) program to each LMHA by increasing GR investment in the program to a further \$6 million per fiscal year.
 - At the end of every fiscal year, collapse all unspent funds into a statewide pot of funding available to LBHA/LMHAs with illustrated need for more SHR funding.
 - Add reporting for SHR to include amount of funds expended, the timeline for funds expended, and how they were expended.
17. HHSC should provide special focus on notifying people with lived experience of mental health issues as they roll out their efforts to reach Medicaid recipients.
 - Include language on the Medicaid website that will minimize adverse reactions/fear response.
 - Make sure all communication is trauma-informed in a way to avoid eliciting a traumatic stress response.
 - HHSC should work collaboratively with organizations that have initiatives to reach people on Medicaid, especially those who work with people with lived experience of mental health issues and support them by providing up-to-date and accurate information as the initiative moves forward.
18. HHSC should encourage/ask LBHA/LMHAs to have a point person responsible for educating staff about this to get the word out to everyone that is served.
 - Have point person included in information disseminated to collaborating organizations.
 - HHSC should put specific language on its Medicaid website about mental health.
 - Have all materials produced by HHSC about the unwinding of Medicaid include a QR code that directs people to up-to-date information.
 - Have information disseminated in different formats to accommodate various learning styles.





Dallas County Criminal Justice (DCCJ) Housing Navigator August 2024 Report

FUSE Data

- I am working to complete the August 2024 FUSE data.

St. Jude Project

2920 Forest Ln, Dallas, TX 75234	104 Units	Dallas County has 13 allocated beds	Housing is for Seniors +55 years old
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- All the vacancies have been filled.

Housing Services for Homeless Criminal Justice-Involved Clients (HSH-CJC) Grant

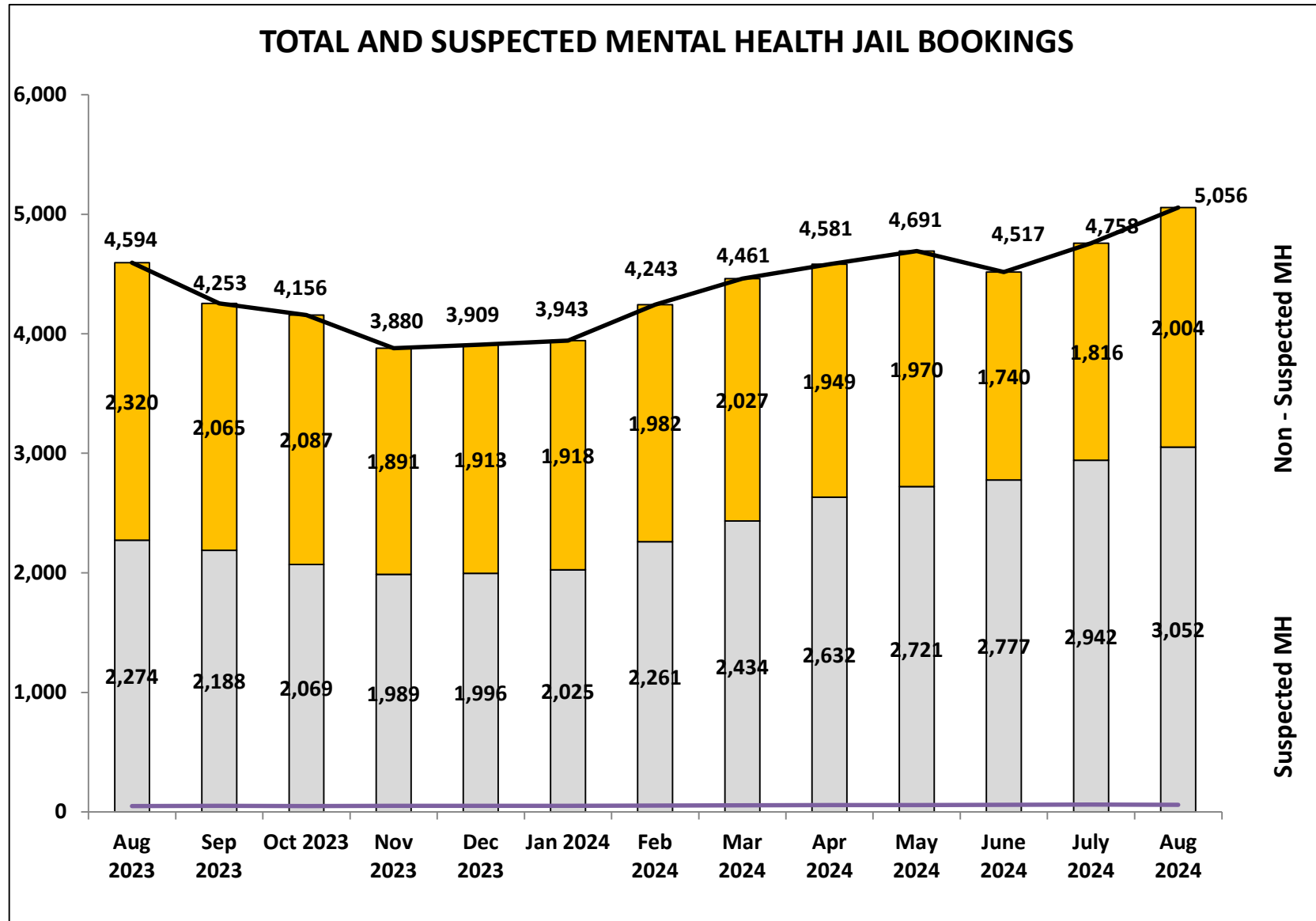
- The final deliverables have been approved by both the CSG Tech Team and the BJA.
- We are working with the Purchasing department toward next steps of completing the Procurement Process.

Dallas Connector Project (DCP) Dallas County Client Utilization (Transport to the NTBHA LR from the Jail and or the LR to the FUSE Shelters)

The NTBHA Livingroom (LR) Staff conducted jail releases for individuals going to the Livingroom and Austin Street's report would contain the August 2024 jail data.

DALLAS COUNTY BEHAVIORAL HEALTH HOUSING WORK GROUP

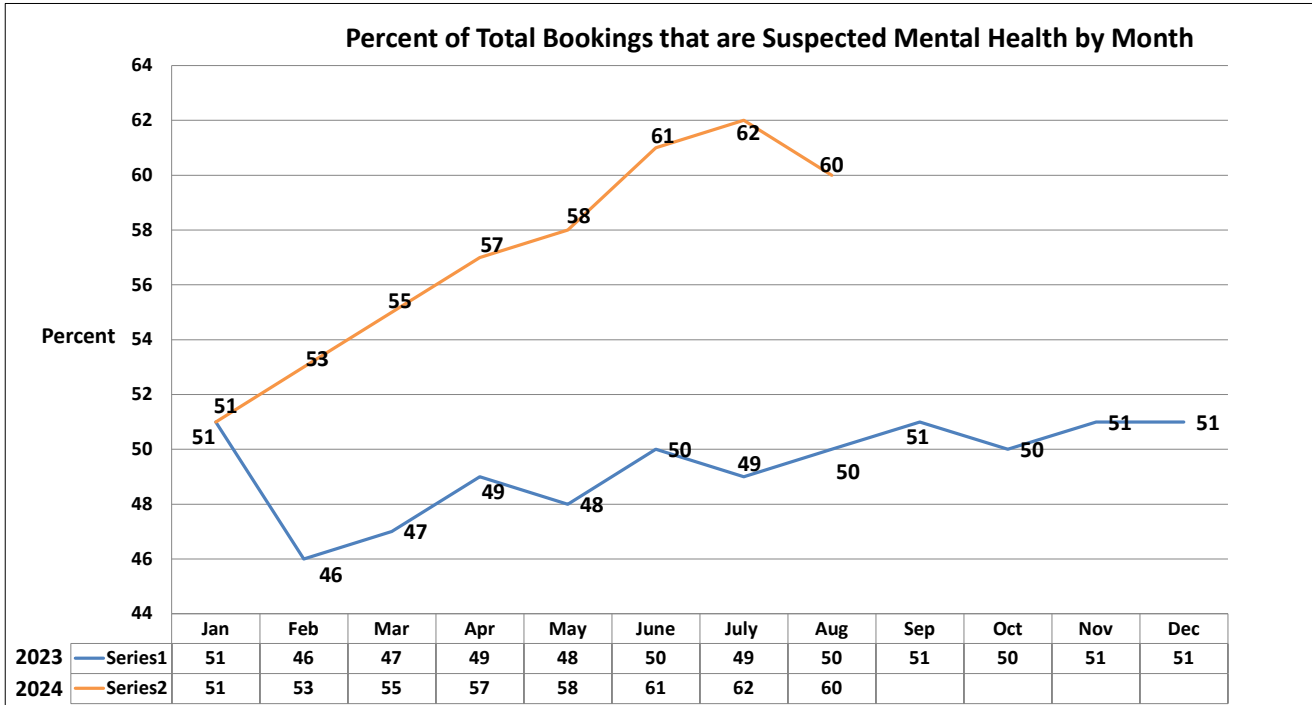
Aug 2024 Homeless Report Snapshot



DALLAS COUNTY BEHAVIORAL HEALTH HOUSING WORK GROUP

Month-to-Month Category Total Differences

Months	Total Monthly Bookins	Total Suspected MH Bookins
July to Aug 2024	4758 to 5056 - Increase 298	2942 to 3052- Increase 110



DALLAS COUNTY BEHAVIORAL HEALTH HOUSING WORK GROUP

Homeless Breakdown and Avg LOS - July 2024 to Aug 2024

Month/Yr	Category	Total Bookings	Percent	Percent Note
July 2024	Suspected MH	2,942	62%	% of total bookings [4758]
	Homeless	661	14%	% of total bookings [4758]
	Homeless w/Suspected MH flag	518	78%	% of total homeless [661]

Month/Yr	Category	Total Bookings	Percent	Percent Note
Aug 2024	Suspected MH	3,052	60%	% of total bookings [5056]
	Homeless	731	14%	% of total bookings [5056]
	Homeless w/Suspected MH flag	588	80%	% of total homeless [731]

Month/Yr	Avg LOS Total Bookings [days]	Avg LOS Homeless Bookings [days]
July 2024	7	10
Aug 2024	7	10

Monthly Unsheltered Expense

- Count of Aug 2024 Unsheltered Bookins = 731 (731 of 5056 = 14% of total Aug Bookins)
- ALOS for all Aug unsheltered 731 bookins as of 9/20/24 = 19 (19*\$85.13(Daily Jail Bed rate) = \$1617.41 per Individual)
- As of 9/20/24, Total number of Unsheltered Releases = 425
- Average Length of Stay (ALOS) for the 425 releases = 9 (9*\$85.13(Daily Jail Bed rate) = \$766.17 per Individual)
- Below are the top 6 offense categories for the 731 Unsheltered.

Top 6 Offenses	Count of BookInNo
POSS CS PG 1/1-B <1G	99
CRIMINAL TRESPASS	82
Holds	60
UNAUTH USE OF VEHICLE	28
EVADING ARREST DETENTION	25
THEFT PROP >=\$100<\$750	21

DALLAS COUNTY BEHAVIORAL HEALTH HOUSING WORK GROUP

Homeless Primary Offense Categories - July 2024 to Aug 2024

Offense Categories	July 2024 total	July 2024 %	Aug 2024 total	Aug 2024 %	MTD
Arson	1	0.2%	1	0.1%	
Assaultive	61	9.2%	66	9.0%	
Burglary	29	4.4%	31	4.2%	
Criminal Mischief	11	1.7%	13	1.8%	
Criminal Trespass	111	16.8%	92	12.6%	19 Decreased
Drug/Alcohol	165	25.0%	195	26.7%	30 Increased
Evading	25	3.8%	34	4.7%	
False Info/Fail to Identify	38	5.7%	39	5.3%	
Fraud	4	0.6%	16	2.2%	12 Increased
HOLDS	49	7.4%	66	9.0%	17 Increased
Murder	0	0.0%	1	0.1%	
Other	49	7.4%	65	8.9%	16 Increased
Prostitution	5	0.8%	1	0.1%	
Resist	11	1.7%	6	0.8%	
Robbery	12	1.8%	14	1.9%	
Sexual Offense	14	2.1%	6	0.8%	
Theft	55	8.3%	57	7.8%	
UUMV	21	3.2%	28	3.8%	
TOTAL	661	100.0%	731	100.0%	

HOLDS: Citation/Tickets, Insufficient Bonds/Insufficient Bond Warrants, External Holds (Transfer to another county), and Parole Violations

Other: Offense categories with one or two charge occurrences of monthly bookin totals (i.e. Terrorist Threats, Child Endangerment, Stalking, etc.)

UUMV: Unauthorized Use of a Motor Vehicle (i.e. Joyriding)

Month-to-Month Category Total Differences

= MTD by +/- 10 bookins

DALLAS COUNTY JAIL CENTRAL INTAKE

Screening Form for Suicide and Medical/Mental/Developmental

INMATE'S NAME:		BNO:	RACE/SEX:	DOB:
DATE:	TIME:	If female, pregnant? YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown <input type="checkbox"/> NA <input type="checkbox"/>		
DPD Class C Only? YES <input type="checkbox"/> NO <input type="checkbox"/>		Other Agency Class C Only? YES <input type="checkbox"/> NO <input type="checkbox"/>		Family Violence/Assault Charge? YES <input type="checkbox"/> NO <input type="checkbox"/>
Previous Military Experience YES <input type="checkbox"/> NO <input type="checkbox"/>		Have you resided at the same address for one year prior to this arrest? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you been employed or attending school six months prior to this arrest? YES <input type="checkbox"/> NO <input type="checkbox"/>				
IF YES TO ANY QUESTION BELOW, NOTIFY MEDICAL HEALTH IMMEDIATELY				
	YES	NO	"YES" REQUIRES COMMENTS	
Serious injury/hospitalization in last 90 days?				
Currently taking any prescription medications?				
Any disability/chronic illness (diabetes, hypertension, etc.)				
Have you ever had a traumatic brain injury, concussion, or loss of consciousness?				
Does inmate appear to be under the influence of alcohol or drugs? (NEW)				
Do you have a history of drug/alcohol abuse? If yes, note substance and when last used. (NEW)				
Do you think you will have withdrawal symptoms from stopping use of medications or other substances (including alcohol or drugs) while you are in jail?				
IF YES to 1a or 1b BELOW, PLACE ARRESTEE ON SUICIDE WATCH & NOTIFY MAGISTRATE AND MENTAL HEALTH, IMMEDIATELY.				
Is the inmate unable or unwilling to answer questions? <i>If yes, note why, notify supervisor and place on suicide watch until form completed.</i>				
1a. Does the Arresting/Transporting Officer believe or has the officer received information that inmate may be at risk of suicide?				
1b. Are you thinking of killing or injuring yourself today? <i>If so, how?</i>				
IS ARRESTEE PLACED ON SUICIDE WATCH?				
IF YES TO ANY QUESTION BELOW, NOTIFY MAGISTRATE AND MEDICAL/MENTAL HEALTH				
2. Do you hear noises or voices other people don't seem to hear?				
3. Do you currently believe that someone can control your mind, or that other people can know your thoughts, or read your mind?				
4. Prior to arrest, did you feel down, depressed, or have little interest or pleasure in doing things?				
5. Are you worried someone might hurt or kill you? ASK IF THEY FEAR SOMEONE CLOSE TO THEM.				
6. Do you have nightmares, flashbacks, or repeated thoughts or feelings related to traumatic event(s) from your past?				
7. Are you extremely worried you will lose your job, position, spouse, significant other, custody of your children due to arrest?				
8. Have you received services for emotional or mental health problems?				
9. Have you ever been in a hospital for emotional/mental health problems?				
10. Do you know your mental health diagnosis? IF YES, WRITE IN COMMENTS				
11. In school, were you ever told by teachers that you had difficulty learning?				
12. Have you lost/gained a lot of weight in the last few weeks without trying (at least 5lbs.)? (NEW)				
13. Does inmate show signs of depression (sadness, irritability, emotional flatness)?				
14. Does inmate display any unusual behavior, or act or talk strange (e.g., cannot focus attention, hearing or seeing things)?				
15. Is the inmate incoherent, disoriented or showing signs of mental illness? (NEW)				
16. Inmate has visible signs of recent self-harm (e.g., cuts or ligature marks)?				
17. Have you attempted suicide? If so, when and how?				
18. Are you feeling hopeless or have nothing to look forward to?				
SCREENING OFFICER LAST NAME/BADGE # (Print):		DATE:	TIME:	
REVIEWING OFFICER LAST NAME/BADGE# (Print):		DATE:	TIME:	

DMU STAFF COMPLETE THIS SECTION					
Additional Comments (Note CCQ Match here):	EXACT MATCH <input type="checkbox"/>	POSSIBLE MATCH <input type="checkbox"/>	NO MATCH <input type="checkbox"/>		
	YES	NO	DATE	TIME	HOW NOTIFIED
MEDICAL HEALTH NOTIFIED?					Electronic or Written (circle)
MENTAL HEALTH NOTIFIED?					Electronic or Written (circle)
MAGISTRATE NOTIFIED?					Electronic or Written (circle)
DMU CLERK LAST NAME (Print):			DATE:		TIME:

INITIAL CENTRAL INTAKE ASSESSMENT & HOUSING RECOMMENDATION

To be completed by Central Intake Nursing Staff

During medical examination, ask the inmate:			
History of Mental Illness/Intellectual Disability?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you use alcohol or drugs; If YES, answer a, b, and c below			<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Has drinking or drug use caused legal or financial problems for you?			<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Has drinking or drug use caused you to become violent or assaultive?			<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Have you ever experienced problems with your family, friends or your job due to drinking and driving?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HOUSING RECOMMENDATIONS (pick only one)			
Transfer to General Population			
Transfer to Medical Assessment Program (MAP)			
Transfer to Medical Assessment Program (MAP) – EXPEDITE			
Transfer to Medical Assessment Program (MAP) – Refused Intake Screening – Requires DSO Observation			
Transfer to Psychiatric Assessment Program (PAP)			
Transfer to PAP – Fly-By-MAP EXPEDITE (State Mental Hospital Return only)			
Transfer to Suicidal Tank/Crisis Stabilization – Psych Infirmary – Fly-By-MAP EXPEDITE			
Transfer to Respiratory Isolation – Fly-By-MAP EXPEDITE			
Transfer to Contact Isolation – Fly-By-MAP EXPEDITE (NT2 S/C-Males; WT 08P10-Females)			
Special Needs (select all that apply)			
None	Splint/Cast	Blind	Other, Specify Below:
Wheelchair	Dentures	Supplemental Oxygen	
Crutches	Hearing Aid	Catheters	
Walker	Glasses	Wound Care	
Diet (select one)			
Regular	Renal	Clear	
Diabetic	Liquid	Other	

Have you traveled to the Democratic Republic of Congo in the past 30 days? _____ Yes _____ No

Nurse Name _____ Signature _____ Employee ID _____ Date/Time _____

Reviewing Supervisor _____ Date/Time _____

September 2024 Update

Family Homelessness & Current Trends:

- As the primary access point for families, we always see a surge in need during the summer months for several reasons:
 - For families staying with friends/family, they are often asked to leave when kids are out of school and around all day. The living conditions are busier, louder, more crowded, etc.
 - When kids are out of school there are more mouths to feed (no breakfast/lunch at school).
 - Families who have been living in their car can no longer do so because of the summer heat.
- Our biggest spikes are in July and August. This month, we are finally seeing things slow down a little.
- In recent months, we were paying for 60-70 families to stay in overflow hotel space because all family shelters were full; that number has gone down to less than 20 families in overflow hotels this month.

Damage to Family Gateway North:

- As mentioned last month and as you have probably seen in the news, we experienced damage to the roof of our new shelter in north Dallas from the storm at the end of May. This led to significant water damage and mold in the childcare rooms and multiple shelter rooms.
- We received a slow response from the City, and it was brought forward to the Government Performance and Financial Management Committee. Several Councilmembers defended our agency and built urgency around the issue.
- Roof repair is now underway; once this is completed, the water damage and mold will be addressed.
- Childcare rooms are currently closed due to the mold which has put a significant strain on our families. We have also had to close several shelter rooms and put those families in hotels.

Youth Homelessness – Josh Cogan , A Way Home America

Join A Way Home America in Dallas, TX Oct 23-24 for our in-person convening-themed "Transilience: Bridging Beyond Silos." This theme represents our commitment to overcoming divisions and fragmentation within organizations and communities, and to shifting and sharing power. We aim to foster cross-disciplinary collaboration, knowledge-sharing, and the integration of diverse perspectives to tackle complex challenges and achieve common goals. This approach combines resilience and transformation to dissolve isolated silos of expertise, creating a more holistic and interconnected approach to problem-solving within our movement.

We will have breakout Transilience Rooms segmented into 4 Tracks:

1) Policy; 2) Organizing; 3) Youth & Young Adults with Lived Experience; & 4) Community/Holistic Care

If you are interested in bridging beyond silos and want to be part of our conference in Dallas, Texas, on October 23-24, 2024, we encourage you to register: State of the Movement — A Way Home America, <https://www.awayhomeamerica.org/sotm>

P.S. Commissioner Daniel will be a guest panelist on Thursday, October 24 and you won't want to miss that!