

**Dallas County Behavioral Health Leadership Team**

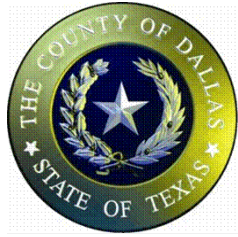
**Thursday, February 12, 2015**

**Henry Wade Juvenile Justice Center**

**2600 Lone Star Drive, Dallas, TX**

**Room 203-A at 9:30 -11:30 a.m.**

- I. Welcome and Call to Order
- II. Review/ Approval of Minutes from last meeting\*
- III. Sunset Commission\*
  - Approval of NTBHA Plan for Indigent Behavioral Health Services
- IV. Presentation
  - Lisa Castro, Director, Corporation for Supportive Housing (CSH)
- V. BHLT Activity Tracking
  - Legal Research
- VI. Dallas County Behavioral Health Housing Workgroup
- VII. Reports from and Charges to BHLT Committees
  - CSP Governance Committee\*
    - Approval of MOU with ValueOptions for Care Manager Position and After-Care Engagement Package
  - Clinical Operations Team
  - FACT
  - BHSC
  - Legislative Committee
- VIII. NorthSTAR Update
  - NTBHA Update
  - ValueOptions NorthSTAR Update
  - State Advisory Committees
- IX. The Cottages at Hickory Crossing Update
- X. Funding Opportunities
  - In-Jail Competency Update
- XI. Upcoming Events and Notifications
- XII. Public Comments
- XIII. Adjournment



Dallas County Behavioral Health Leadership Team  
Meeting Notes  
Thursday, January 8, 2015

**Welcome and Call to Order**

The meeting was called to order by Commissioner John Wiley Price at 9:30 AM.

**Review/Approval of Minutes**

The minutes from the BHLT meeting held on December 11, 2014 were included in the packet. BHLT committee members voted to approve the minutes as printed.

**Sunset Commission:**

Commissioner John Wiley Price and Commissioner Dr. Theresa Daniel opened the meeting for discussions on the Sunset Commission report. Ron Stretcher stated that the BHLT Negotiation committee will have an 11:00 am conference call today with Sonya Gaines, HHSC Associate Commissioner for Mental Health Coordination, and Mike Maples, DSHS Deputy Commissioner, to gather more information on guidelines for the NorthSTAR alternative plan. Mr. Stretcher stated that the committee would have more to report about the next steps after this meeting.

Mr. Stretcher introduced des Anges Cruser to discuss a few topics on behalf of Collin County. Ms. Cruser represents the Collin County Behavioral Health Systems Transition Project Team. Ms. Cruser stated that she did meet with HHSC, DSHS, and Sunset Commission representatives and learned that they are reluctant to having 7 individual plans within the NorthSTAR region. However, they are willing to provide guiding principles, criteria, and expectations for plan submissions. Mrs. Cruser expressed that Collin County is willing to work closely in partnership with Dallas County; however, Collin County will indeed have their own behavioral health authority. Mr. Stretcher and Ms. Cruser expressed that this partnership was vital due to services being located in both counties and patients being transient. Mr. Stretcher stated that by the March 15, 2015 deadline, HHSC and DSHS need to know which of the 7 counties want to align together under a particular authority or community center. Commissioner Price stated that he has to ensure that the needs of the Dallas County constituency included the indigent population, the jail, and Parkland are met in the submitted plan. Ms. Cruser stated that she would remain in communication with the BHLT negotiation committee.

Mr. Stretcher opened the discussion on the role of advocacy in negotiations regarding the NorthSTAR proposal. Mr. Stretcher stressed the need for advocacy; however, he stated that the BHLT negotiation team will not be the face of those efforts. Commissioner Price stated that the task of the negotiation team is to bring all proposals for modifying the NorthSTAR to the BHLT committee for review and agreement; however, advocacy for special interests in this process is

also encouraged. Ms. Janie Metzinger provided an overview of legislative initiatives MHA and NAMI will advocate for which include: 1) an impact study on the implementation of SB 58 that addresses outcome data for rest of state and potential consequences for its implementation in the NorthSTAR region, 2) time to develop an alternate system for Dallas County indigent and Medicaid populations. Sherry Cusumano stated she was concerned that the BHLT committee's negotiations could potentially interfere with legislative advocacy efforts. Mr. Stretcher acknowledged this concern and assured BHLT that the negotiation committee would always bring proposals and information back for review. Commission John Wiley Price reviewed the previously passed Resolution (12-2014) that addresses BHLT negotiations with Sunset Advisory Commission regarding NorthSTAR modifications.

**BHLT Activity Tracking:** Ron Stretcher stated that Cloutman & Cloutman legal firm continues to conduct research on legal remedies to address the inequity of NorthSTAR funding and authority function issues.

**Behavioral Health Housing Work Group (BHHWG) Update:** Commissioner Daniel reported that the BHHWG continues to identify housing inventory. Commissioner Daniel reported that the Coordinated Access Committee continues to work on a coordinate access tool and there is now a MDHA link on the Dallas County HHS website. The Project Development Committee continues to look at property for possible housing projects. The Best Practices committee is currently reviewing a Senate Bill that would ease someone's prior criminal history as a risk for rental housing. BHHWG continues to look at ways to best utilize vouchers and funding sources. The Funding Sources Ad Hoc Committee members attended Cooperation for Supportive Housing (CSH) webinar that addressed the availability of grants for supported housing. Commissioner Price provided information on a bill that allows landlords to refuse leasing to some voucher holders.

### **Reports from and Charges to BHLT Committees**

**Crisis Services Project (CSP) Governance Committee:** Mrs. Randolph reported that IGT was submitted by January 2, 2015 and matched funds of approximately \$4.6 million are expected by January 30, 2015. The CSP Governance Committee decided that they would meet quarterly however, each member is welcome to join the CSP bi-weekly meetings which are held at the Frank Crowley Courts Building. Commissioner John Wiley Price stated that after the Legislative session is over the BHLT meetings would also be changed to bi-monthly or quarterly.

Mrs. Randolph stated that CSP met to discuss SIP, which is spear headed by Duane Steele, and it seems that the program should be up and running soon. There will be a presentation given at the February BHLT meeting. CSP continues to work with Salvation Army to get the transitional housing project up and running.

**Clinical Operations Team (ACOT):** Sherry Cusumano reported that ACOT has not met this month.

**FACT:** Charlene Randolph reported that FACT has not met this month.

**BHSC:** Judge Kristen Wade reported that the BHSC has not met this month.

**Legislative Advisory Committee:** The committee did not meet for the month of December. Janie Metzinger reported that legislators started filing bills on November 10, 2014 and the committee will continue to monitor them daily.

**NTBHA Update:** Brittony McNaughton reported that the Board did not meet last month; however, the focus has been to continue meeting with community leaders and NorthSTAR Counties.

**ValueOptions NorthSTAR Update:** Sandy stated that 6,000 letters had been sent out to clients eligible for ACA plan enrollment. Ms. Potter also reported that the pharmacy program (QOL) was going very well. This new pharmacy program is available in 125 pharmacies around the 7 county regions and is available at Kroger and Wal-Mart. The plan is to establish a county-by-county report card so that they can see and understand the number of individuals being served in the pharmacy program. Ms. Potter also noted that NorthStar is working on establishing a contract with Parkland.

**State Advisory Committees:** Commissioner Dr. Daniel reported the Advisory Committee is surveying all Texas counties to establish baseline data on statewide mental health services.

**The Cottages at Hickory Crossing Update:** Ron Stretcher reported that construction on the Cottages continues.

**In-Jail Competency Update:** Ron Stretcher stated that the In Jail Competency is currently on hold.

#### **Upcoming Events and Notifications:**

**Adjournment:** A motion was made, seconded, and approved to adjourn the meeting at 10:41 AM.

## BHLT Workgroup Recommendations for Action

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### Current BHLT Action Items

	Suggestions, Recommendations & Motions	Person Initiating	Workgroup/ Person Tasked	Plan for Accomplishment	Current Status	Follow-Up	Date Completed
9/11/2014	Tom Collins expressed concern with having to visit non-medical facilities (such as boarding homes) before referring Green Oaks clients. Mr. Collins proposed having a dedicated entity responsible for this task.	Tom Collins	Behavioral Health Housing Work Group (BHHWG)	The BHHWG will facilitate a community discussion on how to address this issue.			This is being addressed by BHHWG.
10/9/2014	BHLT members asked for a description of boarding home standards.	Tom Collins	Janie Metzinger	Janie Metzinger will provide BHLT with a document that overviews boarding home standards.	In progress		This is being addressed by BHHWG.
1/8/2015	Provide presentation on SIP update	Ron Stretcher	Duane Steele/ Charlene Randolph	The presentation will be made at a BHLT meeting to be determined			

## BHLT Workgroup Recommendations for Action

### Currently Completed BHLT Action Items

Date	Suggestions, Recommendations & Motions	Person Initiating	Workgroup/ Person Tasked	Plan for Accomplishment	Current Status	Follow-Up	Date Completed
12/11/2014	BHLT will designate a team to negotiate with HHSC to modify NORTHSTAR	Ron Stretcher	BHLT committee	BHLT members will vote by ballot to select the negotiating team.	BHLT voted to designate the following committee members to negotiate on its behalf: Ron Stretcher (Lead), Alex Smith, Carol Luckey, Matt Roberts, Sandy Potter	The designated committee continues to negotiate with HHSC and will provide BHLT with status updates on this initiative.	12/11/2014
1/8/2015	Provide a copy of Senate Bill 267 that addresses regulations for landlords renting to persons with housing choice vouchers.	Commissioner John Wiley Price	BHLT staff	BHLT will provide a copy of the bill for review	BHLT members were forwarded an electronic copy of Senate Bill 267 on 2/9/15.		2/9/2015
1/8/2015	MHA and NAMI will provide a handout on their NorthSTAR legislative efforts		Janie Metzinger	Janie Metzinger reviewed a handout on items MHA and NAMI will press for legislation	BHLT members were forwarded an electronic copy of this handout on 2/9/15.		2/9/2015

## BHLT Workgroup Recommendations for Action

### History of BHLT Action-Items and Accomplishments

On-Going & Accomplished Action Items	Date Completed	Current Status
Coordinate efforts of BHLT sub-committees, community agencies, and DSRIP projects to ensure collaboration and education	On-going	Charlene Randolph continues to monitor these efforts
Discuss crisis services, stabilizations, alternatives to care, and dynamics that lead to better outcomes in BHLT sub-committees	On-Going	ACOT routinely discusses this issue at monthly meetings
Educate DSRIP projects regarding their impact on ValueOptions NorthSTAR	On-Going	CSP discusses at RHP 9 Learning Collaborative events
Monitor DSRIP projects operations, focus, outcomes to help identify areas that need additional supports and shifting	On-Going	CSP receives information at RHP 9 Learning Collaborative events
Discuss Dallas PD concerns regarding clients being released from the hospital without a discharge plan	On-Going	ACOT routinely discusses this issue at monthly meetings
Receive information on the Regional Legislative Team Committee's identified priority issues	On-Going	Legislative Committee will routinely provide this information
Facilitate collaboration between NAMI and Dallas County Juvenile Department to implement stigma training (Ending the Silence) into The Academy of Academic Excellence and schools	On-Going	FACT routinely discusses and is helping to coordinate this activity.
Explore the availability of funding for supported services (i.e. case management) persons receiving DHA housing vouchers.	On-Going	BHHWG routinely discusses this issue.
Explore sustainability of 1115 Waiver Projects	On-Going	CSP and BHLT will continue to explore this issue
Invited Mr. Thompson join Councilwoman Davis' Workgroup	Complete	Jay Dunn addressed this issue
Wrote a response to House Bill (HB) 3793. HB 3793 (83rd Legislative session) that directs a plan for appropriate and timely mental health services and resources for forensic and civil/voluntary populations	12/12/13	
Documented who's responsible for each CSP milestone	1/17/14	
Shared creative options for utilizing DSHS housing funds to ValueOptions NorthSTAR	Complete	VO published guidelines based on suggestions
Established Behavioral Health Housing Workgroup	2/7/14	The workgroup continues to meet monthly.
Approved funding Care Coordinator position at ValueOptions to assist the CSP	2/24/14	
Applied for the SAMHSA Sequential Intercept Mapping workshop	2/13/14	BHLT was not a chosen participant
Provided BHLT will more information regarding Foster Care Redesign	3/25/2014	

## BHLT Workgroup Recommendations for Action

<b>On-Going &amp; Accomplished Action Items</b>	<b>Date Completed</b>	<b>Current Status</b>
Provided description for Specialty Court Case Coordinator Position	4/1/2014	
Provided BHLT members with information on the Qualifications of Homelessness and accessing ValueOptions Housing funds	5/8/2014	
Addressed patient complaints on Parkland police	5/16/2014	
Received update on Children's and Parkland's 1115 Waiver projects	6/12/2014	
Followed-up on DSHS Housing for HCBS-AMH	7/10/2014	Dallas County suspended its request
Distributed MHA Flyer on Teen MH Conversation	7/10/2014	
Received update on Green Oaks' and Baylor's 1115 Waiver behavioral health projects	8/14/2014	
Received requested information on Dallas Marketing Group	7/18/2014	
Reviewed Janie Metzinger's response letter to Sunset Commission's review on the counting of mentally ill individuals in Texas	8/11/2014	
Distributed program overview and access information for Baylor's 1115 Waiver program to BHLT members	8/25/2014	
Adopted resolutions supporting Abilene Christian University research proposal and UTSW Homeless Services Project	9/11/2014	
Received update on Timberlawn's 1115 Waiver behavioral health projects	9/11/2014	
Approved legal research on Texas mental health funding laws	10/9/2014	
Received literature on nine models for integrating behavioral health and primary health care	10/10/2014	
Supported response letter to the Sunset Advisory report and voted to approve resolution declaring its support of NorthSTAR	10/15/2014	
Designated a 5-member committee to negotiate with HHSC to modify NORTHSTAR	12/11/2014	



# RESOLUTION

## DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM

RESOLUTION NO: 1-2015

DATE: February 12, 2015

STATE OF TEXAS }

COUNTY OF DALLAS }

**BE IT REMEMBERED** at a regular meeting of the Dallas County Behavioral Health Leadership Team held on the 12<sup>th</sup> day of February 2015, 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,** on December 3, 2013, the CSP Governance Committee approved the creation of the Value Options NorthSTAR Care Manager position;

**WHEREAS,** who coordinates with CSP staff to determine the most appropriate level of care in the least restrictive environment for CSP consumers transitioning between the waiver project and services within the community; and

**WHEREAS,** one of CSP's outcome goals is to connect Dallas County forensic clients to a prescriber within 7 days after being released from Terrell State Hospital; and

**WHEREAS,** ValueOptions has agreed to develop an After-Care Engagement package in its existing care management system to help ensure CSP forensic clients are seen by a prescriber within 7 days after discharge from hospitalization (see MOU for service details).

**IT IS THEREFORE RESOLVED** that the Dallas County Behavioral Health Leadership Team endorses the MOU with ValueOptions to renew authorization of actual costs for the NorthSTAR Care Manager position and authorize additional costs for the After-Care engagement package.

**DONE IN OPEN MEETING** this the 12<sup>th</sup> day of February, 2015.

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John Wiley Price  
Commissioner District #3  
Dallas County

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Dr. Theresa Daniel  
Commissioner District #1  
Dallas County

**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
DALLAS COUNTY  
AND  
VALUE OPTIONS OF TEXAS IN THE  
DELIVERY OF BEHAVIORAL HEALTH SERVICES  
UNDER THE NORTHSTAR MANAGED CARE PROGRAM  
FOR  
ENHANCEMENT OF BEHAVIORAL HEALTH SERVICES  
IN DALLAS COUNTY**

**1.0 Purpose:** The purpose of this Memorandum of Understanding (“MOU”) is to describe Dallas County’s specific expectations relative to the delivery of mental health and substance abuse services, and to describe County’s payment for enhanced behavioral health services.

**2.0 Parties:** The participants in this MOU are: Value Options of Texas (“Behavioral Health Organization” or “BHO”), and Dallas County (“County”).

**3.0 Services to be Provided by BHO:** The BHO agrees that the following services are to be included within the overall scope of treatment options available for residents of Dallas County:

Staff Services - the County will be provided the following staff resources:

- One (1) full-time equivalent Care Manager whose primary work assignment is to support the Dallas County Crisis Services Project, funded through the 1115 Medicaid Transformation Waiver. The BHO shall ensure that the Care Manager has the required education and experience and performs the core job duties as detailed in Exhibit A, Job Duties – Dallas 1115 Waiver Care Manager.

After-Care Services – BHO will provide the following services:

- BHO will develop and administer an after-care engagement and recovery package. BHO will develop the after-care engagement and recovery package that details service encounters for persons being released on forensic commitments (before, during, and after release from hospital or jail) by non-medical clinicians (phone, face-to-face, video, community and transportation) and prescriber visits. The after-care engagement package will ensure (i) Crisis Services Project (CSP) clients released on forensic commitments are seen by a prescriber within seven (7) days after hospital discharge and (ii) an after-care engagement and recovery plan for those clients is developed and maintained by CSP and Specialty Provider Network clinic staff.
- BHO will implement a tracking system to monitor claim payments and authorization and seven (7) days follow-up appointment compliance.

### **3.1 BHO's Responsibilities as a Partner in Quality Improvement Activities**

In addition to the specific services that BHO will provide as detailed in Section 3.0, the BHO agrees to participate as an effective quality improvement partner with Dallas County and its constituencies in designing, implementing, and overseeing NorthSTAR related behavioral services and recovery-oriented systems of care. The BHO agrees to participate as an active member of the Dallas County Behavioral Leadership Team (BHLT) and its quality improvement activities.

The BHO will develop mechanisms for service delivery and outcome reporting and evaluation in support of the following quality improvement goals approved by the Dallas County BHLT. The BHO will identify and report to Dallas County those outcome measures that will indicate progress towards meeting the below identified goals. This outcome data will be used by the BHO, in partnership with Dallas County, to develop and implement improved service delivery strategies.

- 1. Improve patient outcomes and costly repeated hospital admissions and criminal justice involvement.**
- 2. Improved communication/collaboration between and less fragmentation of the diverse array of service providers in our system.**
- 3. Target resources towards those at high risk for poor outcomes.**
- 4. Increase the impact of behavioral health services on homeless recovery.**
- 5. Begin a framework upon which to develop improved integration between behavioral health and primary care.**
- 6. Develop and implement services and core competencies outside the service packages for which there is an unmet need, including but not limited to peer recovery services.**
- 7. Increase co-occurring disease competency throughout the mental health system.**

#### **4.0 Payment by County:**

- County has agreed to reimburse the BHO for the actual costs incurred in providing a Care Manager, not to exceed One Hundred Twelve Thousand and No/100 Dollars (\$112,000) annually. County shall reimburse the BHO on a monthly basis, upon receipt of an accurate and complete request for reimbursement from the BHO.
- Dallas County, through the CSP, will pay for encounters (before, during, and after release from hospital or jail) by non-medical clinicians (phone, face-to-face, video, community, and transportation) and prescriber visits to support achievement and maintenance of aftercare engagement for persons being released on forensic commitments, not to exceed Two Hundred Sixteen Thousand and No/100 Dollars (\$216,000).

**4.1 Adequacy of Service Delivery:** County's continued payment will be contingent upon the adequacy of the service delivery, as solely determined by the Commissioners Court. Quality improvement activities, as detailed in Section 3.1, will also be evaluated by Dallas County, primarily through its BHLT, to determine the adequacy of service delivery.

**4.2 Voluntary Payment:** BHO understands and agrees that all County payments are discretionary and are made as a result of a Commissioners Court decision to augment services to persons in Dallas

County and that the County has the final determination as to the manner in which such payments are expended. Notwithstanding any provisions contained herein, the obligations of the County under this Contract are expressly contingent upon the availability of funding for each item and obligation contained herein for the term of the Contract, and any extensions thereto. Contractor shall have no right of action against the County in the event the County is unable to fulfill its obligation under this Contract as a result of lack of sufficient funding for any item or obligation from any source utilized to fund this Contract, or failure to budget or authorize funding for this Contract during the current or future fiscal years. In the event that the County is unable to fulfill its obligations under this Contract as a result of lack of sufficient funding, or if funds become unavailable, the County, at its sole discretion, may provide funds from a separate source or may terminate this Contract by written notice to Contractor at the earliest possible time prior to the end of its fiscal year.

**5.0 Term:** The term of this MOU begins on the date of execution and continues for twelve (12) months unless terminated earlier by either party upon sixty (60) days prior written notification by any party to all other parties. Each party to this MOU shall designate a person to receive notices hereunder within ten (10) days of execution of this MOU. Such notice shall be deemed to have been given if reduced to writing and delivered by a nationally recognized personal service delivery or courier service or mailed by certified or registered mail return receipt requested, postage pre-paid and shall be deemed to be given five (5) days subsequent to the date it was so delivered or mailed.

**6.0 Venue:** This MOU shall be governed by Texas law and exclusive venue shall lie in Dallas County, Texas.

**7.0 Indemnity:** All parties agree to be responsible for their own negligent acts or omissions, or other tortuous conduct, in the course of performance of this MOU without waiving any sovereign immunity, governmental immunity or available defenses available to the parties under Texas law. Nothing in this paragraph shall be construed to create or grant any rights, contractual or otherwise, in or to any third persons or entities.

**8.0 Sovereign Immunity:** This MOU is expressly made subject to County's sovereign immunity, Title 5 of the Texas Civil Practice and Remedies Code and all applicable State and federal law. The parties expressly agree that no provision of this MOU is in any way intended to constitute a waiver of any immunities from suit or from liability that the parties or the County has by operation of law. Nothing herein is intended to benefit any third-party beneficiaries to this MOU.

**9.0 Independent Contractor:** BHO, including its agent or employee, is an independent contractor and not an agent, servant, joint enterpriser, joint venturer or employee of the County, and is responsible for its own acts, forbearance, negligence and deeds, and for those of its agents or employees in conjunction with the performance of work covered under this MOU.

**10.0 Attest:** The parties to this Memorandum of Understanding herewith agree to the provisions contained herein.

EXECUTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2015.

**DALLAS COUNTY:**

\_\_\_\_\_  
BY: Clay Lewis Jenkins  
Dallas County Judge

**VALUE OPTIONS OF TEXAS:**

\_\_\_\_\_  
BY: Sandy Potter  
Executive Director

**RECOMMENDED:**

\_\_\_\_\_  
BY: Ron Stretcher  
Director of Criminal Justice

**APPROVED AS TO FORM\*:**

SUSAN HAWK  
DISTRICT ATTORNEY

\_\_\_\_\_  
BY: Melanie Barton  
Assistant District Attorney

\*By law, the Dallas County District Attorneys' Office may only advise or approve contracts or legal documents on behalf of its clients. It may not advise or approve a contract or legal document on behalf of other parties. Our review of this document was conducted solely from the legal perspective of our client. Our approval of this document was offered solely for the benefit of our client. Other parties should not rely on this approval, and should seek review and approval by their own respective attorney(s).

## Forensic Crisis Services Project After-Care Engagement Package Framework

**Goal:** Ensure Crisis Services Project (CSP) clients released on forensic commitments are seen by a prescriber within 7 days after hospital discharge and an after-care engagement and recovery plan for those clients is developed and maintained by CSP and SPN clinic staff.

**After-Care Engagement Plan:** Crisis Services Project will pay for encounters (before, during and after release from hospital or jail) by non-medical clinicians (phone, face-to-face, video, community and transportation) to support achievement and maintenance of aftercare engagement for persons being released on forensic commitments.

Value Options will develop a “package” that details encounter values.

**Deliverables:**

Activity	Monthly Cost	Responsible party
Full Enrollment in NorthSTAR Pre-Release from the Hospital	<b>0</b>	<b>VO</b>
<p><b>QMHP</b> 3 consecutive appointments with a specialized QMHP or higher who will be a clear point of contact.</p> <ul style="list-style-type: none"> <li>• After-care engagement package will cover the initial engagement development 60-90 days</li> <li>• Total Specialized QMHP or higher: 3 events of 30-45 minutes (9 units)</li> <li>• T2017 QMHP Case Management (15 mins)</li> </ul>	<b>Additional reimbursement of 200.00 a month for 3 months.</b>	<b>SPN Provider</b>
<p><b>E&amp;M (Prescriber)</b> Client will be seen by a prescriber (not a QMHP and scheduled to prescriber later) <b>within a maximum of 7 days after hospital discharge</b>, with an emphasis on seeing clients as close to same day of discharge as possible.</p> <ul style="list-style-type: none"> <li>• 99204 New patient (45 mins)</li> <li>• 99215 Existing patient (40 mins)</li> </ul>	<b>Included in bundled additional reimbursement of 200.00 a month for 3 months.</b>	<b>SPN Provider</b>

**Total Cost of additional services = 200.00 on top of current case rate for 3 months (\$ 600.00)**

**All Members will be assessed and treated according to Package 3 Adult Level of Care unless the member is LOC 4 and then member would be placed on ACT and services to be rendered according to ACT program rules and payment. No Bonus payment for ACT members.**

- VO pays for case rate and additional payment
- 1115 pays for case management or other admin burden
- CSP NorthSTAR Care Manager monitors if LOC 3 services are delivered and notifies VO CFO quarterly regarding the bonus payment allowed as a part of the Case rate reconciliation

**Considerations for Implementation:**

- Small pilot to explore benefit of rolling out to larger population
- Priority to get things working out of Terrell first
- QMHP and prescriber will allow CSP participation in transition planning meetings. This should be a formal “continuity of engagement” process that defines role and responsibilities by level of care over a 2- 3 month timeframe. CSP will be phased out within 9 months.
- Need provider with ACT capability
- Will use VO infrastructure to track 7- 30-day follow-up
- No-Show rate

## ACS 1115 CSP Monthly Production Report

	Past Year Average	Oct-14	Nov-14	Dec-14	AVERAGE	TOTAL
<b>Total Service Episodes:</b>	<b>449</b>	749	479	308	512	1,536
<b>Total Unique Consumers:</b>	<b>328</b>	747	439	241	476	1,427
Percentage Change to DY3		227.63%	133.77%	73.44%		

### Frank Crowley Specific Report

	Oct-14	Nov-14	Dec-14	AVERAGE	TOTAL
<b>Service Episodes:</b>	688	435	267	463	1,390
<b>Unique Consumers:</b>					
By N* ID	653	379	175	402	1,207
By Client ID	33	22	27	27	82
<b>TOTAL Unique Consumers:</b>	<b>686</b>	<b>401</b>	<b>202</b>	<b>430</b>	<b>1,289</b>
TOTAL Unique Consumers as %:	99.71%	92.18%	75.66%		
<b>Unique F2F:</b>					
By N* ID	80	64	95	80	239
By Client ID	20	17	9	15	46
<b>TOTAL Unique F2F:</b>	<b>100</b>	<b>81</b>	<b>104</b>	<b>95</b>	<b>285</b>
TOTAL Unique F2F as a %:	93%	76%	76%		
<b>F2F Percentage:</b>	15.70%	24.60%	50.94%	25.25%	25.25%
<b>Encounters by Type:</b>					
Triage	688	435	267	463	1,390
Care Coordination	1152	1061	1157	1123	3,370
F2F Encounter	108	107	136	117	351
<b>TOTAL Encounters:</b>	<b>1948</b>	<b>1603</b>	<b>1560</b>	<b>1704</b>	<b>5,111</b>
<b>Female:</b>					
Black	131	81	51	88	263
White	57	33	17	36	107
Hispanic	33	8	6	16	47
Other	1			1	1
Unknown	1	3	1	2	
<b>TOTAL Female:</b>	<b>223</b>	<b>125</b>	<b>75</b>	<b>141</b>	<b>418</b>
<b>Male:</b>					
Black	300	199	78	192	577
White	94	49	27	57	170
Hispanic	63	20	11	31	94
Other	3	7	3	4	13
Unknown	3	1	7	4	11
<b>TOTAL Male:</b>	<b>463</b>	<b>276</b>	<b>126</b>	<b>288</b>	<b>865</b>



**Timberlawn Specific Report**

	Oct-14	Nov-14	Dec-14	AVERAGE	TOTAL
<b>Service Episodes:</b>	61	44	41	49	146
<b>Unique Consumers:</b>					
By N* ID	55	33	35	41	123
By Client ID	6	5	4	5	15
<b>TOTAL Unique Consumers:</b>	<b>61</b>	<b>38</b>	<b>39</b>	<b>46</b>	<b>138</b>
TOTAL Unique Consumers as %:	100%	86%	95%	95%	95%
<b>Unique F2F:</b>					
By N* ID	45	33	33	37	111
By Client ID	3	5	2	3	10
<b>TOTAL Unique F2F:</b>	<b>48</b>	<b>38</b>	<b>35</b>	<b>40</b>	<b>121</b>
TOTAL Unique F2F as a %:	98%	100%	95%	98%	98%
<b>F2F Percentage:</b>	80.33%	86.36%	90.24%	84.93%	84.93%
<b>Encounters by Type:</b>					
Triage	61	44	41	49	146
Care Coordination	268	236	284	263	788
F2F Encounter	49	38	37	41	124
<b>TOTAL Encounters:</b>	<b>378</b>	<b>318</b>	<b>362</b>	<b>352.6667</b>	<b>1058</b>
<b>Female:</b>					
Black	14	6	10	10	30
White	3	7	2	4	12
Hispanic	8	7	2	6	17
Other	2			2	2
Unknown	2	2	2	2	2
<b>TOTAL Female:</b>	<b>29</b>	<b>22</b>	<b>16</b>	<b>22</b>	<b>61</b>
<b>Male:</b>					
Black	17	14	9	13	40
White	7	3	4	5	14
Hispanic	6	5	4	5	15
Other	1		2	2	3
Unknown	1		4	3	5
<b>TOTAL Male:</b>	<b>32</b>	<b>22</b>	<b>23</b>	<b>26</b>	<b>77</b>
<b>Age of Triage Encounters:</b>					
Adult	38	30	32	33	100
Minor	21	11	5	12	37
Uncollected	2	3	2	2	7
<b>TOTAL Age of Triage Encounters:</b>	<b>61</b>	<b>44</b>	<b>39</b>	<b>48</b>	<b>144</b>
<b>Age of F2F Encounters:</b>					
Adult	31	30	30	30	91
Minor	17	8	5	10	30
Uncollected	0	0		0	0
<b>TOTAL Age of F2F Encounters:</b>	<b>48</b>	<b>38</b>	<b>35</b>	<b>40</b>	<b>121</b>
<b>F2F Outcomes:</b>					
23 hours obs			1	1	1
Crisis Residential		2	5	4	7
Inpatient- Civil	9	5	6	7	20
Intensive Outpatient	4	3	2	3	9
Left Against Clinical Advice			1	1	
Medical Referral	3	1	4	3	8
No Behavioral Health Services Indicated			2	2	
Other Higher Level of Care		1		1	1
Partial Hospitalization Program	1	1		1	2
Residential-CD	2	2		2	4
Residential-SUD/ COPSD		1	1	1	2
Routine Outpatient	25	20	11	19	56
School-based services			1	1	
Urgent Care Clinic	4	2	2	3	
<b>TOTAL Outcomes</b>	<b>48</b>	<b>38</b>	<b>36</b>	<b>41</b>	<b>110</b>
<b>Diversion Rate</b>	<b>81.25%</b>	<b>86.84%</b>	<b>83.33%</b>		<b>81.82%</b>

**Transicare Reporting  
Crisis Services Project**

	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
1 <b>Beginning Census</b>	0	13	20	22	24	24	25	34	30	33	41	37	33	36	34	42
2																
3 <b>Admissions</b>																
4 Referred	29	15	11	12	23	15	38	28	31	31	24	23	20	18	27	42
5																
6 Admitted	16	5	5	7	9	6	15	6	8	12	3	1	6	4	8	12
7 Not Admitted Unable To Assess	2	2	1	1	4	3	7	2	2	3	3	4	1	2	6	7
8 Not Admitted Post Assess on Criteria	2	4	4	3	6	4	7	9	14	14	15	8	5	6	7	8
9 Pre-Admit In Process	9	4	1	1	4	2	9	11	7	2	3	10	8	6	6	15
10																
11 Admitted (prior mo)	0	3	2	0	0	0	1	2	4	2	0	0	3	0	2	2
12 Not Admitted Unable To Assess (prior mo)	0	5	0	0	0	4	0	4	3	0	0	2	2	0	1	0
13 Not Admitted Post Assess on Criteria (prior mo)	0	1	2	1	1	0	1	2	3	5	0	1	3	3	2	2
14 Unresolved Pre-Admit Lag								1	1		2		2	3	1	2
15																
16 > 1 Month Lag Admits									1		1	1	1	0	3	2
17																
18 <b>Total Admissions</b>	<b>16</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>9</b>	<b>6</b>	<b>16</b>	<b>8</b>	<b>13</b>	<b>14</b>	<b>4</b>	<b>2</b>	<b>10</b>	<b>4</b>	<b>13</b>	<b>16</b>
19																
20 <b>Discharged</b>																
21 Successfully Transferred	0	0	2	3	3	2	3	7	2	0	2	2	2	1	3	2
22 Discharge Rapid Disengagement	3	1	0	2	2	1	3	3	1	0	3	0	2	3	1	1
23 Discharge Midterm Disengagement	0	0	2	0	0	0	0	1	0	0	2	3	2	1	0	1
24 Discharge Intervening Factor	0	0	1	0	4	2	1	1	7	6	1	1	1	1	1	5
25																
26 > 1 Month Lag Discharges																2
27																
28 <b>Total Discharged</b>	<b>3</b>	<b>1</b>	<b>5</b>	<b>5</b>	<b>9</b>	<b>5</b>	<b>7</b>	<b>12</b>	<b>10</b>	<b>6</b>	<b>8</b>	<b>6</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>9</b>
29																
30 Active End Of Month	13	20	22	24	24	25	34	30	33	41	37	33	36	34	42	49
31																
32 Monthly Unduplicated	22	27	31	28	37	34	55	63	65	66	60	60	52	58	54	74
33 DSRIP YTD Unduplicated Served	22	27	40	52	69	82	116	144	177	209	228	253	274	58	75	104
34																
35 <b>Encounters:</b>																
36 F2F Encounter	94	177	169	142	208	197	253	331	293	397	362	340	264	300	226	449
37 Care Coord	103	225	202	165	181	141	114	172	155	125	100	161	177	127	90	121
38 Total	197	402	371	307	389	338	367	503	448	522	462	501	441	427	316	416

**ICR Information**

	Oct-14	Nov-14	Dec-14	Grand Total
1 <b>WAIT</b>	2	4	10	16
2 <b>IN-HOSP</b>	2	1	2	5
3 <b>NON-TSH</b>	4	3	3	10
4 Missed appt	4	3	2	9
5 Made appt			1	1
6 <b>JAIL-RTN</b>	2	2	1	5
7 Missed appt	2	2	1	5
8 Made appt				0
9 <b>HOSP-RLS</b>	4	4	9	17
10 Missed appt			4	4
11 Made appt	4	4	5	13
12 <b>Grand Total</b>	<b>14</b>	<b>14</b>	<b>25</b>	<b>53</b>
13				
14 <b>Appointment Breakdown</b>				
7 day outcome %				64.71%
30 day outcome %				76.47%
15 Made appt	4	4	5	17
16 7 days	2	4	5	11
17 30 days	2			2



## **Behavioral Health Steering Committee**

Thursday January 15, 2015

### **Meeting called to order at 8:30am by Judge Wade.**

Judge Kristin Wade requested approval for the November 20, 2014 meeting minutes. There was a request to amend the minutes from November 20, 2014 to reflect that Jay Meaders from the Bridge was present at the meeting. The meeting minutes were approved with the amendment. Judge Wade introduced Judge Hawk, Dallas County District Attorney. DA Hawk spoke on expanding the mental health division of the district attorney and the importance of mental health and drug courts in Dallas County.

### **BHLT & CSP Update**

Ron Stretcher, Director of Criminal Justice Department reports the BHLT focus right now is the response to the Sunset Commission recommendations. The recommendation is to dismantle the Northstar system. In response the BHLT has devised to two prong approach as a contingency to what the legislature will announce. The first approach is to create a system where the county has an input on how services will be provided. This is being handled by a work group comprised of community leaders who are creating some guidance for organization and structure throughout the counties. The other approach is to continue to have agencies lobbying to keep the current Northstar system in place. The changes will not go into effect until January 2017, so there will be a time for transition however the hope is that the change will be very seamless for the clients.

### **Jail Reports**

**Hospital Movement**-Brandy Coty reported for the month of December there was a start of 420 clients with; 67 in the community, 179 in the hospital and 175 in jail. 29 cases were closed in December bringing the month to an end with 392 clients.

**Pregnant Women in Jail**-Shenna Oriabure reported there are currently 20 pregnant women in jail; 5 sentenced, 11 have upcoming court dates and 4 without court dates.

**NorthSTAR Intakes**-Christina Gonzales reported a 24% match rate for NorthSTAR intakes for the month of December with a total of 1246 book-ins with NorthSTAR matches.

### **Public Defender Report**

Lynn Richardson gave kudos to Marium Uddin and Mara Dalida for the work they have done coordinating the return of the competency clients from the hospital with

Transicare. She reports the PD's office will soon change its reporting and requested a meeting with Transicare and ACS to discuss the referrals made by the PD's office.

### **SPN Reports**

**Metrocare**-Sam McNair reported the following numbers for the month of December: Atlas started the month with 12, ended with 11 with a max capacity of 25. Post-DDRTC started with 29, ended with 28, has a max capacity of 50. STAC started with 24, ended with 22, has a max capacity of 50. MHJD started with 13 ended with 15, and has a capacity for 25. DDRTC started with 32 ended with 41, with a capacity for 60 and FDU started with 38 ended with 39, has a max capacity of 45. There was some concern voiced over the numbers that are being reported. As a result, a meeting with Judge Wade, Ron Stretcher and Metrocare will be scheduled. Jessica Martinez reported that there is an active call for referrals for TACOONI.

**LifeNet**-Crystal Garland reported having 5 active clients in ATLAS and 17 active clients in MHJD.

**ABC**-Julianne Pyle was not present; the report for ABC was present in the packet.

**The Bridge** -The Bridge report was present in the package. Jay Meaders reviewed the referral information for the Bridge. On pg. 25 of the packet Jay provided referral eligibility and the information needed to refer people to the Bridge. Jay discussed how the information provides caseworkers at the Bridge to be proactive in working with the clients and ensuring court orders are met. It also improves communication between the caseworkers at the Bridge and the probation officer for the client. Jay reports that pg. 26 of the packet is intended for those being referred to the Bridge and provides some general information about the Bridge and services provided there. There was some concern about clients that are not receiving mental health treatment through LifeNet staying at the Bridge. Jay reports that clients are not required to switch treatment providers in order to stay at the Bridge. If you would like to have a client released to/housed at the Bridge, please contact Jay at [jmeaders@bridgenorthtexas.org](mailto:jmeaders@bridgenorthtexas.org). Please provide any and all detailed information that will assist staff with ensuring the individual is connected to the appropriate services.

### **IPS**

Enrique Morris provided the following information. Specialty court admissions overall there was a reduction in admissions to 18, and there was an increase in clinical discharges for the month of December. He also reported that of the clients in specialty courts engaged in IPS, 64 had a phase advancement, 35 maintained their current phase, 5 received an elevation in services and 5 had a relapse. He reviewed demographic information from the clients that are currently involved in IPS, as part of that 32% of the clients are paid for by Value Options, 10% have an income and are on a sliding scale, and 62% are receiving services for free. These are most likely those that have exhausted their authorizations through Value Options and continue to need services.

### **Problem Solving Courts**

**Outpatient Competency Restoration**-Brandy Coty reported a dip in the numbers from November to December. There were some people that were restored to competency and were able to resolve the case, other cases were dismissed. We started with 35 people; we were able to resolve 3 cases and ended the month with 34. Currently we are working with the DA's office to get a better handle on the felony OCR cases.

**Mental Health** -Christina Gonzales reported that Misdemeanor Jail Diversion started the December month with 45 people, had 6 admissions, 6 graduations and ended the month with 47 clients. Atlas started December with 21 active clients, had 5 admissions and ended the month with 24 clients.

**DIVERT** – Keta Dickerson reported that DIVERT started with 147, admitted 10, had 6 graduates and ended the month at 151, their max capacity is 150.

**Probation**-Serena McNair reported the following numbers for the Probation Department; ATLAS 27, DDC 13, MH 43, STAC 23 and STAR 18 for a total of 124. Ron Stretcher asked that Serena and Christina Gonzales work together to find a process to reduce the amounts of holds for Special programs in jail.

Serena provided the following information for the Specialty Court's that have new Judges. Judge Crowder will take over the Misdemeanor DWI court, Judge Frizzle will take over STAR court, and Judge Bennett will take over Judge Stoltz DDC court.

Judge Wade added that from the 530 sub-committee the Criminal Justice Department is going to work on adding a Quarterly Specialty Court Judges meeting, the meeting will take place once the new CSCD Director is in place; his start date is January 20, 2015. The meeting will serve as a means for training and bring light to current issues. For instance; the amount of time some felony competency cases sit in jail upon their return from the hospital with no work is done on the case. Committee members overall have expressed concern with judges receiving training and information on Specialty Courts. Serena will send Judge Wade a contact list of both the old and new specialty court judges.

### **530 Sub Committee**

Christina Gonzales presented the minutes from the last subcommittee meeting held on January 7, 2015 and reported the 530 Fund FY 15 Budget has been briefed and approved by Commissioner's Court. Since the last BHSC meeting there have been for requests for funds for Pride (\$1,000), OCR (\$1,000), STAC (\$1,920), and the Veterans Court (\$960). All for requests were approved by the 530 sub-committee and are coming in front of the BHSC for final approval. It is also noted that although Judge Skemp (OCR) had \$1,000 approved form 530 funds for participant incentives, he has withdrawn his request and has paid for his incentives out of DDA account. Judge Skemp is donating \$10,000 from his DDA account to the 530 fund; he will work with Keta Dickerson to set up the account. The Public Defender's office has already submitted their 3 requests for attendees that will utilize 530 funds to attend TADCP. The District Attorneys' office had previously agreed to pay for their

attendees; Cindy Stormer reported that she will resubmit the information currently the only DA who will utilize 530 funds to travel to TADCP is Kendall McKimmy.

A motion to approve the requests from the 530 funds was made, Angie Byrd seconded the motion; the motion was approved by the steering committee.

Lynn Richardson made a motion to notify Specialty court judges requesting funds from 530 have to attend the BHSC meeting or send someone other than probation as their representative. When the Specialty Court Quarterly meeting starts attendance at the quarterly meeting would suffice as well. The BHSC members are all in agreement that having judges becoming more active in the meetings would be very beneficial. Their presence or lack of will be documented and reviewed when they are requesting funds. Ron Stretcher seconded the motion; the motion was approved by the steering committee.

Judge Wade inquired about the e-mail that is going out to the Specialty Court Judges in regards to 530 funding for NADCP. Keta Dickerson and Christina Gonzales will send the e-mail for the judges by the end of next week regarding 530 funds for NADCP. A follow up e-mail with information about the quarterly meeting will go out once the new CSCD Director has had a chance to meet with his team.

#### **Announcements**

Parkland has announced they have started to switch the time of meds being delivered to the evening rather than the morning. This is especially true for those inmates that are receiving a one-time dose on a daily basis. Since initiating the switch they have noticed less people are refusing the meds, and are having more interactions with staff and their lawyers.

#### **Adjourn**

The meeting was adjourned at 10:00am by Judge Wade.