Dallas County Behavioral Health Leadership Team
Thursday, August 13, 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. Presentation
- HHSC Health Plan Management (Medicaid/ CHIP), Rudy Villarreal

IV. Discussions
- Modifications to BHLT*
- Behavioral Health Community's Response to Crisis

V. The Stepping Up Initiative*

VI. NTBHA Indigent Services Plan*

VII. BHLT Activity Tracking

VIII. Dallas County Behavioral Health Housing Workgroup

IX. Reports from and Charges to BHLT Committees
- CSP Governance Committee*
- Clinical Operations Team
- FACT
- BHSC
- Legislative Committee

X. NorthSTAR Update
- NTBHA Update
- ValueOptions NorthSTAR Update
- State Advisory Committees

XI. The Cottages at Hickory Crossing Update

XII. Funding Opportunities
- SAMHSA Drug Court Expansion
- DSHS Crisis Expansion

XIII. Upcoming Events and Notifications

XIV. Public Comments

XV. Adjournment

Dallas County Behavioral Health Leadership Team
Meeting Notes
Thursday, June 11, 2015

Welcome and Call to Order
The meeting was called to order by Commissioner John Wiley Price at 9:35 AM.

Review/Approval of Minutes
The minutes from the BHLT meeting held on May 14, 2015 were included in the meeting packet. BHLT committee members voted to approve the minutes with no modifications.

Change in BHLT meeting schedule: After some discussion, it was determined that the BHLT would not meet in the month of July but would reconvene in the month of August and, at that time, consider changes to the BHLT structure. The subcommittees will continue to meet while the team is off for the month of July.

Introductions and Absent BHLT Members:
Dr. Jacqualene Stephens is leaving Parkland and Dr. Karen Fry will take her place at BHLT meetings.

Stepping Up Initiative:
Mr. Stretcher gave an overview of the Stepping Up Initiative. Mr. Stretcher stated that this initiative will provide the community with a structure to further the work of the Dallas County Behavioral Health Leadership Team (BHLT), Criminal Justice Advisory Board (CJAB), NTBHA and other stakeholders to reduce the number of persons with mental illness in jails and to provide improved community support. Mr. Stretcher stated that a small workgroup would be formed for the initial planning. This work group would be led by Lynn Richardson, Germaine White and himself. Commissioner Price questioned how the Sheriff's Department and Parkland are involved in the initiative. Mr. Stretcher stated that at this point the idea is to bring all the groups together to develop the initiative. Mr. Stretcher requested that the BHLT endorse an initial planning process for participating in the Stepping Up Initiative that will result in a recommendation to the Dallas County Commissioner Court.

Sunset Commission

Legislative Status: Janie Metzinger advised the committee that she needed to make a correction from the NTBHA meeting held on Wednesday, May 13, 2015. The correction was that two of the Sunset Bills went before the committee and Representative Four Price's bill died and Representative Bill Nelson's bill is still alive. Both of the bills have been pending since April 27, 2015 and the deadline to hear the house bills was Monday, May 11, 2015. Ms. Metzinger stated that the Legislative Board has been advised that this region is requesting more time to develop a system that builds on the foundation of NorthStar and the 1115 Waiver. Commissioner Theresa

Daniel stated that she would like to see adequate funding in the NorthSTAR region and wants to ensure the state recognizes where patients are being served.

Indigent Service Plan: Ron Stretcher stated that this Plan has been put on hold until the Committee has a clear understanding of what the Legislature will be doing.

BHLT Activity Tracking: Charlene Randolph stated that the information was located in the packet for everyone's review and there hasn't been any significant changes made to the document.

Behavioral Health Housing Work Group (BHHWG) Update: Commissioner Daniel stated that the BHHWG has been looking at a variety of housing options in order to determine what resources are available. Those include individual homes, boarding homes, smaller apartment buildings, and larger properties. Commissioner Daniel acknowledged that the committee is currently working with Dallas Housing Authority (DHA) on their distribution of vouchers. Commissioner Price asked if the meetings were helping them to get commitments from DHA. Commissioner Daniel stated that the committee is currently looking at the RFP that is coming out and exploring options for keeping people in housing once they have secured placement. The committee is also viewing property where land can be developed.

Reports from and Charges to BHLT Committees

Crisis Services Project (CSP) Governance Committee: Charlene Randolph reported CSP served 698 unique consumers during the month of April DY4. Mrs. Randolph reported that CSP was on track to meet the DY4 metric goal of serving 4200 clients. Transicare provided wrap-around services to 85 unduplicated clients. In April, 81% of Dallas County forensic clients connected to a prescriber within 7 days of discharge from Terrell State Hospital and 86% clients connected within 30 days. Mrs. Randolph reported that FDU had 37 active clients for the month of April and were close to reaching there max of 45. Mrs. Randolph also acknowledged Value Options (VO) Care Coordinator Janice Jefferies for her continued support and hard work for CSP. Mrs. Randolph presented the Harris LOGIC Resolution (4-2015) for BHLT approval. This resolution gives CSP staff authorization to negotiate an agreement with Harris Logic to develop and implement a privacy and security program regarding clinical information exchange. This resolution was approved by BHLT. Mrs. Randolph also presented a resolution (6-2015) that would allow CSP to negotiate an agreement with VO to distribute funds for outpatient substance abuse services to Integrated Psychotherapeutic Services (IPS). The BHLT voted to approve an amended resolution that would make all out-patient substance abuse providers eligible for the additional funds.

Clinical Operations Team (ACOT): Sherry Cusumano stated that at their last meeting ACOT followed up on their last case presentation. This client had 30 APOWWs in 2015 and did not meet the qualifications for the ACT program because he lacked the hospitalization requirement. Daniel Byrd and Dave Hogan will continue to look at the top six highest APOWW's utilizers and collaborate with partners to develop a plan of care.

FACT: Dr. Jane LeVieux reported that at their last meeting Lt. Willemina Edwards gave a presentation on the Dallas Police Department's Youth Services "Take Me Home" Program. This program was established by the Pensacola Police Department for people who may need special assistance (persons unable to speak or properly identify themselves) and is strictly voluntary for families. Jane stated that children under the age of 10 can be registered in the

program with or without a diagnosed disability. ACOT plans on partnering with this program to get the information out to the community.

BHSC: Judge Kristen Wade informed BHLT that the Behavioral Health Steering Committee continues to review the number of clients in programs and specialty courts. Currently the number of clients voluntarily enrolling in programs is low.

Legislative Advisory Committee: Commissioner Price stated that the Legislative update had been given with the Sunset Commission status report.

NTBHA Update: Alex Smith stated the Indigent Service Plan has been put on hold. NTBHA made an adjustment to the amount of funds being allocated to the housing fund to $315,000. Also Ron Stretcher stated that Senator Jane Nelson and Representative John Otto were currently in negotiations on the budget.

ValueOptions Update: Holly Brock introduced the new CEO of ValueOptions, Matt Wolff. Mrs. Brock announced that VO has been able to execute their contract Parkland Hospital. VO will also open a new Crisis Residential Center named The Serenity House.

State Advisory Committees: There were no updates given on the Advisory Committee.

The Cottages at Hickory Crossing Update: Commissioner Price stated that construction on the Cottages continues.

Safety and Justice Challenge: Mr. Stretcher reported that Dallas County did not receive the grant.

SAMHSA Drug Court Expansion: Mr. Stretcher reported that the grant has been submitted and we should hear something by July 1.

DSHS Crisis Expansion:

Upcoming Events and Notifications: Ms. Jane Le Vieux announced Timberlawn Dallas will host "Foster Care University Summer Professional Education Series" on June 16, 2015. ACOT will not have a meeting in July.

Adjournment: A motion was made by Commissioner Daniel, seconded by Sharon Phillips, and was approved to adjourn at 10:35 AM.

RESOLUTION

DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM

RESOLUTION NO: **10-2015**

DATE: **August 13, 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 13th day of August, 2015, the following Resolution was adopted:

WHEREAS, On January 4, 2011 Dallas County Commissioners Court was briefed to establish the Behavioral Health Leadership Team (BHLT); and

WHEREAS, the Dallas County BHLT was comprised of key stakeholders and organizations throughout the county, including the Dallas County Hospital District; and

WHEREAS, the body was made up of five (5) Advocates, twelve (12) County/City organizations, seven (7) Residential Facilities, sixteen (16) Outpatient Providers, and five (5) Payers/Funders; and

WHEREAS, since its inception, additional stakeholder groups have been identified for representation in the Dallas County BHLT; and

WHEREAS, the Dallas County BHLT recommends the following changes and additions to its membership:

- Meadows Mental Health Policy Institute for Texas – Dr. Jacqualene Stephens

IT IS THEREFORE RESOLVED that the Dallas County Behavioral Health Leadership Team grants membership to the Meadows Mental Health Policy Institute for Texas and appoints the listed individual as an active member of the Dallas County BHLT.

DONE IN OPEN MEETING this the 13th day of August, 2015.

_____
John Wiley Price
Commissioner District #3
Dallas County

_____
Dr. Theresa Daniel
Commissioner District #1
Dallas County

RESOLUTION

DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM

RESOLUTION NO: 7-2015

DATE: August 13, 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 13th day of August 2015,the following Resolution was adopted:

WHEREAS, The Dallas County Behavioral Health Leadership Team (BHLT) endorses a request to the Dallas County Commissioners Court to create two additional staff positions to support the three planning efforts currently underway; and,

WHEREAS, the Caruth Smart Justice Planning Grant, awarded to the Meadows Mental Health Policy Institute, includes $150,000 to hire a project/policy analyst and a data analyst to manage Dallas County's participation in the NorthSTAR transition, Stepping Up, and the Caruth Smart Justice Planning Grant; and,

WHEREAS, continuation funding for these two positions will be included in a request to Caruth for extended funding to implement projects identified during the Smart Justice Planning Grant process.

IT IS THEREFORE RESOLVED that the Dallas County Behavioral Health Leadership Team endorses a request to the Dallas County Commissioners Court to utilize funding from the Caruth Smart Justice Planning Grant to add a project/policy analyst and a data analyst to support current planning efforts.

DONE IN OPEN MEETING this the 10th day of August, 2015.

_____
John Wiley Price
Commissioner District #3
Dallas County

_____
Dr. Theresa Daniel
Commissioner District #1
Dallas County

MEMORANDUM

Date: August 13, 2015

To: Dallas County BHLT

From: Ron Stretcher

Re: Coordination of Planning Activities and Additional Staff Resources

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Background of Issue

There are three different activities underway in our community that have the potential to positively impact access to services leading to a reduction in our jail population: the NorthSTAR system transition, the Stepping Up initiative, and the Caruth Smart Justice Planning Grant. BHLT members will be very involved in these planning activities. The purpose of this briefing is to provide details on these planning activities and request the BHLT's endorsement of a request to Commissioners Court to add staff resources funded by the Caruth Smart Justice Planning Grant.

Operational Impact

The attached Planning Activities Coordination Grid provides an overview of the three planning activities and how they are related.

NorthSTAR Transition

The BHLT has followed the NorthSTAR transition through the 2015 Legislative Session and was briefed in detail about the status on June 10, 2015 as part of a request for matching funds for the North Texas Behavioral Health Authority (NTBHA) to apply for grant funds. The NorthSTAR transition will have the biggest impact on Dallas County and must remain a priority over the next few months. Services under the new NorthSTAR system will begin January 1, 2017. A final implementation plan is under development and scheduled for approval at the September NTBHA Board Meeting. At this time, no specific funding is available for this transition planning.

Staff with the Department of Health Services (DSHS) is exploring possible funding options within the upcoming fiscal year's budget. There are regular meetings with DSHS on the transition, but no formal technical assistance is available.

Stepping Up

Commissioners Court approved the resolution for Dallas County to join the Stepping Up initiative on July 7. The resolution has been presented to the National Association of Counties (NACo) and Dallas was noted as a participant at the recent NACo conference. Participants will attend a conference in the Spring of 2016 to share progress. Focused funding opportunities are expected to be announced at this conference. There is no funding attached to Stepping Up at this time. There will be limited technical assistance, primarily through webinars and information sharing. The Council of State Governments Justice Center is a lead partner in this project. As they will also be part of the Caruth Smart Justice Planning, there will be some level of support for Stepping Up.

Caruth Smart Justice Planning Grant

The W.W. Caruth, Jr. Foundation (Caruth) has awarded a grant to the Meadows Mental Health Policy Institute to coordinate a focused planning process with Dallas County and Parkland to better identify, assess, and divert persons with mental illness from the justice system. An executive summary of the project is attached. The initial kick-off meeting was held July 27, 2015. A report will be submitted by 12-31-2015 that provides the results of the initial assessment and specific projects to begin implementing. The planning work will lead to a request to Caruth for additional funding to implement the specific projects identified in the initial planning phase. In addition to Meadows, the Council of State Governments Justice Center is a key technical assistance provider for this project.

The Smart Justice Grant includes an allocation of $150,000 to Dallas County for a staff resource to manage this planning process and a data analyst to coordinate the collection and reporting of local data. Staff recommends that this funding be used to hire a project/policy analyst to serve as our project manager for Smart Justice and to also hire a data analyst, with the pay grade to be determined by our HR staff. If the combined salary and fringe costs for these two positions exceed the grant funding, additional costs can be covered from the Crisis Services Project funded by the 1115 Medicaid Waiver. Continued funding for these positions after the initial year will be included in the request to Caruth for additional funding to implement projects.

Recommendation

It is recommended that the Dallas County Behavioral Health Leadership Team endorse the staff recommendation to Commissioners Court to add a project/policy analyst and a data analyst to lead the current planning activities.

Planning Activities Coordination

	NorthSTAR Transition	Stepping Up	Caruth Smart Justice Planning
Geographic Focus	The 6 NorthSTAR counties: Dallas, Hunt, Rockwall, Kaufman, Ellis, Navarro (Collin will establish their own system).	Nation-wide project. Dallas County will be one of many jurisdictions participating.	Specific to Dallas County and Parkland with emphasis on the jail
Timelines	10-1-2015: final plan due to DSHS 5-1-2016: progress report due 1-1-2017: new services begin	12-31-2015: Initial report of local work developed in coordination with Meadows Planning Phase I report Spring 2016: national conference	12-31-2015: Phase 1 Assessment Report 6-30-2016: Implementation and Funding Plan for each Intercept Point
Goals	• Required by Sunset • Separates Medicaid and Indigent Funding • Separates Collin County	• Create a long term national movement to reduce the number of adults with mental illness and co-occurring substance use disorders in local jails • Stakeholders collectively influence federal policy and funding decisions • Reduce local incarcerations	Transform the Dallas justice system to better identify, assess, and divert persons with mental illness from the Dallas County justice system
Underlying Principals	• Align NorthSTAR with rest of state • Consolidate all Medicaid with the MCO's • Prepare for Medicaid Expansion • Integrate physical and behavioral health better	Without change, large numbers of people with mental illness will cycle through the justice system, resulting in missed opportunities to link to treatment, tragic outcomes, inefficient use of funding and failure to improve public safety.	Incarceration due to unmet behavioral health needs is intolerable and inhumane.

Final Expected Work Product(s)	• Local plan approved by DSHS • Contract with NTBHA for services for 1/1/2017 forward	• Formal presentation on local activities at Spring 2016 conference • Written plan to reduce local incarcerations	• Phase I assessment report that presents data of current status, shared outcomes and metrics, an initial sustainability plan and quick win priorities. • Phase II report with a detailed business and sustainability plan for each intervention
Responsible Entities	NTBHA	BHLT and CJAB	Dallas County, Parkland, and Meadows MH Policy Institute
Key Stakeholders in Planning	• NorthSTAR providers • NorthSTAR consumers • Member counties • DSHS and HHSC • Medicaid MCO's • Law enforcement	• BHLT and CJAB members and committees • Courts – Judges, Prosecutors, Defense Bar • Community providers • Probation/Parole • Law enforcement	• Parkland Jail Health and Population Health staff • BHLT and CJAB members and committees • Courts – Judges, Prosecutors, Defense Bar • Community providers • Probation/Parole • Law enforcement
Key steps in planning process	• Preliminary plan approved by DSHS • Draft of final plan has been submitted • A NTHBA transition committee is meeting to work on operations • An initial priority is to contract with Value Options for transition services	• Convene team of leaders • Collect and review prevalence and assessment data • Examine treatment and service capacity • Develop a plan with measurable outcomes • Implement the plan with research-based approaches • Track progress and report on successes	• Work sessions and interviews with stakeholders and partners to identify gaps and assess capacity • Data analysis leading to consensus on metrics • Developing a legal framework for data sharing • Design interventions for each intervention point in the local system

Funding/resources to support planning	• Existing NTBHA staff responsible for transition • DSHS exploring options for transition funds • MHA has funding request to a local foundation for planning help around community input	• No Funding from project for planning • TA primarily through webinars • Current CJAB Coordinator, BHLT Admin Coordinator, MH Diversion Coordinator and all Criminal Justice Department staff are available	• Caruth Foundation has funded Meadows for dedicated project staff • $150K allocated to Dallas County for data analysis and project management • Council of State Governments- Justice Center is key TA resource • Caruth Police Institute also a TA resource
Future funding potential	Part of annual state funding allocations	Funding opportunities to be presented at Spring 2016 conference	Phase I planning to lead to request for additional funding from Caruth to implement programs identified in planning

Meadows Mental Health Policy Institute

Caruth Smart Justice Planning Grant

Executive Summary

The goal of the smart justice planning grant is to engage local partners in developing plans to transform the Dallas justice system to better identify, assess, and divert persons with mental illness from the justice system. Justice system costs attributable to unmet mental health needs exceed $47 million annually in Dallas County. The Meadows Mental Health Policy Institute (MMHPI) will partner with the Dallas County Criminal Justice Director's Office, Parkland Hospital, the Caruth Police Institute, the Parkland Center for Clinical Innovation (PCCI), and the Justice Center of the Council of State Governments to develop recommendations for transforming the Dallas justice system to meet this goal. The Institute brings a wealth of experience in partnering with local agencies on smart justice for individuals with mental illness, expertise in analyzing behavioral health data, and skill at conducting collaborative impact work.

This project puts forward a broad, inspiring, and overarching system vision for reform within the Dallas County criminal justice system that rests on the assertion that incarceration primarily due to unmet behavioral health (BH) needs is intolerable and inhumane. No person with BH needs should be unnecessarily criminalized or incarcerated in Dallas County. It's not good for these individuals or for law enforcement, and it does not positively contribute to the ultimate goal of public safety. The intent is to reliably identify those at lower risk to reoffend and with non-violent offenses, and divert them to cost-effective treatment, rather than incarceration, at every point of contact with the criminal justice system which can both reduce the burden on law enforcement and our corrections system, and improve the lives of those diverted.

The theory underlying the work of this project also posits that prevention is the best form of diversion. That is, if individuals in crisis are engaged in services sooner in the process, rather than only after they have been arrested, charged, booked, and/or jailed, then more people will have successful outcomes in the community. Analogously, for those for whom incarceration is unavoidable, rapid identification and transition of those who can be safely diverted from incarceration to community programming that addresses not only their BH needs but also their criminogenic behavior, can both free up resources for higher threats to public safety and reduce recidivism for those diverted.

The work of the planning grant will involve engaging local justice system and health partners in a two-phase process. Phase one will center on a rapid six-month assessment to review available data, develop consensus on needed improvements, prioritize implementation steps, and develop a timeline for implementation that includes "quick wins" to galvanize support and catalyze progress. Phase two will focus on development of business and sustainability plans

over a three year period for each of the five main points of intercept where the criminal justice system interacts with people with severe mental illness:

- Intercept 1 – Law Enforcement Contact,
- Intercept 2 – Initial Detention / Court Hearings,
- Intercept 3 – Services and Supports within Jails and Courts,
- Intercept 4 – Reentry Planning, and
- Intercept 5 – Community Corrections post-release.

The outcomes of the project will be:

Short-term Outcomes

- Increased collaboration among key justice stakeholders and key behavioral health partners;
- Increased understanding of gaps and inefficiencies in the justice system for individuals with behavioral health issues; and
- Concrete and specific plans for a uniform community-wide protocol to manage care for people with acute or sub-acute problems related to behavioral health issues.

Intermediate Outcomes

- Police will be better equipped to respond to individuals with mental health issues;
- Law enforcement will be better able to focus on community safety rather than serving as substitute settings for necessary mental health care;
- Additional drop-off locations and ongoing care options for people with mental health needs will be available; and
- Data-driven resources for improved coordination and early intervention will be more widely available and better leveraged.

Long-term Outcomes

- Reduced number of people in jails with mental illness;
- Reduced recidivism for people with mental illness;
- Reduced county expenditures on criminal justice related to unmet mental health needs; and
- Reduced costs in Parkland and other Dallas County emergency rooms with respect to individuals with unmet mental health needs.

The project deliverables at the end of the year will be:

- A Phase One Assessment Report by December 31, 2015 and
- Business and sustainability plans for each intercept by June 30, 2016

RESOLUTION

DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM

RESOLUTION NO: **8-2015**

DATE: **August 13, 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 13th day of August 2015,the following Resolution was adopted:

WHEREAS, the Texas Sunset Review Commission has recommended that the NorthSTAR system for behavioral health managed care be dissolved; and

WHEREAS, Dallas County was joined by Kaufman, Rockwall, Hunt, Navarro, and Ellis Counties in submitting a preliminary plan for providing behavioral health services to eligible indigent consumers through a contract with the Department of State Health Services; and

WHEREAS, the Commissioners Courts for Rockwall, Ellis, Hunt, Kaufman, and Navarro Counties have elected to join Dallas County and continue to utilize the North Texas Behavioral Health Authority as the local behavioral health authority for the six counties; and

WHEREAS, the Commissioners Court of Hunt and Kaufman Counties are still deciding whether to join with the North Texas Behavioral Health Authority; and

WHEREAS, the draft "Preliminary Plan for Indigent Behavioral Health Services" has been reviewed and accepted by the Texas Health and Human Services Commission with minor revisions noted for the final plan to be submitted by October 1, 2015; and

WHEREAS, the "Draft Plan for Indigent Behavioral Health Services" has been prepared by staff of the North Texas Behavioral Health Authority and is now submitted for review, comment and approval by key stakeholder groups, including the Dallas County BHLT.

IT IS THEREFORE RESOLVED that the Dallas County Behavioral Health Leadership Team endorses the Plan for Indigent Behavioral Health Services for the North Texas Behavioral Health Authority.

DONE IN OPEN MEETING this the 13th day of August, 2015.

John Wiley Price
Commissioner District #3
Dallas County

Dr. Theresa Daniel
Commissioner District #1
Dallas County

DRAFT Local Plan for Indigent Behavioral Health Services

Request for Final Agreement with HHSC and DSHS

Pursuant to the Report and Decisions of the
Sunset Advisory Commission Study of HHSC

NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

Representing Dallas County, Ellis County, Navarro County, Rockwall County, Hunt County, and Kaufman County

Submitted

July 29, 2015

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EXECUTIVE SUMMARY

Dallas County, Ellis County, Rockwall County, Navarro County, Hunt County and Kaufman County will partner to engage in local planning, design and implementation of an updated model of indigent behavioral health services as required by the Sunset Advisory Commission. The partnering counties will utilize the North Texas Behavioral Health Authority (NTBHA) as the Local Behavioral Health Authority (LBHA) and will also designate NTBHA as the Community Mental Health Center for the service delivery area. The primary goal of NTBHA is to develop a recovery oriented system of behavioral health care for eligible indigent consumers with close coordination with the Medicaid managed care organizations and local primary care providers. The current NorthSTAR network of providers will be maintained to ensure consumer choice.

I. Applicant Organization: North Texas Behavioral Health Authority

A. Status as a Public Entity

The North Texas Behavioral Health Authority (NTBHA) currently acts as the Local Behavioral Health Authority (LBHA) for the NorthSTAR program in accordance with Health & Safety Code § 533.0356. NTBHA will continue to serve as the LBHA for Dallas County, Ellis County, Rockwall County, Navarro County, Hunt County, and Kaufman County. An LBHA as designated under Health & Safety Code § 533.0356 has all the responsibilities and duties of a Local Mental Health Authority provided by Section 533.035 and by Subchapter B, Chapter 534; and the responsibility and duty to ensure that chemical dependency services are provided in the service area as described by the statewide service delivery plan adopted under Section 461.0124.

In order to establish NTBHA's status as a public entity, County leadership representing Dallas County, Ellis County, Rockwall County, Navarro County, Hunt County, and Kaufman County have taken necessary steps to designate NTBHA as the Community Mental Health Center for their respective counties. Each of the partnering counties has provided a letter of endorsement from the County Commissioners, signed by the County Judge, naming NTBHA as the designated Community Mental Health Center for the County. The Department of State Health Services (DSHS) will review and approve NTBHA's plan to develop and make available to the region's residents an effective behavioral health program through a community center that is appropriately structured to include the financial, physical, and personnel resources necessary to meet the region's needs.

HHSC/DSHS will coordinate with NTBHA to ensure that the necessary actions are taken to confirm NTBHA's status as a public entity eligible to put up non-federal funds to match federal Delivery System Reform Incentive Payment (DSRIP)funds.

B. Overall intent to integrate health and behavioral health services

NTBHA recognizes the importance of the integration of primary care and behavioral health services for the individuals served through the system as well as the positive impact of integration on recovery, quality of life, and long-term wellness. Planning efforts will include a focus on strategies aimed at identifying and addressing gaps in services as well as integration of primary care and behavioral health services. NTBHA is committed to identifying innovative solutions that improve health and wellbeing while promoting recovery for the individuals we serve.

II. Proposed Organizational Structure

NTBHA will serve as the LBHA for the identified service delivery area. NTBHA, through appropriate designation by County Commissioners and DSHS, will also serve as the Community Mental Health Center for the region. A Board of Trustees will be appointed by county leadership and composed of not fewer than five or more than 13 members. The partnering counties will enter into an agreement that stipulates the number of board members and the group from which the members are chosen. The partnering counties will, in appointing the members, attempt to reflect the ethnic and geographic diversity of the local service area.

The DSHS will contract directly with NTBHA under performance contracts as the LBHA; local Community Mental Health Center; and Outpatient, Screening, Assessment, and Referral Center (OSAR) for: Mental Health Services, Substance Use Disorder Assessment and Treatment, Crisis Services, and State Hospital Utilization. NTBHA will receive and administer indigent behavioral health funds for the system. This updated model under NTBHA will continue to separate the oversight, control, and financial management from the contracted providers of service.

NTBHA will enter into a contractual agreement with an outside entity to serve as an Administrative Services Organization (ASO) to administer specific aspects of the system. NTBHA will select the ASO through an appropriate procurement process. Qualities of this entity should include experience or plan to provide and coordinate integrated care for mental health, substance abuse, crisis, and prevention services. NTBHA will outline specific responsibilities to be carried out by NTBHA versus the ASO as well as costs related to the necessary authority and administrative functions under the new model.

The ASO will ensure a competitive provider market and secure a robust network of providers capable of providing broad access to services. The ASO will make significant efforts to retain providers currently contracted under NorthSTAR through ValueOptions in order to facilitate successful transitions for consumers from NorthSTAR to the new indigent behavioral health model. Retention of current providers will also serve to support community organizations and stakeholders that have contributed much to the community behavioral health system while maintaining the important quality of consumer choice that is highly valued by the community. The ASO will also look to enhance the provider network by contracting with additional providers as appropriate.

NTBHA will preserve the unprecedented stakeholder participation and cooperation historically seen under the NorthSTAR System in making decisions about the structure of the model and the evolution of the system. This will be achieved through regular attendance and active participation by local stakeholders from government, law enforcement, the provider system, persons using services, family members, advocacy groups, social services agencies, physicians' groups and others at meetings organized by NTBHA and other stakeholder meetings. All community members will be welcomed to join in the dialogue that drives changes in the system.

III. Planning Process

A. Meetings

Development of this plan has been an extension of existing community planning activities. NTBHA and its working groups, the Dallas County Behavioral Health Leadership Team (BHLT) and its working groups, the Ellis County Behavioral Health Alliance, and other key stakeholders have provided input that is the basis of this plan throughout the Sunset process. Specific meetings regarding this plan included:

- Dallas County BHLT, 12-11-2014, 1-8-2015, and 2-12-2015
- Ellis County Behavioral Health Alliance, 1-30-2015
- NTBHA Psychiatrists Leadership and Advocacy Group, 2-4-2015
- NTBHA Consumer Family Advisory Council, 2-4-2015
- NAMI Dallas, 2-5-2015
- MHA Dallas' Coalition on Mental Illness, 2-18-2015

B. Participants

Development of this plan has been led by a workgroup designated by the Dallas County BHLT with staff support from NTBHA. The workgroup has met with multiple stakeholders as detailed above and received input from elected officials, providers, consumers and families, advocates and law enforcement.

IV. Time Lines for Implementation

The partnering counties will reach a preliminary agreement with HHSC and DSHS for this plan to deliver indigent behavioral health services. NTBHA, in coordination with County leadership and community stakeholders, will immediately begin the process of working towards a final agreement with HHSC and DSHS. A timeline will be set for making a final decision on the appropriate procurement mechanism for selecting an ASO and releasing a competitive RFP if it is determined one is needed. The contracted ASO will then be responsible for developing a contracting process for providers. NTBHA will design a transition plan and put in place the infrastructure necessary to implement this updated model of indigent behavioral health services.

V. Services Plan

A. Existing provider network

This updated model of indigent behavioral healthcare will build on the strong provider network developed and fostered under the NorthSTAR System. The existing provider

network under the NorthSTAR model is comprised of Specialty Provider Network (SPN) providers, outpatient clinics (non-SPN), Substance Use Disorder (SUD) clinic providers, SUD residential treatment providers, individual mental health providers, individual substance use disorder providers, community hospitals, and crisis service providers. Terrell State Hospital serves as the primary State Hospital for the service area with other State Hospitals utilized as needed. The existing provider network offers many strengths and innovations to build on under the updated model.

There are currently twenty-one SPN clinic locations available in Dallas County, 2 SPN locations available in Ellis County, one SPN location available in Rockwall County,2 SPN locations available in Navarro County, 2 SPN locations available in Hunt County, and 3 SPN locations available in Kaufman County . There are currently 5 outpatient clinics (non-SPN) available in Dallas County and 3 available in Ellis County. There are currently 21 outpatient SUD treatment clinic locations in Dallas County, 3 in Ellis County, one in Rockwall County, one in Navarro County, one in Hunt County and one in Kaufman County. There are 4 provider locations in Dallas County that offer residential SUD services. The individual providers contracted through the existing network include 124 mental health providers and 35 SUD providers located in Dallas County, 19 mental health providers and 5 SUD providers in Ellis County, 7 mental health providers and 2 SUD providers in Rockwall County, 10 mental health providers and 2 SUD providers in Navarro County, 14 mental health providers and one SUD provider in Hunt County, and 7 mental health providers in Kaufman County. The provider network also includes 5 hospital providers located in Dallas County, one hospital provider located in Hunt County, and one after-hours crisis clinic located in Dallas County.

The provider network is also bolstered by contracted providers who offer a wide array of crisis services and value-added services including Crisis Hotline and Mobile Crisis Outreach Teams (MCOT), 23-hour Crisis Observation Program, Crisis Residential Services, walk-in crisis services, Post-Acute Transitional Services (PATS), Intensive Case Management (ICM), Peer Navigators and Peer Services, enhanced shelter-based services for the homeless, and Assisted Outpatient Treatment.

B. Minimum required services per statutory mandates
NTBHA, with input from the leadership of participating counties and community stakeholders, will ensure that the model design provides for, at a minimum, the community-based services outlined in Health and Safety Code Chapter 534, § 534.053 including: 24-hour emergency screening and rapid crisis stabilization services; community-based crisis residential services or hospitalization; community-based assessment; family support services; case management services; medication-related services; and psychosocial rehabilitation programs. NTBHA will also ensure that all required Substance Use Disorder Services are provided in accordance with State requirements and the executed performance contract. NTBHA will take stock of required and value-added services currently offered under the NorthSTAR model, available

funding, and number of eligible members in order to create a service array that offers quality and cost efficiency.

The design and structure of the updated model will strive to engender a trauma-informed system of care. System planning and development will be done with a focus on creating a model that instills and sustains trauma awareness; knowledge; and skills into the cultures, practices, and policies of the behavioral health system and service providers.

C. Overall approach to the Texas Resilience and Recovery Model

1. Priority Populations

The model will serve, at a minimum, the priority MH and priority SA populations as defined by DSHS. Individuals seeking services will be assessed to determine if they meet the requirements of the priority population.

NTBHA will look for opportunities to extend services to individuals who fall outside of the designated target and priority populations whenever possible. NTBHA will strive, in coordination with community partners and stakeholders, to identify and create new opportunities to make additional resources available to the service area.

2. Level of Care

NTBHA will ensure that the system, through contracting providers, offers each Level of Care (LOC) as outlined in the Texas Resilience and Recovery (TRR) Utilization Guidelines and provides the core services within each LOC to members through face-to-face encounters or via tele-medicine/tele-health. NTBHA, along with the contracted ASO, will provide oversight to ensure compliance with and the quality of TRR practices. This will include ensuring that all providers are implementing TRR as specified by DSHS and administering evidence-based practices in accordance with the Fidelity Manual.

The existing provider network offers an array of providers already knowledgeable and skilled in the execution of TRR with staff qualified to administer all aspects of TRR including the appropriate training and/or certification required for the administration of the CANS/ANSA and DSHS-approved evidence-based practices.

D. Proposed New Structure of Services for Adult and Children

1. Outpatient Services

a) Mental Health

NTBHA will ensure that all required mental health services are provided in compliance with DSHS guidelines.

b) Substance Abuse

NTBHA will ensure that all required substance use disorder services are provided in compliance with DSHS guidelines.

2. Crisis Services
   NTBHA will implement crisis services in compliance with the standards outlined by DSHS. NTBHA will work with community partners to develop a continuum of crisis services designed to meet the needs of the service area.
3. Inpatient Services
   NTBHA will design a structure for inpatient hospitalization and emergency behavioral health services that is in compliance with the standards outlined by DSHS.
4. Special Population Services
   NTBHA will identify service needs and structure services for special populations such as individuals experiencing mental health and homelessness; individuals with complex needs and repeated hospitalizations; veterans; individuals at risk of incarceration or formerly incarcerated; those in need of competency restoration services; victims of trauma; and racial, ethnic, and cultural minorities.

   NTBHA will assess need and funding availability in implementing additional value-added services. Attention will be given to enhancing the continuum of peer and recovery oriented services. The structure design will also include a focus on cultural competency in order to ensure a system well-equipped to provide care to individuals with diverse values, beliefs and behaviors, in a manner that is respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse members.

   NTBHA will fulfill any requirements of its contract with DSHS, to participate in Medicaid mental health case management and rehabilitative services and recognizes that any funding received through billings to the Texas Medicaid & Healthcare Partnership (TMHP) for either Medicaid MH Case Management Services or Medicaid MH Rehabilitative Services represents both the federal share and the state match of the costs for such services.

E. Access to care/consumer choice
   It is NTBHA's goal to maintain an open access system with no waiting list and all planning is designed to fulfill that goal. As actual funding levels are determined, the North Texas Behavioral Health Authority will be responsible for any changes to this priority goal, including extensive stakeholder and consumer input into any changes in access to care. Although open access has consistently been a top priority for all stakeholders, current

funding projections suggest that contingency plans must be developed to address the transition of currently authorized services and levels of care and implementation and maintenance of a waiting list. By October 1, 2015, NTBHA will form a workgroup comprised of representatives from the Provider Advisory Council (PAC), Psychiatrists Leadership and Advocacy Group (PLAG), Consumer and Family Advisory Council (CFAC) and other relevant stakeholder groups. This group will be tasked with providing input for the development of a contingency plan detailing how the transition of currently authorized services and levels of care will be coordinated in the event that NTBHA does not receive sufficient funding to serve the current six-county caseload.

The plan for this transition should be objective and based on clinical evidence that provides guidelines for the decision and provision of clinically appropriate, least restrictive, cost-effective services. The plan should also uphold the principles of recovery and resiliency that are a hallmark of our behavioral health community. The development of the criteria should consider factors such as acuity, severity of condition, the presence of high risk clinical factors, and psychosocial factors.

NTBHA, in coordination with the appointed workgroup, will develop this plan and corresponding policies and procedures for the transition of currently authorized services and levels of care which will include a process for communicating any changes in access to members and families as appropriate. This plan will also address the potential need for a waiting list and ensure compliance with the DSHS Texas Resilience and Recovery Waiting List Maintenance requirements. NTBHA will develop a detailed timeline for implementation. NTBHA recognizes that this process will require a layered, clinically sound approach.

Consumers will have the right to choose among in-network providers and the right to change providers if they wish. NTBHA will ensure that there is a process in place for informing consumers of these rights, providing a list of available service providers, and assisting consumers in finding a provider that they feel is right for them.

F. Local Provider Network

Providers of indigent services in the NTBHA network will also be enrolled as Medicaid providers to assure quality of care for individuals who gain and/or lose Medicaid coverage over a given period of time.

The contracted ASO will manage the provider network. The ASO will ensure a competitive provider market and secure a robust network of providers capable of providing broad access to services. The ASO will make significant efforts to retain providers currently contracted under NorthSTAR through ValueOptions in order to facilitate successful transitions for consumers from NorthSTAR to the new indigent behavioral health system. Consumers will continue to have a choice among all eligible network providers.

G. Integrated health and behavioral health services

NTBHA will explore strategies to integrate primary care and behavioral health services to the greatest extent possible given available funding. Although NTBHA and the local community recognize the importance of primary care and behavioral health integration, there are existing barriers in place that will require thoughtful innovation coupled with adequate funding to overcome.

The region is rich with pioneering 1115 Waiver Delivery System Incentive Reform Projects (DSRIP) that focus on the integration of primary care and behavioral health services. Medical City Dallas, a 586-bed acute care hospital in Dallas, has a project that includes an integrated primary and behavioral health clinic that provides primary care for patients receiving outpatient psychiatric care at Green Oaks Hospital. Metrocare Services has multiple DSRIP projects including two projects focused on primary and behavioral healthcare integration. These Metrocare Services projects create an integrated model of easy, open access to primary care services for persons who are receiving behavioral health services in their community based behavioral health clinics. This effectively establishes a “one stop shop” for patients to receive both behavioral and primary care services on the same day. Lakes Regional MHMR has integrated primary healthcare services into three existing rural behavioral health centers (Paris, Mt. Pleasant and Sulphur Springs). The project provides currently served individuals with serious mental illness and without PCP access to integrated physical healthcare through a mobile medical unit. Although the focus of this project falls outside the NorthSTAR service delivery area, it offers a potential model for integration. Children’s Medical Center, Parkland Hospital and the Baylor health system also have projects designed to support integration of physical and behavioral health care. NTBHA will look to 1115 Waiver DSRIP projects currently underway within the community in order to strengthen local partnerships and gain knowledge and insight from initiatives that are producing positive outcomes.

As a governmental entity eligible to put up non-federal funds to match federal DSRIP payments, NTBHA is also committed to expending general revenue for DSRIP projects relating to the integration of behavioral health with primary healthcare and other community-based supports. In the event that there is an opportunity for new DSRIP submissions, NTBHA is committed to expending general revenue for DSRIP in accordance with the executed contract and applicable state regulations. The design of NTBHA DSRIP projects will include evidence-based or evidence-informed strategies linked to data-driven strategic improvement goals. DSRIP project planning will be related to one or more of the following priority transformative areas that:

a) provide alternatives to inappropriate settings of care (e.g.: potentially preventable inpatient psychiatric care, emergency departments, jails, juvenile detention);
b) improve and expand the behavioral health workforce;

c) integrate mental health and substance use disorder services with physical health and other community-based supports;
d) prevent long term or permanent out of home placement for children with severe emotional disturbance.

As NTBHA is committed to ensuring planning efforts include strategies aimed at achieving integration of primary care and behavioral health services, special consideration will be given to projects that promote innovative approaches to integrating care. NTBHA has closely monitored the development, implementation, and progress of local DSRIP projects in an effort to learn from the successes and positive outcomes being realized in our community. NTBHA is prepared to build on the strong foundation of our local behavioral health system, provider network, and stakeholders to maximize any additional opportunities available through DSRIP.

There are a number of current NorthSTAR providers making strides to integrate primary and behavioral healthcare through strategies unrelated to DSRIP funding. One NorthSTAR SPN, Child and Family Guidance Center, is set to bring on a pediatrician in August 2015. Parkland Hospital coordinates a mobile unit that services a local substance use disorder provider, Homeward Bound. NTBHA will conduct a detailed analysis of existing projects targeting integration in order to build an inventory and identify programs that lend themselves to expansion. NTBHA will work closely with NorthSTAR members, family members, providers, advocates, and other stakeholders to identify gaps in integration, greatest primary healthcare needs, and existing capacity.

NTBHA will work to strengthen relationships with local Federally Qualified Health Centers (FQHC), Parkland Health & Hospital System (Dallas County's public health system) and other providers of primary and behavioral healthcare in order to identify opportunities for collaboration and coordination. NTBHA will explore pathways for agreements with local FQHCs (four in Dallas County, one in Ellis County and one in Hunt County) and other low cost primary care clinics to facilitate reciprocal referrals with NorthSTAR service providers.

VO is currently participating in data sharing initiatives with MCOs that are expected to increase NorthSTAR coordination between behavioral health and medical services. One initiative uses data elements from the Child and Adolescent Needs and Strengths assessment (CANS) that identify and rate the severity of health needs. Members who are scored as having significant health issues trigger the data for those members to be sent to the respective MCOs. These efforts currently underway highlight opportunities for collaboration as members fluctuate between indigent and Medicaid coverage. This also highlights the importance of well-established relationships between NTBHA, the NorthSTAR ASO, and MCOs.

NTBHA will identify and create opportunities to make additional funding and resources available to the service area.

VI. Authority – Provider Structure and Function

A. Anticipated Structure

NTBHA will serve as the Local Behavioral Health Authority. NTBHA will contract with an ASO to manage the provider network, enrollments and services provided to NorthSTAR consumers.

B. Functions

Although the precise identification and division of roles and responsibilities will be determined through the planning process, the following offers an example of how authority functions might be structured.

NTBHA:

- Local planning including Local Service Area Plan
- Set local priorities, communicate priorities to contractors, and evaluate how priorities are being met
- Policy development and management
- Coordination of service system with community and DSHS
- Administrative/clinical responsibilities to include State Hospital care coordination and management; Single Portal Authority; Hotline and Mobile Crisis Outreach Team Management; Hospital Liaisons; Intensive Case Management
- Financial Management
- Contract Management
- Quality Management
- Resource development and management
- Ombudsman Services
- Output and Outcomes Reporting
- ASO bid, selection, and procurement process

ASO:

- Network Management – contracting, credentialing, training
- Pharmacy Benefits Management
- Utilization Management activities
- Clinical/Authorizations
- Claims Payment
- Eligibility and Enrollment
- IT and Data Management
- Quality – URAC compliance, outcome monitoring, complaints tracking, appeals and grievances

C. Local matching funds

NTBHA will coordinate with the Commissioners Courts of the six partner counties to ensure that local match requirements are met. Rockwall and Navarro County have both contributed match funds since at least FY 2009. Dallas County has provided local match

funds from NorthSTAR's inception through FY 2013. At that point Dallas County funds were reallocated to the IGT funds for an 1115 Waiver DSRIP project. Dallas County took this action only because NTBHA was not authorized by HHSC to provide IGT funding or to serve as a performing provider. The Dallas County DSRIP project funds existing NorthSTAR providers, targets NorthSTAR consumers in the Dallas County criminal justice system, and coordinates closely with ValueOptions. With the NorthSTAR transition, Dallas County funds will again be available for local match requirements. Leadership in Kaufman, Hunt and Ellis Counties will address the local matching funds in their upcoming budget processes.

D. Planning and Network Advisory Committees
Through its Board of Trustees, NTBHA will appoint, charge and support one or more Planning and Network Advisory Committees (PNAC) necessary to perform the committee's advisory functions. The PNACs will have access to and report to NTBHA's Board of Trustees monthly on issues related to: the needs and priorities of the service area; quality of care; implementation of plans and contracts; and the PNAC's actions that respond to special assignments given to the PNAC by the board.

The NTBHA Board of Trustees will build on the infrastructure in place through current NorthSTAR advisory groups such as the Consumer and Family Advisory Council (CFAC), Provider Advisory Council (PAC), and Psychiatrists Leadership and Advocacy Group (PLAG). These groups have been longstanding sources of consumer, family, and provider engagement and feedback under the NorthSTAR system and will be a valuable resource in the development of this updated model of indigent behavioral health services.

E. Utilization Management
NTBHA will implement utilization management strategies and programming in compliance with contract requirements.

F. Reporting (Performance, Financial, Outcomes)
NTBHA will provide performance, financial and outcomes reporting through a process that is in compliance with DSHS reporting guidelines and requirements identified through the executed performance contract.

NTBHA will develop the appropriate infrastructure to guarantee the local authority has the organizational structure, personnel, and capacity to satisfy all reporting requirements.

VII. Anticipated Transition Process

A. Formulating partnerships
Many partnerships and collaborations are in place and will continue and be strengthened. Both Dallas County and Ellis County have existing behavioral health leadership groups and a similar group will be encouraged for Rockwall County, Navarro County, Hunt County and Kaufman County. At the authority and provider level, there are strong partnerships with the 1115 Waiver DSRIP projects, the criminal justice system (jail, courts,

diversion, probation and parole), primary care providers, homeless services providers and reentry providers. A key priority will be to establish and maintain close partnerships with the remaining NorthSTAR counties as well as Collin County. The new entities will continue to share consumers and providers and must remain strong partners to be effective.

B. Negotiating contracts for services
The first priority will be to finalize procurement of a qualified Administrative Service Organization (ASO). A timeline will be set for making a final decision on the appropriate procurement mechanism for selecting an ASO and releasing a competitive RFP if it is determined one is needed. The contracted ASO will then be responsible for developing a contracting process for providers.

C. Utilization Management Systems
The contracted ASO will have the necessary utilization management systems to collect and provide to the authority data on outputs and outcomes. NTBHA, in coordination with the ASO, providers and stakeholders will review this data at monthly meetings and make changes in service delivery as indicated by outcome data. The 1115 Waiver DSRIP process has significantly increased local capacity for continuous quality improvement activities. NTBHA will use these processes and mechanisms and be committed to constant quality improvement with evidenced based decision making.

D. Challenges and Opportunities
There are significant challenges and opportunities faced by NTBHA and the remaining current NorthSTAR counties in implementing the Sunset recommendations. Major issues that must be addressed now are:

- Funding: The impact on the seven current NorthSTAR counties remains unknown. There are significant system efficiencies that have been developed and implemented since NorthSTAR's inception that will be lost as the system is revised. The issue of how current funds are distributed among the new entities will also be difficult. Within NorthSTAR there are historical utilization patterns that are not based on County lines. The actual history of who has provided services and where must be considered as existing funding is allocated among the new entities.
- Service for consumers from non-participating counties: In order to achieve efficiencies, the current NorthSTAR system tends to consolidate services rather than replicate all services in each county. As a result, some consumers may be receiving care in a county not covered in this plan and some providers in the covered service area may be serving consumers from another county. This issue is particularly true for emergency services. As an element of the final system design, this system will develop a recoupment mechanism or inter-system agreement to ensure individuals from outside NTBHA's service delivery area have access to unique care options in a way that does not unduly burden this system.

- Knowledge Transfer: For NorthSTAR's entire history, system management has been contracted to a behavioral health organization (BHO). All contracting, utilization management, fiscal and service reporting and administrative functions have been with the BHO. There must be a formal process to transfer knowledge and systems to the new entities. For the proposed "new" NTBHA, this process must be finalized and begin as soon as possible.
- Coordination with MCO's: Significant guidance and assistance will be needed from DSHS and HHSC to ensure close coordination of indigent services with the MCO's. NTBHA will require that indigent providers also are Medicaid providers. Existing providers will benefit from expedited credentialing processes. It will also be critical to ensure that Medicaid and indigent benefit package services be aligned. State guidance is needed on how the MCO's will report to and be required to coordinate with NTBHA.

VIII. Assurances and Endorsements

A. Compliance with requirement that providers serve both indigent and Medicaid populations
B. Compliance with State methodology for quantitative goals (persons served and performance measures)
C. Compliance with reporting
D. Compliance with other State or Federal requirements

NTBHA assures that it will comply with all requirements of the State of Texas related to the delivery of indigent behavioral health services. NTBHA will comply with all contracting and provider requirements, State methodologies for quantitative goals and reporting, and with all other relevant State and Federal requirements.

IX. Signature Pages

Attachment 1
Ellis County Commissioners Court Resolution: January 26, 2015

Attachment 2
Navarro County Commissioners Court Resolution: January 26, 2015

Attachment 3
Rockwall County Commissioners Court Resolution: February 10, 2015

Attachment 4
Kaufman County Commissioners Court Resolution: February 23, 2015

Attachment 5
Hunt County Commissioners Court Resolution: February 24, 2015

Attachment 6

Dallas County Commissioners Court Order: March 3, 2015

Attachment 7
NTBHA Provider Advisory Council Resolution: February 27, 2015

Personnel/Transition Plan for New Northstar - Draft

POSITION	Calendar 2015				Calendar 2016												Calendar 2017		
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Executive Assistant	X																		
Director Information Systems	X																		
LPC	X																		
QMHP		X																	
Clerical		X																	
Financial Director								X											
Data Analyst															X				
Director UM															X				
Vice President																X			
Program Analyst																X			
Contracts Manager								X											
Medical Director								X											
Operations Director								X											

Legal Council										X									
DSHS Authorization to Amend VO Contract for ASO Services	X																		
Acceptance of Transition Plan		X																	
LMHA/DSHS Contract Template		X																	
Authorization from DSHS and confirmation of extra $ in SFY 16 for transition			X																
Contract Template for LMHA/ASO			X																
Contract Template for LMHA/County			X																
Execute DSHS/LMHA Contract													X	X					
Execute LMHA/County Contracts													X	X	X	X			
Execute LMHA VO/ASO Contract													X						
Determine source array of new system ongoing							X												
Determine what stays with VO and what moves to new system											X								

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 reviews boarding home standards.	In progress		This is being addressed by BHHWG.
1/8/2015	Invite behavioral health providers to give status update on their 1115 Waiver projects	BHLT	Charlene Randolph	Charlene Randolph will invite providers to give updates	Baylor will provide a update- date TBD		Parkland 3/12/15; Green Oaks 4/7/15;Metro care 5/14/15

Recent Completed BHLT Action Items

Date	**Suggestions, Recommendations & Motions**	**Person Initiating**	**Workgroup/ Person Tasked**	**Plan for Accomplishment**	**Current Status**	**Follow-Up**	**Date Completed**
4/9/2015	HHSC Health Plan Management presentation on Managed Care Organizations (MCOs) to BHLT	Commissioner Daniel/ Germaine White/ Ron Stretcher	Commissioner Daniel/ Germaine White/ Ron Stretcher	Germaine White will invite HHSC to present information on MCOs in Texas	Rudy Villarreal will attend BHLT and NTBHA 8/2015 to present information		

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	

On-Going & Accomplished Action Items	Date Completed	Current Status
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	
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's1115 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	
Behavioral Health Housing Workgroup submitted		
Received a copy of Senate Bill 267 that addresses regulations for landlords renting to persons with housing choice vouchers	2/9/2015	
Received handout on MHA and NAMI's NorthSTAR legislative efforts	2/9/2015	
Approved After-Care Engagement Service Package to assist CSP	2/12/2015	
Approved submission of Preliminary Local Plan for Indigent Behavioral Health Services and designated NTBHA as a community health center	2/12/2015	
Provided SIP presentation to BHLT	3/12/2015	

On-Going & Accomplished Action Items	Date Completed	Current Status
Approved the proceeding with the plan process to determine if Dallas County wants to participate in Stepping Up, leading to a request for a resolution of participation from the County Commissioners Court and including a plan to obtain the necessary resources for Stepping Up.	6/11/15	On going
BHLT signed a resolution to authorize CSP to negotiate with Harris Logic on developing privacy and security compliance program.	6/11/15	
Recommendation to not meet in the month of July and reconvene in the month of August.	6/11/15	
Approves the recommendation to authorize CSP to negotiate an agreement with VO to distribute funds to provide for gaps in treatment funding for CSP, CSCD, and Dallas County Specialty Courts clients.	6/11/15	

Dallas County Behavioral Health Housing Work Group
Dallas County Administration, 411 Elm Street, 1st Floor, Dallas Texas 75202
June 25, 2015 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 Work Group is committed to a data driven decision-making process with a focus on data supported outcomes.

ATTENDEES: Theresa Daniel, Commissioner; Holly Brock, ValueOptions; Lori Davidson, City of Dallas; Blake Fetterman, Salvation Army; Thomas Lewis, DCHHS; Jim Mattingly, LumaCorp; James McClinton, Metrocare; Brooke Etie, DHA; Cindy Crain, MDHA; Ken Mogbo, Lifenet/Metrocare; Charlene Randolph, DCCJ; Michael Laughlin, DCCJ; Teresa Scherrer, NTBHA; Dr. Paul Scott, The Bridge; David Woody, The Bridge; Zachary Thompson, DCHHS; Charles Gulley, RG Consulting; Germaine White, Dallas County; Claudia Vargas, Dallas County; and Terry Gipson, Dallas County

GUESTS: Cynthia Rogers-Ellickson, City of Dallas – Housing Department

CALL TO ORDER:
Commissioner Daniel opened the meeting with introductions. There were no changes suggested to the May BH/HWG minutes. Dr. Paul Scott introduced Dr. David Woody who is new to The Bridge and will replace Dr. Scott once he retires at the end of August. Dr. Woody was a TCU professor and has a Masters and Doctorate in Social Work.

PIPELINE DEVELOPMENT REPORT: Brooke Etie
Brooke Etie of the Dallas Housing Authority (DHA) reported on the housing voucher list and questions the group discussed in prior BH/HWG meetings. The Housing Authority will open its waiting list from July 7 to 10 and will include the permanent supportive housing population. The 2,700 people on the waiting list were invited to go through the voucher eligibility and issuance process. The goal will be to issue 700 of the 1,400 units being released. To date, 40% of those invited have accepted to move forward with the process. Ms. Etie will share an update with the group after the process is completed.

In addition, questions were asked about vacant land available through DHA; DHA's respite care criteria; and the housing voucher RFP results. Currently, there is a vacant 45-acre property in South Dallas called Rhoades Terrace located at Bexar Street and Highway 175. There is no approval in place to sell it; in order to be sold, it must first go through the HUD approval process. Another question is whether the BH/HWG might model the DHA's metrics and eligibility criteria for respite care. It was noted that DHA's eligibility process and criteria are designed for a different population and may not be adequate for the BH/HWG's target population. Lastly, DHA formally released the list of landlord names who did not meet the housing voucher RFP criteria from the previous year. The landlords were invited to participate in the focus group held in June.

COORDINATED ACCESS DIRECTORY REPORT: no report

RESOURCES REPORT: Janie Metzinger and Jay Dunn
Dr. Scott reported the Housing Inventory Count was completed. The committee is willing to work on additional tasks as required.

BEST PRACTICES REPORT: Commissioner Theresa Daniel
Commissioner Daniel summarized that as conversations and research have evolved in search of the best model for Dallas County, 4 major buckets of housing have emerged:

- New developments aimed at increasing the housing unit supply.
- Increased utilization of existing housing units.
- Repurposing or rehab of existing housing units.
- Providing support and education to landlords and housing staff to assist clients in order to avoid the situation of them leaving housing and returning to homelessness.

This model was placed into a matrix with descriptions on the X axis – Goal, Strategy, Funding requirements, Who is involved and Barriers – and the four buckets on the Y axis. The matrix was distributed and all were invited to complete the boxes from their experience.

INDUSTRY UPDATES:

Cynthia Rogers-Ellickson, City of Dallas - Ms. Rogers-Ellickson visited the BH/HWG to talk about the Community Housing Development Organization (CHDO) and Receivership programs. CHDO is a federal designation assigned through the City of Dallas' HOME Investment Partnership Program and is a nonprofit developer who will build new affordable housing. The city sets aside 15% of the federal dollars it receives to support CHDO's. CHDO status may not be obtained under other programs such as, Community Development Block Grants. The City of Dallas follows federal regulations for establishing a CHDO and will only be granted in conjunction with a project that meets those guidelines. The city issues a Notice of Funding Availability (NOFA) for specific types of housing. If the city issues a NOFA for CHDOs, then it is typically for single-family developments and not for multi-family developments, such as apartment complexes. CHDOs are a layered financial setup which requires developers to get private financing with the CHDO money used as gap money; no more than a third of what is required for building. CHDO designation is only active for the duration of the project. It is necessary to reapply for CHDO status for a new development project. The Dallas Central Appraisal District no longer offers nonprofit organizations property tax exemptions as in the past. Affordable housing property owners are responsible for monitoring that residents continue to meet affordable housing guidelines. Affordable housing recipients do not directly receive the housing subsidy; instead, the developer receives it to lower the price of the housing unit. Affordable housing buyers may be eligible for additional mortgage assistance and are free to apply for those programs.

The City of Dallas also runs the Operation Goodwill and Receivership programs. Under the Operation Goodwill program the US Marshall strikes off property to city and the city will typically give it to a CHDO working in the area to rehab the property. The US Marshall is able to pass property on to state through state receivership law which says that local governments with housing departments may distribute the property. Under the Receivership program a developer will find abandoned property in their work area and request to rehab it.

Cindy Crain, MDHA - Cindy Crain shared the outcome of the Housing Summit focus group. A focus group of landlords was brought together in preparation for the Housing Summit. Landlords had an opportunity to highlight concerns related to voucher clients in supportive housing: 1) rents need to be paid in a timely manner 2) ensure that conflict between clients and other residents does not arise 3) ensure that there is no need for police presence on the property, and 4) prevent damage to the property. Landlords are concerned about the quality of case management and support clients receive. Landlords expressed an interest in establishing connections and understanding how they can work with service providers, as well as, learning more about minimum standards of care and support. The Housing Summit focus group highlighted some important points: 1) we are not prepared to have a summit 2) related to reaching out to developers, they said that new development might not be the best place to start because housing units cannot be turned around quickly and they recommended reaching out to landlords as a start.

Ms. Crain gave a status update on the Homeless Management Information System (HMIS) efforts. Currently, the team is reviewing all system components and creating a comprehensive to-do list. A system-level review is evaluating how the pieces of the directory will work together and how the agencies are working together to deliver housing services. Special attention will be given to areas where improvements might be made and creating a uniformity in service delivery among service providers. The goal is to replace costly reactive services with supportive services which are more cost-effective. All these efforts will establish a coordinated reporting system to document every single homeless person, a "by-name list" which is a best practice towards ending chronic homelessness. Creating a single list makes it possible for service providers to identify and actively work towards solutions for the

most vulnerable, chronically homelessness population. Another aspect of the coordinated access directory will catalog all available resources of housing dedicated to the homeless population. Other housing resources not currently included in the housing inventory count, such as other permanent supportive housing, are being reviewed to determine if they should be added to the list. The housing inventory count also revealed that it may be necessary for agencies to assign unused beds as overflow so that they are readily available for emergency situations. The HMIS will also help service providers identify service gaps, knowledge gaps, whether there is a need for minimum care guidelines. If the HMIS timeline goes as planned the National Center on Family Homelessness will be brought in to provide a 5-week training this November. For example, case managers will receive education on maximizing the level of care through voucher based, harm reduction and trauma informed case management.

Commissioner Daniel added that MDHA and Parkland PCCI are working together and that there are on-going discussions to determine if IRIS will be the new HMIS. Ms. Crain noted that significant funds have already been directed towards this initiative. Ultimately, if IRIS is not selected as the new HMIS then it will be necessary to go through the RFP process. Dr. Scott asked if there is a way for service providers to get a preliminary view or snapshot of how IRIS will work for agencies. Since the HMIS is still in the initial design stages it is not ready to test. During the next 30 days, an HMIS Committee will be established and will be responsible for reviewing and setting guidelines for varying levels of needs. Ms. Crain would like a variety of behavioral health service providers to work jointly with MDHA's Adult Services Committee to draft a minimum standard of services for varying levels of need as a starting point.

Holly Brock, ValueOptions - Holly Brock provided the NorthSTAR housing outcomes report and pointed out the variety of data being used to measure housing outcomes. Data is being collected from the Clinical Management for Behavioral Health Services (CMBHS) system, a web-based record keeping service where providers enter all their assessments and data such as total units of services and total cost per month. The database tracks all vendors who received rental funds at the beginning of the year and how these funds are being used. One challenge with the database is the time gaps between assessments and when they are entered. It is not clear whether clients who receive enhanced rental assistance will retain homelessness status which would classify them as chronically homeless. Ms. Brock will follow-up and report at the next meeting.

Stepping Up Initiative - Germaine White shared information about the new Stepping Up initiative that was presented during the NACo Conference in January. During the January conference there were many conversations about how counties are bearing the brunt of homelessness and mental health costs with little support at the state or federal levels. NACo introduced the Stepping Up initiative in May and asked counties to join in supporting the initiative by creating a formal resolution. Dallas County already has efforts dedicated to addressing these issues through the Behavioral Health Leadership Team (BHLT), BH/HWG, Specialty Courts, and diversion programs. A resolution will be submitted to Commissioners Court on July 7th. Commissioner Daniel and Ron Stretcher are leading this initiative.

NEXT STEPS:
The BH/HWG will continue to work on the following:

- Housing Summit work to involve landlords and draft agreements that outline the expectations between landlords and service providers.
- Further research into what models of service are best for Dallas County and the target population.
- Additional review and clean-up of the Housing Inventory Count (HIC)

Meeting adjourned 11:34 am

Next Meeting: The July meeting was cancelled; the BH/HWG will resume on Wednesday, August 26, at 10:00 am.

Dallas County Administration Building, 411 Elm Street, 1st Floor, Allen Clemson Courtroom
If you need parking, please contact Germaine White or Claudia Vargas

1115 Waiver- Dallas County
DY 4 Crisis Services Project (CSP) Metric Update
August 13, 2015

Process Improvement Metrics (Category 1)

Metric Description	DY4 Goal	DY4 Achievement	Status	Match Value
Consumers Served	4,200	3,937 (as of June '15)	On-target	$783,660
Bi-weekly meetings	26	22 (5 scheduled)	On-target	$783,660
Test 3 new idea each quarter	3	3	On- target	$783,660
Face-to-Face Learning Collaboratives	2	2	On-Target	$783,660
Implement "raise the floor" from Learning Collaboratives	1 per LC	1 per LC	On-Target	N/A (LC metric)
Cost avoided by crisis alternative setting (jail)*	3% reduction from baseline (21%)	5% reduction from baseline (25% reduction in ratio of crisis services spend for Jail: Dallas County)	Over-Target	$783,660
Evaluate CSP at BHLT	Yes	Yes (8 mtgs. to date)	On-Target	$783,660
Total				**$4,701,960**

Outcome Metrics (Category 3)

Outcome Improvement Metrics (Cat. 3)	Goal	Achievement	Status	Match Value
Decrease in jail readmissions from baseline	29%	24% (as of June '15)	On-target ***(area for concern)***	$130,458
Report measure to specification	Yes	Yes (Will report in October '15)	On-target	$130,458
7-day follow-up after hospital	32%	85% (as of June '15)	Over-target	$65,229
30-day follow-up after hospital	57%	87% (as of June '15)	Over-target	$65,229
Report jail measure to specification	Yes	Yes (Will report in October '15)	On-Target	$130,458
Total				**$521,832**

*** Baseline Calculation (10/1/12 to 9/30/13):** Total crisis services cost spent for total jail bookins with NorthSTAR ID (*$6,389,021*)/ Total crisis services cost spent in Dallas County (*$29,903,659*)

Achievement Calculation (10/1/13 to 9/30/14): Total crisis services cost spent for total jail bookins with NorthSTAR ID (*$4,417,654*)/ Total crisis services cost spent in Dallas County (*$27,188,486*)

ACS 1115 CSP Monthly Production Report

	Past Year Average	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	AVERAGE	TOTAL
Total Service Episodes:	**449**	741	479	308	393	573	713	629	620	660	568	5,116
Total Unique Consumers:	**328**	740	344	239	274	462	559	518	402	399	437	3,937
Percentage Change to DY3		225.50%	104.82%	72.83%	83.49%	140.78%	170.34%	157.85%	122.50%	121.58%		
Total Encounters by Type:												
Triage		741	479	308	393	573	713	629	620	660	568	5,116
Care Coordination		1420	1297	1441	1425	2160	3032	2965	2668	2767	2131	19,175
F2F Encounter		157	145	173	190	247	310	340	285	299	238	2,146
TOTAL Encounters:		2318	1921	1922	2008	2980	4055	3934	3573	3726	**2937**	**26,437**

Recidivism 10/1/14 - 6/30/15

Triages 12	3762
Bookins 12	898
Recidivism % 12 - 12	23.87%
Traiges 6	2528
Bookins 6	416
Recidivism % 6 - 6	16.46%
Traiges 6	2528
Bookins 12	782
Recidivism % 6 - 12	30.93%

Frank Crowley Specific Report

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	AVERAGE	TOTAL
Service Episodes:	680	435	267	352	535	650	572	572	614	508	4,677
Unique Consumers:											
By N° ID	651	281	182	217	409	489	439	337	336	371	3,341
By Client ID	28	19	20	18	15	18	25	22	22	21	187
TOTAL Unique Consumers:	**679**	**300**	**202**	**235**	**424**	**507**	**464**	**359**	**358**	**396**	**3,528**
TOTAL Unique Consumers as %:	99.85%	68.97%	75.66%	66.76%	79.25%	78.00%	81.12%	62.76%	58.31%		
Unique F2F:											
By N° ID	83	67	96	106	150	220	220	154	152	139	1,248
By Client ID	17	14	8	10	10	13	13	15	15	13	115
TOTAL Unique F2F:	**100**	**81**	**104**	**116**	**160**	**233**	**233**	**169**	**167**	**150**	**1,363**
TOTAL Unique F2F as a %:	93%	76%	76%	75%	76%	89%	80%	69%	64%		
F2F Percentage:	15.88%	24.60%	50.94%	43.75%	39.44%	40.15%	51.05%	42.66%	42.18%	37.89%	37.89%
Encounters by Type:											
Triage	680	435	267	352	535	650	572	572	614	520	4,677
Care Coordination	1057	1023	1157	1160	1929	2705	2630	2407	2539	1845	16,607
F2F Encounter	108	107	136	154	211	261	292	244	259	197	1,772
TOTAL Encounters:	1845	1565	1560	1666	2675	3616	3494	3223	3412	**2456**	**23,056**
Female:											
Black	128	77	47	40	75	120	98	68	69	80	722
White	61	38	23	22	39	38	42	39	40	38	342
Hispanic	33	8	3	8	20	22	17	17	11	15	139
Other					1	4				3	5
Unknown		3		1	1	1	2	1		2	
TOTAL Female:	222	126	73	71	136	185	159	125	120	**137**	**1,208**
Male:											
Black	282	197	81	106	193	204	214	145	140	174	1,562
White	107	52	29	36	56	70	61	61	63	59	535
Hispanic	65	21	13	20	34	40	27	24	34	31	278
Other	2	3	1	1	4	6	3	2		3	22
Unknown	1	1	5	1	1	2		2	1	2	14
TOTAL Male:	457	274	129	164	288	322	305	234	238	**272**	**2,411**

Timberlawn Specific Report

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	AVERAGE	TOTAL
Service Episodes:	61	44	41	41	38	63	57	48	46	49	439
Unique Consumers:											
By N° ID	55	37	33	30	32	46	49	37	22	38	341
By Client ID	6	7	4	9	6	6	5	6	19	8	68
TOTAL Unique Consumers:	**61**	**44**	**37**	**39**	**38**	**52**	**54**	**43**	**41**	**46**	**409**
TOTAL Unique Consumers as %:	100%	100%	90%	95%	100%	83%	95%	90%	89%	94%	93%
Unique F2F:											
By N° ID	45	33	32	28	30	40	47	33	19	34	307
By Client ID	3	5	2	6	5	5	1	5	17	5	49
TOTAL Unique F2F:	**48**	**38**	**34**	**34**	**35**	**45**	**48**	**38**	**36**	**40**	**356**
TOTAL Unique F2F as a %:	98%	100%	92%	94%	97%	92%	100%	93%	90%	96%	95%
F2F Percentage:	80.33%	86.36%	90.24%	87.80%	94.74%	77.78%	84.21%	85.42%	86.96%	85.19%	85.19%
Encounters by Type:											
Triage	61	44	41	41	38	63	57	48	46	49	439
Care Coordination	363	274	284	265	231	327	335	261	228	285	2568
F2F Encounter	49	38	37	36	36	49	48	41	40	42	374
TOTAL Encounters:	473	356	362	342	305	439	440	350	314	383	3381
Female:											
Black	14	6	9	7	7	12	13	9	9	10	86
White	3	7	3	6	3	5	4	5	8	5	44
Hispanic	8	7	2	7	7	3	7	8	5	6	54
Other	2			1		3			1	2	7
Unknown	2	2	1	2	1		1			2	
TOTAL Female:	29	22	15	23	18	23	25	22	23	**22**	**191**
Male:											
Black	16	14	9	6	8	12	10	8	9	10	92
White	9	3	5	2	8	7	6	9	4	6	53
Hispanic	6	5	4	5	3	7	10	3	4	5	47
Other	1		2		1	3		1		2	8
Unknown			2	3			3		1	2	9
TOTAL Male:	32	22	22	16	20	29	29	21	18	**24**	**209**
Age of Triage Encounters:											
Adult	38	30	30	24	32	32	34	25	31	31	276
Minor	21	11	5	10	5	17	15	17	9	12	110
Uncollected	2	3	2	5	1	3	5	1	1	3	23
TOTAL Age of Triage Encounters:	**61**	**44**	**37**	**39**	**38**	**52**	**54**	**43**	**41**	**46**	**409**
Age of F2F Encounters:											
Adult	31	30	29	24	31	30	36	23	27	29	261
Minor	17	8	5	10	4	15	12	15	9	11	95
Uncollected	0	0								0	0
TOTAL Age of F2F Encounters:	**48**	**38**	**34**	**34**	**35**	**45**	**48**	**38**	**36**	**40**	**356**
F2F Outcomes:											
23 hours obs											
Crisis Residential		2	5	1	3	3	6	1	1	3	22
Hotline/MCOT				1						1	
Inpatient- Civil	9	6	5	5	2	8	7	10	5	6	57
Intensive Outpatient	4	3	2	1	6	4	5	3	5	4	33
Left Against Clinical Advice			1							1	
Medical Referral	3	1	4	2	2			3	2	2	17
No Behavioral Health Services Indicated			1				1		1	1	
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	2	2	2	2			2	10
Routine Outpatient	25	20	12	19	15	19	19	15	18	18	162
School-based services			1			1				1	2
Unable to complete assessment						1	2			2	3
Urgent Care Clinic	4	1	2	3	5	7	6	6	4	4	38
TOTAL Outcomes	**48**	**38**	**34**	**34**	**35**	**45**	**48**	**38**	**36**	**40**	**351**
Diversion Rate	**81.25%**	**84.21%**	**85.29%**	**85.29%**	**94.29%**	**82.22%**	**85.42%**	**73.68%**	**86.11%**		**83.76%**

Transicare Reporting
Crisis Services Project

		2014-10	2014-11	2014-12	2015-01	2015-02	2015-03	2015-04	2015-05	2015-06
1	**Beginning Census**	**36**	**34**	**42**	**48**	**58**	**47**	**62**	**65**	**62**
2	REFERRALS	*18*	*27*	*42*	*31*	*7*	*53*	*16*	*29*	*37*
3	**Admissions**									
4	**Referred Admitted**	***4***	***8***	***12***	***12***	***2***	***21***	***7***	***9***	***11***
5	No Admit Client Refusal	1		1	1				3	2
6	No Admit Criteria	6	7	8	9	1	10	3	8	10
7	No Admit Structural	1	6	6	4		2	1	1	2
8	Pending	6	6	15	5	4	20	5	8	12
9	*PRIOR PENDING*									
10	**Pending Admitted**		***5***	***4***	***7***	***3***	***4***	***9***	***6***	***9***
11	No Admit Client Refusal		1	3			1	3		1
12	No Admit Criteria	3	3		2	2		2		1
13	No Admit Structural		1	1	4		2	2	1	0
14										
15	**Total Admissions**	**4**	**13**	**16**	**19**	**5**	**25**	**16**	**15**	**20**
16										
17	**Discharges**									
18	Success Transfer	1	3	2	4	8	5	3	4	5
19	DC Midterm Disengage	1		1		1	1	3	4	2
20	DC Rapid Disengage	3	1	1	1	1	1		1	0
21	DC Structural	1	1	6	4	6	3	7	9	6
22	**Total Discharged**	**6**	**5**	**10**	**9**	**16**	**10**	**13**	**18**	**13**
23	Active End Of Month	34	42	48	58	47	62	65	62	69
24										
25	**Outcome Data**									
26	*Terrell State Hospital Linkages*									
27	≤7 Connect To Prescriber	2	4	4	2	3	7	7	3	3
28	≤30 Connect To Prescriber	2							1	0
29	Missed Metric			4		1	0	0	0	0
30	Total Released	4	4	8	2	4	7	7	4	3
31										
32	**Cummulative ≤7 Connect %**	**50.0%**	**75.0%**	**62.5%**	**66.7%**	**68.2%**	**75.9%**	**80.6%**	**80.0%**	**84.6%**
33	**Cummulative ≤30 Connect %**	**100.0%**	**100.0%**	**75.0%**	**77.8%**	**77.3%**	**82.8%**	**86.1%**	**87.5%**	**87.2%**
34	**Missed Metric**	**0.0%**	**0.0%**	**25.0%**	**22.2%**	**22.7%**	**17.2%**	**13.9%**	**12.5%**	**12.8%**
35	*Unduplicated Served*									
36	**Monthly Unduplicated**	**56**	**53**	**72**	**81**	**65**	**90**	**84**	**90**	**91**
37	DSRIP YTD Unduplicated Served	56	74	103	136	140	182	199	226	257
38										
39	*Encounter Data*									
40	F2F Encounter	297	226	451	497	376	409	561	490	516
41	Care Coord	174	138	177	209	178	177	246	255	260
42	Total	471	364	628	706	554	586	807	745	776

Forensic Diversion Unit (FDU) Report

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Beginning Census	**40**	**39**	**38**	**39**	**39**	**35**	**34**	**34**	**37**
Number of Referrals Received from CSP									
Adapt	1	2	2	1	1	0	2	8	7
Metrocare	0	0	0	0	0	1	0	0	0
Transicare	0	0	0	0	1	0	1	2	
Number of Admissions	**1**	**0**	**2**	**1**	**2**	**0**	**3**	**3**	**5**
Number Discharged	**2**	**1**	**1**	**1**	**4**	**3**	**0**		**2**
Number not admitted due to:									
Client qualifies for ACT	0	0	1	0	0	0	0	0	0
Client qualifies for other programs	0	0	0	0	0	0	0	0	3
Client didn't meet level of need required	0	0	0	0	0	1	0	0	0
Other reasons	0	0	0	0	0	0	0	0	0
Average Service Utilization:									
Average hours seen	10.72	8.76	7.8	8.3	9.2	7	7.31	9.22	12.27
Encounter Breakdown:									
Face to Face	450	245	357	497	419	236	302	519	469.23
Service Coordination	69	35	43	76	81	69	75	94	225
Number of clients accessing:									
Emergency Room (medical)	1	1	0	0	0	0	0	1	0
23-hour observation (psych)	1	1	1	0	0	1	0	2	0
Inpatient (med/ psych)	8	0	2	2	1	2	0	2	0
Jail book-in	2	4	1	1	0	0	1	3	5
Reasons for Discharge:									
Graduate	0	0	0	0	3	0	0	0	0
Client Disengagement	1	0	0	0	1	1	0	0	2
Extended Jail stay (case-by-case basis)	1	0	1	1	2	0	1	1	0
Other Intervening factors	0	1	0	0	0	0	0	0	1-TJC
End of Month Stats:									
Number of Active FDU clients end of month	**39**	**38**	**39**	**39**	**37**	**34**	**34**	**37**	**41**
Number of Unique Consumers	0	0	0	0	0	1	3	3	5
Number of clients on Waiting List	0	0	0	0	0	0	Pending 6	pending 6	4
Average Length of stay on FDU (month)	11.72	12.38	12.07	12.45	12.15	12.49	12.18	12.65	12.32
Maximum Census	**45**	**45**	**45**	**45**	**45**	**45**	**45**	**45**	**45**

Dallas County Crisis Services Program	Program Specific and Systems Update	Summary of VO's Monthly Activities	Numeric Outcomes Reporting
1	**Adapt Community Solutions (ACS) -** Targets members released from jail using both ACS to ensure continuity of care.	Conducted case consultations on approximately 10 cases this month	VO-CSP Outcomes Report
2	**Transicare Post Acute Transitional Services (PATS) -** Targets high utilizers released from jail with more intensive need to ensure continuity of care.	Available for case consults/clinical support for Transicare Post-Acute Transitional Services (PATS)-Clinical Rounds Updated Flags-included 6 added 3-discharged Supported 7-day after-care appts. (7 hosp/1-jail discharges)	Flags in system - VO outcomes reports in progress.
3	**Timberlawn Assessor -** Provides neutral assessments and interventions for persons presenting for admission to inpatient	Supporting ACS 1115 with difficult cases, coordination of care and operations support	VO-CSP outcomes report
4	**ACT FDU -** Provides ACT for high utilizers of the legal system (Attending work-group meetings)	Updated-authorizations for FDU members-23 auths reviewed to note end dates (add/discharge as requested) Reviewed -12 FDU referrals	None
5	**CSP-Systemic Operations** Involved in LOC discussions and how Stages of Change must align/drive LOC decisions Initiated FDU precedent to discuss challenging cases with MH, legal, and DPD involvement to include transition and discharge planning. Created workflow to operationalize managing re-enrollment for clients who are returning to the community from hospital setting and/or jail. Created VO workflow to review cases for pre-auth consideration for CD Residential LOC which reduces relapse potential and decreases recidivism.	Created LOC document to support appropriate LOC decisions Facilitated phone conference including all parties involved to create a standard for transition/discharge planning. Phone conference to address enrollment ssues and develop workflow	Not Applicable Not Applicable Not Applicable

DALLAS COUNTY CRISIS SERVICES PROJECTS
BHLT GOVERNANCE COMMITTEE MEETING
JULY 7, 2015

ATTENDEES: RON STRETCHER, Charlene Randolph, Duane Steele, Lynn Richardson, Dave Hogan, Scott Black, Alyssa Aldrich, Preston Looper, Daniel Byrd, John Henry, Enrique Morris, Doug Denton, Nakish Greer, Sherry Graham, and Ken Medlock.

The meeting was called to order by Charlene Randolph, Dallas County Criminal Justice Policy Analyst, at 3:35 PM.

COMMITTEE MEMBERSHIP AND CHARTER:

The CSP Governance Committee members made introductions.

CASE PRESENTATION

Alyssa Aldrich, presented information on a current CSP client:

- Female with initial contact with CSP
- Client was has been linked with DMS RAP wraparound team
- Client has met requirements of the court

- Male client
- 7/F2F visits with this client
- Client was placed with FDU and has since been dropped from the program
- Client has chosen not to take his medication
- Client has been placed in four different boarding homes since April 15, 2015
- Client was taken to GreenOaks
- Client currently has a Warrant and FDU would like inpatient treatment

Alyssa Aldrich provided an overview of clients served by Adapt for the month of May, Adapt served a total of 456 unique consumers and 231 F2F total encounters.

VALUEOPTIONS NORTHSTAR CASE COORDINATOR

Janice Jefferies continues to assist with high-utilizer cases. Ms. Jefferies has also developed a level of care grid. Daniel Byrd has been working with Charlene Randolph on outcome developments.

FDU

Ron introduced Mike Laughlin as the Dallas County contact for FDU. Sherry Graham with DMS reported the monthly numbers. During the month of May, FDU began the month with 34 clients and ended the month with 37 clients (6 pending at 9.22 hr.). The month of June ended with 43 active and 1 pending. FDU will start stepping (transitioning) some of the clients out of for some that have more intense needs. The idea is to serve the consumers who need the full team trauma base care and drop the other consumers down to a lower level of care. Each case will be staffed with the FDU committee within a six month period. Ron wants make sure legal areas are checked before stepped down or released. Janice Jefferies continues to assist with coordination of care and high utilizer cases.

SPECIALTY COURT AFTER-CARE ENGAGEMENT PACKAGE

The CSP will provide funding for additional outpatient substance abuse service hours that exceed the amount allowable by NorthSTAR protocols. CSP will provide $200,000 during a 9-month period to help alleviate the funding gap and allow flexibility for clients responding differently to treatment. It was stated that it needed to be made clear that it had to be a certified Specialty Court.

HOUSING-SALVATION ARMY TRANSITIONAL BEDS

Charlene Randolph reported that the Court Order has been signed for the 8 male transitional beds; these beds will be monitored by Salvation Army and Transicare. There were also 12 beds approved for CSCD.

SIP

Mr. Stretcher stated that Transicare will be the facilitator of the Program. They are still working through some of the process and procedures. Some of the concerns are transportation, property, and etc.

DISCUSSION-REDESIGN OF CSP GOVERNANCE COMMITTEE-GOAL, PURPOSE, NEEDS*

Keith Ackerman reported that construction on the Cottages has been delayed at least 67 days because of bad weather. The current move-in date for clients is October 2015. Mr. Looper is assisting with data analysis that will be used to identify candidates for the cottages.

NEXT STEPS/ACTION ITEMS:

- **Next Meeting: October 6, 2015**
- **Mr. Stretcher will meet with Ms. Richardson to have further discussions about the After-care Package**
- **Mike Laughlin will schedule a conference call for SIP**

MEETING ADJOURNED AT 5:00 PM

RESOLUTION

DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM

RESOLUTION NO: **9-2015**

DATE: **August 13, 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 13th day of August 2015,the following Resolution was adopted:

WHEREAS, The Serial Inebriate Program is designed to divert high risk-need, repeat offenders in the community suffering from alcoholism and/or co-occurring disorders (those who are over-utilizing our medical, treatment, and jail resources) into residential treatment and subsequent housing options; and

WHEREAS, the Substance Abuse Mental Health Services Administration (SAMHSA) recommends flexibility in the length of days for detoxification and residential substance abuse treatment to accommodate different levels of treatment needs and responses to treatment; and

WHEREAS, the Crisis Services Project will provide funding for up to 30 Serial Inebriate Program participants to receive additional residential treatment for a total of 30 days with a goal of improving program completion and recidivism rates; and

WHEREAS, funds not to exceed $53,760 will be allocated to Value Options via an amendment to the current agreement between Value Options and Dallas County.

IT IS THEREFORE RESOLVED that the Dallas County Behavioral Health Leadership Team endorses the allocation of up to $53,760 in Crisis Services Project funding to Value Options to support the Serial Inebriate Program.

DONE IN OPEN MEETING this the 13th day of August, 2015.

_____
John Wiley Price
Commissioner District #3
Dallas County

_____
Dr. Theresa Daniel
Commissioner District #1
Dallas County

Dallas County
Department of Criminal Justice

MEMORANDUM

Date: 8/10/2015

To: Dallas County BHLT

From: Michael Laughlin, Mental Health Coordinator

Re: ValueOptions of Texas/ NorthSTAR Services to 1115 Waiver Crisis Services Project- Serial Inebriate Program Package- Amended MOU

BACKGROUND

Value Options is a critical component of the Crisis Services Project, providing care coordination services as well as coordinating enhanced services through its provider network. This brief is submitted to request BHLT approval to utilize funding from the 1115 Waiver Crisis Services for an amendment to the Value Options MOU to support the Serial Inebriate Program.

OPERATIONAL IMPACT

The Serial Inebriate Program is designed to divert high risk-need, repeat offenders in the community suffering from alcoholism and/or co-occurring disorders (those who are over-utilizing our medical, treatment, and jail resources) into residential treatment and subsequent housing options. With this plan in mind, the Substance Abuse Mental Health Services Administration (SAMHSA) recommends flexibility in the length of days for detoxification and residential substance abuse treatment to accommodate different levels of treatment needs, and response to treatment. Recommended length of residential treatment will typically exceed current service levels allowable under standard Value Options (VO) reimbursement criteria. This will result in a need for an extended residential substance abuse service package within the Crisis Services Project (CSP) for those not authorized for extensions by VO.

Client will be identified by Parkland Hospital (PHHS) Emergency Department, and screened by Transicare, Inc. staff as meeting the above criteria **and** in need of detoxification and/or residential treatment services. PHHS will then verify the placement option and refer the client to residential treatment. The person will subsequently be transported via Transicare staff to the facility. Client should meet VO detoxification criteria in order to be authorized for services, and must be a repeat offender with multiple treatment episodes in the last 36 months. Value Options (VO) will authorize the initial detoxification and residential treatment stays (typically up to 14 bed days) based on their standard clinical criteria. In order to support maintenance of treatment gains, completion of treatment goals, and preparation for discharge, Crisis Services Project will pay for any additional bed days beyond 14 days, **only** when VO does not authorize the extended days of treatment beyond 14 days. The expanded treatment will be piloted for up to 30 consumers.

FINANCIAL IMPACT:
The SIP Program package will be funded through the 1115 Medicaid Waiver. The MOU amendment spells out the agreement for the County to reimburse Value Options at the attached reimbursement rate, plus up to 12% indirect costs, not to exceed $53,760 through the end of the MOU. This funding will provide for extended treatment stays for up to 30 clients. The County shall reimburse Value Options on a monthly basis upon receipt of an accurate and complete request for reimbursement from Value Options.

RECOMMENDATION:
It is recommended that Dallas County Behavioral Health Leadership Team approve an amendment to the Memorandum of Understanding between Value Options of Texas/NorthSTAR and Dallas County to provide funding to support the Serial Inebriate Program.

Behavioral Health Steering Committee
Thursday May 21, 2015

Meeting called to order at 8:30am by Ron Stretcher.
Ron Stretcher called the meeting to order and asked for attendees to introduce themselves. Judge Wade asked for any adjustments to the minutes.

BHLT & CSP Update

Charlene Randolph, reported services provided by Transicare ended with 65 clients, serving a total of 89 unduplicated. CSP has also recently started tracking connecting persons coming out of Terrell State hospital to services within 7 days and 30 days. Currently they are at 75% within 7 days, and 82% within 30 days. Reporting on the number of total unique encounters (goal for match funding) for CSP at the end of March is 553 *(pgs 5, of May packet)*

Jail Reports

Pregnant Women in Jail- Shenna Oriabure reported there are currently 27 pregnant women in jail; 9 sentenced, 13 have upcoming court dates, 1 waiting to go to the hospital, and 4 without court dates. *(pg 10, of May packet*)

Northstar Match- Duane Steele reported that for the month of April there were a total of 6530 inmates booked into jail, out of that 1,573 (25%) had a Northstar match. Looking at information for people that have been booked into jail more than once this year, there are 2 inmates that have been booked into jail 7 times or more this year. *(pg 11, of May packet*)

Northstar High Utilizers –Lynn Richardson asked for the possibility of being able to identify the attorneys assigned to high Northstar utilizers. In an effort to target the high utilizers Ms. Richardson stated that she would talk with the court coordinators to ensure the attorneys are knowledgeable of the services such as Transicare or Adapt in order to provide wrap around services. Judge Wade agreed and included the DA's office could also benefit from knowing this information as well to better identify and work with inmates that are in need of services. Currently the JIMI system is the mechanism used to identify high utilizers. There is some concern on how information can be distributed among the different departments without violating HIPPA or attorney client privilege. Ron Stretcher reported that Chong Choe in the Civil District Attorney's office is currently working with the Criminal Justice Department on HIPPA and other privacy and security matters. While Ms. Richardson reports there are legal statutes that address competency, those statutes do not cover mental health cases and how they are different, agreeing that there are concerns about how to share information and there is a need to work together to create a solution that can identify high utilizers and provide the correct

services. Charlene Randolph will work to schedule a meeting with the Public Defender's office, District Attorneys' office, and Transicare and Adapt to work on a solution. *(pg 11, of May packet*)

Problem Solving Courts

Specialty Court Census:

Lynn Richardson registered an objection to discussing the courts during the BHSC when the Judge presiding over the court has not had an opportunity to attend and be a part of the discussions during the meeting. Ms. Richardson stated going forward she will speak to the judges individually and provide them with the opportunity to engage in the discussions at the BHSC. Ron Stretcher, directed members to page 13 in the packet for a review of the TACOOMI caseworkers in each specialty court.

- ATLAS there is 1 case manager with a max caseload of 20-25 clients; currently there are 17 there is a need for an additional 3-4 clients.
- Post-DDRTC has 1.5 case managers with a max caseload of 30-37 clients; currently there are 32 clients.
- STAC has 1.5 case managers with a max caseload of 30-37 clients; currently there are 29.
- MHJD has 1.5 case managers with a max caseload of 30-37 clients; currently there are 21 clients.
- PRIDE has a .5 case manager with a max caseload of 10-12; currently there are 4 clients, with PRIDE they can only work with the felony prostitution charges.

Sherri Lockhart stated that over the past six months it has been really hard to get any of the caseloads at capacity. No barriers or limitations for filling the Specialty Court caseloads have been observed, this is also true for the probation ICM caseloads as well. It was noted there were some differences between the numbers being reported in MHJD by the probation officer and the numbers reported by Metrocare. In order to ensure the numbers being reported are consistent going forward there will be a comparison by the probation officer in MHJD and Sherri Lockhart of the clients that are in MHJD for Metrocare.

On the dedicated probation ICM, there are 5 case managers for this program and there is one vacancy and a max capacity of 80-100 clients Dr. Johansson-Love reported that the caseload is something that Mr. Arnold of CSCD and Dr. Syed are working on streamlining the referral process. Dr. Syed reports that one problem is a lack of communication. Judge Wade asked that going forward every Monday Metrocare send an e-mail to the judge and the probation officer letting the courts know the current needs of Metrocare in order to fill the case loads. *(pg 13, of May packet*)

Public Defender Report

Lynn Richardson reported the budget department is reviewing providing an additional .5 public defender for the mental health court. Reviewing the numbers there has been an increase in hospitals and cases and an additional .5 of a public defender is much needed. *(pg 12, of May packet*)

SPN Reports

The Bridge - Jay Meaders reported the Bridge is entering historically the busiest time of the year. They are currently working to integrate with Metrocare and Lifenet, as Metrocare was once housed at the Bridge the transition is going smooth. Modifications have been made in capturing the number of jail releases, thus providing a more accurate synopsis of the people from jail. He also notes that it may look as if there are fewer beds in the emergency shelter, however what is happening are many clients are maintaining their beds longer. He continued to stress the importance of sending referrals over as early as possible to assist in placing them in a bed and getting wrap around services for them. *(pg 14, of May packet*)

IPS - Enrique Morris reported they have recently had the highest number of admissions for Specialty Courts in the last nine months. In the past month, the highest discharge rate was from STAC men and the highest admission rate was from IIP. There was a successful discharge rate for the month of April was 51%, which is higher than the national average according to SAMSHA. For the month of April the following numbers apply for the Specialty Court clients in IPS services; phase advancement 57%; phase retention 31%, and elevation of care 12%. *(pg 15, of May packet*)

DIVERT - Keta Dickerson reported that DIVERT has started taking referrals again. They are currently at 161 participants in the program and they have increased the program capacity to 165. *(pg 19, of May packet*)

Probation-Serena McNair reported the following start and end numbers for the Probation Department; ATLAS started with 26 and ended with 28, DDC started with 19 and ended with 22, MH started with 51 and ended with 52, STAC started with 13 and ended with 16, and STAR started with 15 and ended with 17 for a total of 135. Serena reported that the numbers for STAC look smaller because they are only reporting the mental health case load for that number. *(pg 20, of May packet*)

530 Sub-Committee

Keta Dickerson reported committee met last Wednesday at the time the ending balance is a total of $127,364.34. Dr. Johansson-Love gave an update on the status of the studies with UTD, reporting they are currently working on DIVERT program and getting data from the officers. Dr. Johansson-Love, also reported that Judge Hoffman is working on a study being completed by UTA and there will be a need in the future to evaluate utilizing the PRIDE court for a study. The following requests were approved by the sub-committee and are being presented to BHSC for final approval.

- STAC – Incentive Request
  Judge Lela Mays presented a request to utilize $875.00 to pay for the May graduation.
- MH Specialty Court Coordinator – Training Request
  Christina Gonzales presented a request to utilize $100.00 to pay the registration to attend the Mental Health Care & Diversity training workshop being held on May 30th, 2015.
- DIVERT – Incentives Request
  Keta Dickerson presented a request to utilize $2,000.00 to pay for incentives and graduations for the STAC court with the possibility of approving additional funds later in the year.

Ron Stretcher made a motion to approve all three requests, Kendall McKimmey seconded the motion and it was approved by the committee.

Announcements

- Keta Dickerson and Lynn Richardson have created resolutions for National Drug Court Month. They will be read at Commissioners Court on May 26th, 2015 at 9:00am.
- Mike Laughlin, from Federal Parole will join the Criminal Justice Department as the Mental Health Jail Diversion Coordinator on June 1, 2015. He will fill the position previously held by Patti Scali.
- Crystal Garland at Metrocare/Lifenet has been promoted and she is now the Clinical Manager II for all jail diversion cases.

Adjourn

The meeting was adjourned at 9:55am by Judge Wade.