

Dallas County Behavioral Health Leadership Team
Thursday, October 8, 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. 1115 Waiver Update on Extension and Transition Request, Christina Mintner
- IV. NTBHA Indigent Services Plan
 - Update on NTBHA Redesign
 - Update on Community Response to Decrease in Treatment Beds
- V. The Stepping Up Initiative Update
- VI. Dallas County Behavioral Health Housing Workgroup
- VII. 1115 Waiver Crisis Services Project Update*
- VIII. NorthSTAR Update
 - NTBHA Update
 - ValueOptions NorthSTAR Update
 - State Advisory Committees
- IX. The Cottages at Hickory Crossing Update
- X. Funding Opportunities
 - SAMHSA Drug Court Expansion
- XI. Upcoming Events and Notifications
- XII. Public Comments
- XIII. Adjournment



Dallas County Behavioral Health Leadership Team
Meeting Notes
Thursday, September 10, 2015

Welcome and Call to Order

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

Review/Approval of Minutes

The minutes from the BHLT meeting held on August 6, 2015 were included in the meeting packet. BHLT committee members voted to approve the minutes with no modifications.

Introductions and Absent BHLT Members:

Lynn Richards introduced case managers Angela Heggins and Blyth Barns from the Dallas County Public Defender's Office. Also in attendance were Allen Pittman, Policy Analyst (HHSC) and Melinda Metteauer, Vice President (Maximus).

HHSC Health Plan and Updates (Medicaid/CHIP):

Rudy Villarreal, HHSC Director of Health Plan Management, gave an overview of the 2017 HHSC Plan and provided answers to questions submitted by BHLT members (see attached document). Managed Care is healthcare provided through a network of doctors, hospitals and other healthcare professionals responsible for managing and delivering quality cost-effective care. The state pays a managed care organization (MCO) a capitated rate for each member enrolled, rather than paying for each unit of service provided. The programs provided are STAR, STAR+PLUS, and STAR+PLUS MMP which operates in 6 Texas counties. Providers must contract and be credentialed with an MCO to provide STAR or STAR+PLUS services. For managed care practices, rates are negotiated between the provider and the MCO. Processes such as authorization requirements and claims processing may be different between MCOs. Mr. Villarreal requested that everyone send additional questions to the BHLT staff.

NTBHA Indigent Services Plan and Updates:

Approval of Local Plan for Indigent Behavioral Health Services

- Ron Stretcher stated that there was nothing to approve at this time and developing the Local Plan is an ongoing process. Commissioner Price questioned if everyone had seen the draft of the Indigent Behavioral Health Services. BHLT staff will send a copy of the Local Plan for BHLT review.

Update on Community Response to Decrease in Treatment Beds

- Ron Stretcher suggested that he and Alex Smith work on a Resolution that would require everyone in the network accept all patients.

Stepping Up Initiative Update:

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 the next collaborative meeting would be held on September 28, 2015.

**Brief Reports from and Charges to BHLT Committees
Crisis Services Project (CSP) Governance Committee:**

Charlene Randolph stated that at the last BHLT meeting it was decided that subcommittees would only be placed on the agenda if there were action items. However, one of CSP process metrics mandates that it provide program updates at BHLT meetings. This metric is worth \$760,000.00 in both DY4 and DY5; therefore, CSP Governance updates will remain on the BHLT agenda. Charlene Randolph reported CSP served 698 unique consumers during the month of July and is already over its annual Quantifiable Patient Impact (QPI) goal. CSP also provided wrap-around services to 101 unduplicated clients. In July, 77% of Dallas County forensic clients connected to a prescriber within 7 days of discharge from Terrell State Hospital and 85% clients connected within 30 days. Ron Stretcher, Charlene Randolph, and Preston Looper all attended at the 1115 Waiver State Wide Learning Collaborative event at which Mr. Stretcher gave a presentation on the JIMI data system. Christina Mintner, RHP 9 Lead, will attend the BHLT October meeting to provide a brief highlight on the 1115 Waiver Extension request to CMS and proposed changes. BHLT members voted and approved Resolution (11-2015) to endorse the CSP FY 2016 Budget.

Behavioral Health Housing Work Group (BHHWG) Update:

Commissioner Daniel stated that the BHHWG has two focus areas: increase transitional housing for special populations in crisis and improve the process for accessing housing units for populations in need. Commissioner Daniel stated that focus group for landlords and case managers will assist with this process. The group is looking at a vulnerability tool for screening.

The Cottages at Hickory Crossing Update:

Commissioner Price stated that there was an article done by Larry James on the Cottages and construction on facility continues.

SAMHSA Drug Court Expansion:

Mr. Stretcher reported that they are still in the process of reviewing the submissions.

DSHS Crisis Expansion:

Collin County was rewarded for its submission; however, NTBHA was not awarded DSHS crisis expansion funds.

Upcoming Events and Notifications:

Janie Metzger requested that everyone contact her about issues to be addressed during the next legislation session. Commissioner Daniel announced and recognized September as Suicide Prevention Month, as well as National Recovery Month. Judge Mays stated that the STAC court will be holding a luncheon at City Square (LIFT) on literacy at 11:30pm next Wednesday.

Adjournment:

A motion was made by Commissioner Daniel, seconded by Sharon Phillips, and was approved to adjourn at 10:47 AM.



WAIVER RENEWAL

Waiver Renewal Progress

- CMS confirmed receipt of waiver extension application.
- No major changes to extension packet based on comments.
- Most public comments related to protocols
- Protocols will be updated and sent to CMS for approval in late spring/early summer 2016.
- All waiver extensions and protocols subject to CMS approval.
- CMS has 6 months to reply
- Watching CA Waiver
 - Submitted in March
 - Expires at end of October

Goals of 1115 Transformation Waiver

- Expand Medicaid managed care statewide
- Develop and maintain a coordinated care delivery system
- Improve health outcomes while containing costs
- Protect and leverage federal match dollars to improve the healthcare infrastructure
- Transition to quality-based payment systems across managed care and hospitals

Extension Request

- 5Y request
- Funding pools:
 - To continue the demonstration year (DY) 5 funding level for DSRIP (\$3.1 billion annually)
 - An Uncompensated Care (UC) pool equal to the unmet need in Texas, adjusted to remain within budget neutrality each year (ranging from \$5.8 billion - \$7.4 billion per DY)
- CMS will require that Texas submit a report next year prior to waiver extension related to how the two pools in the waiver interact with the Medicaid shortfall and what uncompensated care would be if Texas opted to expand Medicaid.
- HHSC anticipates a negotiation period with CMS and will plan for a transition period with interim reporting.

Extension Request Principles

- Further incentivize transformation and **strengthen healthcare systems** across the state by building on the Regional Healthcare Partnership (RHP) structure.
- Maintain **program flexibility** to reflect the diversity of Texas' 254 counties, 20 RHPs, and almost 300 DSRIP providers.
- Further **integrate with Texas Medicaid managed care** quality strategy and value based payment efforts.
- **Streamline** to lesson administrative burden on providers while focusing on collecting the most important information.
- Improve project-level evaluation to **identify the best practices** to be sustained and replicated.
- Continue to **support the healthcare safety net** for Medicaid and low income uninsured Texans.

Waiver Renewal Across the Country

- Increased standardization of measures
- Large proportions of total funding dedicated to reporting and results
- All-or-Nothing Payment (instead of partial payment)
- High Performance funds (instead of carry forward)
- Standardized valuation formulas
- Provider submit project budgets
- May require high level accounting of incentive payment use
- Better alignment with MCOs
- Emphasize importance of sustainability after quality improvements are met

Transition Year (DY6) Proposal

- October 1, 2016 to September 30, 2017
- All projects continue
- DY6 valuation = DY5 valuation for most projects
- DY6 QPI & MLIU milestones
- Additional Metrics
 - CQI
 - Sustainability planning (HIE, Integration into MCO, community partnerships)
 - Medicaid ID reporting
- Category 3 Reporting
- Performance Bonus Pool
 - 5-10% of providers total DY6 valuation
 - Paid of regional agreement on, and selection of, region's shared performance measures
- Combining Projects (maximum valuation)

Waiver Extension Proposals

- October 1, 2017 to September 30, 30, 2021
- Continue majority of projects
 - Due to program development, projects just now reporting outcomes achievement, want to provide time to see impact.
- Continue with current statewide RHP structure
 - Most likely no new providers
- Continuing Projects
 - Next steps of transformation
 - Increased QPI
- Value Based Payment Roadmap
- Valuation Cap

Waiver Extension Proposals

- Individuals vs Encounters
- Some projects not eligible to continue (Process Improvement, Patient Satisfaction, Cost Containment)
 - Roll into another project category if applicable
 - Identify a replacement project
 - First choice to select from scaled down menu
- Replacement Projects
- Leftover Funds
- Category 3
- Performance Bonus Pool



QUESTIONS?

Dallas County Behavioral Health Housing Work Group
Dallas County Administration, 411 Elm Street, 1st Floor, Dallas Texas 75202
September 23, 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: Ron Stretcher, DCCJ; Daniel Byrd, ValueOptions; Christina Gonzales, DCCJ; Michael Laughlin, DCCJ; Charles Gulley, RG Consulting; Myrl Humphrey, ABC Behavioral Health; Jay Dunn, The Bridge; Thomas Lewis, DCHHS; Jim Mattingly, LumaCorp; James McClinton, Metrocare; Ken Mogbo, Metrocare; Cathy Packard, Family Gateway; Sandy Rollins, Texas Tenants Union; Zachary Thompson, DCHHS; David Woody, The Bridge; Germaine White, Dallas County; Claudia Vargas, Dallas County; Angelina Smith, Dallas County

GUEST: Keith Ackerman, The Cottages at Hickory Crossing

CALL TO ORDER:

Ron Stretcher opened the meeting with introductions. There were no changes suggested to the September BH/HWG minutes.

PIPELINE DEVELOPMENT REPORT: Ron Stretcher

The Cottages at Hickory Crossing Update – Keith Ackerman

Construction of the cottages was delayed due to inclement weather. Consequently, seventy-nine days of work were lost and will not be opening this November as was originally projected. It is anticipated that the cottages will open sometime between the end of December 2015 and January 2016. Mike Laughlin is the Dallas County point person for this project and has been instrumental in connecting Mr. Ackerman with the right county resources as well as with identifying potential residents who have a criminal background. Daniel Byrd is assisting with the candidate search and identifying potential residents who meet the Axis 1 diagnosis. Metrocare will serve as the psychiatric services provider and CitySquare will serve as the social work case manager provider. An activities coordinator was recently added to the team and will be responsible for scheduling social, personal enhancement improvement, and coping skills activities seven days a week. Highland Park United Methodist Church and Preston Hollow Presbyterian will partner with The Cottages at Hickory Crossing and have agreed to provide volunteers for the scheduled activities. Four potential candidates were identified through the Tent City Project. A “back-to-college” registry for housewares was created through Target and is nearly 70% filled. Every new housing resident will receive a set of housewares. Jay Dunn offered interim housing at The Bridge to candidates who may be impacted by delay in opening of the cottages.

1115 Waiver Project/Crisis Services Project Update – Ron Stretcher

The contract with the Salvation Army has been signed. Currently, six of the twenty beds assigned through the contract are in use. The transition process for clients is being reviewed for efficiency. There are some concerns about the length of wait times and individual housing needs of clients. Changes will be made based on that review.

Housing Voucher Update – Ron Stretcher

Based on previous conversations with service providers the Dallas Housing Authority (DHA) issued a number of housing vouchers to individuals on their waitlist. Mr. Stretcher received a report from DHA that there are not enough landlords who are willing to take clients with housing vouchers. Other service providers reported having the same challenge with their voucher clients. Mr. Stretcher inquired whether DCHHS is having a similar experience with landlords. Zachary Thompson reported that Dallas County Housing is currently not having trouble finding landlords for their clients and has

not had problems with that for some time now. The housing market is doing well for multi-family units so there is no incentive for landlords to house a client with a criminal background who has been issued a housing voucher that is below the housing Fair Market Rent (FMR) rate. Voucher assistance is projected to increase by about \$60. Charles Gulley explained that landlords use rent reasonableness standards to determine their FMR and voucher assistance will remain below the FMR rate after the projected increase. The BH/HWG discussed that it may be good to have a conversation with HUD about the way the FMR is calculated in Dallas – Small Area Fair Market Rent versus Area-Wide Fair Market Rent – and if changes might address voucher limitations. Sandy Rollins added that HUD may be in a public comment period for the upcoming FMR year and that it may be beneficial for providers to weigh in and share their experience and feedback. Ms. Rollins is seeing an increase in the number of tenants who report that their landlords are issuing a notice of non-renewal for vouchers. Mr. Stretcher suggested that Commissioner Daniel may want to take the lead on behalf of the group to begin a conversation with HUD on FMR rate calculations.

Jim Mattingly feels that it is important the Pipeline Development Committee inform the Dallas Housing Authority about the group's conversation and concerns. The Dallas Housing Authority may be able to add another perspective to the conversation regarding the FMR approach in Dallas County.

Doctors Building Update – Charles Gulley

The evaluation and appraisal report is completed. Mr. Gulley is working on getting the environmental report. The building is being targeted for respite care services. An update will be shared with Commissioner Daniel before the next BH/HWG meeting in October.

COORDINATED ACCESS DIRECTORY REPORT

Providers gave feedback about the training sessions that are already being offered as a result of the work to develop the Coordinated Access System. They are beneficial but it is not always possible to send all staff persons who are interested in the training sessions due to limited funding and staff limitations.

RESOURCES REPORT: no report

BEST PRACTICES REPORT: no report; scheduling meeting for week of Oct 19

Germaine reminded members of the BH/HWG that they are free to join the Best Practices Committee, as well as others, if interested.

FUNDING SOURCES AD HOC: no report

INDUSTRY UPDATES:

TDHCA and CSH (Housing and Services Partnership Academy) – James McClinton

A group of providers including Metrocare, Brooke Etie on behalf of DHA, Charles Gulley, Christina Gonzales on behalf of Dallas County and others will submit an application due on October 2nd to receive technical assistance to identify opportunities to create partnerships between supportive services and housing developers. If awarded, the group will participate in the Academy and receive webinar training support. The group would like to get a Letter of Support from Commissioner Daniel on behalf of the BH/HWG. James McClinton and Christina Gonzales will create a draft and speak with Commissioner Daniel.

NorthSTAR Report – Daniel Byrd

The fiscal year ended on August 31st. The Department of State Health Services (DSHS) awarded ValueOptions around \$630,000 for housing and housing enhancement services for the homeless and imminently homeless population. The imminently homeless definition is easier to meet and is therefore easier to provide services for that population. The DSHS shares extra funding opportunities with organizations as the end of the fiscal year approaches. ValueOptions received an additional \$500,000-700,000 during May and June to assist service providers. These funds must be encumbered before the end of the fiscal year. Funds are prepaid to service providers. ValueOptions is in the process of reconciling data outcomes with service providers and the update will be ready in the next couple of weeks. This funding is intended to provide temporary housing solutions for clients so that service providers have an opportunity to work on finding a more permanent solution. Providers are not sure how this temporary support affects the homeless status of clients which affects their transition into Permanent Supportive Housing. Providers are in conversation with their HUD

representatives to verify this information. It was suggested that Commissioner Daniel on behalf of the BH/HWG speak to HUD about the homeless status and inconsistency of HUD regulations.

Homeless Jail Report – Ron Stretcher

The homeless jail report was previously shared on a quarterly basis but will revert back to monthly. The homeless jail report will be shared at the next BH/HWG meeting. Mr. Stretcher mentioned that there is a lot of erroneous data circulating around downtown regarding the homeless population. He recalls that around the time The Bridge was being built the homeless numbers in the Dallas County jail were around 700 and that number has since dropped to around 250. Cathy Packard asked how this change was achieved. Ms. Packard would like to explore new strategies to alleviate the long waiting at Family Gateway. Mr. Stretcher attributes this improvement to coordinated efforts between groups. Mr. Dunn feels that establishing a community dashboard around services and treatment has the potential to create solutions for community partners and will work on creating a community dashboard.

Stepping Up Initiative & Caruth Planning Grant – Michael Laughlin

Stepping Up is a system reformation around behavioral health criminal justice offenders. The goal is to identify gaps and inefficiencies in service to these individuals. In particular, the process will map out what an individual goes through from the squad car to the jail. Efforts will be targeted at identifying individuals with behavioral and mental health needs more efficiently and connecting them with services more quickly. Other jurisdictions have had great success with this initiative so there is evidence that with the right support and training it can be implemented.

State Update Report – Ron Stretcher

Christina Gonzales is following a bill that affects veterans. The State made a law that requires jails to screen individuals for veteran status. The law is based on running a social security number. Social security numbers are not consistently provided so results are not always conclusive.

NEXT STEPS:

The following next steps were identified for consideration:

- HUD analysis and/or case study of the FMR regulation. The Best Practices committee will take lead of this issue.
- Ken Mogbo will continue conversations with his HUD representatives about clients maintaining their homeless status.
- Christina Gonzales and James McClinton will draft a Letter of Support for the Housing & Services Partnership Academy to be signed by Commissioner Daniel on behalf of the BH/HWG.
- Christina Gonzales will work on creating a housing dashboard.
- The Resources Committee will connect with TDHCA and invite them to present to the BH/HWG about their projects and available resources.
- Daniel Byrd will send out the NorthSTAR Housing Outcomes report prior to the October meeting for early review.
- Charles will schedule a meeting with Commissioner Daniel, Ron and Cindy to debrief on the Doctor's Building reports prior to the October meeting.

Meeting adjourned at 11:17 am.

Next Meeting: The BH/HWG will meet on Wednesday, October 28th, 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***

RESOLUTION

DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM

RESOLUTION NO: 12-2015

DATE: October 8, 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 8th day of October 2015, the following Resolution was adopted:

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

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

WHEREAS, the CSP Governance Committee is responsible for the submission of required reporting on metrics and milestones; and

WHEREAS, functioning as the reporting entity, the CSP Governance Committee will report on the following milestones and submitted supporting documents by October 31, 2015:

- Continue providing crisis stabilization services
- Evaluate and continuously improve crisis services
- Participate in bi-weekly learning interactions
- Review data and test new practices
- Participate in semi-annual Learning Collaboratives/ Implement improvements identified at events
- Cost avoidance by crisis alternative setting
- Category 3 outcome- Jail Recidivism

WHEREAS, CSP Governance will request a carry-forward for the following milestone:

- Category 3 outcome- 7-30-day follow-up after hospitalization

IT IS THEREFORE RESOLVED that the Dallas County Behavioral Health Leadership Team endorses the submission of this required report on metrics and milestones.

DONE IN OPEN MEETING this the 8th day of October, 2015.

John Wiley Price
Commissioner District #3
Dallas County

Dr. Theresa Daniel
Commissioner District #1
Dallas County

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	Jul-15	Aug-15	AVERAGE	TOTAL
Total Service Episodes:	449	741	479	308	393	573	713	629	620	660	861	666	604	6,643
Total Unique Consumers:	328	740	444	239	274	462	559	518	402	399	560	433	457	5,030
Percentage Change to DY3		225.50%	135.30%	72.83%	83.49%	140.78%	170.34%	157.85%	122.50%	121.58%	170.64%	131.95%		
Total Encounters by Type:														
Triage		741	479	308	393	573	713	629	620	660	861	666	604	6,643
Care Coordination		1420	1297	1441	1425	2160	3032	2965	2668	2767	3520	3327	2366	26,022
F2F Encounter		157	145	173	190	247	310	340	285	299	367	357	261	2,870
TOTAL Encounters:		2318	1921	1922	2008	2980	4055	3934	3573	3726	4748	4350	3230	35,535

Recidivism 10/1/14 - 8/31/15

Triages 12	4695
Bookins 12	1237
Recidivism % 12 - 12	26.35%
Traiges 6	2508
Bookins 6	415
Recidivism % 6 - 6	16.55%
Traiges 6	2508
Bookins 12	952
Recidivism % 6 - 12	37.96%

Frank Crowley Specific Report

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	AVERAGE	TOTAL
Service Episodes:	680	435	267	352	535	650	572	572	614	795	652	557	6,124
Unique Consumers:													
By N* ID	651	382	182	217	409	489	439	337	336	452	387	389	4,281
By Client ID	28	18	20	18	15	18	25	22	22	44	34	24	264
TOTAL Unique Consumers:	679	400	202	235	424	507	464	359	358	496	421	413	4,545
TOTAL Unique Consumers as a %:	99.85%	91.95%	75.66%	66.76%	79.25%	78.00%	81.12%	62.76%	58.31%	62.39%	64.57%		
Unique F2F:													
By N* ID	83	67	96	106	150	220	220	154	152	198	208	150	1,654
By Client ID	17	14	8	10	10	13	13	15	15	18	23	14	156
TOTAL Unique F2F:	100	81	104	116	160	233	233	169	167	216	231	165	1,810
TOTAL Unique F2F as a %:	93%	76%	76%	75%	76%	89%	80%	69%	64%	69%	67%		
F2F Percentage:	15.88%	24.60%	50.94%	43.75%	39.44%	40.15%	51.05%	42.66%	42.18%	39.37%	52.91%	39.68%	39.68%
Encounters by Type:													
Triage	680	435	267	352	535	650	572	572	614	795	652	557	6,124
Care Coordination	1057	1023	1157	1160	1929	2705	2630	2407	2539	3183	3215	2091	23,005
F2F Encounter	108	107	136	154	211	261	292	244	259	313	345	221	2,430
TOTAL Encounters:	1845	1565	1560	1666	2675	3616	3494	3223	3412	4291	4212	2869	31,559
Female:													
Black	128	77	47	40	75	120	98	68	69	82	66	79	870
White	61	38	23	22	39	38	42	39	40	49	42	39	433
Hispanic	33	8	3	8	20	22	17	17	11	26	29	18	194
Other					1	4					1	2	6
Unknown			3	1	1	1	2	1			1	1	1
TOTAL Female:	222	126	73	71	136	185	159	125	120	157	139	138	1,503
Male:													
Black	282	197	81	106	193	204	214	145	140	195	161	174	1,918
White	107	52	29	36	56	70	61	61	63	101	79	65	715
Hispanic	65	21	13	20	34	40	27	24	34	40	39	32	357
Other	2	3	1	1	4	6	3	2		2		3	24
Unknown	1	1	5	1	1	2		2	1	1	3	2	18
TOTAL Male:	457	274	129	164	288	322	305	234	238	339	282	276	3,032

Timberlawn Specific Report

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	AVERAGE	TOTAL
Service Episodes:	61	44	41	41	38	63	57	48	46	66	14	47	519
Unique Consumers:													
By N° ID	55	37	33	30	32	46	49	37	22	50	8	36	399
By Client ID	6	7	4	9	6	6	5	6	19	14	4	8	86
TOTAL Unique Consumers:	61	44	37	39	38	52	54	43	41	64	12	44	485
TOTAL Unique Consumers as a %:	100%	100%	90%	95%	100%	83%	95%	90%	89%	97%	86%	93%	93%
Unique F2F:													
By N° ID	45	33	32	28	30	40	47	33	19	43	8	33	358
By Client ID	3	5	2	6	5	5	1	5	17	8	4	6	61
TOTAL Unique F2F:	48	38	34	34	35	45	48	38	36	51	12	38	419
TOTAL Unique F2F as a %:	98%	100%	92%	94%	97%	92%	100%	93%	90%	94%	100%	95%	95%
F2F Percentage:	80.33%	86.36%	90.24%	87.80%	94.74%	77.78%	84.21%	85.42%	86.96%	81.82%	85.71%	84.78%	84.78%
Encounters by Type:													
Triage	61	44	41	41	38	63	57	48	46	66	14	47	519
Care Coordination	363	274	284	265	231	327	335	261	228	337	112	274	3017
F2F Encounter	49	38	37	36	36	49	48	41	40	54	12	40	440
TOTAL Encounters:	473	356	362	342	305	439	440	350	314	457	138	361	3976
Female:													
Black	14	6	9	7	7	12	13	9	9	10	2	9	98
White	3	7	3	6	3	5	4	5	8	14	4	6	62
Hispanic	8	7	2	7	7	3	7	8	5	3	1	5	58
Other	2			1		3			1	1		2	8
Unknown	2	2	1	2	1		1			5		2	9
TOTAL Female:	29	22	15	23	18	23	25	22	23	33	7	22	226
Male:													
Black	16	14	9	6	8	12	10	8	9	12	1	10	105
White	9	3	5	2	8	7	6	9	4	12	3	6	68
Hispanic	6	5	4	5	3	7	10	3	4	7	1	5	55
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	31	5	22	245
Age of Triage Encounters:													
Adult	38	30	30	24	32	32	34	25	31	50	9	30	335
Minor	21	11	5	10	5	17	15	17	9	6	2	11	118
Uncollected	2	3	2	5	1	3	5	1	1	8	1	3	32
TOTAL Age of Triage Encounters:	61	44	37	39	38	52	54	43	41	64	12	44	485
Age of F2F Encounters:													
Adult	31	30	29	24	31	30	36	23	27	44	10	29	315
Minor	17	8	5	10	4	15	12	15	9	6	2	9	103
Uncollected	0	0								1		0	1
TOTAL Age of F2F Encounters:	48	38	34	34	35	45	48	38	36	51	12	38	419
F2F Outcomes:													
23 hours obs													
Crisis Residential			2	5	1	3	3	6	1	4	1	3	27
Hotline/MCOT				1								1	
Inpatient- Civil	9	6	5	5	2	8	7	10	5	11	2	6	70
Intensive Outpatient	4	3	2	1	6	4	5	3	5	6	1	4	40
Jail-based Psychiatric Care										1			
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	2	1	
Other Higher Level of Care		1										1	1
Partial Hospitalization Program	1	1										1	2
Refused Recommended Treatment										1			
Residential-CD	2	2										2	4
Residential-SUD/ COPSD		1	1	2	2	2	2			3	1	2	14
Routine Outpatient	25	20	12	19	15	19	19	15	18	14	2	16	178
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	10	3	5	51
TOTAL Outcomes	48	38	34	34	35	45	48	38	36	51	12	38	409
Diversion Rate	81.25%	84.21%	85.29%	85.29%	94.29%	82.22%	85.42%	73.68%	86.11%	78.43%	83.33%		82.89%

**Transicare Reporting
Crisis Services Project**

		2014-10	2014-11	2014-12	2015-01	2015-02	2015-03	2015-04	2015-05	2015-06	2015-07	2015-08
1	Beginning Census	36	34	42	48	58	47	62	65	62	69	60
2	REFERRALS	18	27	42	31	7	53	16	29	37	45	41
	ACS	9	16	25	19	7	37	7	17	22	29	28
	Comp	9	11	17	12	0	17	9	12	15	16	13
3	Admissions											
4	Referred Admitted	4	8	12	12	2	21	7	9	11	18	14
5	No Admit Client Refusal	1		1	1				3	2	0	0
6	No Admit Criteria	6	7	8	9	1	10	3	8	10	12	11
7	No Admit Structural	1	6	6	4		2	1	1	2	3	5
8	Pending	6	6	15	5	4	20	5	8	12	12	11
9	<i>PRIOR PENDING</i>											
10	Pending Admitted		5	4	7	3	4	9	6	9	2	8
11	No Admit Client Refusal		1	3			1	3		1	0	2
12	No Admit Criteria	3	3		2	2		2		1	3	3
13	No Admit Structural		1	1	4		2	2	1	0	2	2
14												
15	Total Admissions	4	13	16	19	5	25	16	15	20	20	22
16												
17	Discharges											
18	Success Transfer	1	3	2	4	8	5	3	4	5	6	2
19	DC Midterm Disengage	1		1		1	1	3	4	2	7	3
20	DC Rapid Disengage	3	1	1	1	1	1		1	0	0	3
21	DC Structural	1	1	6	4	6	3	7	9	6	16	11
22	Total Discharged	6	5	10	9	16	10	13	18	13	29	19
23	Active End Of Month	34	42	48	58	47	62	65	62	69	60	63
24												
25	Outcome Data											
26	<i>Terrell State Hospital Linkages</i>											
27	≤7 Connect To Prescriber	2	4	4	2	3	7	7	3	4	6	4
28	≤30 Connect To Prescriber	2							1	0	1	0
29	Missed Metric			4	1	1	0	0	0	0	2	0
30	Total Released	4	4	8	3	4	7	7	4	4	9	4
31												
32	Cummulative ≤7 Connect %	50.0%	75.0%	62.5%	63.2%	65.2%	73.3%	78.4%	78.0%	80.0%	77.8%	81.5%
33	Cummulative ≤30 Connect %	100.0%	100.0%	75.0%	73.7%	73.9%	80.0%	83.8%	85.4%	86.7%	85.2%	85.2%
34	Missed Metric	0.0%	0.0%	25.0%	26.3%	26.1%	20.0%	16.2%	14.6%	14.6%	14.8%	14.8%
35	<i>Unduplicated Served</i>											
36	Monthly Unduplicated	56	53	72	81	65	90	84	90	91	101	90
37	DSRIP YTD Unduplicated Served	56	74	103	136	140	182	199	226	257	301	322
38												
39	<i>Encounter Data</i>											
40	F2F Encounter	297	226	451	497	376	409	561	490	516	478	323
41	Care Coord	174	138	177	209	178	177	246	255	260	247	151
42	Total	471	364	628	706	554	586	807	745	776	725	473
	<i>Consults</i>											
43	Referral							32	0	0	16	0
44	Pending							29	16	10	15	13
45	Resolved							3	13	6	9	2

SEPTEMBER 2015 MONTHLY UPDATE

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 8 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.	<p>Available for case consults/clinical support for Transicare Post-Acute Transitional Services (PATS)-Clinical Rounds</p> <p>Updated Flags-add/discharges-26-Monthly reconciliation (45 flags)</p> <p>Supported 7-day after-care appts. (4-ICR/3 jail discharges)</p>	Flags in system - VO outcomes reports in progress.
3	After-care Extension IOP/SOP (SUD) - Provides extension of SUD supportive services when VO's IOP/SOP benefits have been completed and exhausted	Reviewed 44-50 members for extended after-care services to ensure IOP/SOP benefit exhaustion	Not Applicable
4	ACT FDU - Provides ACT for high utilizers of the legal system (Attending work-group meetings)	Clinical Review of cases for appropriate LOC/recommendations on 10 FDU referrals	Not Applicable
5	<p>CSP-Systemic Operations</p> <p>Initiate system improvements for decreased consumer wait times for prescriber appts.</p> <p>Reviewing 46B (forensic case) to encourage civil commitment</p> <p>Continuing to develop program infrastructure for After-care Engagement Package (AEP)</p>	<p>Initiated conference call and will assist in tracking wait times to promote system improvement</p> <p>Initiated conference call, encourage system review of this process</p> <p>Coordinated phone conference/ develop a preliminary workflow</p>	<p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p>

Forensic Diversion Unit (FDU) Report

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	August
Beginning Census	40	39	38	39	39	35	34	34	37	41	44
Number of Referrals Received from CSP											
Adapt	1	2	2	1	1	0	2	8	7	13	3
Metrocare	0	0	0	0	0	1	0	0	0	0	0
Transicare	0	0	0	0	1	0	1	2		0	3
Number of Admissions	1	0	2	1	2	0	3	3	5	3	1
Number Discharged	2	1	1	1	4	3	0	0	2	2	0
Number not admitted due to:											
Client qualifies for ACT	0	0	1	0	0	0	0	0	0	1	1
Client qualifies for other programs	0	0	0	0	0	0	0	0	3	1	0
Client didn't meet level of need required	0	0	0	0	0	1	0	0	0	0	0
Other reasons	0	0	0	0	0	0	0	0	0	3	3
Average Service Utilization:											
Average hours seen	10.72	8.76	7.8	8.3	9.2	7	7.31	9.22	12.27	10.92	9.73
Encounter Breakdown:											
Face to Face	450	245	357	497	419	236	302	519	469.23	653	555
Service Coordination	69	35	43	76	81	69	75	94	75	57	62
Number of clients accessing:											
Emergency Room (medical)	1	1	0	0	0	0	0	1	0	0	0
23-hour observation (psych)	1	1	1	0	0	1	0	2	0	0	0
Inpatient (med/ psych)	8	0	2	2	1	2	0	2	0	2	0
Jail book-in	2	4	1	1	0	0	1	3	5	2	3
Reasons for Discharge:											
Graduate	0	0	0	0	3	0	0	0	0	0	0
Client Disengagement	1	0	0	0	1	1	0	0	2	0	0
Extended Jail stay (case-by-case basis)	1	0	1	1	2	0	1	1	0	0	0
Other Intervening factors	0	1	0	0	0	0	0	0	1-TJC	0	3
End of Month Stats:											
Number of Active FDU clients end of month	39	38	39	39	37	34	34	37	41	44	42
Number of Unique Consumers	0	0	0	0	0	1	3	3	5	12	1
Number of clients on Waiting List	0	0	0	0	0	0	Pending 6	pending 6	4	3 pending	7
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	12.6	12.99
Maximum Census	45	45	45	45	45	45	45	45	45	45	45

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's 1115 Waiver behavioral health projects	8/14/2014	
Received requested information on Dallas Marketing Group	7/18/2014	
Reviewed Janie Metzinger's response letter to Sunset Commission's review on the counting of mentally ill individuals in Texas	8/11/2014	
Distributed program overview and access information for Baylor's 1115 Waiver program to BHLT members	8/25/2014	
Adopted resolutions supporting Abilene Christian University research proposal and UTSW Homeless Services Project	9/11/2014	
Received update on Timberlawn's 1115 Waiver behavioral health projects	9/11/2014	
Approved legal research on Texas mental health funding laws	10/9/2014	
Received literature on nine models for integrating behavioral health and primary health care	10/10/2014	
Supported response letter to the Sunset Advisory report and voted to approve resolution declaring its support of NorthSTAR	10/15/2014	
Designated a 5-member committee to negotiate with HHSC to modify NORTHSTAR Behavioral Health Housing Workgroup submitted	12/11/2014	
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	
BHLT endorses a request CCT 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.	8/13/15	
BHLT endorses the Plan for Indigent Behavioral Health Services for the North Texas Behavioral Health Authority.	8/13/15	
BHLT endorsed the allocation of up to \$53,760 in CSP funding to VO to support the Serial Inebriate Program.	8/13/15	
BHLT granted membership to Jacqualene Stephens-Meadows Mental Health Policy Institute for Texas and appointed her as an active member.	8/13/15	
BHLT endorses the CSP FY2016 Budget	8/13/15	



**Behavioral Health Steering Committee
Thursday September 17, 2015**

Meeting called to order at 8:35am

The meeting was called to order by Chief Public Defender Lynn Richardson, in the absence of Judge Kristin Wade. Ms. Richardson asked for any adjustments or corrections to the minutes. Ron Stretcher made a motion to approve the minutes as recorded, a vote was taken and the committee approved the minutes as recorded.

530 Sub-Committee

Keta Dickerson provided an update of the 530 Fund. Currently the balance for the felony account (4020) is \$55,739.23; the misdemeanor account for (4031) has a balance of \$67,845.55; for a combined total of \$123, 593.78 (*pg. 8 of the September packet.*) The subcommittee has approved the following request for the MHJD court.

- **MHJD – Treatment Request**

Christina Gonzales presented a request to utilize \$11, 098 to pay for inpatient treatment for clients in the MHJD specialty court. The request is for a total amount of \$11, 098 and will pay to cover unpaid invoices for May, June, July and August to Homeward Bound. In the past MHJD has utilized grant funds to pay for treatment; however, this year there was an increased amount of extensions and an increase in contract payment amount. The 530 sub-committee approved the request, and it is now being presented to the BHSC committee for final approval.

There was some discussion to utilizing funds previously earmarked for treatment for CSCD and possibly delaying approving the request until such matter can be determined. Keta Dickerson informed the committee if the bills are not paid prior to September 30, a letter of noncompliance will need to be done to the auditor's office. Mike Laughlin made a motion to approve the request for \$11,098 for the MHJD court to pay past invoices for treatment. Angie Bird seconded the motion, a vote was taken in the committee approved the request. (*Pg.5-9, September Packet*)

DAMH Case Manager Update

Marlene Buchanan from Metrocare services provided an update on the TACOEMI mental health caseworkers and district attorney's mental health program. The potential start date is October 15, 2015; and the program is called AIM Achieve; Inspire and Motivate. Krystal Garland from Metrocare is the contact person. Judge Birmingham has agreed to be the judge for AIM and it will focus on individual ages 17 to 24 who are pre-adjudication, and have first-time felonies. The program will have to 2 QMHP's and a licensed therapist utilizing the CTI-based model with the clients. CTI stands for critical time intervention, CTI focuses on working with the client early on and having very intensive treatment then stepping the client down through three phrases until they are ready to be reintegrated into the community. The program itself will maintain NADCP best practices and will adhere to the 10-key components for drug courts. Some committee members raised concern for how the program will remain at capacity and how referrals are being made to the program. Kevin Brooks is the contact person in the DAs office and it was suggested the committee reach out to Kevin to get more clarification on those types of questions. The

program is still a work in progress; however, they will keep the BHSC updated and reach out to the committee when needed for the program to be successful.

BHLT & CSP Update

Charlene Randolph reported the area of focus for most of the BHLT meetings is the Northstar redesign. Each subcommittee of the BHLT is currently working on their recommendations for the redesign and then sending them through the BHLT. Charlene reports as the days get closer she will report out any additional information. Charlene Randolph provided a break down on pg. 10 the ability to connect a client to a provider within 7 days is at 77.6% and within 30 days is at 85%. The CSP project is doing very well and there is a discussion to expand the program to Montgomery Hospital. Montgomery is being used for the pilot because it receives the overflow from Terrell State Hospital. Kudos was given to Transicare and Marium Uddin for big instrumental in getting this pilot expansion off the ground. The Specialty Aftercare Program has already kicked off; IPS will be a big player in providing outpatient treatment services as will Nexus and Homeward Bound. Chief Public Defender Lynn Richardson asked if clients in the conditional dismissal program through MH PD would be able to utilize this service as well. The concern was that the trigger for the aftercare program is the client having been involved in a Specialty Court; Ron Stretcher and Charlene Randolph both agreed to meet with Lynn Richardson to discuss the matter further. CSP is also paying for some transitional slots at Salvation Army, CSCD has 12 female beds and CSP has 8 male beds. CSCD reports there are five beds currently taken with additional steps to fill the rest of the beds shortly. Judge Mays questioned the possibility of placing a male client in the CSP beds. If there are any people that may need the CSP beds Charlene Randolph asked they contact Angie Bird with Transicare to request a bed.

Jail Reports

Pregnant Women in Jail- Shenna Oriabure reported the following numbers for pregnant women in jail; currently there are 25 pregnant women in jail, 12 sentenced, 6 have upcoming court dates and 6 without a court date. (pg. 14 of September packet)

Hospital Movement- Brandy Cody reported that for the month of August 51 inmates were deemed incompetent to stand trial, 26 were sent to the hospital and 26 were brought back from the hospital. Currently there are 58 inmates waiting to go to the hospital. (pg. 15 of September packet)

NorthSTAR Intakes - Information was provided in the September packet page 16.

Public Defender Report

Information was provided in the September packet on page 17.

Provider Reports

Metrocare - Information was provided in the September packet on page 18.

The Bridge - Information was provided as a handout in addition to the packet.

IPS Report - Enrique Morris reports there has been a 50% reduction in admissions from specialty courts. However, he reports this is not alarming and seems to be the overall pattern with admissions. There has been an increase in the successful discharges by 17%, bringing the amount of successful discharges up to 56%. Overall for those in the program in the month of August; 55 cases were approved for phase advancement, 26% were retained and 19% were elevated. Those in specialty courts who are in continued care are advancing through the program at good rates. As a side note, there is a drop in the report of poly-substance and methamphetamine use, IPS will research if this is a trend specific to Dallas or if this is a nationwide trend. There has been a slight increase in PCP use, but the decrease in poly-substance and methamphetamine is statistically important.

Problem Solving Courts

Outpatient Competency Restoration- Brandy Coty reported for the month of August 5 cases were added to misdemeanor OCR and 2 were successfully graduated. On the felony 4 cases were added and successfully graduated 1. Ending with a total of 29 participants in misdemeanor and felony OCR combined. (pg. 22, September packet)

DIVERT- Information was provided in the September packet on page XX.

Specialty Courts CSCD

Serena McNair reported the following numbers for the Probation Department; ATLAS ended with 22, DDC ended with 31, MH ended with 52, STAC ended with 16 and STAR ended with 18 for a total of 138. (pgs. 24-28 September)

Announcements

LIFT – Judge Mays reported on the LIFT (Literacy Instruction for Texas) training she attended. LIFT provides pre-GED classes, educational assessments and ESL classes. While at the training STAC court provided a presentation on Specialty Courts in Dallas County, and LIFT provided a presentation on what services they provide. She also reports there are many resources available at City Square, that many of the clients may be eligible to receive. Lynn Richardson asked if it would be possible to arrange a tour of the facility, Christina Gonzales will follow up with City Square staff.

OCR - Judge Skemp reports that his numbers are low; however, he has seen the people coming into the program are requiring more from the case managers. He also thinks misdemeanor courts are using public defenders less, creating a gap in the competency evaluation orders. As many private bar attorneys may not know signs of incompetency and are less likely to order an evaluation. Judge Skemp thinks the numbers will decrease even more as some Class A/B offenses are lowered to Class C misdemeanors. He reports that he has seen an increase in 17 yr. olds that are referred to the program; however, currently there are no resources for them to receive treatment, causing a lag in services and restoring them to competency. He asked if there were any suggestions to assist him in placing juveniles in treatment, currently there are no options for juvenile treatment with a focus on competency.

STAR – Judge Frizell who presides over STAR court, reports since she has taken over, she is actively changing some of the policies and procedures of the court. She has graduated many of the women that have been in the program for more than 2 years and is setting the program length at 12-18 months. She is hoping to see an increase in the number of graduates for the next year. Judge Frizell also commented on training for Specialty Court Judges, asking if it was possible to create training for those that interact with offenders that have a mental illness. The training would primarily be for Judges with Specialty Court Programs; however anyone else in the system would have the ability to participate in the training. Lynn Richardson suggested to Judge Frizell that she work with BHSC and caseworkers to create an informational presentation.

Jay Meaders –Reported on the VI-SPDAT and its current use at the Bridge. The VI-SPDAT is the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT), a street outreach tool currently in use in more than 100 communities. The VI helps determine the chronicity and medical vulnerability of homeless individuals, and the SPDAT, is an intake and case management tool to help service providers allocate resources in a logical, targeted way. He reports that hopefully in the near future all homeless service providers will utilize both the VI-SPDAT and the HMIS (homeless database) as a guide to providing services to clients in need.

Adjourn

The meeting was adjourned at 9:55am by Chief Public Defender Lynn Richardson.