Dallas County Behavioral Health Leadership Team
Thursday, June 9, 2016
Henry Wade Juvenile Justice Center
2600 Lone Star Drive, Dallas, TX
Room 203-A at 9:30am -11:00am.

I. Welcome and Call to Order

II. Review/ Approval of Minutes from last meeting*

- Proposed Representative Update

III. NTBHA Indigent Services Plan

IV. The Stepping Up/ Caruth SMART Justice Initiative Update

- Presentation by Dr. Andy Keller, CEO of MMHPI

V. Dallas County Behavioral Health Housing Workgroup

VI. 1115 Waiver Crisis Services Project Update
- 1115 Waiver Update- Christina Mintner, Vice President & RHP 9 Anchor, Parkland Health & Hospital System
- DY 5 Intergovernmental Transfer (IGT) Resolution*

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

VIII. The Cottages at Hickory Crossing Update
- Tenant Selection Process

IX. Funding Opportunities
- SAMSHA Grant Update
- Community Courts Grant Update (Public Defender's Office)

X. Upcoming Events and Notifications

XI. Public Comments

XII. Adjournment

Dallas County
Behavioral Health Leadership Team
Meeting Notes
Thursday, May 12, 2016

Welcome and Call to Order
The meeting was called to order by Commissioner John Wiley Price at 10:15 AM.

Review/Approval of Minutes
The minutes from the BHLT meeting held on April 14, 2016 were included in the meeting packet. BHLT committee members voted to approve the minutes with no modifications.

Introductions and Absent BHLT Members:

Charlene Randolph introduced Avril Edwin-Boxill, the new CSP Program Coordinator. Ms. Boxill will help provide ongoing monitoring and tracking of CSP development and outcomes metrics. This position was approved by the BHLT committee in November 12, 2015.

NTBHA Indigent Services Plan and Updates:
Brittony McNaughton stated that NTBHA was currently involved in the hiring process and the NTBHA Board has approved the hiring plan. The transition team is evaluating and reviewing resumes so that they may narrow down the list of candidates to begin scheduling interviews. The Chief Information Officer is scheduled to begin on Monday, May 16, 2016. NTBHA is also preparing for the DSHS readiness review meeting. on May 24, 2016. This meeting will help identify key milestones, timelines, ongoing issues and needs. Commissioner Price asked if there were any foreseen problems or stumbling blocks with the new transition. Ms. Mcnaughton stated that this will be a new model for NTBHA, because they are now a true health authority overseeing mental health and substance abuse. Also with the development of the new provider network, it will be unique because the State is now requiring that the system be similar to the rest of the state. Mr. Stretcher announced that Adapt of Texas, which is one of three business lines its parent company Harris Logic operates,is leaving the market. Adapt of Texas handles the outpatient clinics, Harris Logic handles the IT concerns, and Adapt Community Solutions manages the crisis line and works with the CSP project. Carol Lucky, CEO of Children and Families Guidance, informed the committee that they will be taking over all Adapt of Texas clinics except for the Dallas location. Ken Medlock with Metrocare Services stated that they will be taking over the Adapat of Texas Dallas clinic and its lease. Metrocare Services and Adapt of Texas are currently meeting to minimize disruption to consumers and staff.

Stepping Up Initiative Update/Caruth Grant:
Mr. Stretcher stated that the Phase II plan is in development at this time and BHLT members would receive a presentation next month by Dr. Andy Keller, CEO of MMHPI. Mr. Stretcher will send out a the plan for BHLT members to review so that they may be prepared to give comments and information regarding the Phase II plan. In April, Commissioner Theresa Daniel, Mr. Stretcher, and others represented Dallas County at the Stepping Up Summit in Washington, DC. Commissioner Daniel stated that Dallas County was amoung 50 other counties that were invited to discuss and give ideas on the Stepping Up plan.

Behavioral Health Housing Work Group (BHHWG) Update:
Commissioner Dr. Theresa Daniel stated the work group continues to look at housing possibilities,what is important, and how that impacts a variety of things going on in the community. The committee continues to look at what the clients and patients need to be successful in housing. They are also looking at the transitional piece that Dallas County doesn't have. Commissioner Daniel continues to look at the housing matrix and the existing needs in the area of new development. Dallas Housing Authority (DHA) is continuing to engage developers and landlords in an effort to increase the number of housing units. Commissioner Daniel stated that they are currently looking at potential property to allow for co-location of service providers and use of office space for case managers, which could lead to an extension of residential and respite services. This would allow them to find out what does it take to provide mental health services. The pipeline development is looking at the impact of Tent City and ways they can work with DHA. Due to extreme difficulties in finding housing units, voucher holders are being advised not to activate their voucher until a unit becomes available. Criminal History is proving to be a major barrier in connecting individuals with housing. The BHHWG has learned that HUD is changing the definition and how they look at criminal history and felony history. The BHHWG will review and become familiar with their screening procedures to determine if they are following the fair housing standards across the board. Commissioner Daniel introduced Victoria Tortorelli and Barry Lister of Garland Behavioral Health Hospital. Tom Collins, CEO of Green Oaks, advised that since Tent City closed there has been a number of inappropriate individuals that have been brought to Green Oaks. Mr. Collins stated that they are just being dropped off without any merit. Mr. Zac Thompson with Health and Human Services stated that housing is always going to be an issue with 90% of the individuals living in Tent City having a criminal background. Mr. Thompson stated that most of the occupants in Tent City have a monthly income for example, SSI, SSDI, etc. These individuals would rather live in Tent City than pay monthly rent or mortgage. Mr. Thompson advised the team to keep in mind that the market for Dallas County is not open to vouchers. Commissioner Price stated that with the occupancy rate for Dallas County being 97%, landlords really do not want the vouchers.

1115 Waiver Crisis Services Project Update:
Charlene Randolph stated that the monthly reports had been provided to the committee and was located on pages 17-23. CSP continues to meet its monthly service goals and they served 643 unique consumers during the month of March, which exceeds it's monthly service goal of 450. Currently CSP is at 16.2% recidivism for the current demonstration year (from October 1st- September 30th of each year). In March, Transicare provided wrap-around services to 89 unduplicated clients and also facilitated getting 84% of Dallas County forensic clients connected to a prescriber within 7 days of discharge from Terrell State Hospital. Ms. Randolph thanked Mr. Thompson and his staff for helping with the metrics achievement report that were submitted for two of the carry-forward metrics. The metrics should be approved by DSHS in June or July and CSP should receive a little over one million dollars. CMS has granted Texas an extension to the 1115 Waiver Project, and Christina Mitner, RHP 9 Lead, will be at the next BHLT to meeting to discuss this extention in detail. Mrs. Richardson, Chief Public Defender of Dallas County asked how the recidivism rates are tracked. Ms. Randolph explained that recidivism is tracked by a twelve month period and it is by the 1115 Waiver deminstration year.

NorthSTAR Update

- **NTBHA Update:**Alex Smith reported that Cheryl Gayles had been promoted and her old position as Clinical Coordinator had been posted to the NTHBA web site.
- **ValueOptions NorthSTAR Update:** John Quattrin, Beacon Value Options stated that throughout the rest of the year VO will continue to make themselves available to Northstar and support NTBHA. Value Options will also make sure that contract amendments are done in a timely matter. Ken Medlock stated that the data snapshots in-time provided by Value Options will not be accurate and negotiations will need to happen when it relates to the Request for Application (RFA).

- **State Advisory Committees:** Doug Denton reported that the DSHS Advisory Board is considering licensure rules revisions (TAC 448). There is time for public comment, but they will go into effect on September 1, 2016. Two things that concern the Texas Association of Substance Abuse Programs are: 1) requirement to have 24-hour RN nursing staff on detoxification units, and 2) licensure fee increases ranging from 333% to over 1000% depending on the size and complexity of the program. The costs associated with these changes are prohibitively expensive for programs dealing with public funds serving indigent populations. Testimony to the DSHS Advisory Board is needed to moderate these requirements.

The Cottages at Hickory Crossing Update:
Tenant Selection: Mr. Stretcher stated that due to several weather delays, the opening of the Cottages has been delayed. Ms. Sheena Oriabure informed the committee that 247 total referrals have been received and reviewed for the Cottages and about 15 referrals were from Tent City. Ms. Oriabure also informed the team that referrals are still being accepted and vetted.

Funding Opportunities:

- **SAMSHA Grant Update**: Laura Edmonds reported that Criminal Justice had received the SAMSHA Grant in October, 2015 and the goal is to send 36 women to Nexus for a funding opportunity through the grant. Currently they have sent 11 women and are currently trying to up the referral process. Initially the program was designed for 3 Specialty Courts however, they have expanded it out to other specialty courts to maximize on the funding opportunity. The women in the program are being transitioned to treatment within 7days.

Public Comments:
No comments were made.

Adjournment:
A motion was made approved to adjourn at 11:20 AM.

RESOLUTION

DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM

RESOLUTION NO: **05-2016**

DATE: **June 9, 2016**

STATE OF TEXAS }

COUNTY OF DALLAS }

BE IT REMEMBERED at a regular meeting of the Dallas County Behavioral Health Leadership Team held on the 9th day of June 2016,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 six (5) Advocates, ten (10) County/City organizations, five (5) Residential Facilities, sixteen (16) Outpatient Providers, and three (3) Payers/Funders; and

WHEREAS, in the five years since the BHLT's inception, a number of membership seats have become vacant and additional stakeholder groups have been identified for representation in the BHLT; and

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

- Dallas Behavioral Health Hospital – Selene Hammon

IT IS THEREFORE RESOLVED that the Dallas County Behavioral Health Leadership Team appoints the above listed individuals as active members of the BHLT.

DONE IN OPEN MEETING this the 9th day of June 2016.

_____
John Wiley Price
Commissioner District #3
Dallas County

_____
Dr. Theresa Daniel
Commissioner District #1
Dallas County

Advocates		Initial Representative	Current Representative	Proposed Representative
Mental Health America	1	**Janie Metzinger**	**Janie Metzinger**	
NAMI Dallas	1	**Ashley Zugelter**	**Marsha Rodgers**	
NAMI Dallas Southern Sector	1	**Anna Leggett-Walker**	**Sam Bates**	
Child/Family	1	**Vanita Halliburton**	**Vanita Halliburton**	
Consumer	1	**Dedra Medford**	**Dedra Medford**	
Category Subtotal	***5***			
County/City				
Jail Behavioral Health Services	1	**Waseem Ahmed**	**Waseem Ahmed**	
City of Dallas	1	**New Seat**	**Norman Seals**	
Sheriff Department	1	**David Mitchell**	**Alice King**	
CSCD (Adult Probation)	1	**Teresa May-Williams**	**Dr. Johansson-Love**	
Juvenile Department	1	**Desiree Fleming**	**Christian Yost**	
Judicial Representative	1	**New Seat**	**Kristin Wade**	
District Attorney	1	**Durrand Hill**	**Judge Susan Hawk**	
Public Defender	1	**Lynn Richardson**	**Lynn Richardson**	
Metro Dallas Homeless Alliance	1	**Mike Faenza**	**Cindy Crain**	
Dallas Housing Authority	1	**Brooke Etie**	**Brooke Etie**	
Law Enforcement	1	**Herb Cotner**	**Herb Cotner**	
Dallas County Health & Human Services	1	**Zach Thompson**	**Zachary Thompson**	
School Liaison	1	**New Seat**	**Dr. Michael Ayoob**	
Category Subtotal	***13***			
Residential Facilities				
Parkland	2	**Josh Floren**	**Sharon Phillips/ Dr. Celeste Johnson**	
Green Oaks	1	**Tom Collins**	**Tom Collins**	
Timberlawn	1	**Craig Nuckles**	**Shelah Adams**	
Dallas Behavioral Health	1	**Patrick LeBlanc**		**Selene Hammon**
Chemical Dependency Residential Center	1	**Doug Denton**	**Doug Denton**	
Veterans Affairs (VA)	1	**New Seat**	**Tammy Wood**	
Category Subtotal	***7***			
Outpatient Providers				
Alcohol and Other Drug (AOD) -(Residential/OP)	1	**Rebecca Crowell**	**Rebecca Crowell**	
The Bridge	1	**Jay Dunn**	**Jay Dunn**	
SPN - Adult	1	**Liam Mulvaney**	**Carol Lucky**	
SPN-Child Adolescent	1	**Michelle Weaver**	**Michelle Weaver**	
SPN - Crisis	1	**Preston Looper**	**Preston Looper**	
Peer/Non-Clinical	1	**Joe Powell**	**Joe Powell**	
Non-SPN Crisis	1	**Ken Medlock**	**Ken Medlock**	
Re-Entry	1	**Michael Lee**	**Christina Crain**	
Adult Clinical Operations Team	1	**Renee Brezeale**	**Sherry Cusumano**	
Child/Adolescent Clinical Operations Team	1	**Summer Frederick**	**Jane LeVieux**	
Parkland COPC	1	**Jacqualane Stephens**	**Dr. Karen Frey**	
Psychiatrist Leadership Organization	1	**Judith Hunter**	**Judith Hunter**	
Psychiatry Residency	1	**Adam Brenner**	**Adam Brenner**	
Mental Retardation/Developmental Delay	1	**James Baker**	**John Burruss**	
Underserved Populations	1	**Norma Westurn**	**Norma Westurn**	
Primary Care Physicians	1		**Dr. Sue S. Bornstein**	
Category Subtotal	***16***			
Payers/Funders				
Commissioners Court	2	**Ron Stretcher**	**Ron Stretcher/Gordon Hikel**	
Meadows Foundation	1	**New Seat**	**Cindy Patrick**	
NTBHA	1	**Alex Smith**	**Alex Smith**	
NTBHA Chair	1	**New Seat**	**Ron Stretcher**	
Value Options	1	**Eric Hunter**	**Matt Wolf**	
Category Subtotal	***6***			
Membership Total	**47**			

A draft plan has been developed with Dallas County (including its three Caruth Work Groups), the Dallas Police Department (DPD), the City of Dallas Fire-Rescue Department, local providers, and the University of Texas Southwestern (UTSW) Medical School based on the Phase One findings, and we expect to have the plan fully vetted and refined with the other partners and the community as a whole by the end of June 2016.

This ambitious five-year plan seeks to leverage more than $100 million in state, local, and federal governmental and private health system expenditures in order to move away from current practices that mire both law enforcement and individuals with mental illness in an inefficient and destructive cycle of repeat arrest, incarceration and ineffective expenditures. Through this effort, we intend to:

- Free up Dallas County law enforcement officers to focus more on public safety rather than emergency mental health service delivery,
- Reduce Dallas County's high rate of repeat offenses (recidivism), which is driven to a large extent by higher than average recidivism rates for people with mental illness, and
- Permanently shift more than $40 million in annual spending to sustain a comprehensive array of evidence-based policies and practices.

The transformative potential of this project results from both collaborative planning and the unique timing of this proposed implementation. Because of the local mental health system's transition away from the NorthSTAR model, hundreds of millions of dollars will be spent differently in 2017. Active planning with NTBHA leadership has identified the potential to shift millions in annual spending away from crisis / emergency / jail costs into law enforcement diversion and assertive treatment, but only if new funds can build the assertive treatment infrastructure to break today's crisis cycle. Similarly, Dallas County is ready to implement more assertive pre-trial supervision supports for people with mental illness to ensure that they get care rather than cycle back to an emergency room or the jail, but momentum needs to be established to start the process before county funds can be freed to take the process to scale. Without this potential leverage, we could not envision accomplishing the range of changes encompassed in this plan, and without the leadership of Dallas County commissioners and NTBHA leaders committed to take change across the system, this plan would not exist.

If we achieve the outcomes set for this five-year implementation period, the plan will propel Dallas more than half of the way toward MMHPI's long-term goal of ending the use of Dallas County Jail as a psychiatric facility for people who do not have a forensic reason to be in the jail.

Achieving this assertive goal will not be easy, MMHPI plans to ask the W.W. Caruth Foundation for $15 million over five years to accomplish it. We recognize that this is a very large request, and the plan is both scalable and something for which MMHPI is prepared to engage other donors to accomplish, but the major components of the $15 million request (all of which are subject to revision during the plan finalization process in May and June) include current projections of:

- **Approximately one-third of the funds to build front-end diversion**, including:
  - Investment to leverage additional hospital system and county funds to develop **real-time information systems** to track emergency room, hospital, and law enforcement use by each person in Dallas County presenting with emergency psychiatric needs, and that can then link pre-identified super-utilizers in real time to enhanced clinical diversion resources;
  - Funding for integrated police-fire-behavioral **Rapid Response Teams** in each sector of the City of Dallas to reduce demands on law enforcement, leveraging additional city and county funds to sustain the teams; and
  - Development of **additional psychiatric drop-off locations and expanded hours at current locations** across the county (particularly in Southern Dallas County) to house the new treatment services noted below, leveraging current provider interest in relocating current sites that are less optimally located, as well as other (non-Caruth) philanthropic sources to develop these new facilities; we will also **develop better coordination across all of the emergency room and hospital providers** in Dallas through the Dallas-Fort Worth Hospital Council, including the Parkland Health & Hospital System, Green Oaks Hospital and the HCA system, Texas Health Resources, Baylor Scott & White, and the Methodist system.
- **Just under one-fifth of the funding within the criminal justice system** to improve identification of mental health needs, risk assessment, pre-trial supervision, coordination, and re-entry planning, leveraging additional county spending as Dallas County adds more pre-trial supervision capacity in years two through five to build on the foundation established by the grant funds.
- **Approximately one-third of the funds to build the ongoing treatment and housing supports sufficient to keep just over half (54%) of the highest utilizing people and half of all new cases of schizophrenia occurring in Dallas County in the best state-of-the-art treatment rather than jail**, including:
  - Core funds to serve as a catalyst for over 25 times more federal, state, and local funding to increase **assertive treatment** capacity for “super-utilizers” by 1,625 slots, from the current annual level of 725 cases (one-sixth of need) to 2,350 cases (54% of need) by the end of the five years;
  - Core funds to leverage additional federal, state, and local funding to provide **step-down care** for 750 more of these “super-utilizers” each year once they are able to receive care in less intensive outpatient settings;

- Core planning and implementation funding to leverage additional county, state, and federal housing funds to build **permanent supported housing** capacity for "super-utilizers" needing housing supports;
- Additional funds for **substance abuse services** given the high rates of substance use in the target population; and
- Core funds to leverage additional state, Medicaid, philanthropic, and private insurance funding to develop ongoing, state-of-the-art, **aggressive early intervention treatment for schizophrenia and other psychoses** that will enable half of the estimated 400 people in Dallas County who first develop schizophrenia and related psychoses each year to receive care in Dallas's leading medical institutions, rather than languishing without adequate care until they come to the attention of law enforcement and emergency providers.

- **Fifteen percent (15%) of funding for infrastructure to support and evaluate this transformation**, including:
  - 3.3% (matched 1:1 by other funding) for **MMHPI administration of the grant**,
  - 5% (plus a substantial in-kind match) for **Dallas County administration of the transition process,**
  - 6.7% for **technical assistance by the CSG Justice Center and national experts** to support the transition, and
  - The ability to leverage **additional support from a national foundation to fund a rigorous evaluation** of the project's success and its capacity to be taken to scale in Dallas County and across Texas.

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THE DALLAS COUNTY SMART JUSTICE PLANNING PROJECT: An Overview of Phase One System Assessment Findings

Problem

The toll of mental illness is staggering across the nation and in Texas. About 20 percent of people in local jails across the country are estimated to have a "recent history" of a mental health condition,[1] almost three-quarters of whom also have substance use disorders. Once incarcerated, people with mental illnesses tend to stay longer in jail and upon release are at a higher risk of returning to incarceration than those without these illnesses.[2]

Counties in Texas report that 20 to 25 percent of their average daily jail populations have a diagnosed mental illness.[3] On any given day, between 12,000 and 16,000 people with mental illnesses are in jail in Texas, at a cost of over $450 million dollars a year to incarcerate them.[4] In Dallas County alone, estimated housing and booking costs for people with mental illnesses were approximately $40 million in 2013. Medication and other treatment services provided to people with mental illnesses while incarcerated cost an additional $7 million.[5]

National and State Momentum to Address This Problem

Whether in Dallas County, at the state level in Texas, or in counties across the United States, there is near universal agreement that counties and states need to work in partnership to effectively reduce the number of people with mental illnesses in jail. The Meadows Mental Health Policy Institute (MMHPI) is a nonprofit organization established in 2013 to provide nonpartisan policy research and development to improve mental health services in Texas. MMHPI analyzes and evaluates public policy through evidence-based research and data-driven assessment. Through its Smart Justice division, the Institute is working with counties across Texas to devise strategies to reduce the number of people with mental illnesses in Texas jails.[6]

Nationally, The Council of State Governments (CSG) Justice Center, the American Psychiatric Association Foundation, and the National Association of Counties established the Stepping Up Initiative to work with state and local governments to reduce the number of people with mental illnesses in jail. In response to a national call to action issued in 2015, more than 250 counties, including Dallas County, have passed resolutions committing themselves to a series of steps to reduce the number of people with mental illnesses in jail.[7] MMHPI has partnered with the CSG Justice Center and its Austin, TX-based research team to provide data analysis and expert guidance to Texas counties participating in its Smart Justice work.[8]

W.W. Caruth, Jr. Foundation Smart Justice Planning Grant

With support from the W.W. Caruth, Jr. Foundation at the Communities Foundation of Texas, in 2015, MMHPI launched a county-wide planning project to identify strategies to improve outcomes for people with mental illnesses within the Dallas County justice system. The goal of this planning effort was to develop a comprehensive plan to eventually eliminate the use of the county jail to house people with mental illnesses who do not otherwise need to be incarcerated by engaging local partners in a rapid and results-oriented planning process. Central to that process was data-driven planning to develop specific implementation strategies for transforming the Dallas criminal justice system to better identify, assess, and divert people with mental illness from the justice system. The project also included an evaluation of law enforcement responses to people with mental illnesses and the identification of gaps that need to be addressed in community-based mental health services to prevent

entry into the system. The primary objective of the project is to improve public safety by developing a comprehensive multi-year plan to reduce and eventually eliminate the use of the Dallas County Jail for treating people who primarily have psychiatric needs. The project has two phases: Phase One assembled facts to inform the plan. In Phase Two, project partners the CSG Justice Center, Dallas County, the Caruth Police Institute, Parkland Health & Hospital System (Parkland), and the Parkland Center for Clinical Innovation will work together with stakeholders from across the country to draft the plan.

The Caruth Smart Justice Planning Grant calls for pulling together key stakeholders to produce a business and sustainability plan based on the assessment findings. Dallas County commissioners, along with other key county leaders, including judges, the sheriff, the district attorney, and the public defender, as well as the leadership of Parkland Health & Hospital System, have made improved outcomes for people with mental illness in the county and in the justice system a top priority. On July 7, 2015, Dallas County Commissioners unanimously passed a resolution in support of the Stepping Up Initiative. County leadership committed to developing a plan, with measurable outcomes, to reduce the number of people with mental illnesses in jail and improve community-based treatment options. The Caruth Smart Justice Planning Grant has supported key Stepping Up activities, allowing Dallas to benefit from a complete justice system assessment.

Phase One: Methodology

The research team conducted an in-depth analysis of case-level criminal justice data of the more than 100,000 people booked into the Dallas County Jail between 2011 and 2014. These records were matched with the Texas Department of Public Safety (DPS) Computerized Criminal History (CCH) system, which provides criminal history information (e.g., including information about prior arrests and sentencing) for people booked into jail.

Through this match, researchers calculated recidivism rates for people released from the jail.[9] Researchers drew on this and other data that correlate with risk of rearrest (e.g., age at first arrest, current age, type of offense) to develop a "risk proxy" that estimated the risk of re-arrest that each person booked into the jail presented. This risk proxy made it possible to present like comparisons among different sub-populations.

The research team also matched those individuals booked into the county jail with the database maintained by NorthSTAR, which manages the publicly funded mental health and substance abuse services for people living in its service area. The data did not have specific mental health diagnoses or treatment information, making it possible only to "flag" people booked into jail who had a prior contact with the publicly funded behavioral health care system, but not differentiating them from people who had received services for substance abuse only. As a result, the findings below that draw on the

The Project Team

The project team is led by Dr. Andy Keller, MMHPI President and Chief Executive Officer, working with Project Manager, Brittany Lash. Criminal justice and mental health system expertise were provided B.J. Wagner, Director of Smart Justice, and Dr. Jacqualene Stephens, Director of System Transformation. Dr. Michele Guzmán, Senior Director of Evaluation, and Dr. Jim Zahniser, Director of Evaluation Design, led the evaluation team, which included Kendal Tolle, Evaluation Project Manager, and Jesse Sieger-Walls, Analyst and Consultant. The Caruth Police Institute, under the leadership of Executive Director Dr. Melinda Schlager, provided expertise in involving law enforcement agencies across the county as part of the MMHPI team. John Petrila, JD, provided critical guidance regarding cross-systems information sharing.

The research team is led by Dr. Tony Fabelo, CSG Justice Center Director of Research and Senior Fellow at MMHPI. The research team includes Jessica Tyler, Research Manager, and Dr. Becky Cohen, Senior Research Associate, from the CSG Justice Center's Austin, TX office; and Lila Oshatz, LMSW-AP, Justice Transformational Services Facilitator.

The Dallas County team is led by Ron Stretcher, Director of the Dallas County Criminal Justice Department, working with Deputy Director Leah Gamble, Smart Justice Jail Diversion Project Manager Michael Laughlin, Pretrial Manager Duane Steele, and Jail Population Coordinator Etho Pugh.

NorthSTAR data do not describe these individuals as people with mental illnesses but instead as people with prior contact with the publicly funded behavioral health care system or people with the "NorthSTAR flag."

In addition to the quantitative analyses described above, the project team conducted numerous in-person meetings over a six-month period. MMHPI conducted 58 focus groups with over 400 law enforcement officers from the county, representing all participating municipalities in the county, and shifts (including day, night and overnight shifts), and met with mental health care providers, to determine system process and capacity gaps. The CSG Justice Center and MMHPI teams conducted justice system process reviews involving dozens of jail, judicial, and county officials to determine opportunities to improve the ability to screen, assess, and divert people with mental illnesses once they enter the justice system.

This report summarizes the results of the analyses conducted pursuant to Phase One of this project.

Phase One: Findings

I. Super-utilizers

A small subset of adults with behavioral health needs in Dallas are "super-utilizers" of mental health services; due to their extreme and inadequately managed treatment needs, they are repeatedly incarcerated and frequently use local emergency rooms, hospitals, homeless services, and other intensive supports.

- Based on a rigorous application of epidemiological estimates to the Dallas population and analysis of mental health and jail utilization data, more than 6,000 people in Dallas (nearly 4,000 of whom live in poverty) are "super-utilizers" of services.
- Approximately three out of four people released from the jail who have had prior contact with the publicly funded behavioral health care system who have also been assessed as being at a high risk of offending are reincarcerated in the jail within three years of their release.
- On a typical day at the Dallas County Jail, half of the people incarcerated who have had prior contact with the county's publicly funded behavioral health care system have experienced four or more bookings in the jail during the preceding four years.

II. Demand for and availability of community-based and inpatient behavioral health care services

A. There is a large number of people with serious mental illnesses and/or substance use disorders in Dallas County, and many of these people live below the poverty level.

- Epidemiological data adjusted for Dallas County demographics suggest that there are approximately 155,000 people who have serious behavioral health needs living in Dallas, inclusive of people with severe cases of addiction and substance use. Most of these people also live in poverty.[10]
- Among this group, there are more than 88,000 adults with serious mental illness (SMI) and an overlapping group of 81,000 people with substance use disorders who meet the state's definition of the "priority population" eligible for substance use treatment services.[11]

B. Dallas has some critical service gaps in the community that should be addressed to improve services, particularly for people with serious mental illnesses.

- There is community-based behavioral health care service capacity, but a number of gaps and barriers were identified, most notably, intensive community-based programs for "super-utilizers." There is also insufficient mobile crisis support, gaps in the availability of various evidence-based programs, such as supported housing and employment services, and the cultural competence and geographic coverage of community-based programs are also insufficient.
- Dallas County does have notable community-based programs, including several Assertive Community Treatment (ACT) teams and two intensive teams for people with SMI who are involved with the criminal justice system. Relative to the large numbers of "super-utilizers" who need ACT or Forensic ACT level of care, the availability of intensive programs is insufficient to

meet the need. Fewer than one in five "super-utilizers" with low to moderate forensic needs and fewer than one in ten "super-utilizers" with high forensic needs have access to adequately intensive supports. Permanent supported housing gaps compound this lack of treatment capacity.

- Specialty inpatient beds at state hospital facilities are at times in short supply compared with demand, but acute psychiatric inpatient beds are generally available. Inpatient stays are used only for brief stabilization, so when a number of stakeholders cited a "lack of beds" as a system criticism, they were primarily referring to a lack of longer-term, intensive treatment capacity and housing options post-discharge.
- People charged with a misdemeanor who were subsequently ordered to a state hospital for competency restoration waited in Dallas County Jail from 39 to 60 days (average of 45 days) before being transferred to the hospital. People charged with a felony waited between 50 and 87 (average of 64 days) before being transferred to the state hospital.

III. Contact with local law enforcement

A. A significant number of people with serious behavioral health needs come into contact with the justice system, straining law enforcement resources.

- Law enforcement officers are the primary first responders for people experiencing a mental health crisis and they are the primary providers of emergent detentions of people who are experiencing a mental health crisis.
- Texas is one of just a few states that do not empower physicians or other health care providers to emergently detain people who pose an imminent risk to themselves and others.
- From 2012 through 2015, the number of mental health calls for service (also known as "46 calls") increased by 18 percent, from 10,319 to 12,141; those same calls with a request for an ambulance (a "46A call") increased by 59 percent, from 2,176 to 3,452 during the same period.[12]
- The Dallas Police Department policies currently require that four officers and a supervisor respond to all 46 calls.

B. Law enforcement officers who attempt to connect people with mental illnesses to behavioral health care services report numerous challenges.

- The most common and significant concern that law enforcement officers raised was time spent driving someone with a mental illness to a treatment facility and the time spent waiting at the treatment facility (typically an emergency room) before the person is admitted for treatment.
- A second barrier was frustration with the treatment system, based on the perception that after law enforcement officers left someone in the care of the emergency room, those people were subsequently discharged to the community within hours or days, so that law enforcement found themselves responding to more calls involving the same individual.
- There are more than 20 municipal police departments spread across Dallas County. Law enforcement officers and treatment providers explained that many of these departments have policies and procedures for responding to people with mental illnesses that are distinct from the policies and procedures that police officers working for the City of Dallas use.
- Law enforcement officers expressed concern about the liability they incur when they respond to a mental health call for service and the officer is unable to connect that person to a treatment provider. Transporting that person to jail is perceived to be the option that creates the least liability for these officers.
- Law enforcement officers also described the need for more training and improved approaches to information sharing. For example, when dispatched on a mental health call for service, officers do not have access to the person's call history during the call response.
- Mental health care providers also described an interest in receiving training on approaches to treatment that address criminogenic risk factors that contribute to the likelihood someone will reoffend. These providers were also apprehensive about sharing any information about a person's prior involvement in the behavioral health care system because of confidentiality laws.

C. Law enforcement officers find it easier to take a person in need of acute psychiatric care to a municipal jail than to transport the person to a psychiatric facility.

- There are 25 detention sites spread across Dallas County that offer ready access to the jail. In contrast, there are only three hospitals designated as primary psychiatric diversion drop-off sites for law enforcement.
- Just one of the three psychiatric diversion drop-off sites is located in the southern section of Dallas County, and it serves youth only.

IV. Jail

A. The Dallas County Jail acts as the main treatment provider for people with mental illnesses who are involved with the criminal justice system.

- Parkland, which provides health care services to people booked into the Dallas County Jail, reported that more than 26,000 unduplicated people received psychiatric medications at the jail in 2015. In the same year, approximately 21 percent of the jail population—or 1,221 of the 5,685 people housed in the jail on any given day—received mental health treatment from Parkland.
- Approximately 25 percent of all people booked into jail in 2015 (16,986 of the 69,185 bookings) had prior contact with the behavioral health system managed by NorthSTAR.

B. Following their arrest, people who have had prior contact with the publicly funded behavioral health care system stay in jail longer than people who have not had contact with the system.

- Although the average monthly population in the Dallas County Jail was considerably lower in 2014 (6,086) than it was in 1994 (8,884), the number of people in jail awaiting trial nearly doubled, from 2,307 in 1994 to 4,182 in 2014. [See Figure 1]
- Of the large urban counties in Texas, Dallas has the highest rate of pretrial detention.
- People released from jail while still awaiting trial had a comparable risk of recidivism regardless of whether they had prior contact with the behavioral health care system. But it typically took longer for someone who had prior contact with the system to be released from jail than someone who had not had prior contact with the system. For example, 59 percent of people with no prior contact with the system were released from jail

Figure 1. Average Monthly Jail Population by Status, 1992–2014

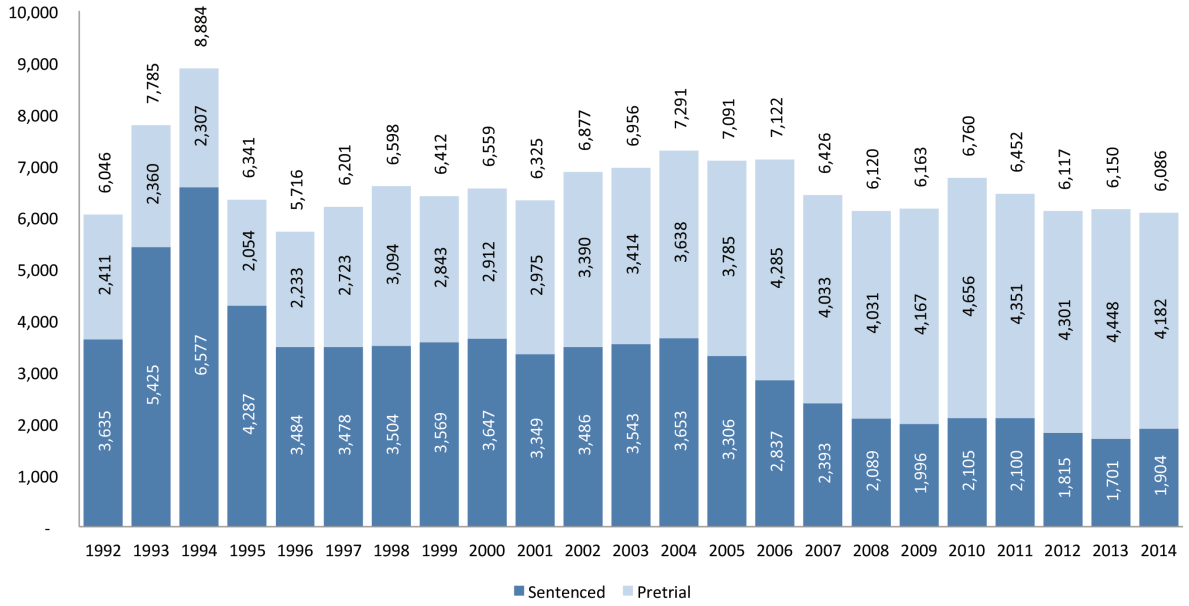
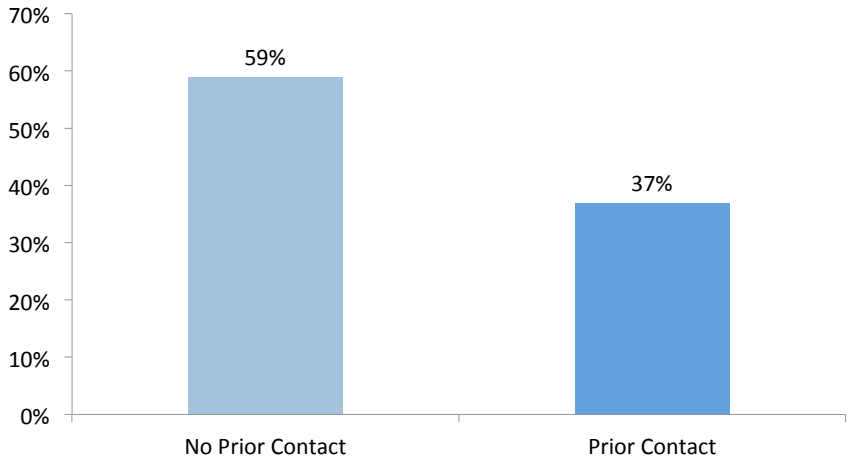


Figure 2. Percentage of Pretrial Releases within 24 hours, by Contact with the Behavioral Health System



within 24 hours of being booked into jail, as opposed to 37 percent of people who had prior contact with the system; 21 percent of those with prior contact stayed in jail longer than a week compared to 13 percent without prior contact.[13] [See Figure 2]

- State law enacted in 1993 requires that when someone booked into jail screens positive for mental illness, that person must also receive a mental health assessment. This law also requires the results of that assessment be presented in a timely way to the magistrate, who, upon determining that the person does not present a risk to public safety, should facilitate the release of that person from jail to community-based treatment. In Dallas County, however, as is the case in many other counties across the state, mental health assessment information collected at the jail by medical staff is generally not shared with the magistrate.

C. Dallas County does not have a method to supervise people with mental illnesses on pretrial release to monitor their compliance with treatment requirements.

- People with behavioral health needs released from the jail while awaiting trial are typically required to call in twice a month to confirm their compliance with conditions of their release. There is no process in place to supervise these defendants in the community or to ensure their connection to treatment.

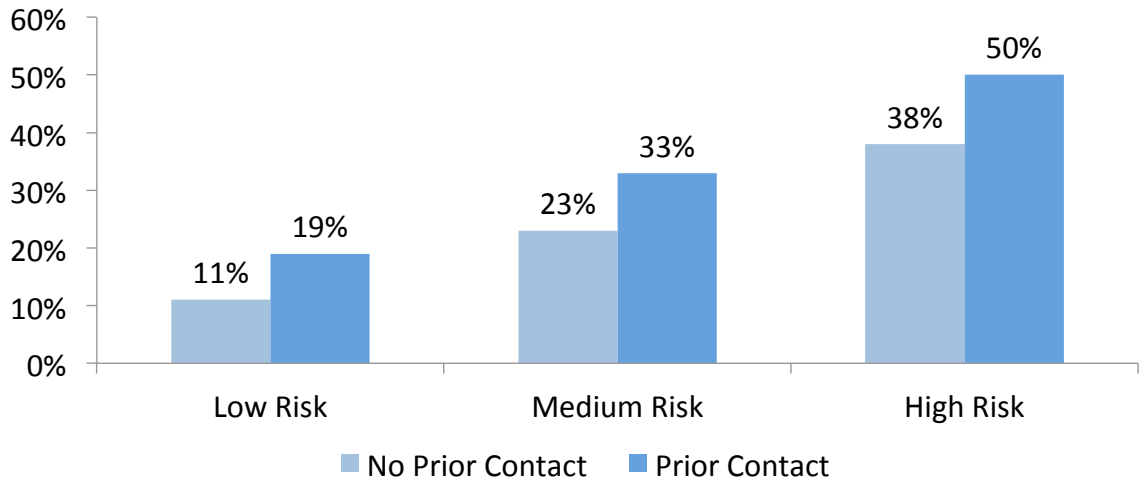
D. Recidivism rates for people released from jail who have had contact with the publicly funded behavioral health care system are considerably higher than people who have not had contact with this system.

- The three-year rearrest rate for people without prior contact with the behavioral health system was 43 percent, compared to 58 percent for those who had contact with the system.
- Among adults who were at low risk of reoffending, 11 percent who had not had a prior contact with the behavioral health care system were rearrested within one year of release, compared to 19 percent of those who did have prior contact with that system. [See Figure 3]
- Of people classified as medium risk of reoffending who had not had contact with the behavioral health care system, 23 percent were rearrested within one year of release, compared to 33 percent for who did have prior contact with that system; and of people classified as high risk of reoffending, 38 percent who had not had contact with the behavioral health care system were rearrested versus 50 percent who did have prior contact with that system.[14] [See Figure 3]

E. Dallas County leadership has taken steps to connect more people booked into jail to community-based treatment, but the impact of these efforts on recidivism has not yet been measured.

- Dallas County has taken various steps, including assigning dedicated prosecutors and defense attorneys, establishing specialty courts, using federal funds to improve linkages between the jail and community programs, and a launching a countywide reentry initiative.
- Dallas County has leveraged federal funds through the 1115 Medicaid Transformation waiver to establish the Crisis Services Project. This project utilizes innovative data systems and a network of service providers to: identify people with a history of receiving behavioral health services upon jail admission, provide clinical assessments, develop individual treatment plans, and coordinate release to the community with a warm hand-off to a community-based service provider. The Crisis Services Project also provides transitional housing, intensive community-based services, and extended substance use treatment. The project served 5,529 defendants in FY2015.
- A key component of the Crisis Services Project is a Post Acute Transition Services program operated by Transicare. This transition program begins with the engagement of people with mental health needs while they are still in jail, facilitates connection with community-based treatment, and follows them until stable in the community. Numbers served are small, however, with Transicare serving 349 people in FY2015, including 62 people discharged from the state hospital system directly into the community (instead of returning to jail).
- Dallas has funded prosecutors in the District Attorney's office and defense attorneys and case managers in the Public Defender's office who are dedicated to defendants with behavioral health needs. There is not enough dedicated staff to serve this population, and improved processes are needed to identify defendants who require a specialized attorney and to involve those attorneys from the start of the case.

Figure 3. One-Year Rearrest Rate for Jail Releases, by Risk Proxy and Contact with the Behavioral Health System



Phase Two: Next Steps

The next steps of the W.W. Caruth, Jr. Smart Justice Planning Grant project are in progress. MMHPI is working in coordination with the Caruth Police Institute (CPI), Dallas Police Department's mental health response leadership team, the Dallas Fire-Rescue Department, and the North Texas Behavioral Health Authority and its providers to address the law enforcement findings and develop policy and training recommendations, integrated with current CPI and Dallas Police Department efforts to address officers' call times, public safety, core training, and ongoing policy development.

In addition, Dallas County leaders have established three work groups, each chaired by a judge and each assigned a staff lead to support and assist the judge. These workgroups are already designing improvements in screening, assessment, and pretrial supervision protocols that respond to findings resulting from the analyses described in this report.

MMHPI is also engaging community behavioral health care providers through the North Texas Behavioral Health Authority to develop detailed implementation plans to address each gap that the analyses highlighted in this report as part of Phase Two of the planning grant. These plans include recommendations for increased intensive service capacity to serve "super-utilizers" and strategies to finance additional services to improve the diversion of people with behavioral health needs before they are arrested and connection to services after someone is released from jail.

By state mandate, the present public mental health managed care carve-out is to be replaced by a new model by January 1, 2017. The new model provides a unique opportunity to not only assist Dallas in the design of a more effective service-delivery system but also to provide the momentum to improve jail diversion efforts for people with mental illnesses.

A comprehensive system improvement plan should be ready for review by early summer of 2016. This action plan will incorporate input from key stakeholders and be presented to the W.W. Caruth, Jr. Foundation at the Communities Foundation of Texas for their review.

Endnotes

1. Lauren E. Glaze and Doris J. James, *Bureau of Justice Statistics Special Report: Mental Health Problems of Prison and Jail Inmates* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, 2006). Accessed March 5, 2013, bjs.ojp.usdoj.gov/content/pub/pdf/mhppji.pdf. See more at: nami.org/Learn-More/Mental-Health-By-the-Numbers#sthash.alwE9l0D.dpuf.
2. "The Stepping Up Initiative: The Problem," The Council of State Governments Justice Center, accessed March 8, 2016, stepuptogether.org/the-problem.
3. *Analysis of Mental Health Services for Persons Released from Jail in 2013 and 2014* (Bexar County) (New York: The Council of State Governments Justice Center, 2015); *Quantitative Review of Jail Population Dynamics and Mental Health Population Trends (Dallas)* (New York: The Council of State Governments Justice Center, 2015).
4. The Meadows Mental Health Policy Institute and Texas Conference of Urban Counties, *Texas Mental Health Landscape* (Dallas, TX: Texas State of Mind, 2014). Accessed March 8, 2016, legis.state.tx.us/tlodocs/84R/handouts/C2102015031210301/c24567b7-a36c-4ab8-b8d4-70defc116a2a.PDF.
5. The Meadows Mental Health Policy Institute, "Texas Mental Health Index Project, Interim Report on County Data" (unpublished report, 2015).
6. Meadows Mental Health Policy Institute, "Focus: Smart Justice," accessed March 8, 2016, texasstateofmind.org/focus/smart-justice/.
7. "Stepping Up Initiative," The Council of State Governments Justice Center, accessed March 8, 2016, csgjusticecenter.org/mental-health/county-improvement-project/stepping-up/.
8. "About the Justice Center," The Council of State Governments Justice Center, accessed March 8, 2016, csgjusticecenter.org/about-jc/.
9. In calculating recidivism rates for this population, researchers used a uniform recidivism measure that has been used to study recidivism in Texas since the early 1990s and is presently used in the Uniform Five-County Recidivism Measure Project that the CSG Justice Center is leading in Texas.
10. C. Holzer, H. Nguyen, and J. Holzer, *Texas County-Level Estimates of the Prevalence of Severe Mental Health Need in 2012*, (Dallas, TX: Meadows Mental Health Policy Institute, 2015).
11. *Ibid.*
12. H. Cotner, Dallas Police Department, personal communication with author, January 14, 2016.
13. People released on personal recognizance or commercial bond who had prior contact with the behavioral health care system were at notably higher risk of recidivism than people without contact with that system. Council of State Government Justice Center, *Quantitative Review of Jail Population Dynamics and Mental Health Population Trends* (Dallas), November 23, 2015. Note that recidivism is calculated out of first jail releases for the year, which is the establish methodology for the project.
14. *Quantitative Review of Jail Population Dynamics and Mental Health Population Trends (Dallas)* (New York: The Council of State Governments Justice Center, 2015). Note that recidivism is calculated out of first jail releases for the year, which is the established methodology for the project.

THE STEPPING UP INITIATIVE

Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails, which is sponsored by the National Association of Counties, the American Psychiatric Association Foundation, and The Council of State Governments Justice Center, calls on counties across the country to reduce the prevalence of people with mental illnesses being held in county jails.

TEXAS STATE of MIND — THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

W.W. CARUTH, JR. FOUNDATION at Communities Foundation of Texas

JUSTICE CENTER THE COUNCIL OF STATE GOVERNMENTS

pcci

Parkland

CARUTH POLICE INSTITUTE

THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

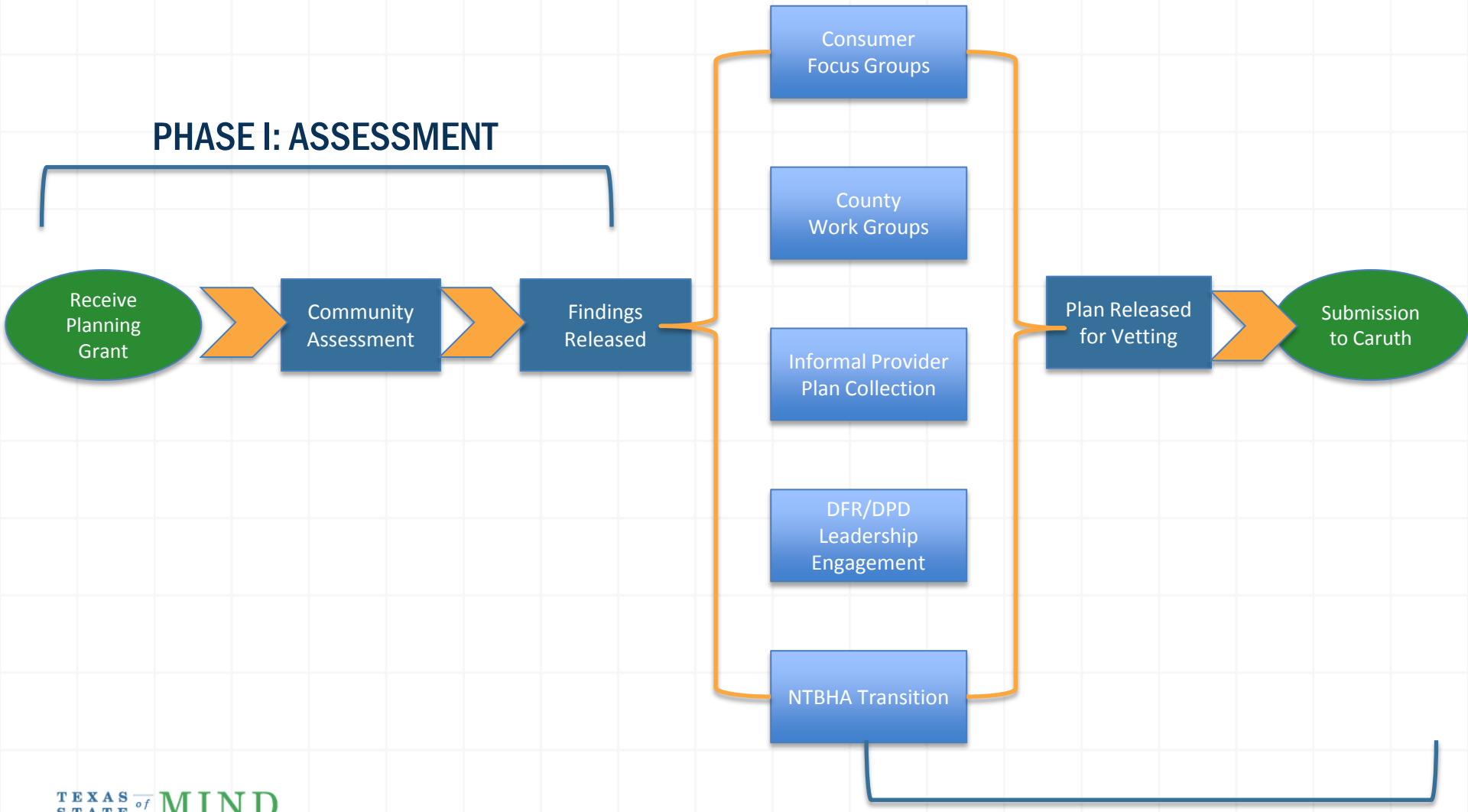
Caruth Smart Justice Implementation Plan – Community Review

June 2016

About the Implementation Plan

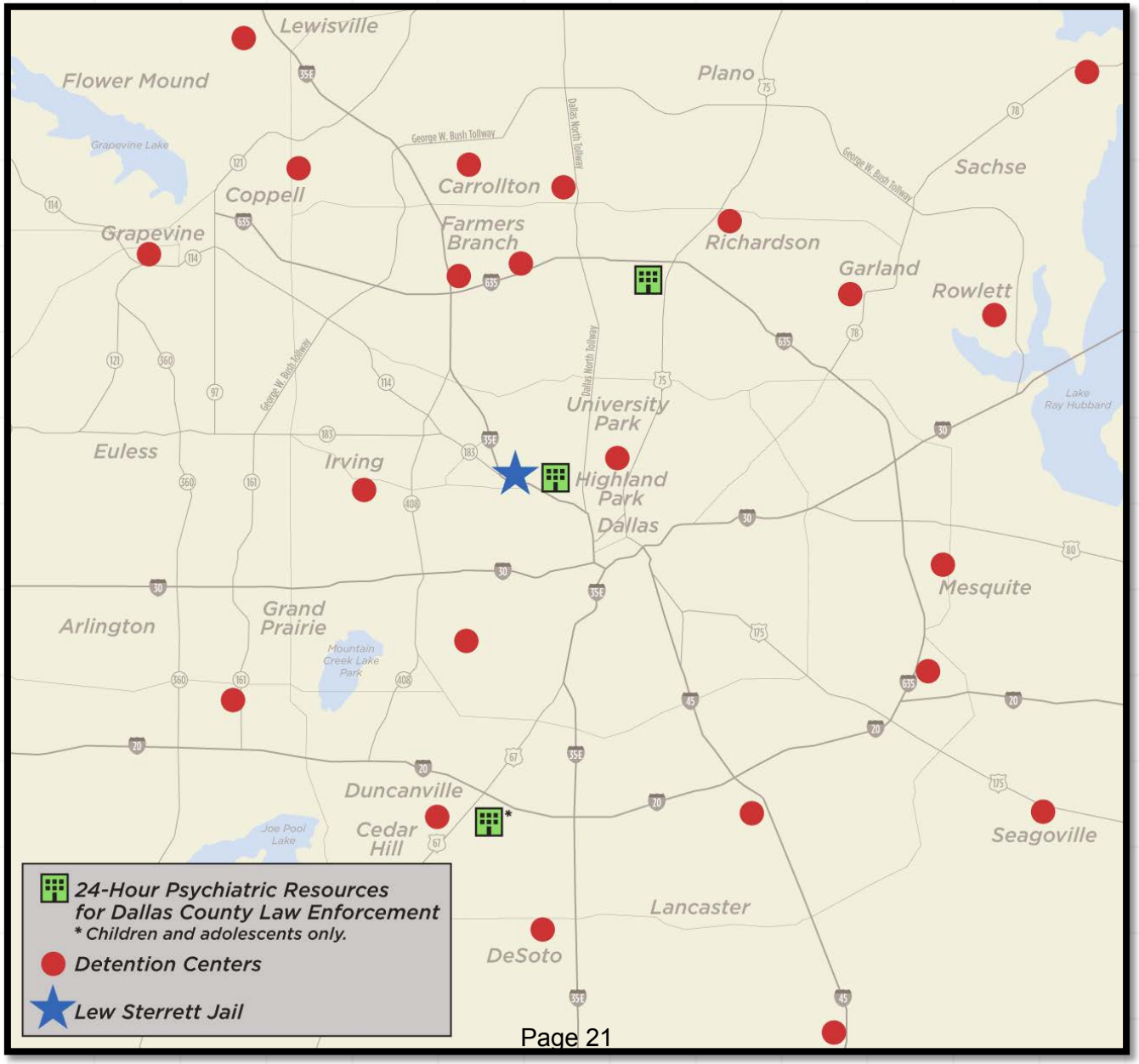
- Based on Phase 1 findings (see summary report provided)
- Vision and Primary Outcome: Move away from current practices that mire both law enforcement and individuals with mental illness in an inefficient and destructive cycle of repeat arrest, incarceration and ineffective expenditures.
- Priority outcomes:
  - Free up law enforcement officers to focus more on public safety rather than mental health service delivery,
  - Reduce Dallas County's high recidivism rates for people with mental illness after their first release from jail, and
  - Permanently shift more than $40 million in annual spending to sustain a comprehensive array of evidence-based policies and practice.

Caruth Smart Justice Planning Process

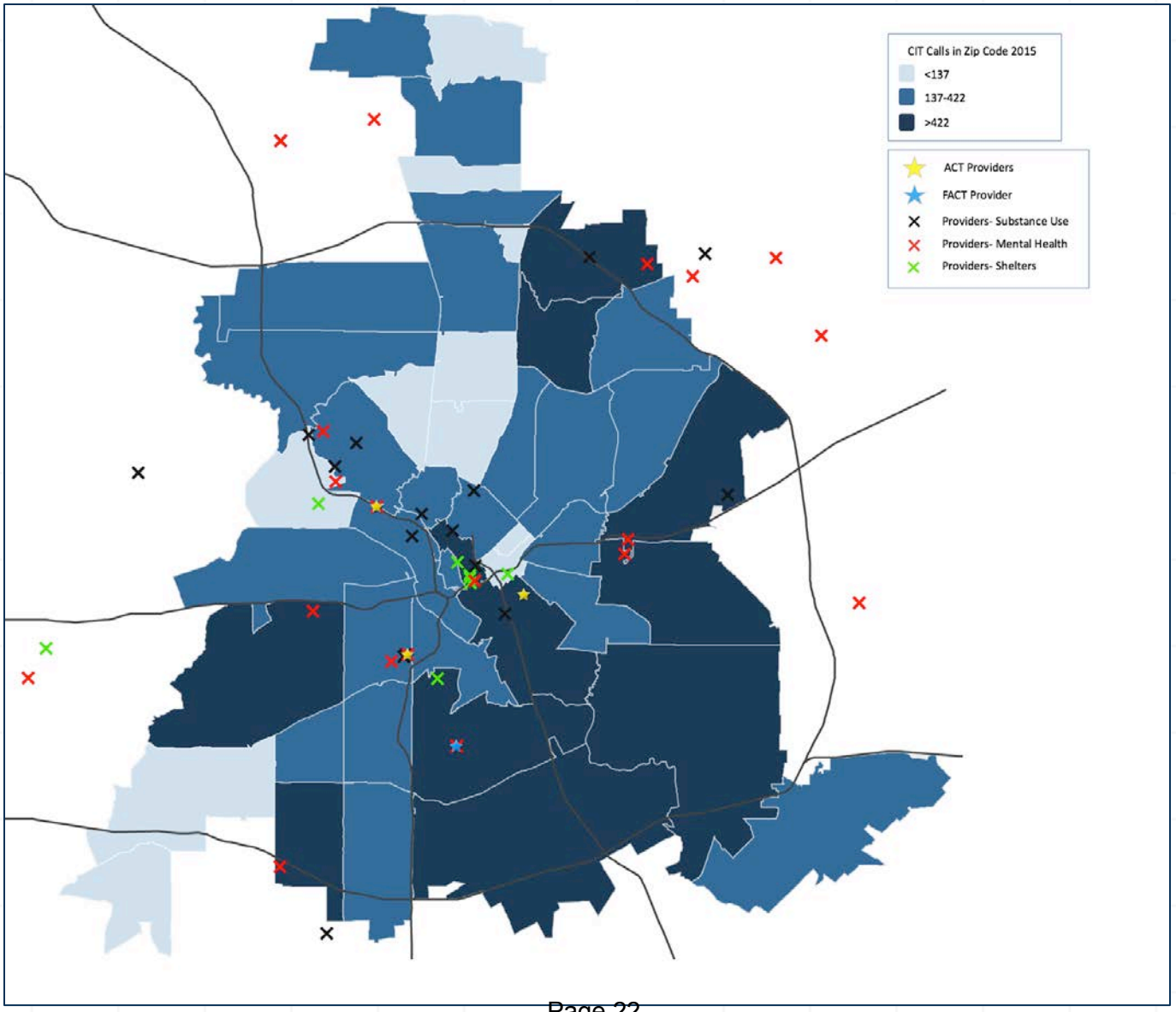


TEXAS STATE of MIND

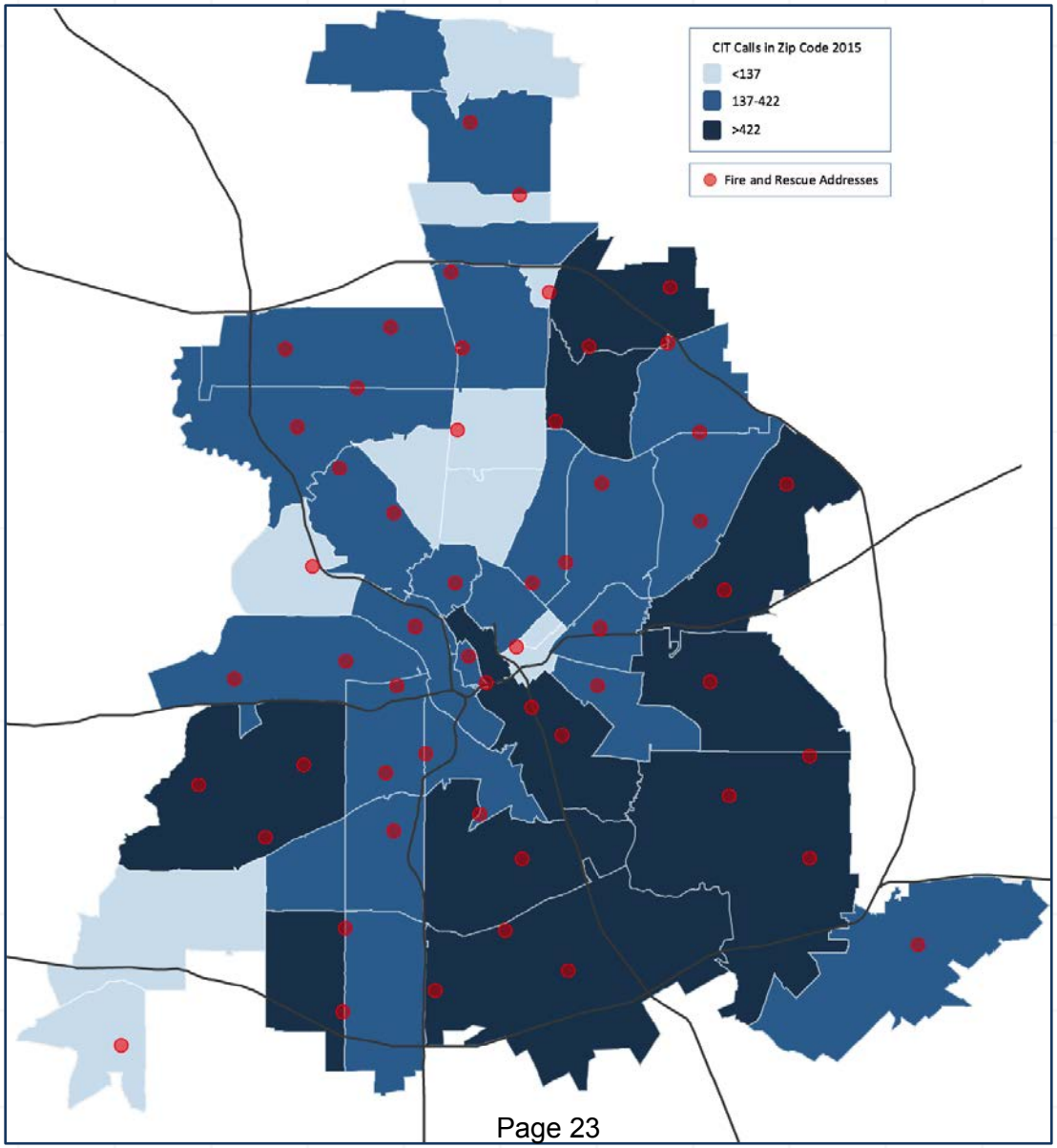
How to compete with 25 detention centers?



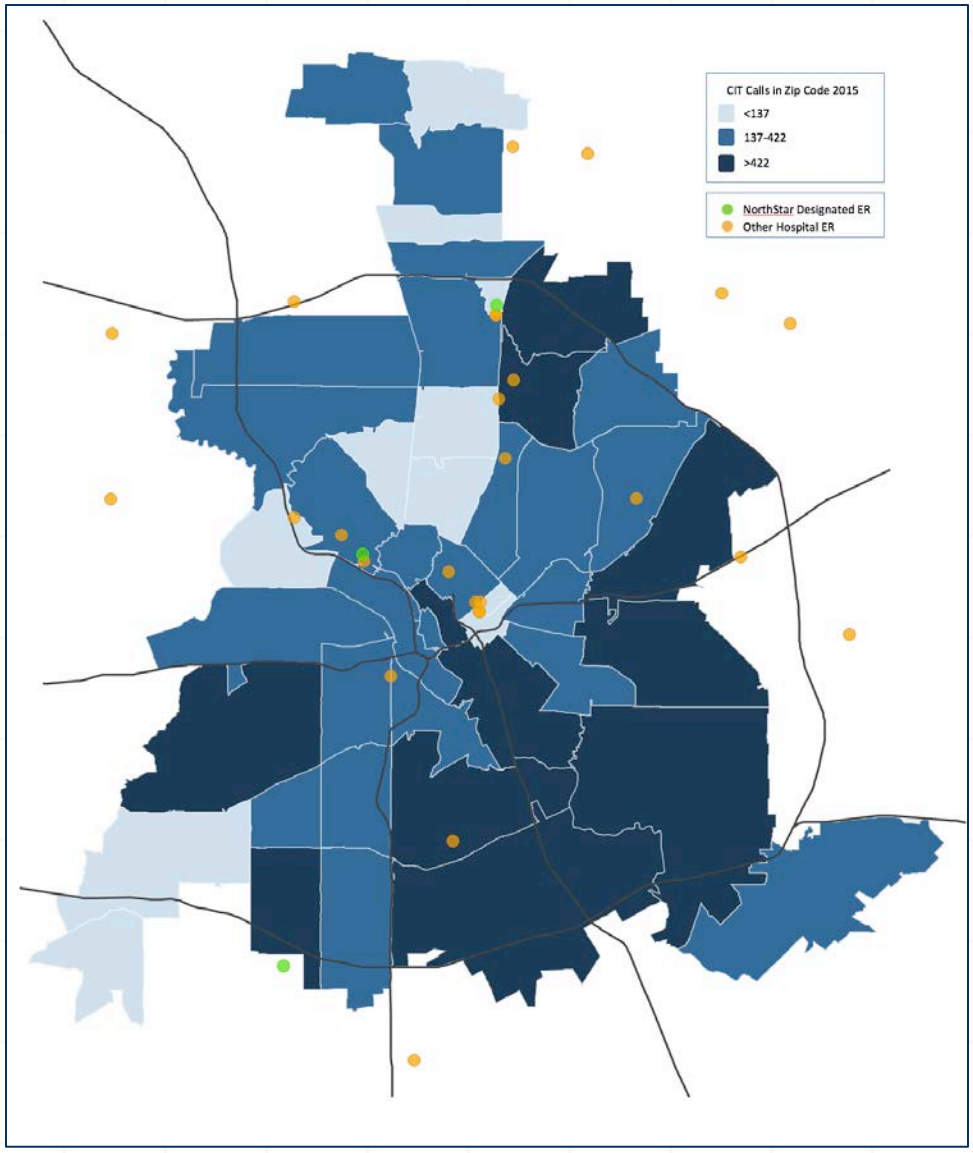
Strategy 1: Build on our existing provider base

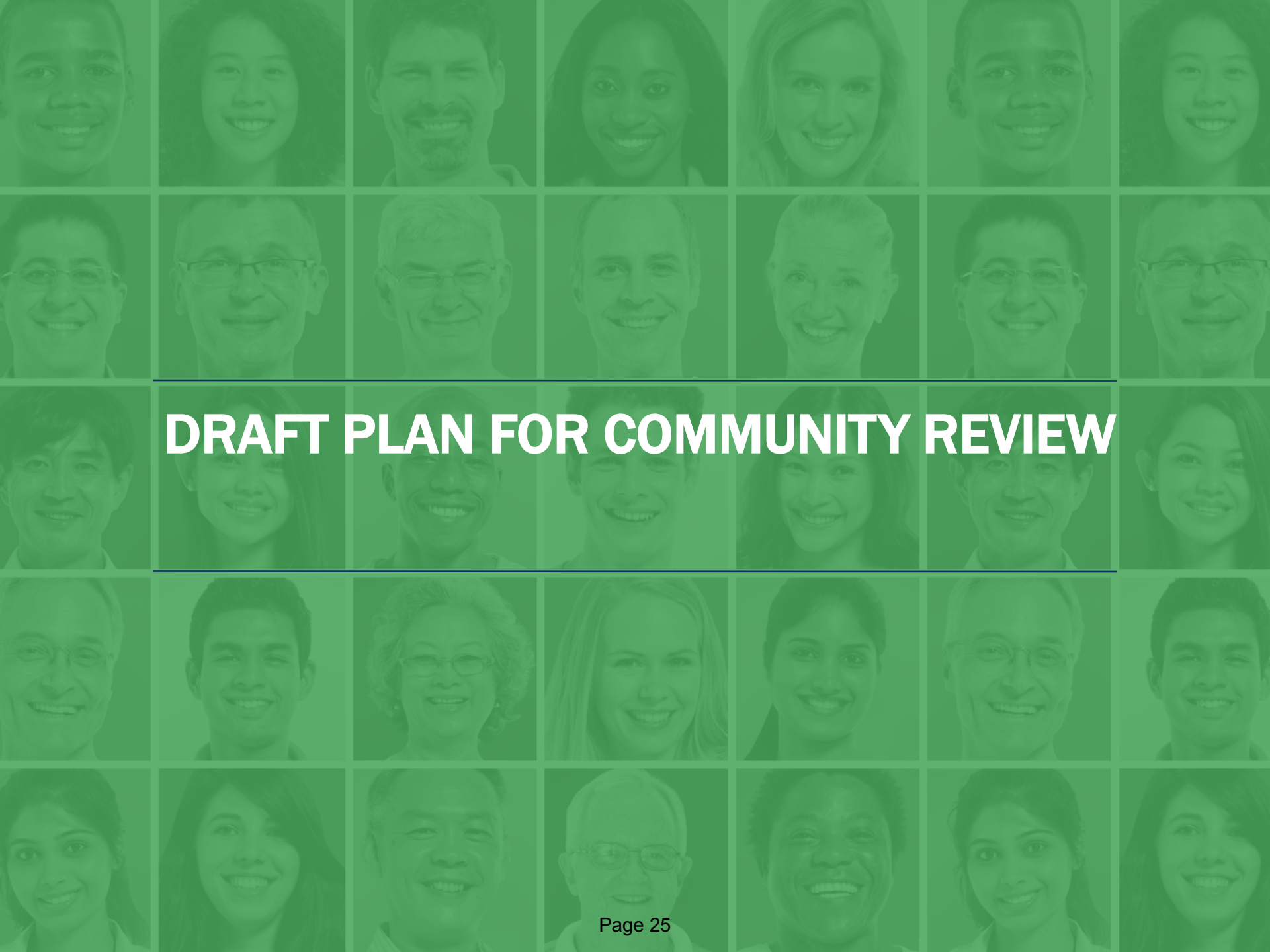


Strategy 2: Engage broader EMS capacity



Strategy 3: Engage more ED's proactively





DRAFT PLAN FOR COMMUNITY REVIEW

Law Enforcement and EMS (Intercept 1)

Approximately one-third of the funds to build front-end diversion including:

Mental Health Clinician At Dispatch	• Decrease unnecessary 46/46A calls • Provide officer support for complex calls
R.I.G.H.T. Care Teams	• Decrease law enforcement response to 46/46A • Decrease emergency department utilization
Additional Psychiatric Drop-Off Site in Southern Region	• Increase likelihood of diversion to care • Increase access to services for Southern area
Law Enforcement Assisted Diversion Framework	• Increase likelihood of care engagement • Divert low risk persons from initial arrest
Point-in-Time Information Systems	• Increase care coordination for super-utilizers • Increase coordination across all ED locations

Increasing public safety by decreasing use of law enforcement for behavioral health calls and focusing on an improved medical response.

Initial Detention/Hearing/Jails/Courts (Intercepts 2-4)

Just under one-fifth of the funding within the criminal justice system to:

Booking Process

100% MH screening	Communication of MH needs to Magistrate for assessment

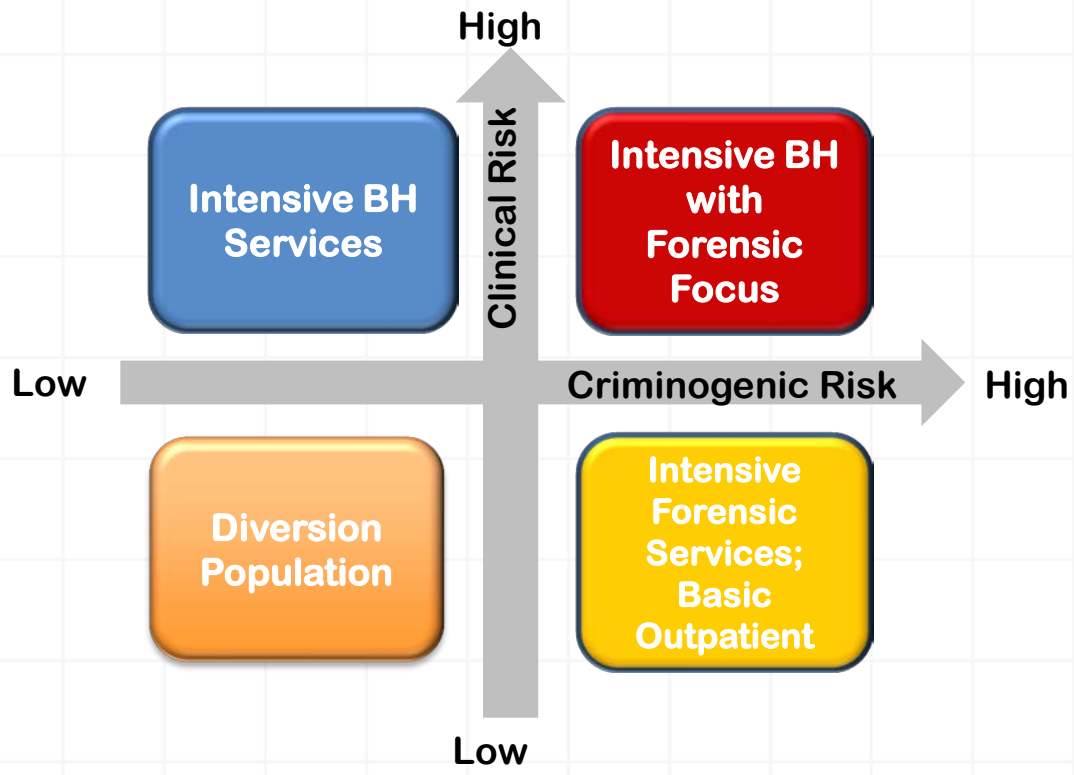
Jail and Court Processes

Criminogenic risk & clinical needs assessments for bond	Information sharing: Parkland Jail Health, County, and Providers

Pre-Trial and Bond Supervision

Develop MH PR bond recommendation and conditions	Enhance pre-trial supervision for MH PR bond defendants

Risk / Needs / Responsivity Model



Intensive Community Support (Intercept 5)

Approximately one-third of the funds to build ongoing treatment and housing supports by:

Assertive Treatment

- Increase treatment slots from 725 to 2,350 slots (just over half of current need)
- Enhance capability to address severe substance use and criminogenic risk
- Stepwise growth: Begin by enhancing existing ACT, ACT-like, FACT-like teams
- Build additional teams as local (and hopefully state) funds become available
- Develop housing for all additional ACT / FACT capacity

Step-Down Levels of Care

- Increase slots by 750 to accommodate all people stepping down from assertive care
- Enhance capability to address severe substance use and criminogenic risk at all levels of care

First Episode Psychosis

- Build capacity to serve half of the estimated 400 people in Dallas County who first develop psychosis each year
- Leverage additional state, Medicaid, philanthropic, and private insurance funding

Housing Plan: Key Components

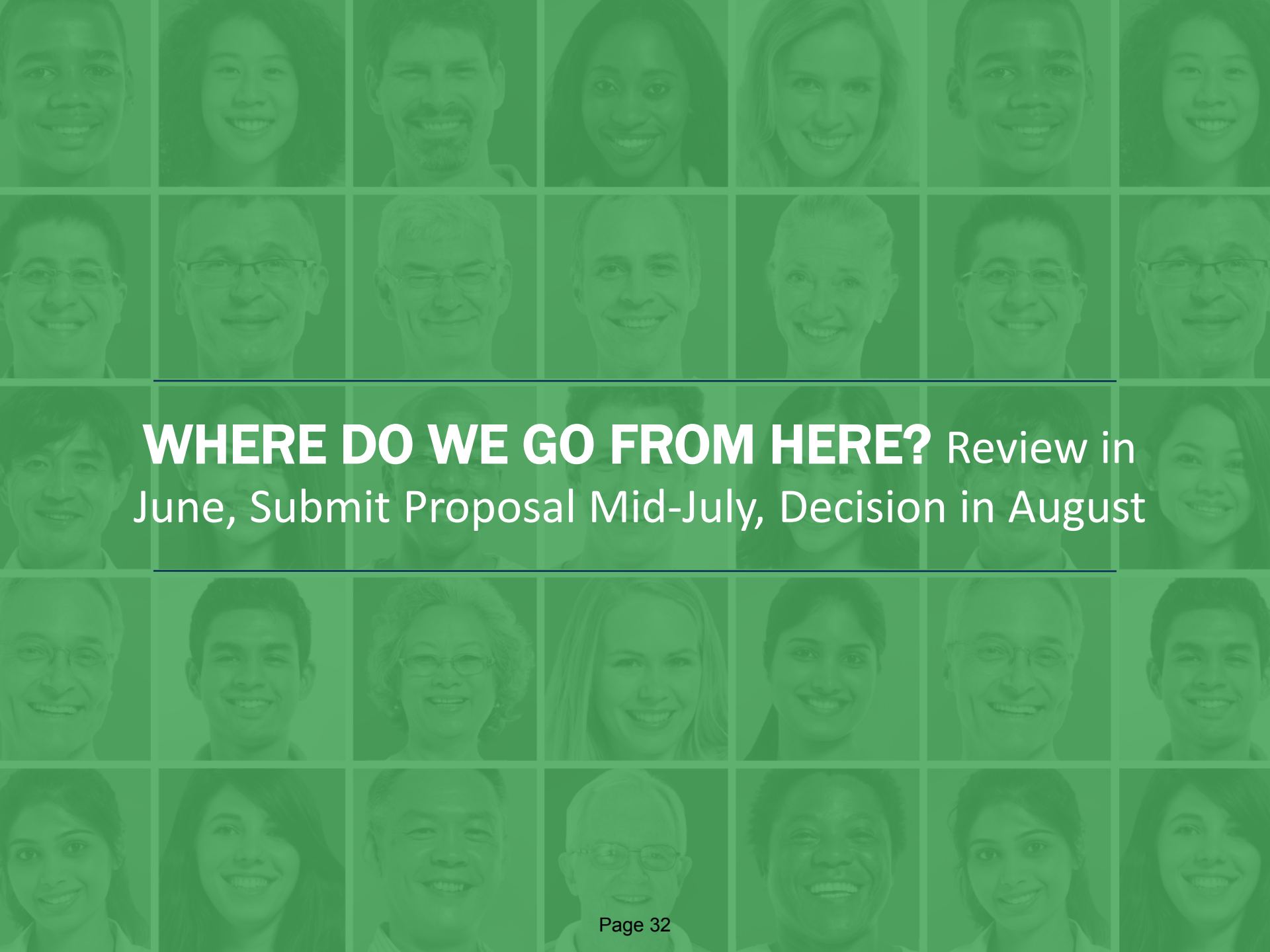
A contractor will be engaged to develop a detailed plan to be completed in first 90 days. Key components expected to include:

- Improve system coordination through a centralized function.
- Improve work with landlords: outreach, support, incentives.
- Improve housing search capacity.
- Explore and pursue master leasing strategies.
- Improve fidelity to Permanent Supported Housing model.
- Maximize city and county policy and regulatory authority.
- Improve and expand use of project-based vouchers.
- Expand commitment to project-based vouchers.
- Explore use of general obligation bonds, master leasing and other financing strategies in support of new PSH units.

Administration and Program Evaluation

Fifteen percent (15%) of funding for infrastructure to support and evaluate this transformation, including:

- 3.3% (matched 1:1 by MMHPI core funding) for **MMHPI administration of the grant**,
- 5% (plus a substantial in-kind match) for **Dallas County administration of the transition process**,
- 6.7% for **technical assistance by the CSG Justice Center and national experts** to support the transition, and
- Additional support from a national foundation to fund a **rigorous evaluation of the project's challenges and successes**, including its capacity to be taken to scale in Dallas County and across Texas.



WHERE DO WE GO FROM HERE? Review in June, Submit Proposal Mid-July, Decision in August

TEXAS STATE of MIND

THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

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okay to say

The truth is: mental illness affects more people than you may think, and we need to talk about it. It's Okay to say..." okaytosay.org

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Dallas County Behavioral Health Housing Work Group
Dallas County Administration, 411 Elm Street, 1st Floor, Dallas Texas 75202
May 25, 2016 Minutes

Mission Statement: The Dallas County BH Housing Work Group, with diverse representation, will formulate recommendations on the creation of housing and housing related support services designed to safely divert members of special populations in crisis away from frequent utilization of expensive and sometimes unnecessary inpatient stays, emergency department visits and incarceration.

Success will be measured in placement of consumers in housing and the decreased utilization of higher levels of care (hospitals and emergency care visits) and reduced incarceration in the Dallas County Jail. The Dallas County BH Housing Work Group is committed to a data driven decision-making process with a focus on data supported outcomes.

ATTENDEES: Dr. Theresa Daniel, Commissioner; Ron Stretcher, CJ; Jim Mattingly, LumaCorp; Blake Fetterman, Salvation Army; Ikenna Mogbo, Metrocare; Sandy Rollins, Texas Tenants' Union; Zachary Thompson, DCHHS; Thomas Lewis, DCHHS; Joe Powell, APAA; Charletra Sharp, City of Dallas; Brittany Lash, Caruth Smart Justice Grant; Jacqualene Stephens, MMHPI; Ann Denton, MMHPI; Janie Metzinger, MHA; Germaine White, Dallas County; Claudia Vargas, Dallas County; and Terry Gipson, Dallas County

GUEST: Kendall Scudder, Atlantic Housing Foundation

CALL TO ORDER: Minutes approved with no changes

BEST PRACTICES AND MODELS REPORT: Commissioner Theresa Daniel, Chair

- Conversations continue regarding the possibility of developing a regional respite transitional facility. Contract details are still in the works.

- Several members of the BH/HWG volunteered to write an initial draft of a letter of support (LOS) to Councilman Griggs and members of the Dallas Housing Committee. The Housing Committee is preparing a preliminary affordable housing plan. The LOS will underscore the needs of the homeless, disabled, and behavioral and mental health populations and why it is crucial to factor support services into the housing plan. The BH/HWG will request that a number of set aside housing units be allocated for the homeless preference and focus on permanent supportive housing (PSH). This population has traditionally not been included in broader affordable housing discussions and planning.

  Brittany Lash, Caruth Smart Justice, will create the first draft of the letter. Ron Stretcher and Ms. Lash will review and distribute to the group for feedback.

- Kendall Scudder, Atlantic Housing Foundation, attended the meeting to share the work and mission of the Atlantic Housing Foundation. It is a nonprofit development entity that partners with properties and focuses on providing services. The nonprofit assigns an employee to the property who then oversees service delivery. Each property is uniquely tailored to meet the needs of the community it serves. Atlantic Housing Foundation wants to expand in Dallas County.

- Work on the information brochure continues.

PIPELINE DEVELOPMENT AND RESOURCES REPORT: **Germaine White and Ron Stretcher**

TDHCA 2016 Housing and Services Partnership Academy:
Brooke Etie, James McClinton, Robin LeoGrande, Sherman Roberts and Shenna Oriabure participate with this initiative. They are working on developing a plan to reach out to landlords and submitting a LOS to Councilman Griggs and the Housing Committee on their perspective of affordable housing needs. The final letter was attached to the BH/HWG agenda. Priorities in their LOS include: 1) prioritizing housing for extremely low income populations and 2) increasing access to support services.

DHA Update:
DHA issued 400 vouchers at a recent voucher fair. Deadline extensions have been offered to those who received vouchers during the first mass issuance. Charletra Sharp attended the voucher fair and shared information from a report released by the National Low Income Housing Coalition, The Affordable Housing Gap Analysis 2016, indicating that there is a 174,000 deficit of housing units in the Dallas area. Sandy Rollins offered that this information may be easily be accessed on the Texas Tenants website.

Continuum of Care:
Changes to Continuum of Care funding priorities negatively impacted programs in the Dallas area. The Dallas area alone saw a decrease of approximately 2.5 million dollars. The immediate impact of this loss means that programs that were defunded are not able to serve the same number of individuals as before. Coordinated efforts to maximize service delivery will require agencies to engage in transparent conversations about how applications were scored.

Meadows Mental Health Policy Institute (MMHPI):
Ann Denton is a national housing expert contracted by the MMHPI to take a look at the intersection of need between housing and persons with behavioral health disorders in Dallas County. The MMHPI requested recommendations based on practices currently being implemented by local agencies and government. Agencies will be asked to review recommendations and provide feedback.

Overall, Ms. Denton's report outlines how agencies benefit from system coordination: identifying efforts being carried out independently that can be elevated to a system level. In particular, the report is looking at efforts agencies invest their time, energy and resources in to address the housing needs of people with behavioral and mental health needs. The report is consistent with the letter of support that is being crafted for the City of Dallas Housing Committee.

The report analysis focuses on two main categories: 1) poverty issues and 2) supports and services.

Per Ms. Denton's preliminary analysis, agencies need to monitor outcomes more closely. There is a lack of outcomes information which is useful for determining whether or not programs efforts are successfully executed.

Major recommendations outlined in the report include:

1. Building a system level infrastructure that has tangible results. Examples include creating a landlord mitigation fund, monitoring outcomes as a system, providing education and training and other resources to case workers, etc.

2. Increasing access to housing units or making better use of existing units. The BH/HWG is already working on increasing access. One way to accelerate progress would be to create a position for an individual to run the coordinated system activity.

3. Incentivizing development of integrated permanent supportive housing services. One example is to utilize master leasing. Additionally, the county and city could work together on policy directives that impact local affordable housing conditions - income discrimination, criminal background, etc. It is important to revisit the use of effective tools currently in place that are not working as well as they could due to external factors.

Ron Stretcher would like to ensure that metrics and recommendations align with the work under the MMHPI Caruth Smart Justice Grant program so progress can be tracked and meaningful information gleaned about the housing needs of the criminal justice population.

INDUSTRY UPDATES:

- Coordinated Access System – PCCI and MDHA system rollout has been moved to August due to a delay in funding.

- Stepping Up Initiative / Caruth Smart Justice Grant – Andy Keller will attend the BHLT and NTHBA meetings in June and will provide a comprehensive update on their progress.

- NorthSTAR – Ron Stretcher shared that it is becoming more difficult to maintain provider choice as agencies continue to opt out of the new system. Starting in 2017, a new trend for agencies will be working with several MCO's. The new NorthSTAR system will continue to manage the needs of the indigent population.

- The Cottages – Projected to open late June or July 2016. Around 15 applicants are approved and ready to be housed; around 30 more are in process and very close to being approved. Due to the delay in opening, some previously approved applicants have since moved or accepted other housing.

- State Update – Janie Metzinger reported that MHA is participating in a joint interim study on boarding homes in Texas. The City of Dallas passed a boarding home ordinance: there are currently 60 licensed boarding homes; and an additional 70 boarding homes are in the pipeline. MHA will continue to advocate for local boarding home licensing in the event that the State of Texas considers statewide licensing. A comprehensive list of licensed boarding homes can be found at www.boardinghome.org.

The meeting was adjourned at 11:20 am.

Next Meeting: Wednesday, June 22nd at 10:00 am

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


RHP9
Texas 1115 Waiver
Transforming Healthcare Now

1115 Extension Request

- By September 30, 2015, HHSC was required to submit to the federal Centers for Medicare and Medicaid Services (CMS) a request to extend the waiver.
- In September, HHSC requested to continue all three components of the waiver (statewide managed care, UC pool and DSRIP pool) for another five years.
- Texas has made progress related to all five waiver goals, and has proposed program improvements to make further progress toward those goals to support and strengthen the healthcare delivery system for low-income Texans.

Waiver Goals

- 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

1115 Extension Request

- HHSC requested to continue all of the existing managed care programs and initiatives that are authorized under the 1115 Transformation Waiver.
- HHSC did not request changes to the 1115 waiver related to managed care, but will continue to make managed care program improvements, including directives from the 84th Legislative Session.
  - Improved monitoring of MCO's network adequacy
  - Value based purchasing and aligning Medicaid quality strategies
  - Improved collaboration between managed care consumer support systems

1115 Extension Request

- The 1115 waiver extension request on the 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)
- The Centers for Medicare and Medicaid Services (CMS) is requiring Texas to 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.
  - Health Management Associates is completing the study. HHSC is required to send a draft to CMS on July 15, 2016, with the final report required no later than August 31, 2016.

1115 Extension Request

- In April, HHSC submitted a request to CMS for a 15-month extension at level funding from demonstration year (DY) 5 of the waiver during which negotiations will continue on a longer-term agreement.
- On May 2, 2016, HHSC received approval of this 15-month extension from CMS.
  - The 15-month extension maintains current funding levels for both UC and DSRIP.
  - During the extension period, HHSC and CMS will work on a longer term agreement.

1115 Extension Request

- UC and DSRIP payment pools both will continue to be funded at $3.1 billion for 12 months.
- UC and DSRIP payment pool funding for months 13-15 will be prorated at an additional amount.
- 15 month extension does not equal 15 month year. Annual reporting of metrics.
- No changes will be made to managed care arrangements.
- HHSC is drafting proposals for DY7-10, which would include continuing projects next steps and replacement project requirements. High-level plan should be available in the summer with detailed draft protocols in the fall/winter.

1115 Extension Request

- Cat 1-4 structure will remain the same.
- Continue to report on Cat 3 outcomes and Cat 4 domains instead of changing to P4R and PBP.
- Cat 3 will be required to continue to show improvement in DY6
  - Additional details including closure of gap percentage
- No reporting on Medicaid IDs
- CAN – DFWHC Foundation
- CMS still interested in statewide analysis of certain measures, moving towards Alternate Payment Models, and alignment with Medicaid MCO

1115 Extension Request

- Providers will report on a MLIU QPI metric for all projects in DY6. This metric will be P4P or P4R depending on current project requirements/notification by HHSC.
- Providers will report on their sustainability plans in DY6 using an HHSC-developed template.
  - Proposed elements of the template: working with MCOs, collaborating with other community partners, participating in local HIE, etc. Sustainability plan could also include a project evaluation if providers wish to complete. Project evaluations are not proposed to be required for Cat 3 reporting in DY6.
- Additional next steps will be required for a few projects previously notified by HHSC.
- Combining projects still an option.

1115 Extension Request

- HHSC developing 2 DSRIP transition year (DY6) rule packets.
  - Rule Packet #1- Effective June 1, 2016
    - Specifies actions that current DSRIP performing providers must undertake in preparation for DY6 of the anticipated waiver extension period, which begins October 1, 2016.
- Rule Packet #1: Withdrawing projects
  - Withdrawal window between the 2nd payment for DY7 and the 1st reporting period of DY8
  - Projects withdrawn during this period will not have DY6 payments recouped

1115 Extension Request

- Rule Packet #2 –
  - Requirements for DY6
  - Draft; will be revised as negotiations continue with CMS.
  - Public comment: July 8th
  - Effective September 30, 2016

1115 Extension Request

- CMS and the state must agree on the size of the UC pool and DSRIP structure by the end of 2017.
- If no agreement, there is no DSRIP renewal except as a phase down to zero dollars – 25% starting each year beginning in 2018
- UC will be renewed but reduced if there is no agreement based on CMS principles, which include:
  - UC should not pay for costs that would otherwise be covered in a Medicaid expansion
  - UC should not pay for Medicaid shortfall

Waiver Update

- Compliance Monitoring
  - Results from Cat 1 and Cat projects
  - HHSC may follow-up with some providers
  - Possible recoupment will come from HHSC in June
  - Current review: Cat 1 and 2 achievement, Cat 3 CF, DY4 metrics

RHP 9 Regional Perspective

RHP 9 Behavioral Health Projects

28 Behavioral Health Projects

#	Type
9	Provide interventions for targeted behavioral health populations to prevent unnecessary use of services in specified setting.
4	Enhance service availability to appropriate levels of behavioral health care.
4	Integrated primary and behavioral health services.
4	Develop care management function that integrates primary and behavioral health needs of individuals.
3	Telehealth projects.
2	Development of behavioral health crisis stabilization services as alternatives to hospitalization.
1	Development of workforce enhancement initiatives to support access to BH providers in undeserved market and areas.
1	Evidence-based disease prevention programs for depression.

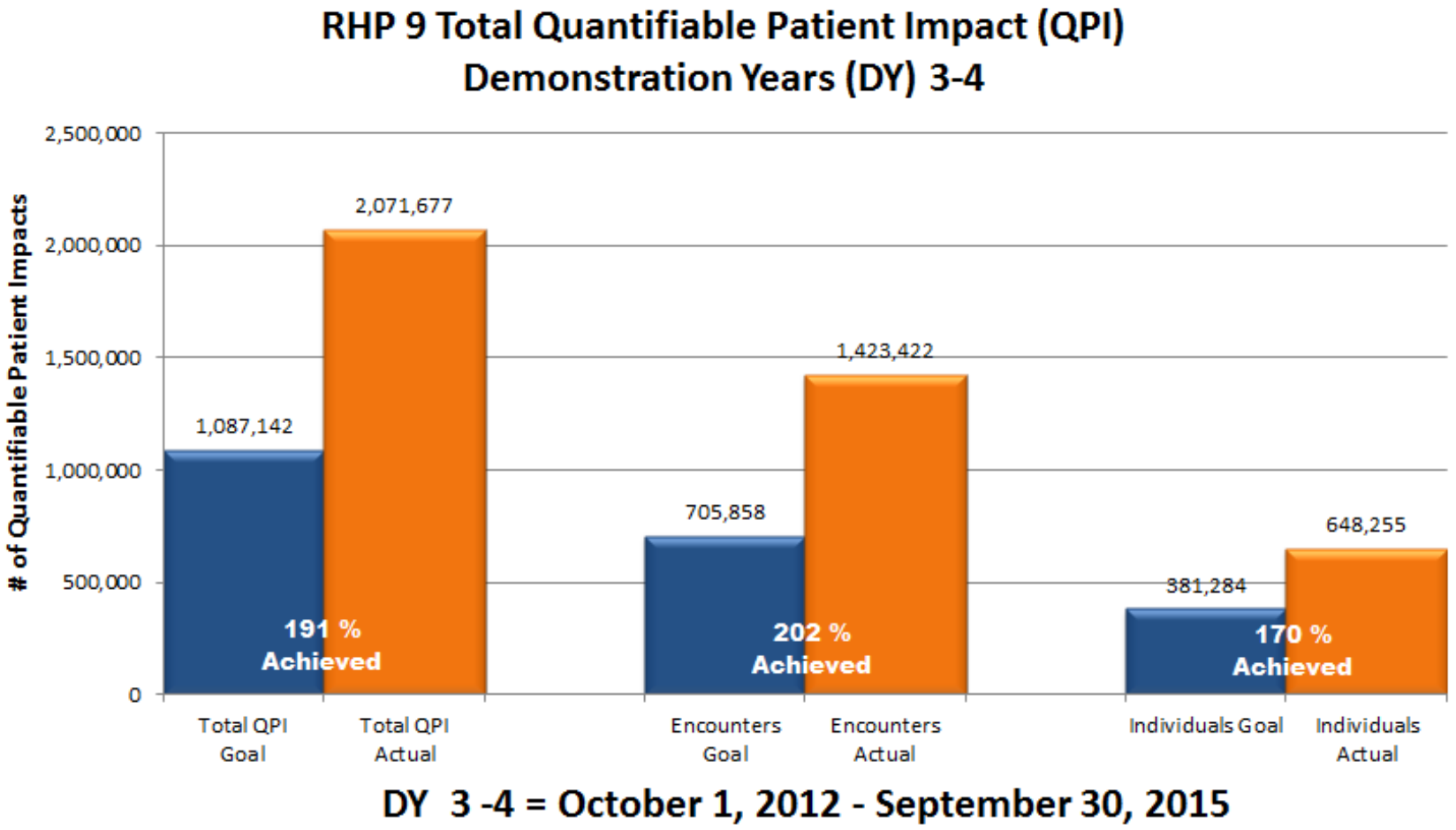
RHP 9 DSRIP Payment-to-Date

- $989.1 Million Gross
  - IGT 398.2 Million

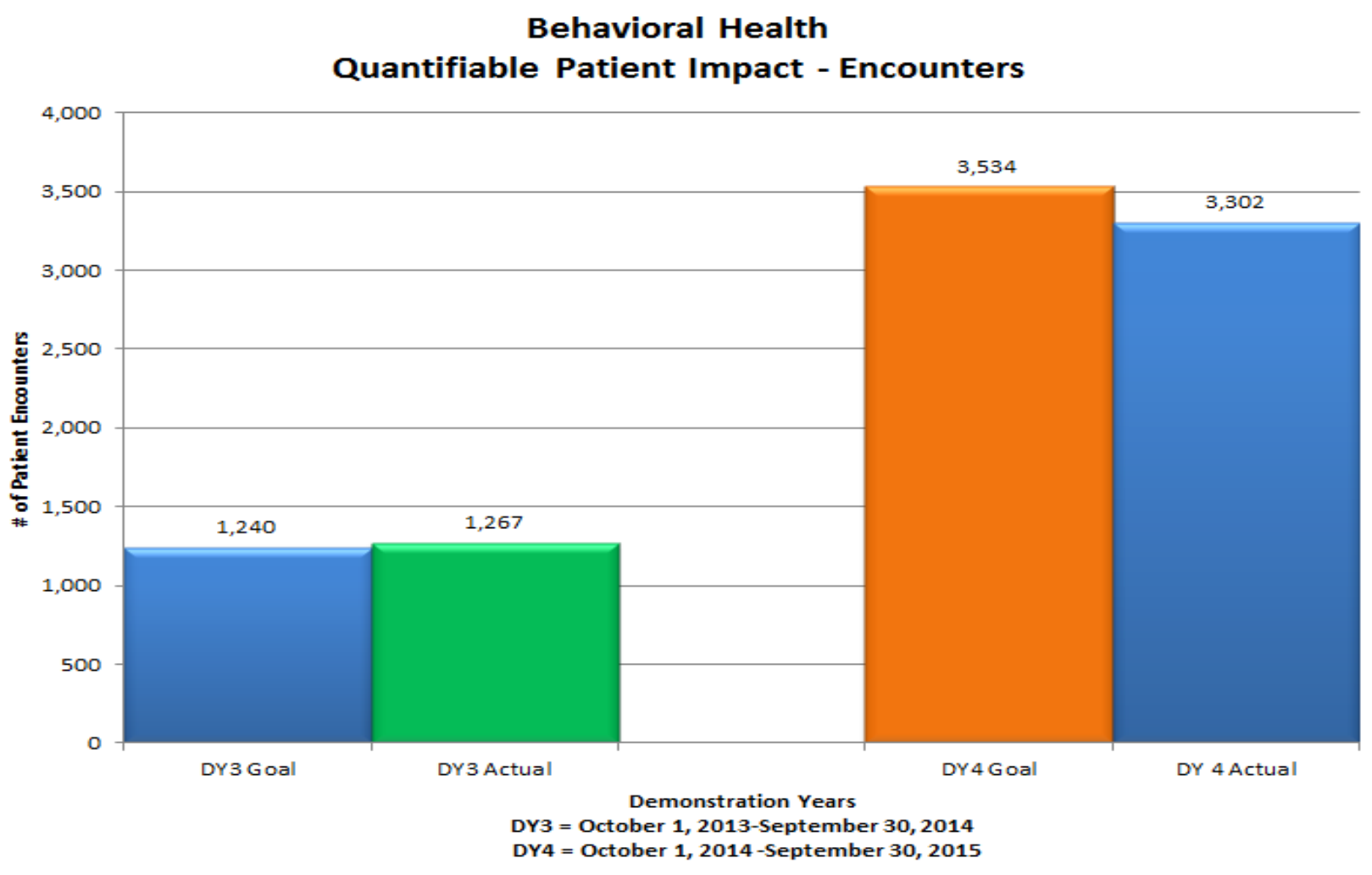
Net Benefit to RHP 9

$588.9 million

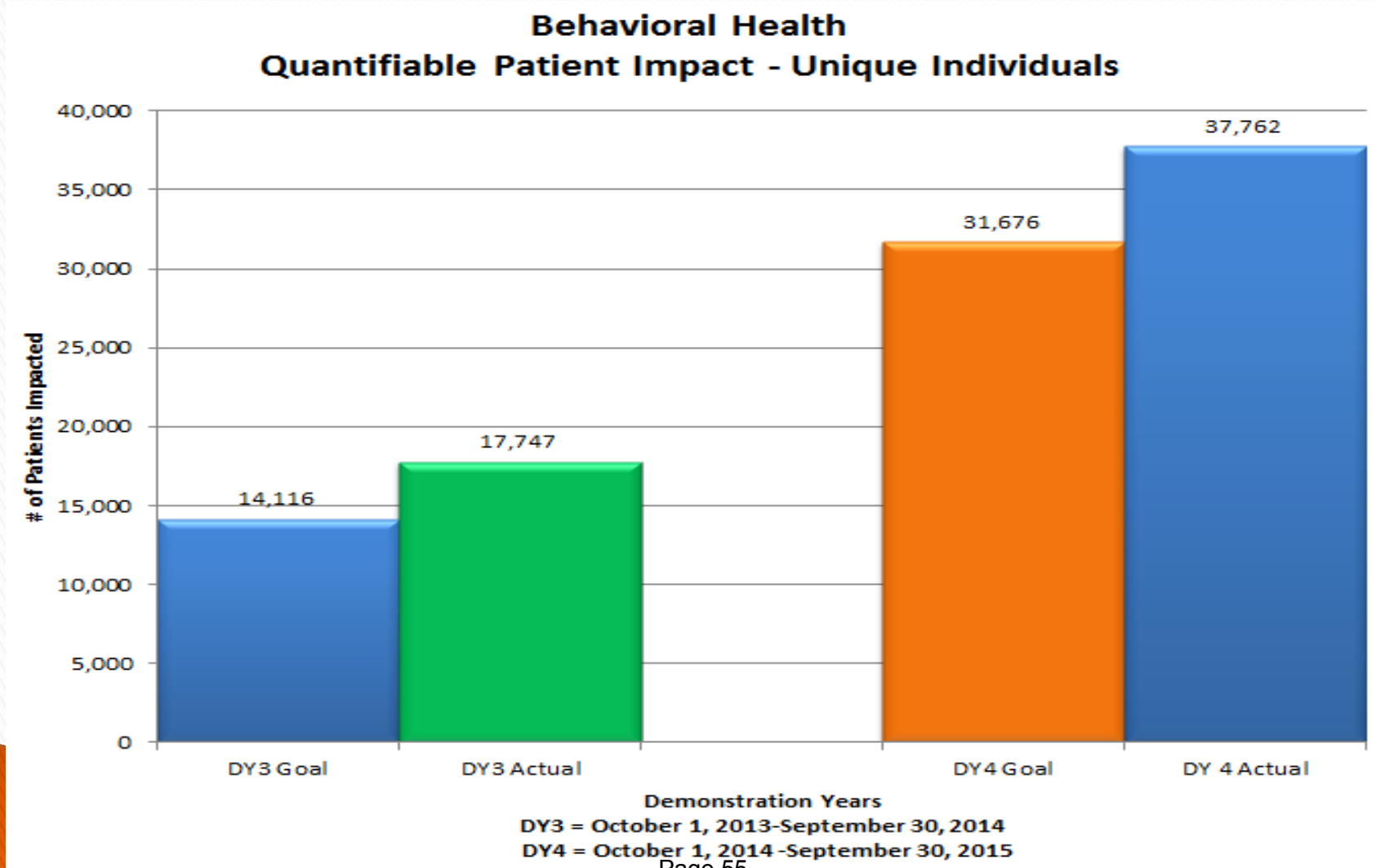
Overall Patient Impact
Encounters + Unique Patients



Behavioral Health Access and Integrating Behavioral Health and Primary Care



Behavioral Health Access and Integrating Behavioral Health and Primary Care



ACS 1115 CSP Production Metrics (10-1-15 to 6-4-16)

YearMO	Service Episodes	Uniques	Service Coordination	F2F	Total Encounters
Jun-16	96	62	419	35	550
May-16	768	507	3435	276	4479
Apr-16	729	503	3336	261	4326
Mar-16	743	551	3727	290	4760
Feb-16	745	589	3521	284	4550
Jan-16	725	614	3870	299	4894
Dec-15	750	661	3669	330	4749
Nov-15	780	728	2973	267	4020
Oct-15	829	810	3138	284	4251
Total	6165	5025	28088	2326	36579
Average	685	558	3121	258	4064

June Projections (assuming current pace and linear progression)

704	455	3073	257	4033

Days worked	Total work days	
3	22	0.14

Referral Status by Client Location	CMTY	HOSP	JAIL	Grand Total
ACTV	33	31	26	90
PEND	6	5	5	16
Grand Total	39	36	31	106

Current Status of All Referrals	Total
ACTV	90
PEND	16
Grand Total	106

Referring Agency	15-Oct	15-Nov	15-Dec	16-Jan	16-Feb	16-Mar	16-Apr	16-May	Grand Total
ACS_FC	21	16	12	24	15	34	29	31	182
CMP	17	13	13	9	24	10	9	15	110
FCC	1		1		1	1	1		5
Grand Total	39	29	26	33	40	45	39	47	298

Forensic Diversion Unit (FDU) Report

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16
Beginning Census	**49**	**45**	**46**	**46**	**48**	**49**			
Number of Referrals Received from CSP	6	**8**	**6**	**10**	**8**	**5**			
Adapt	6	7	6	10	8	5			
Metrocare	0	0	0	0	0	0			
Transicare	0	1	0	0	0	0			
Number of Admissions	**5**	**7**	**5**	**7**	**7**	**3**			
Number Discharged	**10**	**6**	**9**	**5**	**6**	**3**			
Number not admitted due to:									
Client qualifies for ACT	0	0	0	0	0	0			
Client qualifies for other programs	0	0	0	0	0	2			
Client didn't meet level of need required	0	0	0	0	0	0			
Other reasons	1	1	1	3	1	0			
Average Service Utilization:									
Average hours seen	11.26	10.22	9.87	11.87	10.22	11.1			
Encounter Breakdown:									
Face to Face	578	602	532	608	683	592			
Service Coordination	71	68	73	80	74	83			
Number of clients accessing:									
Emergency Room (medical)	0	0	0	0	0	1			
23-hour observation (psych)	0	0	1	0	1	1			
Inpatient (med/ psych)	1	1	2	0	0	0			
Jail book-in	0	2	1	0	1	1			
Reasons for Discharge:									
Graduate	0	0	3	0	1	2			
Client Disengagement	1	1	0	1	1	1			
Extended Jail stay (case-by-case basis)	6	5	6	1	2	0			
Other Intervening factors	3	0	0	3	2	0			
End of Month Stats:									
Number of Active FDU clients end of month	**45**	**46**	**42**	**48**	**49**	**49**			
Number of Unique Consumers	2	2	3	2	2	3			
# of clients waiting to be released from jail	5	6	4	7	8	7			
Average Length of stay on FDU (month)	12.62	12.22	12.14	12.4	12.1	12.8			
Maximum Census	**46**	**46**	**46**	**46**	**46**	**46**			

the consumers on the "waiting" list are being actively seen in jail until release

MAY 2016 Monthly Report

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 ACS to ensure continuity of care.	Conducted case consultations on approximately 9 cases this month and supported ACT linkage when requested	
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-add/discharges Monthly reconciliation Supported 7-day after-care appts. (4-ICR/4 jail discharges)	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	Review of clients for benefit exhaustion Review IPS consumers for benefit exhaustion (13) March/April 2016.	Not Applicable
4	**ACT FDU - Provides ACT for high utilizers of the legal system-Responsible for approving evaluations of FDU referrals.** **FDU-Oversight**	Clinical Review of cases for appropriate LOC/recommendations on 12 FDU referrals Reviewed 5 TX plans and consulted with 1115 Medical Director for psychiatric oversight as needed	Not Applicable
5	**CSP-Cottages Project**	Reviewed MH HX on 19 consumers to support appropriate H-risk referrals to program.	Not Applicable

Dallas County Behavioral Health Leadership Team (BHLT)
Adult Clinical Operations Team (ACOT) Committee Meeting
June 2, 2016

Attendees: Jarrod Gilstrap (Dallas Fire), Greg Easton (PHHS), Michael Laughlin (Dallas County), Dave Hogan (DPD), Homer Norville (MCHP), Doug Denton (Homeward Bound), Jackie Mahoney (TCRC), Kurtis Young (Parkland Psych), Janae Lee (City Attorney's Office), Herb Cotner (DPD), Christina Smith (DPD), Jackie Mahoney (Turtle Creek), Sherry Cusumano (Green Oaks) Jennifer Torres (Metrocare), Ikenna Mogbo (Metrocare), Karen Frey (PHHS), LaJuan McGowan (Transicare Inc.), Charlene Randolph (Dallas County), Avril Edwin-Boxill (Dallas County), Celeste Johnson (PHHS), Myrl Jane Humphreys (ABCBH), Cheryl Gayles (NTBHA), Brittany Lash (MMHPI), James Williams (Lakes), Janie Metzinger (MHA)

Introduction and Approval of Minutes
The meeting was called to order at 12:07 p.m. by Sherry Cusumano, who commenced the proceedings with several announcements, in an attempt to accommodate attendees who might have been delayed by the venue change or parking constraints.

The minutes of the May meeting were approved by Myrl Humphrey and seconded by Karen Frey. Charlene Randolph informed participants that the minutes of the aforementioned meeting had been prepared by CSP Coordinator, Avril Edwin-Boxill, who will prepare the minutes of future ACOT meetings. Sherry commenced the introductions, and requested that attendees indicate any recent or impending changes to their agencies or services when introducing themselves, with a view to facilitating a seamless and positive transition for clients and patients. Charlene Randolph informed the meeting about the fifteen-month extension of the 1115 waiver program, and Ikenna Mogbo indicated that Metrocare was currently involved in a budget review process to determine which programs will be maintained.

Presentation on Visit to Colorado Springs to Observe Community Response Team
Brittany Lash (MMPHI) provided a summary of the visit to Colorado Springs, CO. She stated that it "was a great trip" and everyone learned a lot about the mental health call response system, which to her knowledge has no comparison in Texas. A team comprising a trained mental health police officer, a paramedic, and a licensed behavioral health technician, goes out on location to respond to every 46 or 46A call. This approach is more cost effective, efficient and significantly less stigmatizing than the existing system in Texas, which involves four (4) armed police officers and a supervisor. The latter approach results in a response more akin to a criminal intervention than a medically related one. The mental health response teams in Colorado Springs are able to form a single point of communication facilitation that is handled through the fire department and the emergency services. The hospitals also notify one another.

Ikenna Mogbo wanted to find out how Colorado Springs had been able to arrive at an agreement to implement the mental health community response system. Chief Smith responded that her colleague Chief Seales would be better placed to respond to that question, because he has a considerable amount of information about the system. Nevertheless, she was of the view that the overall framework in place in Colorado Springs is a very positive one, and it would be worthwhile to consider how it could be tailored to serve the needs of the Dallas mental health community. She added that it would be a 'win-win' situation for all stakeholders, if an agreement could be reached.

Brittany indicated that the program in Colorado Springs started out as a grant funded initiative, however, the hospitals soon became cognizant of the benefits of stopping the high utilization cycle, and began providing in-kind funding, prior to the end of the first year. She added that the funding available under the Caruth Smart Justice grant provides a timely opportunity to commence work on an optimal mental health response system. Herb Cotner contended that there is a major difference in the funding situation in Dallas and Colorado Springs. The latter city, unlike Dallas (Texas), expanded Medicaid. He added that the Dallas mental health community providers would need to determine which components of the response system will be beneficial and cost effective.

Herb indicated that he was concerned about the impact of Collin County's policy on the other NorthSTAR members, when it comes into effect in January 2017. Greg Easton requested clarification, and he responded that Collin County is pulling out of the NorthSTAR system. The County will also be providing a reduced number of beds, operating a triage system, and will not be providing services on the weekend. Although Collin County already sends clients to the Bridge and Parkland, the situation at these facilities is expected to become more acute after the policy is implemented.

Herb also stated that in Colorado Springs, employees of the Community Assistance Referral and Education Services program (CARES) reach out to chronic 911 callers. After conducting an in-depth interview, they provide callers with access to the appropriate resources. This approach precludes the need for the latter to call 911, and also reduces the number of chronic callers. CARES even rewards clients who have not visited a hospital for a significant amount of time. He provided an account of a female who was taken to lunch at a Korean restaurant as a reward for not having been in the hospital for several months.

Brittany indicated that if the mental health community chooses to move forward with implementing a mental health call response system similar to the one in Colorado Springs, there are a few ways to obtain funding to implement the initiative: (1) Use the Caruth Smart Justice Planning grant as seed funding; and (2) Leverage the hospital's interest in working with a team to determine where cost savings exist in the community. She added that MMPHI is working with some economists to quantify the benefits associated with implementing a system similar to the one in Colorado City.

Brittany added that one of the benefits of the Colorado Springs approach is that services can be deployed to address someone's needs, before an ambulance has to be dispatched. Follow-up is also conducted with family members by the social worker, while law enforcement works the scene. Chief Smith commented that there is one hundred percent (100%) buy-in from every team member. The teams live and believe in the program.

Jackie Mahoney stated that the model appears to be an efficient way to provide care. The client's needs are addressed by an entire team, resulting in the former spending less time in an institution. The client also learns new behaviors in response to the treatment. Celeste Johnson commented that when a team visits a client at home, members are able to get a much bigger and clearer perspective on the issue.

There was general discussion on high utilizers and the significant costs associated with their frequent use of ER services. Jarrod stated that the average high frequency is about sixty (60) 911 calls per annum.

Celeste indicated that Parkland Hospital is developing a financial model to track the expenditure on ER services. She added that there has been a twenty-seven percent (27%) increase in the number of people accessing Parkland's ER services since the new facility was constructed. The hospital has been focusing on population health in an effort to reduce the number of people going to the emergency room.

Brittany stated that MMPHI plans to evaluate every component of the Caruth grant using third party evaluators to illustrate the numbers, as well as the cost savings. Mike Laughlin was asked to provide a summary of the Caruth Smart Justice Program. He indicated that he works directly with MMPHI and community providers, and submits data driven reports to MMPHI. The program undertook a Phase I assessment which was presented at the National Stepping-Up Summit held in Washington D.C. earlier this year. He discussed the five (5) intercepts that characterize the Smart Justice Program, stating that he is spearheading intercepts 2, 3 and 4, which deal with the jail and court systems. The program has developed some clinical and criminogenic tools to help judges become more comfortable with getting people out of custody, and is also trying to find optimal ways to make information from the jail staff and Parkland Hospital more readily available.

Brittany informed the meeting that MMPHI will be submitting a community-wide plan to Caruth in July. Dr. Andy Keller will present the draft plan at three community meetings in June. She encouraged participants to attend one of the meetings. The plan will also be presented at the NTHBHA Board Meeting on Wednesday, June 8th, at next Thursday's BHLT meeting (June 9th) and at the next BHSC meeting on Friday, June 17th.

Agenda for Next Meeting

Sherry indicated that the next meeting is slated to be held on July 7th, however, because many people tend to take vacation in July, it may not be feasible to hold the meeting. She asked for a show of hands to indicate if participants favored not having a meeting in July. Everyone was in agreement that the July meeting should be canceled. Sherry requested that attendees contact her via e-mail or telephone, if they would like to include a topic/issue on the agenda. She will also look into enlisting someone to make a presentation at the next meeting.

The meeting was adjourned at 1:35 pm.

Minutes of the Behavioral Health Steering Committee (BHSC) Meeting
Thursday, May 19. 2016

Attendee	Agency/Dept.	Attendee	Agency/Dept.
Judge Kristin Wade	CCCA No. 1	Harry Ingram	Public Defender's Office
Marlene Buchanan	Metrocare Services	Stella Lee	Public Defender's Office
Paul Blocker	DCPDO	Nakish Greer	Criminal Justice
Tonya Whitzel	ADA	Kendall McKamy	ADA
Alyssa Aldrich	Adapt	Kelly Kane	Bridge
John Carlough	District Attorney's Office	Jay Meaders	Bridge
Holly Dotson	Adapt	Judge Doug Skemp	Misdemeanor Comp. Court
Janice Jeffries	Value Options	Serena McNair	CSCD
Ashley Trudell	IPS Recovery	P. Alexander	NTBHA
Patrick Jonas	PHHS	Keta Dickerson	DIVERT
Janine Capetillo	Criminal Justice	R. Lennox	Public Defender's Office
La Shonda Taylor	Public Defender's Office	Germaine White	Com. Daniel's Office
Angela Heggins	Public Defender's Office	Lela Mays	STAC Court
Lee Pierson	District Attorney's Office	Shenna Oriabure	Criminal Justice
Blythe Barnes	Public Defender's Office	Angie Byrd	Transicare
Abdul Mohammed	Criminal Justice	Laura Edmonds	Criminal Justice
Brandy Coty	Criminal Justice	Leah Gamble	Criminal Justice
Mike Laughlin	Criminal Justice	Crystal Garland	Metrocare Services
Brent Lewis	Public Defender's Office	Avril Edwin-Boxill	Criminal Justice

Introduction

The meeting was called to order by Judge Wade at 8:30 am. Mike Laughlin introduced a group of students and their professor from Abilene Christian University. The professor indicated that every year he takes a group of students to visit City Square, Ron Stretcher, the Public Defender's Office, and other contacts in Dallas. The students are pursuing a variety of majors and are interested in poverty, housing and behavioral health issues.

Next BHSC Meeting - Temporary Change

Judge Wade announced that the next BHSC meeting will be moved to Friday, June 17th at 8:30 am (BHSC meetings are usually held on Thursdays), to facilitate a presentation by Dr. Andy Keller, CEO of the Meadows Mental Health Policy Institute. Dr. Keller will provide an in-depth account of the Caruth Smart Justice Initiative, including project implementation guidelines and the procedure to apply for additional funding.

Caruth Smart Justice Grant (pp. 5 -13) – Mike Laughlin

Mike reported that the Caruth Smart Justice initiative is in the planning phase and project implementation is expected to commence in July 2016. The grant comprises five (5) intercepts (a high level overview is available on pp. 5 and 6 of meeting packet). Intercept 1 entails an assessment of the way in which police and fire personnel respond to community incidents. Earlier this month a site visit was undertaken by MMHPI to Colorado City, CO to observe their model in practice. Consultations were held and technical assistance sought, with a view to developing an optimal model for Dallas County. One of the innovative strategies being considered is pairing clinicians with first responders, to reduce the need for the Dallas Police Department to respond to mental health related 911 calls.

Intercepts 2, 3 and 4 are associated with the jail and court systems, primarily the screening and assessment aspects of mental health P.R. bonds and bond supervision opportunities for pre-trial supervision of mental health P.R. bond releases. Implementation of these three intercepts is being spearheaded by Mike Laughlin in collaboration with Judges Wade, Lewis and Mulder.

Intercept 5 focuses on community supervision services and on-going treatment support, components targeted to receive increased support and attention. A number of providers have been formally approached to identify service gaps, and make recommendations to improve existing pre-arrest and post-conviction services.

SAMHSA Grant – Laura Edmonds

Laura explained that the SAMSHA Grant funds residential treatment at NEXUS for any female participating in the specialty work program. There are currently twelve (12) participants in the program. The goal is to fund a maximum of thirty-six (36) participants each year. Referrals were previously limited to three (3) courts: PRIDE, DIVERT and STAC, however, in an effort to meet the aforementioned quota, referrals from other specialty court programs are being accommodated. To this end, Laura welcomed suggestions from participants on how to increase referral levels.

Janine Capetillo, SAMSHA Grant Coordinator was introduced to meeting participants. Laura stated that Janine's excellent organizational skills have been instrumental in keeping the project on track.

530 Sub-Committee – Laura Edmonds

No new funding requests were received by the 530 Sub-Committee. The Fund's balance is $136,617. The Sub-Committee is currently processing funding requests for the Texas Association of Drug Court Professionals (TADCP) conference, and drafting policies and procedures to govern the implementation of the 530 Fund.

Judge Wade added that one of the goals of the 530 Sub-Committee (a relatively new entity) is active engagement in training advocacy. Shenna Oriabure will be tasked with getting specialty court judges and their teams to access state training by providing information about application guidelines etc., and technical assistance to apply for stipends.

TADCP

Judge Wade volunteered Harry Ingram, an Assistant Public Defender, to provide a summary of events at the recently held TADCP state conference. Harry stated that he attends the conference every year, and was very pleased that this year the sessions were specifically tailored to meet the needs of the various disciplines that support the specialty courts. He found the session on ethical responsibilities particularly useful, as well as the presentation delivered by a retired probation officer from California, who provided guidance on dealing with clients, including, being cognizant of the latter's limitations and tempering expectations accordingly.

CSP Update – Alyssa Aldrich (ACS), Angie Byrd (Transicare)

ACS identified seven hundred and thirty-nine (739) clients in March and provided two hundred and eighty-seven (287) face-to-face services. A total of four thousand, five hundred (4,500) clients were identified, and more than one thousand, seven hundred (1,700) face-to-face services were provided from October 1, 2015 to March 31, 2016.

Transicare received forty-five (45) referrals in March, thirty-two (32) of whom were admitted. A total of one hundred and fourteen (114) clients were served. Five (5) clients were released from Terrell State Hospital, four (4) of whom made their seven-day provider connect, that is, an eighty-four percent (84%) connect rate.

Jail Reports

Hospital Movement (p. 24) - Brandy Coty, Judge Skemp

Brandy reported that the number of state hospital admissions increased from twenty-six (26) in March to thirty-eight (38) in April, adding that there is a longer wait time for individuals going to Vernon State Hospital. Seven individuals were admitted to that facility in April. The average wait time for males admitted to Vernon State Hospital is one hundred and eighty-one (181) days, and for females, twenty (20) to thirty (30) days. There were ninety-three (93) clients waiting to go to a state hospital at the end of April.

Judge Skemp indicated that the total numbers and referrals at the competency courts have increased. Two (2) out of three (3) clients waiting to go to the hospital do not meet the criteria for outpatient services. He added

that because the courts have a limited amount of time under the Law to deal with the competency issues of clients with misdemeanors, the long wait times for beds at the state hospitals are exacerbating an already difficult issue. Efforts are currently underway to improve this situation.

Pregnant Women - Shenna Oriabure stated that she did not have a current count of the number of pregnant women in jail, and indicated that the April figures are inaccurate because they do not include data from Parkland Hospital. She added that the primary reasons for the incarceration of pregnant women are: new offenses (mainly assaultive and drug and alcohol related offenses), followed by probation violations. It was noted that only twenty-four percent (24%) of the incarcerated pregnant women were not considered to be mentally ill (p. 26 -27, May packet).

Veterans - Shenna indicated that the veteran related information on page twenty-eight (28) of the packet is consistent with the data that she has been reporting.

Homeless Report – Shenna Oriabure
Shenna stated that the homeless report on pages thirty-one (31) to thirty-three (33) was in keeping with the information reported by Christina Gonzales. One of the participants enquired whether there had been a spike in the number of homeless people arrested since the closure of Tent City. Shenna indicated that in light of the fact that the number of jail days increased by three thousand (3,000) in May, it was reasonable to conclude that there had been a significant increase in the number of homeless individuals arrested.

Judge Wade indicated that an attendee at the last BHLT meeting who was involved in relocating people from the tent city (later revealed to be Zachary Thompson by Shenna Oriabure), stated that although approximately fifty percent (50%) of the residents had income, many of them moved to another tent city, because they did not want to pay shelter fees. She contended that fixing homelessness is not simply about dealing with monetary issues, but also about trying to change people's attitudes.

Northstar Matches – Mike Laughlin reported that Northstar matches averaged twenty-five percent (25%) of the total jail population in 2015, and have remained at twenty-five percent (25%) since January 2016. There were a total of one thousand, four hundred and eighty-seven (1,487) repeat book-ins among this group in 2016 (p. 30 of May packet).

Public Defender's Report – Paul Blocker
Paul Blocker indicated that the data provided on page thirty-four (34) of the packet is self-explanatory. He stated that the Public Defender's Office is partnering with the UNT Dallas School of Law to establish a community lawyering program. The program will be held at two (2) locations (the South Dallas area and downtown Dallas), primarily in the evening. Additional details will be provided later.

The Second Chance Community Improvement Court received a $200,000, two-year grant from the Bureau of Justice for Court Innovation. The kick-off teleconference was held on May 18, 2016. The deadline for the release of funds will be in July or August 2016. The monthly Mental Health Table Talk will be held in the Central Jury room, right before the Jail Population Committee meeting on Friday, June 10th.

District Attorney's Report – Lee Pierson
The SET program is progressing well. There are currently twenty (20) participants in the twenty-five (25) participant program. It has been difficult getting referrals. This is more than likely due to the fact that the program is relatively new.

Provider Reports

The Bridge – Jay Meaders indicated that there was a discrepancy in the Metrocare Chemical Dependency Services data. The numbers show an increase from fifty-nine (59) to four hundred (400) because a duplicate

number was included. He reported that there were forty-seven (47) housing placements in April, the second highest total for the last twelve (12) months, and forty-two (42) job placements, the highest total for the year. He added that the Bridge had assisted with the closure of Tent City, and he has been navigating the fringes of the former camp site to ensure no one is sleeping outdoors, instead of going to a shelter. Jay also indicated that Wayne Pollard (Our Calling) has a very large database on homeless and tent city sites. He will continue to collaborate with Wayne to reduce the number of homeless individuals residing in tent cities, and will try to secure him as a guest speaker for the July meeting.

Metrocare Services – Crystal Garland reported that Metrocare Services received the following referrals from the specialty courts: ATLAS: sixteen (16), Post DDRTC: twenty-four (24), STAC: seventeen (17), Misdemeanor: nineteen (19) and PRIDE: four (4). Mental health referrals have been increasing.

ACS – Alyssa Aldrich indicated that the Adapt of Texas Clinics will be permanently closed on May 20, 2016. Metrocare Services will take over the operations of the Dallas Clinic and will retain the services of the ACT team. The clinic will be closed for a week to host a boot camp, and will open with a skeleton crew during the week of May 30, 2016.

IPS Recovery – Ashley Trudell stated that in quarter one, there were on average sixteen (16) specialty court admissions per month. The April numbers were twelve percent (12%) lower than those in quarter one, and there was a fifty-two percent (52%) successful outpatient treatment episode outcome for specialty court patients, a significant accomplishment when compared to the national average of thirty-four percent (34%). (Page 44, May packet).

Problem Solving Courts

Outpatient Competency Restoration (OCR) – Brandy Coty indicated that there were twenty-three (23) misdemeanor OCRs at the beginning of May. Three consumers were placed in OCR and there were five (5) dispositions (p. 46, May packet).

DIVERT – Keta Dickerson reported that there were one hundred and fifty-five (155) participants in the DIVERT program at the beginning of April, fourteen (14) admissions, three (3) unsuccessful discharges and six (6) graduates, resulting in a total of one hundred and sixty (160) participants at the end of the month. The program is currently at full capacity and will be unable to accept referrals until July 2016. She added that Mr. Blocker will be the guest speaker at a program on Saturday, May 21, 2016, to commemorate National Drug Court month.

Judge Wade commented on Keta's willingness to help others, and the great work that she has done helping employees interested in attending the state conference (even though this is not one of her responsibilities) to complete the stipend application forms, etcetera.

Specialty Courts CSCD – Serena McNair

Serena McNair reported the following 'end of month' numbers for the Probation Department for April: DDC - forty-eight (48), ATLAS – twenty-nine (29), STAR – fifteen (15), Mental Health - fifty-nine (59), SET A & B – two hundred and forty-two (242).

Adjournment: The meeting was adjourned at 9:20 am. The next meeting will be held on Friday, June 17th at 8:30 am.