

**Dallas County Behavioral Health Leadership Team**

**Thursday, March 9, 2017**

**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. Funding Opportunities
  - SAMSHA Residential Treatment Grant Update
  - Grants for the Benefit of Homeless Individuals (GBHI)
  - Justice and Mental Health Collaboration Program
  - Community Courts Grant Update (Public Defender's Office)
- III. Review/ Approval of Minutes from last meeting
  - \*Minutes February 9, 2017
- IV. NTBHA Update
  - Transition De-Brief
  - Challenges
  - Next Steps
- V. The Stepping Up/ Caruth SMART Justice Initiative Update
- VI. Dallas County Behavioral Health Housing Workgroup
- VII. 1115 Waiver Crisis Services Project Update
- VIII. Legislative Update
- IX. Upcoming Events and Notifications
- X. Public Comments
- XI. Adjournment

\* Indicates items requiring approval from Dallas County Behavioral Health Leadership Team

**Department of Criminal Justice  
FY2017 SAMHSA Grant Project**

	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	FY2017 Total	FY2016 Total
<b>Number of New Admissions</b>	8	4	1	3	7	2							25	33
<b>Number of Successful Completions</b>	3	6	2	5	0	0							16	24
<b>Number of Unsuccessful Completions</b>	1	1	0	0	1	0							3	9
<b>Average Days in Jail from Referral to Admission</b>	5	6	3	4	6	4							5	4
<b>Number of New Admissions on ELM</b>	6	3	1	2	7	2							21	12
<b>Program Referral Follow-Ups by Type (running total per year)</b>														
Active In Court Program													8	11
Active In Treatment at Nexus													11	N/A
In Jail													2	2
Re-Arrested and Released to Community													0	6
Re-Arrested and Released to Further Treatment													1	3
Active Warrant													3	6

## **Funding Opportunity to Benefit Homeless Individuals**

The Substance Abuse and Mental Health Services Administration (SAMHSA) has announced a new grant opportunity titled, *Grants for the Benefit of Homeless Individuals (GBHI)*. The purpose of this grant program is to support the development and/or expansion of location implementation of community infrastructures that integrates behavioral health treatment and services for substance use disorders (SUD) and co-occurring mental and substance use disorders (COD), permanent housing, and other critical services for individuals (including youth) and families experiencing homelessness.

SAMHSA funds will support three primary types of activities: 1) behavioral health and other recovery-oriented services; 2) coordination of housing and services that support the implementation and/or enhance the long-term sustainability of integrated community systems that provide permanent housing and supportive services to the target population; and 3) efforts to engage and connect clients who experience SUDs or CODs to enrollment resources for health insurance, Medicaid, and mainstream benefits programs (SSI, SSDI, SNAP, etc.)

Eligible applicants include: Domestic public and private nonprofit entities, such as local governments; Public or private universities and colleges; Community and faith-based organizations; Tribal organization/recognized body of any AI/AN tribe

**Award Ceiling:** \$400,000

**Anticipated Award Amount:** Up to \$400,000 per year

**Expected Number of Awards:** 24

**Length of the Project:** Up to 5 years

**Closing Date for Applications:** April 25, 2017

**Funding Opportunity Number:** TI-17-009

For additional information, please visit [www.samhsa.gov/grants/grant-announcements/ti-17-009](http://www.samhsa.gov/grants/grant-announcements/ti-17-009)

## Justice and Mental Health Collaboration Funding Opportunity

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP) Bureau of Justice Assistance (BJA) is seeking applications for funding for the *Justice and Mental Health Collaboration Program (JMHCP)*. This program furthers the Department's mission by increasing public safety through innovative cross-system collaboration for individuals with mental illness who come into contact with the juvenile or adult criminal justice system. The JMHCP supports innovative cross-system collaboration to improve responses and outcomes for individuals with mental illnesses or co-occurring mental health and substance abuse disorders who come into contact with the justice system.

This grant solicitation specifically seeks to increase early identification and front-end diversion with early intercept points within the justice system. This program seeks to increase the number of justice, mental health, and community partnerships; increase evidence-based practices and treatment responses to people with behavioral health disorders in the justice system; and increase the collection of health and justice data to accurately response to the prevalence of justice-involved people with mental health and co-occurring substance use disorders. Eligible applicants are limited to states, units of local government, and federally recognized Indian tribal governments.

### There are three types of grants supported under JMHCP:

- **Category 1: Collaborative County Approaches to Reducing the Prevalence of Individuals with Mental Disorders in Jail:** Grantees will demonstrate a system wide coordinated approach to safely reduce the prevalence of individuals with mental disorders in local jails.
  - **Grant Amount:** Up to \$200,000
  - **Project Period:** 24 months
  - **Completion ID:** BJA-2017-11381
- **Category 2: Strategic Planning for Law Enforcement and Mental Health Collaboration:** Grantees will design their community's law enforcement mental health collaboration strategy to improve responses to, and connections to services, by conducting a comprehensive agency assessment of policy and practice, developing an agency training plan, and building and maintaining a data collection system, and partnering with mental health and the community.
  - **Grant Amount:** Up to \$75,000
  - **Project Period:** 12 months
  - **Completion ID:** BJA-2017-11382
- **Category 3: Implementation and Expansion:** Grantees will implement targeted mental health and justice system interventions to address the needs of individuals with mental disorders or expand upon (or improve) well-established mental health and justice system collaboration strategies to address the needs of individuals with mental health disorders and to improve public safety.
  - **Grant Amount:** Update to \$300,000
  - **Project Period:** 24 months
  - **Completion ID:** BJA-2017-12123

**Closing Date for Applications:** April 4, 2017



Dallas County  
Behavioral Health Leadership Team  
Meeting Notes  
Thursday, February 9, 2017

**Welcome and Call to Order**

The meeting was called to order by Commissioner John Wiley Price at 9:31 AM.

**Review/Approval of Minutes**

The minutes of the BHLT meeting held on December 8, 2016, were included in the meeting packet. A motion made by Ken Medlock to accept the minutes was seconded by Doug Denton. The committee members voted to approve the minutes with no modifications.

**Introductions and Absent BHLT Members:** Lynn Richardson (Chief Public Defender) and Sam Bates (NAMISSD) were unable to attend the meeting due to prior engagements. Janie Metzinger was also unable to attend the meeting.

**NTBHA Updates:**

- **Transition De-Brief:** Carol Lucky stated that the transition has gone smoothly; however, there have been issues with lack of bed space for consumers. Ms. Lucky thanked Scott Black, Transicare CEO, for managing the front door and providing consumers with transportation.
- **Challenges:** ABC will be closing their doors on February 28<sup>th</sup> which will affect about 500 patients a month. Ms. Lucky stated that this was not a NTBHA problem but was a decision made by the owners. Several providers reached out to the provider; however, it was decided that they would close the clinic. Metrocare & Child and Family Guidance are looking at sub-contract arrangements and making sure that clients have transitioned into the proper care. Another issue is NTBHA does not have enough mental health hospital beds. NTBHA is currently looking at additional hospitals and having current network hospitals open up extra units to help accommodate the consumers. Another challenge they are facing is looking at how they can strengthen their system, in regards to crisis and out-patient providers (mental and behavioral health).
- **Next Steps:** NTBHA will start analyzing what has been spent and the next steps so that they may plan for both scenarios of losing or maintaining the funds September 1, 2017. NTBHA is currently meeting with Parkland to discuss and develop a partnership for match funds and prescription opportunities. NTBHA received Value Options underspend funds; however, the process for receiving the funds has been slow and difficult to move forward. The budget has been approved; however, there is a tight turnaround on the deadline to spend the funds by August 31. They have also received supported housing funds (\$122,000) and the goal is to target short-term (3 months) housing assistance. Ms. Lucky stated that they are not looking at anything longer since it is unknown if funding will renew. Commissioner Price asked what was the appropriation for supportive housing. Ms. Lucky advised the committee that it is about \$450,000 plus the \$122,000. Commissioner Daniel stated that she had spoken with Andy Keller with Caruth and he has been working on obtaining additional beds and he feels that after talking with individuals in the House and Senate that there will be additional beds added.

**Stepping Up Initiative Update/Caruth Grant:**

Meadows Mental Health Policy Institute (MMHPI) and its partner's implementation of the project which began in January, is aligned with supporting the North Texas Behavioral Health Authority (NTBHA) transition. Dr. Jacqualeene Stephens reported that the MMHPI staff continues to provide technical assistance to stakeholders with the Dallas Fire-Rescue Department (DFR) and the Dallas Police Department (DPD) as they coordinate efforts to identify programming and logistical needs. Both Departments have completed Statements of Work (SOW) and will be taking this to the city council in February. There are three work groups that are finalizing procedures in preparation of their joint training which will take place in February. Dr. Stephens also informed the members that there will be a training for the felony and misdemeanor Judges on February 24<sup>th</sup>. Mr. Hykel asked who the judges are being asked to attend this training. Mr. Stretcher explained that all judges were being invited in particular to learn more about the Tools for Measurement of Assertive Community Treatment (TMACT). Mr. Hykel questioned if the Public Defender's Office was involved in this training. Mr. Stretcher explained that this training was just for the judges and future trainings will be scheduled.

**Behavioral Health Housing Work Group (BHHWG) Update:**

Commissioner Daniel advised the members that BHHWG continues to focus on housing and related support services designed to safely divert individuals away from the jails and emergency rooms. BHHWG continues to work on increasing emergency shelters while working on not reinforcing silos. Commissioner Price asked if anyone from the group had spoken to Mr. Troy Broussard, Dallas Housing Authority, about changes amid the new administration. Mr. Stretcher stated Mr. Broussard had not heard anything; although, changes may be soon to come. Mr. Stretcher advised the members that he has submitted a briefing to Commissioners Court on the partnership with the Commission on Homelessness. The core board will include community stakeholders from Veteran Affairs, NTBHA, Greater Dallas Apartment Association, the Real Estate Council, Hospital District, and Housing Authority. The consensus is to move forward with developing the agency and assigning two board co-chairs, one representative from the County and one from the City.

**1115 Waiver Crisis Services Project (CSP) Update:**

Charlene Randolph stated that the monthly reports had been provided to the committee and was located in the packet. CSP continues to exceed its monthly service goals and they have served 1,876 unique clients this demonstration year. There was a connection rate of 81.2% of the forensic clients being discharged for Terrell State Hospital. The Health and Human Services (HHSC) has submitted its proposal to Centers for Medicare and Medicaid Services (CMS) for a 21-month year extension for the Waiver. There will be a webinar regarding protocols and funding mechanisms that HHSC is proposing to CMS. Mrs. Randolph will keep the committee informed on any decisions that are made. CSP also continues to work with its partners to help coordinate housing that is available. CSP continues to help with the Caruth initiative.

**Legislative Update**

Mr. Stretcher informed the committee that the bridge funding was not included in the NTBHA budget. The NTBHA budget does include funding for mental health services in the amount of \$8.4 million a year to cover the cost of continuing to serve clients. The bridge funds allow services to continue uninterrupted through the transition and the end of the current fiscal year (8/31/17). If this funding is not restored to the FY2018 budget, at least 5,000 clients will no longer receive mental health services. After some additional discussion, Commissioner Price informed the committee of our representatives of the Dallas delegation, which are Eric Johnson and Linda Cooper.

**Funding Opportunities:**

- **SAMSHA Grant Update:**

Laura Edmonds reported that the program is currently in its fifth month into its second year of operation and has received nineteen (19) referrals and one client leaving Monday. Mrs. Edmonds explained that this was a very positive update, seeing that the program goal is thirty-six (36) referrals per year.

**Community Courts Grant Update (Public Defender's Office):**

- No updates were given to the members.

**Upcoming Events and Notifications:**

Mr. Stretcher informed the members of Senate Bill 4 (<https://legiscan.com/TX/text/SB4/2017>) and stated that the county may come up against some issues with its existing grants. After some discussion led by Commissioners Price and Daniel on the issues of Senate Bill 4, the committee was informed that Dallas County has been and is currently in compliance with DHS. The Office of the Governor's Criminal Justice Division has received the required document from Sheriff Lupe Valdez that is required for Dallas County Departments to be considered for grant funding for the next two fiscal years.

**Adjournment:**

The meeting was adjourned at 10:16am.

## **Meadows Mental Health Policy Institute**

### **Community Stakeholder Project Status Update – March 2017**

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The Caruth Smart Justice Planning Grant Phase II Proposal was submitted to the W.W. Caruth, Jr. Foundation at the Communities Foundation of Texas on July 15, 2016, followed by the board presentation on September 27, 2016. On October 5, 2016, the trustees of the W.W. Caruth Foundation at the Communities Foundation of Texas approved the grant proposal, which will enable the Meadows Mental Health Policy Institute to work closely with Dallas County, the City of Dallas, and a broad array of partners to implement the Dallas County Smart Justice Project.

MMHPI and its partners' implementation of this project began in January 2017 and is aligned with supporting the North Texas Behavioral Health Authority (NTBHA) transition. We will continue to engage local and state philanthropists to seek matching funds to support implementation. Additionally, we continue to seek the support of local private hospital providers to help bridge the gap between the private health care system and the public behavioral health and criminal justice communities.

#### **Intercept 1 (Law Enforcement)**

The MMHPI staff continues to provide technical assistance to stakeholders with the Dallas Fire-Rescue Department (DFR) and the Dallas Police Department (DPD) as they coordinate efforts to identify programming and logistical needs. Both DPD and DFR have completed statements of work (SOW). The drafting of DPD and DFR job descriptions have been completed. The job descriptions and statement of work (SOW) will be presented to the City Council in mid-March for final approval. DPD and DFR will continue drafting policies for their perspective departments. During the next Intercept I meeting, which is scheduled for March 10, 2017, the DFR/DPD leadership will meet with the clinical team leads.

#### **Intercept 2 (Initial Detention/Initial Court Hearings) / Intercept 3 (Jails/Courts) / Intercept 4 (Re-Entry)**

With the award of the Caruth implementation grant, the three work groups with the Dallas County Criminal Justice Department continue to complete the key tasks to implement the grant and are moving toward a pre-launch training session for all stakeholders.

The judges have reviewed the new standing court orders needed for the implementation and they will make approval decisions on these at their monthly meeting in March 2017. A new Smart Justice MOU was signed between the District Attorney and the Public Defender in order to safely release more defendants with mentally illness. The judges participated in a jail tour to familiarize themselves with the flow of new bond release opportunities and processes within the grant.



## **Caruth Smart Justice Planning Grant, Community Stakeholder Project Status Update**

A new protected health information sharing agreement was completed between Parkland Hospital and treatment providers, allowing for improved continuity of care, treatment engagement, and outcomes.

On February 24, 2017, MMPHI and the Dallas County Criminal Justice Department conducted a scaled-down training on the Risk/Need/Responsivity model and the TMACT for both felony and misdemeanor court judges. The training of pre-trial staff on new bond interviews, risk assessments, and supervision are being completed. A beta launch of the new implementation processes is planned for April 17, 2017.

### **Intercept 5 (Community Corrections and Services)**

With support from the MMHPI team, Dr. Maria Monroe-DeVita (author and developer of the TMACT model), conducted a TMACT training on February 9 and 10, 2017 for approved ACT and FACT teams.

The statement of work (SOW) has been completed for Intercept 5 and, once the budget is finalized, it will be forwarded to the City Council for final approval.

**Dallas County Behavioral Health Housing Work Group**  
**Dallas County Administration, 411 Elm Street, 1<sup>st</sup> Floor, Dallas Texas 75202**  
**February 22, 2017 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; Zachary Thompson, DCHHS; Courtney Clemmons, NTBHA; Joshua Cogan, Outlast Youth; Heloise Ferguson, VA; Blake Fetterman, Salvation Army; Thomas Lewis, DCHHS; Ellen Magnis, Family Gateway; Jim Mattingly, LumaCorp; James McClinton, MDHA; Janie Metzinger, MHA; Ikenna Mogbo, Metrocare; Sarah Massey, The Bridge; Shenna Oriabure, CJ; Sandy Rollins, Texas Tenants Union; Charletra Sharp, City of Dallas; Dr. Jacqualene Stephens, MMHPI; Joyce White, Transicare; Atoya Mason, VA; Dr. David Woody, The Bridge; Nya Watson, City of Dallas; Germaine White, Dallas County; Claudia Vargas, Dallas County; Erin Moore, Dallas County; Elvira Gonzalez, Dallas County; and Terry Gipson, Dallas County

**GUESTS:** Constance Lacy, UNT Dallas and Volunteers of America Texas attendee

**CALL TO ORDER:** Minutes approved with no change. Nya Watson's name was updated to reflect correct spelling.

**GOVERNANCE REPORT:** Commissioner Theresa Daniel

Dallas Area Partnership to End and Prevent Homelessness: Dallas County Commissioners Court voted to support the Dallas area partnership on February 21, 2017. The partnership will combine Dallas County and City of Dallas efforts towards this end.

Federal & State Legislative Update: Mental health is reportedly a priority for the state but is currently not reflected as such in the budget. Providers are encouraged to contact their state legislators to advocate on behalf of continued funding for mental health services. Specifically, in support of the 8.4 million dollars allocated to NTBHA for the NorthSTAR transition. This funding is necessary to maintain the current level of service in the Dallas region and to prevent having waitlists in the future.

Blake Fetterman shared an update in Veterans Affairs funding priorities. The National Grant and Per Diem (GPD) Program is shifting away from traditional 2-year term transitional housing and is moving towards funding clinical treatment, low demand housing, bridge housing and respite services. National GPD is terminating existing contracts with providers but allowing them to reapply under the updated funding guidelines. Salvation Army and Union Gospel Mission are the only GPD providers in Dallas and will reapply for GPD funding under different models. Heloise Ferguson elaborated that Fort Worth has three GPD providers and that GPD awards funding to the DFW region based on the level of need. Changes are based on the national length of stay benchmark of 9 months; that number has reportedly dropped. Veteran Affairs is placing emphasis on permanent housing, treatment, and wraparound services. Additionally, changes are aimed at diversifying services available to veterans. More budget changes are anticipated in 2017 and 2018.

Timeline Review: The timeline is a working document intended to provide a to-date snapshot of activities being carried out by providers. The BH/HWG will continue to review and update the timeline to avoid duplication of services. For example, a recent activity is Catholic Charities joining efforts with a developer for tax credit housing units.

## DEVELOPMENT ACTIVITIES

1. Dawson Jail: no additional updates. Facility is not suitable for PSH.
2. Medical Respite Services: Initial efforts with The Bridge were to create medical respite beds for short-term stay. These efforts revealed a greater need for individuals with long-term, chronic needs. The Bridge is building on its work plan and is still reviewing how to best utilize existing space, expanding wraparound services and on-site paramedic services. Discussions around staffing needs are in process with Parkland Mental Health and EMS.
3. Crisis Residential: Homeward Bound is in the process of relocating. A potential site is pending review. NTBHA funding is available for use as soon as Homeward Bound finds a new location. NTBHA is helping Homeward Bound identify a space that will allow for increased crisis respite beds.
4. TDHCA: no new updates.

## RESOURCES

Shelter Discussions: Shelter Executive Director's continue to meet to work towards streamlining their inclement weather policy. Area shelters want to decrease issues during times of inclement weather and identify additional needs. Priorities for the coming year will also be identified.

NTBHA: Approximately \$2 million in housing bridge funds for crisis services is still in process. Around \$200,000 in additional funds has been earmarked for permanent supportive housing (PSH). Funds must be encumbered by September 1<sup>st</sup> of this year. Myrl Humphrey, previously with ABC Behavioral Health, is newly on board with NTBHA as a Housing Specialist and will start this February 2017.

Housing Navigator: Joyce White continues to meet with critical stakeholder to assess needs. Ms. White is meeting with DCCJ to learn the department's case management process. A few databases are currently used to store data on individuals involved in the criminal justice system. Infrastructure development for housing development will require tracking data in a more controlled manner and creating a database to track specific metrics. Ms. White is working closely with DCCJ to streamline data collection for purposes of the housing inventory. In order to provide meaningful outcomes the database will ideally identify people who have returned to the system as well as individuals who are new to the system and whether there is a difference in outcomes after receiving services.

Caruth Smart Justice: Clinical providers who will be providing services in ACT and FACT have been identified: Child and Family Guidance, Metrocare, and Transicare. Clinical providers recently attended a major training with national experts.

MMHPI will add a resource guide to their website for the interim; it will be a static list of housing availability, affordable housing, and tips for clinical providers and the general community. The housing list will be specific to the Caruth Smart Justice target population, individuals involved with the criminal justice system. Housing databases exist but they are not tailored to the target population, which has stricter housing needs than the general population. It is not clear whether PCCI and HMIS will have a housing availability component. Follow-up conversations are needed to confirm because it is important to create a comprehensive database that will serve a variety of needs for diverse populations. There are concerns that information silos may resurface if housing lists are created independent of each other. Housing availability will continue to be a challenge if there is not a comprehensive way to track it and to establish processes to house individuals with criminal backgrounds or who need support services.

Challenges in housing individuals with backgrounds will continue to exist with landlords unless there are agencies willing to assume the business and credit risk on behalf of landlords and assume responsibility for wraparound services. Landlords will continue to screen backgrounds. While mainstream housing may not be a solution for all homeless individuals, it can address a portion of the population.

## PROJECTS and INDUSTRY UPDATES:

- Homeless Jail Dashboard: Numbers are unduplicated and based on individuals who reported a homeless address or shelter address.
- The Cottages: 42 individuals are currently housed; 8 are waiting to be housed. The Cottages are at capacity and not accepting referrals. Referred individuals will be waitlisted.

- Veterans Affairs: Ikenna Mogbo provided an update on new transitional housing efforts around Veterans Affairs in Dallas. A veterans service organization (VSO) based out of San Antonio has applied for a Support Services for Veteran Families (SSVF) grant to provide transitional housing for up to 200 veterans. Operation Homes is another agency working to provide housing for veterans in Dallas and is currently working on establishing up to 40 units for wounded veterans. Additionally, Metrocare applied for a \$3 million grant under SB 55 funding to provide veterans services, connect veterans to mental health services, and provide housing. The Dallas area has been identified as having a gap in veterans' services. Metrocare Dallas was selected as a provider for a new Steven A. Cohen Military Family Clinic to address the needs of 911 veterans and pre-911 veterans.
- UNT at Dallas: Constance Lacy is UNT Dallas' Dean of Human Services. UNT Dallas wants to join the BH/HWG. Masters level students in Counseling and undergraduate Human Services students are involved with local homeless efforts. UNT Dallas has a mental health clinic where graduate students practice and is available for service.
- Family Gateway: The Board of Directors and Staff are going through a mission change which focuses on keeping people from going into homelessness. Family Gateway has reclassified transitional beds as emergency beds because it no longer receives funding for transitional beds.
- Outlast Youth: The proposed Dallas Area Partnership needs a representative to speak on behalf of homeless youth. Homeless youth have their set of unique needs and engagement strategies. Ms. Lacy adds that UNT Dallas is serving homeless students enrolled in the university. The university is looking to create a dormitory in addition to the food pantry and hygiene services already offered.

***Next Meeting: Wednesday, March 22, 2017, at 10:00 am***

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



# Crisis Services Project

CSP Total

CSP Monthly Report DY6\_No Graphs

Last Refresh: 2/12/17 at 8:49:46 AM GMT-06:00

	Past Year Avg	2016-10	2016-11	2016-12	2017-01	Average:	Sum:
Total Service Episodes:	768	704	717	552	695	667	2,668
Total Unique Consumers:	589	696	672	478	594	610	2,440
% Change to DY 4		118.17%	114.09%	81.15%	100.85%		

Total Encounters by Type:		2016-10	2016-11	2016-12	2017-01	Average:	Sum:
Triage		704	717	552	695	667	2,668
Care Coordination		2,736	2,532	2,304	2,627	2,549.75	10,199
F2F Encounter		242	255	252	211	240	960
Sum:		3,682	3,504	3,108	3,533	3,456.75	13,827



	2016-10	2016-11	2016-12	2017-01	Average:	Sum:
<b>Service Episodes:</b>	704	717	552	695	<b>667</b>	<b>2,668</b>

	2016-10	2016-11	2016-12	2017-01	Average:	Sum:
<b>Unique Consumers:</b>						
By N* ID	635	665	469	587	<b>589</b>	<b>2,356</b>
By Client ID	61	7	9	7	<b>21</b>	<b>84</b>
<b>TOTAL Unique Consumers:</b>	<b>696</b>	<b>672</b>	<b>478</b>	<b>594</b>	<b>610</b>	<b>2,440</b>
<b>TOTAL Unique Consumers as %:</b>	<b>98.86%</b>	<b>93.72%</b>	<b>86.59%</b>	<b>85.47%</b>		

	2016-10	2016-11	2016-12	2017-01	Average:	Sum:
<b>Unique F2F:</b>						
By N* ID	188	220	189	151	<b>187</b>	<b>748</b>
By Client ID	37	3	6	1	<b>11.75</b>	<b>47</b>
<b>TOTAL Unique F2F:</b>	<b>225</b>	<b>223</b>	<b>195</b>	<b>152</b>	<b>159</b>	<b>795</b>
<b>TOTAL Unique F2F as %:</b>	<b>92.98%</b>	<b>87.45%</b>	<b>77.38%</b>	<b>72.04%</b>		

	2016-10	2016-11	2016-12	2017-01	2017-02		Average:	Sum:
<b>F2F Percentages:</b>	34.38%	35.56%	45.65%	30.36%			<b>36.49%</b>	<b>145.95%</b>



# Crisis Services Project

Frank Crowley

CSP Monthly Report DY6\_No Graphs

Last Refresh: 2/12/17 at 8:49:46 AM GMT-06:00

<u>Encounters by Type:</u>	2016-10	2016-11	2016-12	2017-01	Average:	Sum:
Triage	704	717	552	695	667	2,668
Care Coordination	2,736	2,532	2,304	2,627	2,549.75	10,199
F2F Encounter	242	255	252	211	240	960
<b>TOTAL Encounters:</b>	<b>3,682</b>	<b>3,504</b>	<b>3,108</b>	<b>3,533</b>	<b>3,456.75</b>	<b>13,827</b>

<u>Female:</u>	2016-10	2016-11	2016-12	2017-01	Average:	Sum:
Black	100	100	86	69	88.75	355
Hispanic	20	30	18	24	23	92
Other			2	1	1.5	3
Unknown	1	1	2		1.33	4
White	64	53	47	46	52.5	210
<b>TOTAL Female:</b>	<b>185</b>	<b>184</b>	<b>155</b>	<b>140</b>	<b>166</b>	<b>664</b>

<u>Male:</u>	2016-10	2016-11	2016-12	2017-01	Average:	Sum:
Black	291	295	189	261	259	1,036
Hispanic	74	57	44	51	56.5	226
Other	6	2	2	6	4	16
Unknown	3	9	3	9	6	24
White	136	123	85	125	117.25	469
<b>TOTAL Male:</b>	<b>510</b>	<b>486</b>	<b>323</b>	<b>452</b>	<b>442.75</b>	<b>1,771</b>



<u>Gender Not Collected:</u>	2016-10	2016-11	2017-01	Average:	Sum:
Unknown	1	2	2	1.67	5
<b>TOTAL Gender Not Collected:</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>1.67</b>	<b>5</b>

<u>Age of Triage Encounters:</u>	2016-10	2016-11	2016-12	2017-01	Average:	Sum:
	696	672	478	594	610	2,440
<b>TOTAL Age of Triage Encounters:</b>	<b>696</b>	<b>672</b>	<b>478</b>	<b>594</b>	<b>610</b>	<b>2,440</b>

<u>Age of F2F Encounters:</u>	2016-10	2016-11	2016-12	2017-01	Average:	Sum:
	225	223	195	152	198.75	795
<b>TOTAL Age of F2F Encounters:</b>	<b>225</b>	<b>223</b>	<b>195</b>	<b>152</b>	<b>198.75</b>	<b>795</b>



Triage 12	2,440
Recidivism 12-12	233
Recidivism 12-12%	9.55%

Triage 6	2,440
Recidivism 6-6	233
Recidivism 6-6%	9.55%

Triage 6	2,440
Recidivism 6-12	233
Recidivism 6-12%	9.55%

	October	November	December	January	February	March	April	May	June	July	August	September
Triage 12-12	696	1369	1846	2440								
Recidivism 12-12	10	79	151	233								
Recidivism 12-12%	1.44%	5.77%	8.18%	9.55%								
Triages 6-6	696	1369	1846	2440								
Recidivism 6-6	10	79	151	233								
Recidivism 6-6%	1.44%	5.77%	8.18%	9.55%								
Triage 6-12	696	1369	1846	2440								
Recidivism 6-12	10	79	151	233								
Recidivism 6-12%	1.44%	5.77%	8.18%	9.55%								

**Transicare Reporting**  
**Crisis Services Project**

		2016-10	2016-11	2016-12	2017-01
1	<b>Beginning Census</b>	115	115	106	106
2	REFERRALS	46	33	32	22
3	<b>Admissions</b>				
4	<b>Referred Admitted</b>	<b>19</b>	<b>18</b>	<b>16</b>	<b>8</b>
5	No Admit Client Refusal	2	1	1	2
6	No Admit Criteria	1	1	3	0
7	No Admit Structural	2	6	2	2
8	Pending	22	7	10	10
9	<i>PRIOR PENDING</i>				
10	<b>Pending Admitted</b>	12	16	2	4
11	No Admit Client Refusal	3	3	4	1
12	No Admit Criteria	2	1	1	1
13	No Admit Structural	0	4	3	4
14					
15	<b>Total Admissions</b>	<b>31</b>	<b>34</b>	<b>18</b>	<b>12</b>
16					
17	<b>Discharges</b>				
18	Success Transfer	7	3	4	2
19	DC Midterm Disengage	12	16	6	2
20	DC Rapid Disengage	6	6	2	4
21	DC Structural	6	18	10	9
22	<b>Total Discharged</b>	<b>31</b>	<b>43</b>	<b>22</b>	<b>17</b>
23	Active End Of Month	115	106	102	101
24					
25	<b>Outcome Data</b>				
26	<i>Terrell State Hospital Linkages</i>				
27	≤7 Connect To Prescriber	1	6	2	1
28	≤30 Connect To Prescriber	0	0	0	0
29	Missed Metric	1	1	0	0
30	Total Released	2	7	2	1
31					
32	<b>Cummulative ≤7 Connect %</b>	<b>50.0%</b>	<b>77.8%</b>	<b>81.8%</b>	<b>90.0%</b>
33	<b>Cummulative ≤30 Connect %</b>	<b>50.0%</b>	<b>77.8%</b>	<b>81.8%</b>	<b>90.0%</b>
34	<b>Missed Metric</b>	<b>50.0%</b>	<b>22.2%</b>	<b>18.2%</b>	<b>10.0%</b>
35	<i>Unduplicated Served</i>				
36	<b>Monthly Unduplicated</b>	<b>141</b>	<b>141</b>	<b>124</b>	<b>110</b>
37	DSRIP YTD Unduplicated Served	141	180	209	227
38					
39	<i>Encounter Data</i>				
40	F2F Encounter	847	841	730	686
41	Care Coord	212	151	125	73
42	Total	1059	992	855	759

## Forensic Diversion Unit (FDU) Report

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec - 17
<b>Beginning Census</b>	<b>47</b>											
<b>Number of Referrals Received from CSP</b>												
Adapt	7											
Metrocare	0											
Transicare	0											
DA	0											
<b>Number of Admissions</b>	5											
<b>Number Discharged</b>	0											
<b>Number not admitted due to:</b>												
Client qualifies for ACT	0											
Client qualifies for other programs	1											
Client didn't meet level of need required	0											
Other reasons	0											
<b>Average Service Utilization:</b>												
Average hours seen	7.22											
<b>Encounter Breakdown:</b>												
Face to Face	254											
Service Coordination	193											
<b>Number of clients accessing:</b>												
Emergency Room (medical)	0											
23-hour observation (psych)	1											
Inpatient (med/ psych)	0											
Jail book-in	10											
<b>Reasons for Discharge:</b>												
Graduate												
Client Disengagement	2											
Extended Jail stay (case-by-case basis)												
Other Intervening factors												
<b>End of Month Stats:</b>												
Number of Active FDU clients end of month	<b>46</b>											
Number of Unique Consumers	2											
# of clients waiting to be released from jail	11											
Average Length of stay on FDU (month)	12.27											
<b>Maximum Census</b>	<b>46</b>											

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

## FEBRUARY 2017 Monthly Report

Dallas County Crisis Services Program	Program Specific and Systems Update	Summary of NTBHA's Monthly Activities	Action Items/Concerns
1	<b>Adapt Community Solutions (ACS)</b> – Targets member released from jail using ACS to ensure continuity of care	Conducted case consultations on approximately 14 referrals.	Not Applicable
2	<b>Transicare Post Acute Transitional Services (PATS)</b> – Targets high utilizers released from jail with more intensive need to ensure continuity of care	<p>Provided case consultation and clinical support during PATS clinical rounds.</p> <p>Informed Transicare/IPS of TRN process.</p> <p>Resolved Rx issue for 2 consumers.</p>	Not Applicable
3	<p><b>ACT Forensic Diversion Unit (FDU)</b> – Provides ACT services for high utilizers of the legal system.</p> <p>Responsible for approving evaluations of FDU referrals and FDU oversight</p>	<p>Clinical review of cases for appropriate LOC recommendations on 11 FDU referrals, 10 of which approved.</p> <p>Reviewed 9 recovery plans. There was no MD consult during this reporting period.</p>	Next FDU meeting TBA (sometime in May)
4	<b>CSP – Cottages Project</b> – Housing complex of 50 cottages that provides housing, mental health assessments and counseling for clients categorized as high utilizers of MH and judicial systems	No information to report at this time as there were no new referrals directed to me this month.	Not Applicable

Sibi Powers, M.MFT, LMFT, LCDC  
Care Manager – Dallas County Crisis Service Project



**DALLAS COUNTY, TEXAS**  
**Minutes of the Behavioral Health Steering Committee (BHSC) Meeting**  
**Thursday, February 16, 2017**

**Call to order and Introductions**

The meeting was called to order by Judge Wade at 8:35 am. 27 staff and providers in attendance with names available on the meeting sign-in sheet.

**Minutes review and approval**

The **minutes** from the last BHSC meeting held from January 19, 2017, were reviewed and approved following a motion and second by Harry Ingram and Enrique Morris. No discussion or corrections. Motion unanimously passed and minutes approved without objection.

**Guest Speaker – Lance Hughes**

Lance Hughes, Manager of Children's Programs and Five Star Kids at the Betty Ford Center passed out program materials and provided a lengthy presentation on their programs, criteria, referral procedures, resources, and requests for new participant referrals. Several questions about the programs were answered by Mr. Hughes, and program materials and pamphlets were given to attendees.

**Caruth Grant:** Mike Laughlin provided a summary of the MMHPI materials in the packet (pages 5-6) regarding the Caruth Smart Justice Grant (see February 2017 Update in packet). The 5-year, \$7 million Implementation Grant submitted by MMHPI was awarded in October 2016, and Mike gave an update on the current status and upcoming actions related to the award. Funding just began in January and all the workgroups for the Intercepts 1-5, continue to meet and complete all implementation tasks related to procedures/forms, Court orders, space/staff preparations, modified resource allocations, training curriculums/plans in order to launch implementation by April. MMHPI also just finished up TMACT provider training earlier this month on February 9-10. Enrique provided a detailed summary on the new ACT and FACT Teams as part of Intercept 5. A TMACT presentation will be made to the Judges on February 24<sup>th</sup>.

**Data and reports for BHSC – Judge Wade**

**Program and Department Updates:** The program and outcome data, updates, and reports were presented and accepted by relevant dept./agency staff for the SAMHSA Grant, 530 Subcommittee, BHLT/CSP, Public Defenders, District Attorneys, Jail reports, as well as provider reports (The Bridge, Metrocare, and IPS), and the various Problem Solving and Specialty Courts (see packet for details).

SAMHSA Grant update verbally given by Laura Edmonds on the data and activities with no changes or concerns.

Laura Edmonds presented a summary of current 530 Subcommittee activities and expenses to include February subcommittee meeting (see packet pgs. 7-8). Motion and second by Judge Skemp and Lynn Richardson for approval of

\$14,260 for upcoming TASC Conference for the 18 Court staff that was well distributed among the various Courts (compared to only 10 people attending last year). Motion passed unanimously.

**CSP stats and metrics** were reviewed, and are exceeding year-to-date for outcomes with all other service goal metrics were met. See packet pgs. 10-16 for details. Per Laura, everyone on the list get with Laura for assistance in getting expense reimbursements. Keta advised that scanners for workshop attendance will be used for tracking and eligibility for next year (including completion of evaluations).

Keta advised there would not be a conference next year since NADCP will be in Houston. Also, there will be a captiol rally on April 11 to meet with legistlatirve representatives. Also, be sure that you get a sign off from the Sheriff on all your current and future Grants for the new INS rules. Lynn advised that Dept. Heads need to sign off on several other grants like Juvenile and MH Diversion. Lengthy discussion on the current lawsuit in Dallas tied to this with outcomes and decisions still unknown.

Charlene and CSP providers continue to communicate with NTHBA to facilitate the current transition planning since the care manager and Specialty Court Aftercare Engagement Packages currently going through CSP will now be coordinated through NTBHA. Process continues to go well. HHSC has submitted request for 21 month extension with more information to follow.

**Jail and hospital movement, pregnant defendants, and homeless data and reports** were presented by Janine Capetillo and Shenna Oriabure and are found in the meeting packet on pages 17-26. Janine noted they were 2 max. security placed after a 1 year wait, and 6 other misdemeanor cases dismissed at the hospital. No further concerns or questions from the group on those items. Mike Laughlin provided the monthly CCQ match for MH prevalence which according to TLETS has risen to 44%. **All other department and agency data reports and program updates** were accepted as read, and can be reviewed in the meeting packet.

Shenna provided updated information for the Veterans to include information from Jeremy at the VETS Centers with a one-page information sheet made available and Percy was introduced as the new Case Manager. Pre-screening can occur and they can be contacted at 800-849-3597 x78955.

Lynn Richardson presented the **Public Defender** MH case data and reports (page 28 of packet) with no changes or other comments at this time.

Lee Pierson provided the **DA data updates and report from pages 29-32** with no changes or concerns.

### **Provider Reports**

**Kelly Lane from The Bridge** (pg. 33) advised that more staff is being hired to improve capacity of intensive case management and recovery care management teams. She also provided additional information continuing value of the peer support program.

**IPS:** presented their data/reports as a packet attachment. Enrique also provided updated information on national MAP standards with a Aug. 2016 NDCI Drug Courts FACT Sheet given to all participants.

**Metrocare:** Crystal Garland presented Metrocare data/reports (pg. 34) with no further comments or questions.

Specialty Court numbers were provided by Serena McNair on pages 35-39 with no further comments or concerns.

### **Announcements**

**Judge Wade** asked for announcements from the departments/agencies.

**Shenna and Laura** announced the next monthly brown bag in-services with information and guidance on Specialty Courts on the 3<sup>rd</sup> Friday from 1130-1215pm. It will be held in the Judicial Conf. Room A4-3 on 2<sup>nd</sup> floor, and this month's topic will be on Disadvantaged Populations. Judge Mays emphasized the importance of your Court program staff being culturally competent with diverse referrals, participants and criteria. Judge Wade promoted this and encouraged the DA and PD offices to attend and participate. Desert will be provided with door prizes. RSVP to Shenna via email.

**Janine** remindedf that the state has approved for NTBHA enough new Outpatient Competency funding for 12 additional OCR slots.

### **Adjournment**

The meeting was adjourned by Judge Wade at 930am. The next meeting is set for Thursday, March 16, 2017 at 830am in the same location.