

Dallas County Behavioral Health Leadership Team
Thursday, April 13, 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. Review/ Approval of Minutes from last meeting*
 - *Minutes March 9, 2017
- III. Strategic Planning*
- IV. NTBHA Update
 - Transition De-Brief
 - Challenges
 - Next Steps
- V. The Stepping Up/ Caruth SMART Justice Initiative Update*
 - Resolution- DY6 April Report and Monitoring Fee submission
- VI. Dallas County Behavioral Health Housing Workgroup
- VII. 1115 Waiver Crisis Services Project Update
- VIII. Legislative Update
- IX. 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)
 - City Panhandling
- X. Upcoming Events and Notifications
- XI. Public Comments
- XII. Adjournment

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



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

Welcome and Call to Order

The meeting was called to order by Mr. Ron Stretcher at 9:32 AM.

Funding Opportunities:

- **SAMSHA**

Laura Edmonds reported that the program is currently in its fifth month into its second year of operation and has received twenty-nine (29) referrals and the wait time is currently 5 days. Mrs. Edmonds explained that the program goal is to target thirty-six (36) referrals per year. Ms. Edmonds then went on to discuss three different funding opportunities, which an detailed explanation of each had been provided in the packet.

- **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 services for individuals (including youth) and families experiencing homelessness. SAMSHA will support three primary types of activities: improving behavioral health and other recovery-oriented services, coordinating housing and services that support the implementation and/or enhance the long-term sustainability of integrated community systems, engaging and connecting clients who experience SUDs or CODs to enrollment resources for health insurance. Mrs. Edmonds stated that the anticipated award amount is \$400,000 per year and the closing date for applications will be April 25, 2017. Mr. Stretcher informed the members that funding from this grant could not be used for actual housing. The grant would need to be tied into housing with the focus on housing program or facility and focus on increase in service and support.

- **Justice and Mental Health Collaboration Funding Opportunity**

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 respond to 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. Mrs. Edmonds explained that the last day for applications is April 4, 2017.

- **Comprehensive Opioid Abuse Funding Opportunity**

The US Department of Justice, Office of Justice Programs and Bureau of Justice Assistance is seeking applications to plan and implement comprehensive strategies in response to the growing opioid epidemic. Mrs. Edmonds explained the six categories supported under this funding opportunity. All grant applications are due April 25, 2017.

1. Overdose Outreach Projects: Grant amount up to \$300,000
2. Technology-assisted Treatment Projects: Grant amount up to \$750,000
3. System-level Diversion and Alternatives to Incarceration Projects: Grant amount up to \$400,000
4. Statewide Planning, Coordination, and Implementation Projects: Grant amount up to \$750,000
5. Harold Rogers Prescription Drug Monitoring Program (PDMP) Implementation and Enhancement Projects: Grant amount \$400,000
6. Data-driven Responses to Prescription Drug Misuse: Grant amount up to \$600,000

- **Community Courts Grant Update:**

Public Defenders Office continues to work with their partners with Centers for Courts Intervention. The SKIP program will be going to New York in May. The committee has held two community meetings at City Square to meet with individuals that would like to be on steering committees.

Review/Approval of Minutes

The minutes of the BHLT meeting held on February 9, 2017 were included in the meeting packet (pages 5-7). A motion made by Sherry Cusumano to accept the minutes was seconded by Ken Medlock. The committee members voted to approve the minutes with one modification on page 6 (Linda Coop).

Introductions and Absent BHLT Members: Commissioner Price was unable to attend the meeting due to a prior engagement. Commissioner Daniel introduced Carlos Hernandez (Intern).

NTBHA Updates:

- **Transition De-Brief:** Carol Lucky stated that NTBHA had approved an RFP for additional hospital beds. The board approved to award three providers to begin contract negotiations (IPS, Southern Area of Behavioral Health and Homeward Bound). The funding for these three providers (IPS,SA, and HB) will be coming from the Value Options (VO) underspend funds and the funds that were received with the closing of Adapt and ABC. The process for receiving these funds has been slow and difficult. The state has stated they have approved VO underspend contracts; however, NTBHA has not received their contract.
- **Challenges:** 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 the end of the year. They have also received supported housing funds (\$247,000) which cannot be encumbered and have to be spent by the end of the year. Mrs. Lucky informed the team that Myrl Humphrey is the new representative for housing at NTBHA.
- **Next Steps:** NTBHA will start analyzing what has been spent so that they may plan for both scenarios of losing or maintaining the funds September 1, 2017. Ms. Lucky stated that they are not looking at anything longer since it is unknown if funding will be renewed. Judge Wade asked the members if they thought it would be appropriate to share how much the payment cost of injectables are with the clients. There were some additional conversations regarding this issue.

Stepping Up Initiative Update/Caruth Grant:

Meadows Mental Health Policy Institute (MMHPI) and its partner's implementation of the project which began in January 2017 is aligned with supporting the North Texas Behavioral Health Authority (NTBHA) transition. Dr. Jacqualene Stephens reported that 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 mental illness. With the support from the MMHPI team, Dr. Maria Devita (author TMACT model), conducted a TMACT training on February 9-10, 2017, for approved ACT and FACT teams. 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. Dr. Stephens informed the team that there are several

upcoming trainings. On March 10th, there will be a meet and greet and on March 23rd there will be a housing specialist training to discuss housing that is available and making clinical decisions. Mr. Stretcher stated that this will also be used to work with Myrl Humphreys and Joyce White to see what housing navigation we need and how to use it.

Behavioral Health Housing Work Group (BHHWG) Update:

Commissioner Daniel informed 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. At the last BHHWG meeting, Blake Fetterman shared an update on Veterans Affairs funding priorities. Joyce White continues to meet with critical stakeholders to assess needs. It was also reported at the meeting that the Cottages has 42 individuals currently housed with 8 waiting to be housed. The Cottages are at capacity and are not accepting referrals. Ikenna Mogbo provided an update on new transitional housing efforts around Veterans Affairs in Dallas. A Veteran Service Organization (VSO) based out of San Antonio has applied for a Support Services for Veteran Families (SSVF) grant to provide housing for up to 200 veterans. It was also reported that UNT Dallas wants to join the BH/HWG. UNT Dallas has a mental health clinic where graduate students practice and are available for service.

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 for the month of January they served 594 unique clients.. There was a connection rate of 90% of the forensic clients being discharged from Terrell State Hospital. The FACT team at Transicare are currently up and running and have exceeded the service goal for the month of February and are currently working with Meadows and Caruth to get the FACT team up and running. CSP is currently preparing for the April reporting. CSP reports twice a year in April and October. 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 few changes, in example, instead of being project focused the initiative will be more provider focused. There are still questions to be answered and after some decisions have been made we will have Christina Minter come to give a presentation to the members. CSP also continues to work with its partners to help coordinate housing that is available. Preston Looper also provided information on how recidivism for CSP is calculated.

Legislative Update

The Legislation is currently in session and are working on the budget for 2017-2018. We need to make sure that the funding restorations are in the House budget, so that basic behavioral health needs can be met in our region. NorthStar was providing about 8.4 million dollars less in indigent services than we currently have in the system. State Representative Toni Rose will be completeing a rider which restores \$8.4 million per year in the NTBHA budget. The legislature is currently looking at developing a waitlist. Without the rider of State Representative Toni Rose, 5,735 people in Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall Counties who are currently receiving needed mental health medications, therapy and services will be dropped and put on a waiting list after September 1, 2017. Mrs. metzinger requested that each person contact their State Senator, members of the House and Senate.

Adjournment:

The meeting was adjourned at 10:42am.

RESOLUTION

DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM

RESOLUTION NO: 01-2017

DATE: April 13, 2017

STATE OF TEXAS }

COUNTY OF DALLAS }

BE IT REMEMBERED at a regular meeting of the Dallas County Behavioral Health Leadership Team held on the 13th day of April 2017, the following Resolution was adopted:

WHEREAS, the Dallas County BHLT was Chartered by Dallas County on January 11, 2011 by Commissioners Court Order 2011-0701; and

WHEREAS, the Dallas County BHLT has been an effective forum for community stakeholders to collaborate in addressing the behavioral health issues facing Dallas County; and

WHEREAS, the Dallas County BHLT desires to establish a Strategic Planning Committee to review the original BHLT Charter, examine current operations, obtain broad input from the BHLT and the community, and recommend to the full BHLT any changes in the Charter, membership or operations; and

WHEREAS, the Dallas County BHLT co-chairs shall appoint members of the Strategic Planning Committee based on willingness to serve and ensuring diverse representation of key stakeholders.

IT IS THEREFORE RESOLVED that the Dallas County Behavioral Health Leadership Team established a Strategic Planning Committee with membership appointed by the BHLT Co-Chairs.

DONE IN OPEN MEETING this the 13th day of April, 2017.

John Wiley Price
Commissioner District #3
Dallas County

Dr. Theresa Daniel
Commissioner District #1
Dallas County

Dallas County Behavioral Health Leadership Team Charter

Purpose of Behavioral Health Leadership Team (BHLT)

The Dallas County Behavioral Health Leadership Team (BHLT) is empowered by the Dallas County Commissioners Court and Parkland's Board of Managers specifically to function as a single point of accountability, planning, oversight, and funding coordination for all Dallas County behavioral health services and funding streams. Behavioral health, for purposes of this document and the sphere of responsibility of the BHLT, is defined as mental health and chemical dependency.

The goal of the BHLT is to permit Dallas County to:

- leverage all of its resources (both NorthSTAR – which is less than 60% of the total – and non NorthSTAR county resources) more effectively;
- provide more empowered and coordinated representation and oversight into the functioning of the NorthSTAR system itself; and,
- create a single point of accountability and interface for Dallas County behavioral health services with the Commissioners Court, the Dallas County Hospital District (Parkland), the North Texas Behavioral Health Authority (NTBHA), and other stakeholder groups including, but not limited to: the Criminal Justice Advisory Board (CJAB), the Metro Dallas Homeless Alliance (MDHA), other County Departments, state agencies (DSHS, HHSC, TDCJ), the local legislative delegation, foundations, and consumer and family advocates;
- begin the process of forming a true authority for all Dallas County behavioral health services that ensures local control of the funding for and delivery of services, and
- ensure that Dallas County is a partner with other counties in developing a strong regional behavioral health care system.

Historical Framework for the BHLT

Funding for behavioral health care in Dallas County is highly fragmented. NorthSTAR, which provides 50 to 60% of public behavioral health care, is essentially uncoordinated with other funding streams (***Non-waiver Medicaid, Medicare***, CHIP, Veteran's Administration, juvenile justice funding, community corrections and child welfare.)

The NorthSTAR system is unique in that funding for persons with no insurance coverage is capped, yet the expectation of service access and service provision is unlimited.

While NorthSTAR has been effective in improving the efficiency of service delivery, there must be an increased emphasis on the differential needs of consumers at various points within the system. For example, pregnant women with substance abuse treatment needs and criminal justice system involvement will need a more intense level of service than other consumers. Similarly, persons entering permanent supportive housing and returning to the community after incarceration requires additional support.

The NorthSTAR system has been using essentially the same performance measures for the past ten years. These measures have not proven effective in determining how the system is meeting the needs of its consumers. Additionally, reviewing performance of the behavioral health system in Dallas County must include data from all service delivery systems.

The impoverished populations in Dallas County are growing more rapidly than the population as a whole. This has contributed to a significant increase in persons eligible for and accessing NorthSTAR services. The proportion of NorthSTAR members served in acute settings has grown by 9.4% from December 2009 through May 2010. The increase has been particularly driven by persons not currently in care.

Significant numbers of persons receive their public behavioral health services in the Dallas County jail (28.2% of adults) or through the Dallas County Juvenile Department (40% of youth). The rate of growth in the number of persons in jail waiting for behavioral health services has grown four times more than the regular jail population. Similarly, the community corrections system is experiencing increasing difficulty in providing access to treatment through its service array in a timely manner.

Dallas County's juvenile justice system is largely dependent upon county funding. Reductions in county funding have resulted in larger proportional cuts in service funding for juveniles than the overall behavioral health system.

Important steps forward have been taken for persons who are homeless, but significant work remains to be done.

System redesign efforts must take into account the known and yet-to-be known changes related to health care reform and mental health parity. For example, health care reform is expected to require improved coordination of primary health care and behavioral health care.

There is much strength within the Dallas County behavioral health system. These strengths must be the starting point for creating a single point of accountability and interface for Dallas County behavioral health services

Guiding Principals of the BHLT

- The BHLT supports the vision of the Dallas County Commissioners Court and Parkland Board of Managers to develop a system of behavioral health care for Dallas County consistent with the following principals:
 - An organized authority leads all behavioral health services, regardless of funding source
 - Service effectiveness, not only access, is contractually mandated and incentivized for all providers
 - Behavioral and physical health care are integrated
 - Data is shared among all providers in a manner that improves service effectiveness
 - A single portal provides access to all crisis services
 - The special needs of mentally ill offenders are met
 - Adequate resources are allocated to housing
 - Chemical dependency services demonstrably reduce criminal justice system involvement and substance use
 - Children's services are family-centered and systems-oriented
- The BHLT will review the TriWest/Zia Partners assessment of behavioral health delivery in Dallas County and use it as a "road map" for developing action plans.

- The BHLT will be a locus for quality improvement in behavioral health services in Dallas County. The BHLT will work with the clinical operations teams and other stakeholders to identify performance indicators that are connected to the stories and experiences of Dallas County residents who are struggling to make progress toward recovery, and be able to track how well the system is doing in reducing crisis, improving welcoming, integration, and continuity, using its resources effectively, and working in partnership to make change.
- The BHLT will be a locus for coordination of advocacy and program development for the county. This includes legislative advocacy, identifying major grant opportunities (e.g. application for a children's system of care grant), and so on.
- The BHLT will ensure that Dallas County is an active partner with other counties in developing a strong regional behavioral healthcare system.

Deliverables from the BHLT

- The BHLT will meet no less than monthly, on a regular schedule, beginning in September 2010. All meetings will be open to the public, and posted according to open meetings requirements as required by law. Formal minutes of each meeting will be distributed to participants and to the Dallas Commissioners Court and Parkland Board of Managers. The BHLT will provide status reports, as well as copies of plans and recommendations, to the Commissioners Court and to Parkland as they are developed.
- The BHLT must be formally representative of stakeholders in the Dallas County system with designated members representing various constituencies. By December 31, 2010, the BHLT will submit to the Commissioners and Parkland the recommended representation plan and membership list for 2011. Membership and representation may be adjusted from time to time as needs change, through a membership process that will be provided for in the approved by-laws.
- The BHLT shall be responsible for creating bylaws and identifying designated leadership that will be accountable for leading the meetings, ensuring that the group is productive and task focused, and for being the point of communication between the BHLT and Commissioners Court, Parkland, and other stakeholders. The leadership structure must ensure a balance between promoting broad stakeholder participation and the ability to make decisions without undue influences from any particular interests. The specific leadership structure and its identified members will be determined by the BHLT no later than December 31, 2010. Ron Stretcher and Josh Floren will serve as interim co-chairs until that time.
- The BHLT will be responsible for identifying subgroups, working committees, and other mechanisms for getting its work done. Initially, the BHLT will be responsible for creating a formal working connection with the following groups: an Adult Clinical Operations Team, a Child/Family Clinical Operations Team, the Metro-Dallas Homeless Alliance, the Physician Leadership Group and the Mental Health Steering Committee for Criminal Justice. In addition, the BHLT will designate formal subgroups for working on the county treatment system for

substance use disorders, addressing issues related to cultural and linguistic minorities, evaluating the impact of Health Care Reform on the Dallas County system, and other groups as determined to be needed for short term projects or ongoing work. The BHLT will report on the formation of these relationships and workgroups by January 31, 2011.

- By January 31, 2011, the BHLT will develop a formal process to ensure communication and coordination with other counties in the North Texas area. This process will be communicated to the Dallas County Commissioners Court along with recommendations for the Court to facilitate a partnership with other counties to develop a strong regional behavioral healthcare system.
- By March 31, 2011, the BHLT will identify performance indicators and improvement targets for the behavioral health system that help the system to improve, and report those indicators and targets to the Commissioners.
- As part of its May 2011 report, the BHLT will indicate major areas of advocacy and fundraising that will be undertaken during 2011.
- The BHLT will be responsible for working in partnership to coordinate behavioral health resources for Dallas County residents. By May, 2011, the BHLT will produce – in partnership with other funding sources - a brief 2-3 page report summarizing all sources of funding for behavioral health services for Dallas County, and the types of services provided. A similar report will be produced annually.
- The BHLT will provide written input to the Commissioners and Parkland Hospital on recommended changes to the contracts among NTBHA, DSHS and the managed care organization (MCO) that will promote increased local control of behavioral health funding, improved performance monitoring, improved outcomes for consumers and increased access to services for priority populations including: homeless persons, persons in the criminal/juvenile justice system, and persons discharged from higher levels of care, including the state hospitals.
- The BHLT will recommend to the Dallas County Commissioners Court and Parkland the structure of a formal behavioral health authority for Dallas County. It is expected that the behavioral health authority will grow from the BHLT and may include revisions to the BHLT governance structure. This recommendation will be presented by December 31, 2011.

COURT ORDER

ORDER NO. 2011 070

DATE: January 11, 2011

STATE OF TEXAS §

COUNTY OF DALLAS §

14

BE IT REMEMBERED, at a regular meeting of the Commissioners Court of Dallas County, Texas, held on the 11th day of January, 2011 on motion made by John Wiley Price, Dist. 3 and seconded by Maurine Dickey, Dist. 1, the following Order was adopted:

WHEREAS, Commissioners Court was briefed about the Dallas County Behavioral Health Leadership Team (BHLT) on Tuesday, January 4, 2011; and,

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

WHEREAS, the overall goal of the BHLT is to manage mental health resources in Dallas County more efficiently and develop recommendations that will lead to systemic changes within the overall system; and,

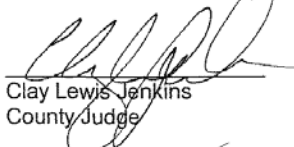
WHEREAS, the BHLT will also reach out to the other member counties in the NorthSTAR region to keep them informed of their development and any initiatives that could be implemented across the region, and,

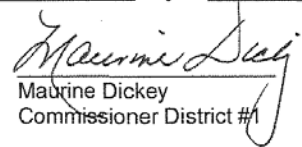
WHEREAS, the BHLT has developed the attached Charter that states the purpose of, guiding principals for and deliverables expected from the BHLT; and,

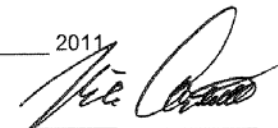
WHEREAS, Ron Stretcher, Dallas County's criminal justice director has worked closely in the establishment of the BHLT and has been asked to co-chair the group along with Josh Floren, vice-president of medicine services for the Dallas County Hospital District.

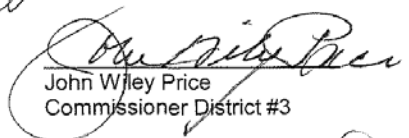
IT IS THEREFORE ORDERED, ADJUDGED and DECREED that the Dallas County Commissioners Court does hereby approve the establishment of the Dallas County Behavioral Health Leadership Team and its attached Charter, and also appoints Ron Stretcher as its appointee to the BHLT.

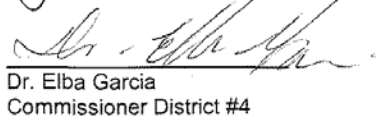
DONE IN OPEN COURT, this the 11th day of January, 2011


Clay Lewis Jenkins
County Judge


Maurine Dickey
Commissioner District #1


Mike Cantrell
Commissioner District #2


John Wiley Price
Commissioner District #3


Dr. Elba Garcia
Commissioner District #4

Recommended by: 
Darryl Martin, County Administrator

Meadows Mental Health Policy Institute

Community Stakeholder Project Status Update—April 2017

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 enables 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 began implementation of this project in January 2017, ensuring that it is aligned with and supports 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)

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) and the contract and job descriptions have been submitted to the city attorney for final approval. DPD and DFR met with community clinical providers on March 24, 2017 to discuss the transition from field to community provider services. The date of the next Intercept 1 workgroup meeting is to be determined.

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 are finalizing key tasks for initiating implementation of the project and are moving toward a pre-launch training session for all stakeholders. Each department and agency represented is finalizing documents, procedures, and system changes in support of the implementation.

A jail tour was conducted for MMHPI staff and Loopback Analytics on March 10, 2017 to provide more information on the new bond release opportunities and processes provided by the grant. Additionally, county jail and criminal justice department staff are finalizing work on

Caruth Smart Justice Planning Grant, Community Stakeholder Project Status Update

establishing new locations for defendant contacts; this work accommodates changes included in the implementation of the grant. Various clinical and policy staff are completing improvements to the processes for referring and connecting defendant to treatment services.

Criminal justice department pretrial staff were recently trained on new bond interviews, risk assessments, and supervision. The last three pretrial officers to be added to the project are currently undergoing recruitment, hiring, and training.

Intercept 5 (Community Corrections and Services)

With support from the MMHPI team, Ann Denton (national expert on evidence-based supportive housing and President of the Board of the Travis County Strategic Housing Finance Corporation) conducted a Permanent Supportive Housing training on March 23, 2017 for ACT and FACT housing specialists.

The statement of work (SOW) and budget are awaiting final internal review. When this review is completed, the SOW will be forwarded to City Council for final approval.

Dallas County Behavioral Health Housing Work Group
Dallas County Administration, 411 Elm Street, 1st Floor, Dallas Texas 75202
March 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; Courtney Clemmons, NTBHA; Joshua Cogan, Outlast Youth; Ann Denton, MMHPI; Jay Dunn, The Bridge; Blake Fetterman, Salvation Army; Jennifer Jaynes, MMHPI; Thomas Lewis, DCHHS; Traswell Livingston, AIDS Services of Dallas; Jim Mattingly, LumaCorp; James McClinton, MDHA; Ikenna Mogbo, Metrocare; Shenna Oriabure, CJ; Joe Powell, APAA; Charlene Randolph, CJ; Kendall Scudder, Atlantic Housing Foundation; Charletra Sharp, City of Dallas; Zachary Thompson, DCHHS; Joyce White, Transicare; Dr. David Woody, The Bridge; Teresa Scherrer, NTBHA; Atoya Mason, VA; Karin Petties, Prism Health; Brianne Brass, CJ; Nya Watson, City of Dallas; Amy Gill, Volunteers of America Texas; Erin Moore, Dallas County; Claudia Vargas, Dallas County; and Terry Gipson, Dallas County

CALL TO ORDER: Minutes approved with no change.

GOVERNANCE REPORT: Commissioner Theresa Daniel

Dallas Area Partnership to End and Prevent Homelessness: Dallas Area Partnership to End and Prevent Homelessness is a collaborative effort between Dallas County and the City of Dallas. Dallas County voted in favor of the area partnership on February 21st; the City of Dallas will take a similar vote in April.

Federal & State Legislative Update: Ben Carson is the new HUD Secretary and will visit the Dallas area on March 31st for a listening tour of area agencies. Commissioner Daniel will inquire whether a Regional Director has been appointed.

The Dallas region was included in one of two funding riders from the appropriations committee in the amount of \$8.4 million dollars in bridge funding for the NorthSTAR transition. The Speaker of the House and Chair are supportive; a mental health advocate is needed in the Senate. Other legislation addresses jail screenings and detention centers. SB 292 by Huffman would expand a Harris County jail diversion pilot program to other major counties. Legislation addressing housing or behavioral health needs has not been proposed.

Timeline Review: A major timeline activity was the recent point-in-time homeless count. It was noted that there was a significant increase in the number of unsheltered individuals from the previous point-in-time count. Despite the increased needs, the region is losing access to shelter beds and services and is forecasted to continue to lose resources.

DEVELOPMENT ACTIVITIES

Medical Respite Services: The Bridge is meeting with a private funder to generate a better cash flow using state match funds. Conversations to establish the medical direction of services continue with Parkland, Metrocare and EMS. Service protocols are being developed.

Crisis Respite: Homeward Bound continues to search for a permanent location.

TDHCA 2016 Housing & Services Partnership Academy: The team completed a webinar series on the different aspects of providing housing in communities. TDHCA will make the webinar series accessible to the community and will follow up when it becomes available.

RESOURCES

Shelter Discussions: The latest meeting was focused on transitioning to the new Pieces Iris system as quickly as possible. Shelters diverted their efforts to fill empty shelter beds as a response to needs revealed at the State of Homeless Address. Shelters are working to fill around 60 beds designated for male individuals.

NTBHA: NTBHA is currently evaluating how to best use a limited amount of PSH funds available through August 31st. Providers who receive the funds must adhere to new SAMHSA toolkit guidelines and best practices. Funding was previously directed towards boarding homes that did not offer long term plans for independent living. NTBHA will assist providers by offering education and training geared towards high level of care housing and reporting on new measures. Housing dollars will be targeted at individuals already participating in supportive shelter programs and working towards independent living. NTBHA is moving towards addressing the current level of need of the consumer instead of addressing needs at the crisis level. Since the NorthSTAR transition, social workers at local emergency rooms are more frequently coming in contact with clients who present with mental and behavioral health needs. Most are not equipped or prepared to work with the target population. NTBHA will host a medical forum for local hospitals to address what brings people into crisis and how to address the needs of someone in crisis. This work is part of Caruth Smart Justice Grant intercepts 1 and 5. Caruth Smart Justice teams are working with Adapt, a service provider, to configure assessment and prioritization needs within the HMIS database. Similarly, local shelters are experiencing issues in coordinating the needs of shelter visitors who are in crisis. Shelters are working on a stabilization process for shelter visitors and setting processes to connect them with appropriate clinical resources. Needs assessments are a barrier for shelters because they deter shelter visitors who do not want to provide the level of information needed for the assessment.

Housing Navigator: The data phase in plan is moving forward. The first training for housing case managers will take place in April. Myrl Humphries (NTBHA), Monica Young (City of Dallas), Ann Denton (MMHPI), and Joyce White (Transicare & DCCJ) will lead the training sessions. Training will be competency based and designed to help case managers connect clients with long term, sustainable housing solutions. Additionally, Joyce White is in conversations with Pieces Iris to determine how to best incorporate criminal justice data into HMIS. Ms. White recently attended a Pieces Iris training and learned that there is a way to include providers who may not be directly contributing data to HMIS.

Caruth Smart Justice: Intercept 1 job description and SOW are completed. Meetings were held with DFR and PD. MMHPI went on a Jail tour. Intercept 2-4 MOW signed with the DA and PD for information sharing. Intercept 3 - new work groups, bond, supervision and release will soft launch in April. Participants will attend a housing training. Teams are working across the community to identify housing for people with criminal backgrounds. ACT/FACT training is scheduled for May. One hundred flex fund housing units are in process for super-utilizers, with the possibility of replicating in other communities.

PROJECTS and INDUSTRY UPDATES:

- Coordinated Access System: Overall, performance is low for the Dallas-Collin Continuum of Care (CoC) and does not truly depict the housing needs of the region because not all agencies participate in the HMIS database. MDHA continues to encourage participation by as many agencies as possible. Due the sheer volume of data it may be beneficial for the region to invest resources towards a data management position. The new HMIS system is designed to meet the reporting needs of the CoC and individual agencies. All area shelters are already entering data into the HMIS database. Capturing accurate data will help the region secure HUD funding, however, there is consensus by BHHWG members that diversifying funding sources is essential to resolving the housing needs of the region. Data migration and integration into the HMIS database is a major undertaking for many agencies and will require resources to complete.

Currently, homeless individuals who are involved with the criminal justice system are not included in the HMIS database. These individuals were also not reflected in the point-in-time count. Joyce White is leading housing navigator efforts for DCCJ and will work on integrating jail data. Ron Stretcher noted that homeless individuals who were incarcerated were included in previous point-in-time counts.

The Pieces Iris HMIS database will go live on May 1st and will include all shelters. Agencies will enter data on required HUD activities; data will not be program specific or meet contract terms of individual agencies. The goal is to create a centralized intake system to assess and prioritize individuals. The prioritization feature is incorporated into Pieces Iris even though it is not a required HUD activity. It is not clear whether the resource and prioritization feature will immediately benefit agencies or whether it will require additional development.

- Homeless Jail Dashboard: there was an increase of 20 unduplicated individuals from the previous month. It was noted that 40% of individuals in the homeless jail dashboard report were flagged for mental illness. Jim Mattingly expressed that there is a need for community awareness and education on mental health issues and how they contribute to crime statistics when they go unaddressed. Community, media and social media responses point to a lack of understanding and information about the relation between mental health issues and crime. There is consensus by BHHWG members that advocacy efforts for mental health issues need to improve and that stakeholders must be better at showing why investing in mental health care will positively impact crime statistics. Commissioner Daniel will compile talking points that address issues and stigmas attached to homelessness and will distribute to the BHHWG membership for feedback.
- The Cottages: 49 individuals are currently housed; another individual is completing paperwork to move in housing soon. Three more units will be added to The Cottages on newly acquired land.
- MDHA is exploring the possibility of developing housing projects with builders in the next 3-4 years.
- Catholic Charities bought a property and plans to use it for Single Room Occupancy (SRO) units. Catholic Charities is asking local shelters to support this project. They are waiting for approval of this project.
- Promise House built an LGBT transitional living program and is collaborating with Outlast Youth. Josh Cogan of Outlast Youth will office at this new development. This project is completed and opened.
- Metrocare received state funding to develop 30 units for veterans.

Next Meeting: Wednesday, April 26, 2017, at 10:00 am

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

SAMSHA Grant Update															
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	FY2017 Total	FY2016 Total	
Number of New Admissions	8	4	1	3	7	9							32	33	
Number of Successful Completions	3	6	2	5	0	4							20	24	
Number of Unsuccessful Completions	1	1	0	0	1	2							5	9	
Average Days in Jail from Referral to Admission	5	6	3	4	6	9							5.5	4	
Number of New Admissions on ELM	6	3	1	2	7	8							27	12	
Program Referral Follow-Ups by Type (running total per progrant/grant year)															
Court Program Graduate													0	6	
Active In Court Program													8	4	
Active In Treatment at Nexus													11	N/A	
In Jail													4	1	
Re-Arrested and Released to Community													4	10	
Re-Arrested and Released to Further Treatment													3	7	
Released to TDCJ													0	1	

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



CITY OF DALLAS

Business Development & Procurement Services

www.bids.dallascityhall.org

1500 Marilla Street, Room 3FN

Dallas, Texas 75201-6390

Addendum No. 3

(IFS, RFB, RFCSP, RFQ)

Date: 04/06/17

Proposal Number: BXZ1704

Proposal Title: Panhandling Initiative Program

Proposal Due Date and Time: 04/20/17 at 2:00 P.M.

ACTION:

Respondents are encouraged to review the material from the Proposed Panhandling Initiative briefing to the Public Safety Committee on December 12, 2016 at the following link:

http://dallascityhall.com/government/Council%20Meeting%20Documents/ps_3_proposed-panhandling-initiative_combined_121216.pdf

The following documents have been added:

1. MWBE Listing (Janitorial/Ground Maintenance)
2. Pre-Proposal Attendance Sign-In Sheet

Questions & Answers:

Q1. Is the term of the contract for this solicitation 6 months?

- A. Yes, contract is for 6 months ending no later than December 31, 2017. A six month renewal option may be awarded based on performance and availability of funds.

Q2. Is van rental or lease an eligible expense?

- A. Any equipment being proposed should be itemized on the cost allocation form to be considered during the evaluation process.

Q3. What is the Website to locate bid documents?

- A. <https://bids.dallascityhall.com>

QUESTIONS & ANSWERS (Continued)

Q4. Is there a Percent on Direct or Indirect Cost?

A. No, but if selected, the reasonableness of indirect costs may be discussed during contract negotiations.

Q5. Are expense reports due monthly?

A. Funding recipients shall provide detailed monthly reports outlining program expenditures, number of people receiving compensation for day labor, and number of participants receiving case management.

Q6. Are services allowed for homeless?

A. Services are allowed for panhandlers that are homeless or at risk of being homeless.

Q7. Are all clients required to be entered into the Homeless Management Information System (HMIS) and is the HMIS user fee an eligible expense?

A. Yes, HMIS fees are eligible expenses. Services for any clients who are identified as homeless must be entered into HMIS.

Q8. Is this solicitation going to Council for approval?

A. It will depend on the awarded dollar amount.

Q9. Is there a cap on case management services?

A. Yes, there is a cap. The City of Dallas will provide a total up to \$100,000 to the most qualified Proposer. Case Management is limited up to \$30,000 and there is no cap on day labor.

Q10. What is the hourly rate?

A. Panhandlers must be paid at a rate of at least \$10.37 an hour.

Q11. Who is providing Day Labor?

A. The City of Dallas is seeking proposals to provide day labor and individualized case management services to panhandlers in the City. A Proposer may submit a proposal for: 1) Day labor services; 2) Case management/supportive services (501c3 nonprofits only), limited to a request of up to \$30,000; or 3) Both day labor and case management services.

If there are any questions pertaining to this addendum, please contact Buyer:

Buyer Name: Theresa Mackey

Phone Number: 214-670-5648

Email theresa.mackey@dallascityhall.com



	Past Year Avg	2016-10	2016-11	2016-12	2017-01	2017-02	Average:	Sum:
Total Service Episodes:	631	704	717	552	695	902	714	3,570
Total Unique Consumers:	461	696	672	478	594	765	641	3,205
% Change to DY 4		150.98%	145.77%	103.69%	128.85%	165.94%		

<u>Total Encounters by Type:</u>		2016-10	2016-11	2016-12	2017-01	2017-02	Average:	Sum:
Triage		704	717	552	695	902	714	3,570
Care Coordination		2,736	2,532	2,304	2,627	2,589	2,557.6	12,788
F2F Encounter		242	255	252	211	237	239.4	1,197
Sum:		3,682	3,504	3,108	3,533	3,728	3,511	17,555



	2016-10	2016-11	2016-12	2017-01	2017-02	Average:	Sum:
Service Episodes:	704	717	552	695	902	714	3,570

<u>Unique Consumers:</u>	2016-10	2016-11	2016-12	2017-01	2017-02	Average:	Sum:
By N* ID	635	665	469	587	755	622.2	3,111
By Client ID	61	7	9	7	10	18.8	94
TOTAL Unique Consumers:	696	672	478	594	765	641	3,205
TOTAL Unique Consumers as %:	98.86%	93.72%	86.59%	85.47%	84.81%		

<u>Unique F2F:</u>	2016-10	2016-11	2016-12	2017-01	2017-02	Average:	Sum:
By N* ID	188	220	189	151	170	183.6	918
By Client ID	37	3	6	1	7	10.8	54
TOTAL Unique F2F:	225	223	195	152	177	162	972
TOTAL Unique F2F as %:	92.98%	87.45%	77.38%	72.04%	74.68%		

	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03		Average:	Sum:
F2F Percentages:	34.38%	35.56%	45.65%	30.36%	26.27%			34.45%	172.23%



Crisis Services Project

Frank Crowley
 CSP Monthly Report DY5_No Graphs
 Last Refresh: 4/7/17 at 8:10:30 AM GMT-05:00

Encounters by Type:	2016-10	2016-11	2016-12	2017-01	2017-02	Average:	Sum:
Triage	704	717	552	695	902	714	3,570
Care Coordination	2,736	2,532	2,304	2,627	2,589	2,557.6	12,788
F2F Encounter	242	255	252	211	237	239.4	1,197
TOTAL Encounters:	3,682	3,504	3,108	3,533	3,728	3,511	17,555

Female:	2016-10	2016-11	2016-12	2017-01	2017-02	Average:	Sum:
Black	100	100	86	69	110	93	465
Hispanic	20	30	18	24	33	25	125
Other			2	1	2	1.67	5
Unknown	1	1	2		1	1.25	5
White	64	53	47	46	58	53.6	268
TOTAL Female:	185	184	155	140	204	173.6	868

Male:	2016-10	2016-11	2016-12	2017-01	2017-02	Average:	Sum:
Black	291	295	189	261	326	272.4	1,362
Hispanic	74	57	44	51	85	62.2	311
Other	6	2	2	6	2	3.6	18
Unknown	3	9	3	9	2	5.2	26
White	136	123	85	125	142	122.2	611
TOTAL Male:	510	486	323	452	557	465.6	2,328



<u>Gender Not Collected:</u>	2016-10	2016-11	2017-01	2017-02	Average:	Sum:
Unknown	1	2	2	4	2.25	9
TOTAL Gender Not Collected:	1	2	2	4	2.25	9

<u>Age of Triage Encounters:</u>	2016-10	2016-11	2016-12	2017-01	2017-02	Average:	Sum:
	696	672	478	594	765	641	3,205
TOTAL Age of Triage Encounters:	696	672	478	594	765	641	3,205

<u>Age of F2F Encounters:</u>	2016-10	2016-11	2016-12	2017-01	2017-02	Average:	Sum:
	225	223	195	152	177	194.4	972
TOTAL Age of F2F Encounters:	225	223	195	152	177	194.4	972

Triage 12	3,205
Recidivism 12-12	410
Recidivism 12-12%	12.79%

Triage 6	3,205
Recidivism 6-6	410
Recidivism 6-6%	12.79%

Triage 6	3,205
Recidivism 6-12	410
Recidivism 6-12%	12.79%

	October	November	December	January	February	March	April	May	June	July	August	September
Triage 12-12	696	1369	1846	2440	3205							
Recidivism 12-12	10	79	151	233	410							
Recidivism 12-12%	1.44%	5.77%	8.18%	9.55%	12.79%							
Triages 6-6	696	1369	1846	2440	3205							
Recidivism 6-6	10	79	151	233	410							
Recidivism 6-6%	1.44%	5.77%	8.18%	9.55%	12.79%							
Triage 6-12	696	1369	1846	2440	3205							
Recidivism 6-12	10	79	151	233	410							
Recidivism 6-12%	1.44%	5.77%	8.18%	9.55%	12.79%							

**Dallas County Behavioral Health Leadership Team (BHLT)
Adult Clinical Operations Team (ACOT) Committee Meeting
April 7, 2017**

Attendees: Angela Sanders (City of Dallas), James McClinton (MDHA), Tonya King (Metrocare), Janie Metzinger (MHA), Herb Cotner (DPD), Kurtis Young (PHHS), John Henry (NTBHA), Jacob Twombly (UT Police), Charlene Randolph (Dallas County), Sherry Cusumano (Green Oaks/ NAMI), Mike Ayoob (Counseling Institute of Texas), Lauren Roth (MMHPI), Jennifer Jaynes (MMHPI)

Introductions and Minutes Approval

- Committee members made introductions.
- Meeting minutes from March 2017 were approved with the contingency a few corrections be made.

Metrocare Presentation

- Alecia Gerich provided an overview of the services provided by the Child & Family Guidance Center; which serves all age groups.
- There are seven locations; the McKinney location has been closed.
- The program accepts all types of insurances.

Updates

- NTBHA is seeking nominations for the Provider Advisory Council; that will serve the same function as the CFAC once active. Council members should be consumers or family members of behavioral health services.
- NTBHA has closed on the RFP for additional beds (kids and adults), which should be announced during the week of April 10th. The patient movements will be more appropriate to their circumstance which will assist in addressing the shortage of inpatient care beds but, there will still be a waitlist of some sort.
- NTBHA has been awarded the Office Based Opioid Treatment grant funding through HHSC and are projected to begin May 1st.

Smart Justice Update

- Meadows reports that the Police Department and Dallas Fire and Rescue (DFR) statement of work was submitted to the City of Dallas City Council for approval.
- Dallas County Criminal Justice will be conducting a Beta Test on April 17th to monitor the process for using Pre Trial bonds to leverage service for the Mental Health suspected booked into jail.
- NTBHA, Metrocare & Dallas County Criminal Justice will be meeting on April 11th to discuss developing processes for monitoring clients released on Mental Health Pre Trial Bonds.

Legislative Update

- Janie Metzinger provided the legislative update. Ms. Metzinger requested support of ACOT members by contacting key members of House & Senate leadership to promote Rep. Toni Rose's rider & Rep. Matt Shaheen's rider.

Other

-Herb Cotner suggested that ACOT submit questions/suggestions to BHLT to provide direction to its subcommittees as well as providing BHLT with more information on Neighbor Up Program and other initiatives that are happening. Sherry Cusumano brought up the question about the mission of the BHLT and questioned the fact that many initiatives have been started and worked on independent of the BHLT.

-Angela Sanders volunteered to present on behalf of the Dallas City Court for June's meeting.

The meeting was adjourned at 1:29 pm.