Revised

Dallas County Behavioral Health Leadership Team

Thursday, November 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. Review/ Approval of Minutes from last meeting*
 - Minutes October 12, 2017*
 - Proposed Representative Update: ACOT Chair Resolution*
- III. Presentation
 - Data-Driven Justice Initiative Design Institute;
 Ryan Brown, Dallas County Budget Officer
- IV. Strategic Planning
- V. NTBHA Update
- VI. The Stepping Up/ Caruth SMART Justice Initiative Update
- VII. Dallas County Behavioral Health Housing Workgroup
- VIII. 1115 Waiver Crisis Services Project Update
 - IX. Legislative Update
 - X. Funding Opportunities
 - Cottages Update
 - SAMSHA Residential Treatment Grant Update
 - Community Courts Grant Update (Public Defender's Office)
 - XI. Upcoming Events and Notifications
- XII. Public Comments
- XIII. Adjournment

The following reports from BHLT Committees are included for your records: *ACOT*, *FACT*, *BHSC*, *Legislative Committee*, *PD Mental Health Stats*. Unless action is required, there will be no verbal updates from those committees.

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



Dallas County
Behavioral Health Leadership Team
Meeting Notes
Thursday, October 12, 2017

Welcome and Call to Order

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

Introductions and Absent BHLT Members: Commissioner Price acknowledges that Fallon Woodard will now replace Anne Kissack at the BHLT meetings on behalf of the City Attorney's Office/Community Courts. Commissioner Price opened up the floor for introductions from new attendees. First time attendees Stanley Victrum, Dallas County IT Department; Haley Gleeson, Council on Alcohol & Drug Abuse; Mandish Maskay, Prism Health; Annie Lord and Valarie Sanders, City Square.

Review/Approval of Minutes

The minutes of the BHLT meeting held on September 14, 2017 were included in the meeting packet (pg. 2-4). A motion was made by Ken Medlock to accept the minutes and was seconded by Mr. Gordon Hikel. The committee members voted to approve the minutes with no modifications. Commissioner Price went on and presented resolution 07-2017 which stated that BHLT recommends Dr. David Woody III, will now represent The Bridge (Outpatient Provider). The resolution was approved by Dr. Daniel and seconded by Sherry Cusumano. The BHLT committee approved the resolution with no modifications.

Strategic Planning:

PEER Group

Joe Powell discussed the need for PEER Leadership and a Committee. The Peer Committee Chair, Mr. Powell will provide the BHLT members with a monthly report on the status of the committee engagement in Dallas County workforce. The committee will assist in providing a workforce that seats recovery first for a recovery oriented continuum of care. PEER support workers engage in a wide range of activities, including advocacy, linkage to resources, sharing of experiences, community and relationship building, group facilitation, skill building, mentoring, goal setting, and more. SAMSHA established a working definition for recovery, "a process of change through which individuals improve their health and wellness, while living self-directed lives, and strive to reach their full potential". Mr. Powell announced a Peer training the following week for anyone interested in attending.

NTBHA Updates:

Carol Lucky, CEO of North Texas Behavioral Health Authority (NTBHA) stated that they had received a lease from Homeward Bound (Doug Denton) and are in the process of reviewing it. The NTBHA Board approved the budget and they will be moving funds for outpatient providers. At the last board meeting they approved new positions. Ms. Lucky is currently working on reaching out to the rural counties because they are underserving in that area.

Stepping Up Initiative Update/Caruth Grant:

Ron Stretcher with Meadows Mental Health Policy Institute (MMHPI) gave a brief update stating that the data is coming together with the help of Commissioner Daniel. MMHPI is currently working with Dallas County and Harris Logic on gathering additional information. MMHPI is close to implementing Intercept I which is being driven by police, fire and safety. The beta test began in April and the launch should start in November. The core project is being conducted by Dallas County. They have executed their contracts with the ACT and FACT teams and the teams will provide 125 additional slots for individuals needing that level of care into the service delivery system. MMHPI will also be ready in November to place individuals identified for these teams into the slots.

Behavioral Health Housing Work Group (BHHWG) Update:

Commissioner Daniel stated that BHHWG had a presentation from Community for Permanent Supported Housing (CPSH) they actively help individuals living with Intellectual and Developmental Disabilities (IDD), find affordable housing. CPSH is a member of the TDHCA Housing and Services Partnership Academy and is collaborating with the North Texas Regional Housing Assessment to get feedback on the housing needs of the IDD population. The Crisis and Respite Services continue to work together to identify available beds. Catholic Charites housing project should be opening January 2018 and Commissioner Daniel informed the members that Dallas County has been approved for 13 beds at that facility.

1115 Waiver Crisis Services Project (CSP) Update:

Mrs. Charlene Randolph, Department of Dallas County Criminal Justice, stated that CSP has meet all of their DY6 service goals and the project has served over 7500 clients. The project has also met their connection rate of 75% for the forensic clients being discharged from Terrell within 30/60 days. CSP recidivism rate for the demonstration year is 26.08%. Mrs. Randolph would like to submit the carry forward metrics for the project which would put CSP at 100% with all metrics met. Christine Mintner, Vice President at Parkland and Anchor for the 1115 Project, gave an update on last month and Mrs. Randolph presented a scenario of a revised project to the members if the 1115 renewal is approved by the federal government (pg.15).

Legislative Update:

Janie Metzinger stated that the reauthorization committee is currently looking at H.R. 3921 Healthy Kids Act. This bill extends funding through FY22 for the Children Health Insurance Program (CHIP) and the Childhood Obesity Demonstration Project (CODP). The bill eliminates Medicaid payment reductions for disproportionate share hospitals who receive additional payment under Medicaid for treating a large share of low income patients in FY18 but extends such reductions by two years. This bill also reauthorizes through FY22; the qualifying states option and the express lane eligibility option. Currently there are over 8,000 kids enrolled in CHIP.

Funding Opportunities:

• SAMSHA Grant Update:

Laura Edmonds with the Dallas County Criminal Justice Department stated that the numbers were located in the packet (pg. 17). The program goal is to serve women involved in the Specialty Courts to Nexus. They have hit their target goal and ended year two of three with forty-four women served which is above their target.

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

Chief Public Defender Lynn Richardson stated that the South Dallas Drug Court and the SKIP which is overseen by Judge Stephanie Mitchell are moving along nicely. Mrs. Richardson then deferred to Ms. Fallon Woodard with the City of Dallas Community Courts. Ms. Woodard announced that that they will be celebrating their 13th year anniversary for the community courts. Starting October 26, 2017 they will start having night court from 3pm-11pm.

• Cottages Update

Annie Lord with City Square informed the members on September 22nd; they had four additional persons that moved into the Cottages which puts them at 44. Commissioner Daniel asked about the screening process and Mrs. Lord stated that it takes about 2-7 months to get an individual moved through the process.

Public Comments:

Doug Denton announced that Homeward Bound (HB) had signed a lease in the Oakcliff area (5300 University Hill Blvd). The current building that they are residing in has been sold and their goal is to be out by the end of the month. Pending the inspection approval, HB should be ready to move in to their new building by mid November. HB along with the Dallas Morning News Columnists Steve Blow and Christine Wicker will be hosting a fundraiser dinner with Scott Burns on November 7th. Judge Wade asked about the different services offered with this program. Mr. Denton stated that detox, women's residential, crisis services, and HIV services were just a few of the services that they offer. HB is currently having discussion with NTBHA on other services that may be added.

Manisha Maskay announced that PRISM Health has received \$500,000 in funding to assist with Substance abuse treatment and mental health. The program will start January 1, 2018 and they will be collaborating with other partners. Corporal Cotner announced NAMI Dallas "Wellness in the Field" and this event will take place at Center for Brain Health on November 7th. He asked that each person go to the NAMI Dallas website to get registered

http://www.namidallas.org/wellness-in-the-field-conference.html. Sherry Cusumano announced that ACOT would be hosting a meeting after BHLT at Green Oaks. Judge Wade announced that she would be taking over Judge Skemp Competency Court. This court manages both inpatient and outpatient competency restoration for all misdemeanor cases.

There was a short discussion on Commissioner Daniel's question about attorneys working with the Specialty Courts that will no longer be funded by the Governor's Office. It was stated that all Specialty Courts are not following best practices. Chief Richardson stated that the PD's office do their best to make sure that everyone is following best practices. The PD's office has been providing services without compensation and other attorneys including private attorneys are being compensated. Judge Wade expressed that the court should not only be evaluated on recidivism but on the participants and the cost of each participant.

Upcoming Events and Notifications:

Upcoming events were provided in the packet for review.

Adjournment:

The meeting was adjourned at 10:45 am with a motion made by Doug Denton and seconded by Gordon Hikel.

November 9, 2017

TO: Commissioners Court

FROM: BHLT

SUBJECT: Data-Driven Justice and Behavioral Health Design Institute

BACKGROUND

Dallas County was the recipient of a SAMHSA grant which provided funding to have 8 members of Dallas County, City of Dallas, Parkland and Mental Health service providers, travel to Rockville, Maryland in September 2017 to receive 3 days of training on Data-Driven Behavioral Health Outcomes. Generally, the training revolved around the concept of how Data Integration and Data Sharing can improve decision making and outcomes for individuals with Behavioral Health challenges.

As a result of this training a variety of goals were established including the following:

- 1) Improve and strengthen the "Continuum of Care" for the high-utilizers of behavioral health services and the criminal justice system
- 2) Increase the degree and means of collaboration between the known and potential stakeholders of the Behavioral Health Leadership Team
- 3) Develop and implement a comprehensive, strategic and sustainable plan for Data-Driven Behavioral Health outcomes.

Action Steps are to include:

- A) Identify and agree upon the list of Community "High Utilizers" to be addressed as part of a Pilot Proof of Concept (PPoC)
- B) Identify and confirm access to the data sets to be used initially, and on a recurring basis, for the Pilot PoC.
- C) Identify and confirm the platform(s) and means for processing the data sets used for the Pilot PoC.
- D) Determine if a subcommittee of the BHLT would be useful in achieving the goals established.
- E) Engage with Dallas Fire and Rescue to get their participation
- F) Determine which vendors could develop/implement a solution that would pull client encounter information from various data bases such as, City of Dallas Fire and Rescue, City of Dallas Police, Parkland, the Bridge and other providers, NTBHA and Dallas County.
- G) Engage the Advisory Council for the NTBHA

Initially this data integration and data sharing would be very high level and could be used to determine high utilizers across the behavioral health system. Ultimately the goal is to get information such as an individual's care plan or Continuum of Care to law enforcement or a mental health care provider so they have more current and immediate information to utilize at the point of contact.

Meadows Mental Health Policy Institute

Caruth Community Update — Fourth Quarter 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. MMHPI and its partners began this project in January 2017. The project aims to align with and support the local behavioral health system and its efforts to meet the needs of residents with mental health issues in North Texas. Approaching the fourth quarter of Year 1, we are well into implementing intercept tasks and progressing towards connecting clients to expanded assertive community treatment teams.

In order to divert individuals at the time of their first contact with law enforcement, MMPHI is coordinating efforts between the Dallas Police Department (DPD), the Dallas Fire and Rescue Department (DFRD), and community treatment teams for Year 1 deployment. Additionally, the Dallas County Criminal Justice Department (DCCJD) and Jail staff have transformed screening and assessment procedures to identify people with behavioral health treatment needs early in the jail booking process. These changes have led to an increase in people being released on personal recognizance bonds and then connected to treatment and appropriate court supervision. The improved screening and assessment procedures will identify individuals who are caught in the trap of "super-utilization" of emergency and law enforcement services – the core target population for the project. We have also made progress in expanding training opportunities for clinical personnel, law enforcement, judges, and community supervision staff who come into contact with defendants who are eligible for ongoing Caruth community treatment services. MMHPI thanks its partners for their continued support and energy in advancing the Caruth Smart Justice Project.

Intercept 1 (Law Enforcement)

Intercept 1 work continues to progress despite many changes and challenges that the first responder community in Dallas has had to face. Some key changes include the Dallas Police Department (DPD) hiring a new chief and the City of Dallas opening of a mega-shelter to provide care for Hurricane Harvey evacuees. Despite these challenges, we have reached several milestones that continue to demonstrate our first responder partners' dedication to the success of this project:

¹ 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.



- A video conference with Colorado Springs Fire and Rescue Multidisciplinary Response Team (MDT) was heavily attended by our DPD/DFR partners.
- Dallas Fire and Rescue (DFR) agreed to house the MDT program in Station #38 in the South Central Patrol District of Dallas Police Department. The DPD South Central Division will also provide space for the MDT.
- The DPD has procured and is in the process of outfitting a state-of-the-art vehicle for the MDT program. The vehicle will include bullet resistant glass and storage space. It will not bear any law enforcement markings to reduce any stigma associated with a law enforcement response to a person with mental illness.
- The DPD released job descriptions and posted position announcements for the program.
 Application review began October 25, 2017. The DFR provided a list of potential applicants for the paramedic position to the DPD for Criminal Justice Information Services (CJIS) clearance. The paramedic positions will be filled from this applicant pool as soon as they are cleared through CJIS.
- MMHPI will contract directly with Parkland to provide the clinical positions for the 911 dispatch positions in addition to the MDT hires. A statement of work for Parkland has been drafted along with approval for five new clinical positions for the program. The City of Dallas contract has been amended and submitted for approval to reflect this.
- DPD and DFR have draft policies for MDT field procedures, which are waiting for approval.
- Training dates for the MDT units are scheduled for mid-November 2017, close to the Beta Launch scheduled for late November.
- The MDT training curriculum is currently being developed in partnership with our community partners.

Next Steps

The MDT program is planning a Beta Launch from November 29 through December 14, 2017. The launch will last 14 days. At the conclusion of the Beta Launch, the leadership team will review data from the MDTs and update policies and procedures as needed. The MDT program will re-launch for full implementation within five working days of the conclusion of the beta launch.

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

The three work groups within the Dallas County criminal justice system, each lead by a criminal court judge, are completing key tasks flagged during the beta test launch that began April 17, 2017, and ended in August 2017. Full implementation was launched on August 14, 2017.



DCCJD staff have developed internal data tracking tools to monitor program activities and performance outcomes; tracking tools are undergoing continual revisions to better reflect the measurement needs of the project. Program activity and performance data is available for the period of April 17 through August 30, 2017:

- 5,299 defendants screened positive for mental health needs.
- 848 of the 5,299 passed initial screening and were court-ordered for assessment.
- 219 of eligible defendants were presented to the court for bond decision.
- 185 defendants presented to the Magistrate were granted bond and released.
- 185 releasees (100%) were connected/referred to follow-up treatment by Adapt Community Solutions and pretrial services.

The next step is to finalize the processes for identifying individuals with complex needs from jail and community referrals, completing the appropriate assessments, and connecting these individuals to services with an Assertive Community Treatment (ACT) or Forensic Assertive Community Treatment (FACT) team. Formal placement in Smart Justice services (which will also track outcomes) will begin in mid-November 2017. Staff will complete a core working document of required processes, and review a guide and an agreed set of data elements for tracking implementation progress. MMHPI and the County also continue to work together with community providers to increase treatment resources related to Intercept 5 for referring and connecting people to treatment upon release from jail.

Intercept 5 (Community Corrections and Services)

Four partner community provider agencies have finalized subcontractor agreements to provide ACT and FACT services. These teams will be ready to accept formal placement referrals in mid-November 2017.

In September 2017, MMHPI staff trained providers on fidelity review expectations and processes. MMHPI staff began the initial baseline fidelity review with each provider in October 2017 and will finish this review in November 2017 before clients formally enter care. This exercise will inform MMHPI's plans for technical assistance so that these can be tailored to the training needs of each individual team.

Partner agencies continue to be engaged in various components of the project such as housing needs and availability, processes for cross-agency collaboration, and other areas providers expect will need additional attention. MMHPI staff are facilitating the collaboration between the participating treatment agencies and the Multidisciplinary Response Teams (MRT) in Intercept 1. MetroCare and Integrated Psychotherapeutic Services have graciously offered their



transitional crisis response teams to connect non-ACT/FACT enrolled individuals with community treatment programs. Additionally, IPS has agreed to provide PRN clinicians to support occasional MRT staff shortages.

Overall, coordination between the various project participants has been exceptional and continues to bolster progress toward the intended goal of expanding and enhancing behavioral health care in Dallas County.



Dallas County Behavioral Health Housing Work Group Dallas County Administration, 411 Elm Street, 1st Floor, Dallas Texas 75202 October 25, 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: Charlene Randolph, DCCJ; Zachary Thompson, DCHHS; Thomas Lewis, DCHHS; James McClinton, MDHA; Shenna Oriabure, DCCJ; Charletra Sharp, City of Dallas; Brianne Brass, DCCJ; Jari Mema, Catholic Charities; Janie Metzinger, MHA; Ikenna Mogbo, Metrocare; Sandy Rollins, Texas Tenants Union; Kendall Scudder, Atlantic Housing Foundation; Courtney Clemmons, NTBHA; Joshua Cogan, Outlast Youth; Sibi Powers, NTBHA; Jim Mattingly, LumaCorp; Jacky Sylvie, CPSH; Doug Denton, Homeward Bound; Krystal Lotspeich, CitySquare; Valerie Sanders, CitySquare; Sam Merten, The Bridge; Tracy Holmes, City of Dallas; Sarah Masih, Salvation Army; Karen Roberts, Community Member; Rep, City of Dallas Office of Homeless Solutions; Erin Moore, Dallas County; Claudia Vargas, Dallas County; Walter Taylor, Dallas County; Cimajie Best, Dallas County; and Terry Gipson, Dallas County

CALL TO ORDER: Minutes were approved with no changes.

GOVERNANCE

<u>Dallas Area Partnership to End and Prevent Homelessness</u>: Initial meeting is scheduled for November 29th, 9:00 -11:00 a.m. Location is TBD.

Legislative Environment: Janie Metzinger, Mental Health America

During the last legislative session the Speaker of the House appointed a Select Committee on Mental Health, and most of the same members were appointed to a Select Committee on Opioids and Substance Abuse. In addition, House Committees on Urban Affairs and Public Health are charged with studying overlays among housing instability, including homelessness, mental illness, availability of PSH, and options to address housing stability.

Local priorities for both the House and Senate include managed care, quality of care, access to care and transparency of contracts.

DEVELOPMENT

Crisis Residential and Respite Services:

Courtney Clemmons reported that Homeward Bound has secured a new space and is currently being renovated. The new building will allow development of residential services and the opportunity to focus on creating respite services, sobering units and observation services. The end goal is to have a southern and northern location to make police drop-off easier and to create better access for consumers. The new Homeward Bound location will house mental health and substance use services.

Doug Denton reported that Homeward Bound will vacate the temporary location on Oct. 31st and will receive their state license pending inspection of the new location. Homeward Bound anticipates fully resuming operations by the holiday season. Outpatient and intake services will remain in their current location and will continue to make referrals. Outreach, Screening, Assessment, and Referral (OSAR) services will be temporarily housed at NTBHA. Referral sheets will be made available to individuals. Shuttle services for clients continue. Mr. Denton will send an update on services via the BHLT email group.

<u>Community Reinvestment Act (CRA)</u>: Walter Taylor reported that The Real Estate Council (TREC) will present at the next BHHWG meeting on their CDFI activity and what banks are doing to assist underserved communities.

RESOURCES

<u>Shelter Discussions</u>: Sam Merten of The Bridge reported that Healthy Communities Collaborative Grant (HCCG) funding to address behavioral healthcare was significantly reduced for the region by approximately \$1 million. Programs will not have the capacity to operate on the same scale and will no longer have funding to staff case managers who assist clients with services and peer-support activities. Shelters are applying for other foundation grants to bridge the gap in funding.

<u>NTBHA</u>: Efforts continue to establish more efficient ways to coordinate care and link clients to services. A better crisis care of continuum is needed to prevent individuals from going back into crisis. Two Care Coordinators were hired to assist individuals with services and will begin at Dallas Behavioral Health and Green Oaks.

The American Association of Suicidology provided training for ER staff to learn how to better recognize and address individuals who present to the ER in crisis. Turnout was lower than expected. NTBHA will continue providing education in areas where gaps in service exist. Myrl Humphrey is currently providing support and training to Ellis and Navarro counties which also impact services in the Dallas area.

NTBHA is applying for HB 13 funding which was passed in the last legislative session. Ten million dollars were earmarked for FY 2018 and twenty million dollars were earmarked for FY 2019. LMHA, LBHA, nonprofits and local governments can apply for this funding. Nonprofits and governmental agencies planning to apply will need a Letter of Support from NTBHA. HB 13 is intended for smaller counties with a population under 250,000; SB 292 is intended for bigger counties with a population over 250,000. NTBHA and Parkland will jointly apply for SB 292 funding to expand ACT and FACT teams with help from Meadows and Dallas County. If approved, the funding would also go towards expanding and developing the competency and restoration programs into the jail.

<u>Housing Navigator</u>: Brianna Brass, on behalf of Joyce White, reported that the Dallas County courthouse members attended a training on domestic violence. Judges and lawyers received presentations from domestic violence shelters on ways to recognize victims of domestic violence and individuals involved in domestic violence incidents.

The next training is scheduled in December for the judiciary and will focus on the climate changes and the impact on the homeless population, housing resources, and decision making for clients during the winter months.

The HMIS short form for criminal justice clients is live. Meadows and Caruth are assisting with identifying high utilizers in the jail who are receiving ACT and FACT services so they may be entered into the Continuum of Care. Joyce White submitted the DCCJ high utilizer scoring method based on the 2 most recent years to MDHA for the Coordinated Access System.

<u>Caruth Smart Justice</u>: Efforts are underway to actively enroll individuals into ACT and FACT services by mid-November. Initial fidelity reviews are in process.

PROJECTS AND INDUSTRY UPDATES

<u>Coordinated Access System</u>: James McClinton reported that Cindy Crain will provide an update at the next BHHWG meeting.

<u>Homeless Jail Dashboard</u>: Starting January 2018 reports and graphics will break data down further by inmate age and type of offense. Total number of book outs is slightly down and the average number of days slightly up, 43 for the homeless population. Courtney Clemmons asked if there is a way to flag individuals for Medicaid or indigent status. Charlene Randolph added that not at this time but conversations are being initiated to explore doing so. Janie Metzinger added that MCO's are currently not incentivized to provide quality of care and are not required to pay for care for individuals in the jail system. NTBHA reports that many of their consumers end up in the indigent care category because benefits were not resumed upon being released from jail and there is a big disruption to medical and behavioral health care.

<u>The Cottages</u>: There are currently 45 residents; 9 processed individuals are on the wait list. Review committee meets tomorrow to approve. No evictions at this time.

<u>Catholic Charities</u>: Work continues on preparing the 103 housing units. The Commissioners Court approved the capital funding and the contract is in place. Catholic Charities is still waiting on approval of the HUD contract and is working on securing a bridge loan to cover the delay in closing. The property manager has been hired and is meeting with partner agencies – Metrocare, CitySquare, and VASH – to address needs and services. Space will also be available for a county representative.

Catholic Charities continues working with Harvey evacuees and furnishing apartments. FEMA funding for hotel stays has ended. Catholic Charities is covering hotel costs while remaining families wait to be placed in an apartment.

<u>Dallas ISD</u>: CitySquare and Dallas ISD are launching a new homeless prevention effort with funding aimed at keeping families in their housing and youth in their schools. Another effort, Educate after 8, is underway and will be housed in an empty Dallas ISD facility. The facility will provide shelter to homeless youth and their families.

<u>City of Dallas Homeless Solutions</u>: It is reported that CIT's were moved away from DPD. MHA is concerned about moving away from this evidence-based practice which has proven very effective.

<u>Homeless Youth Count</u>: Event name was changed to "See Us Now." A "See Us Now State of Homeless Youth" will be given in April along with the "State of the Homeless Address." Two hundred volunteers and 12 team leaders are still needed.

Next Meeting: Wednesday, November 15, 2017, at 10:00 am

PLEASE NOTE CHANGE OF LOCATION:

The Old Red Museum, 100 S. Houston Street; Dallas, TX 75202, 4th Floor, Restoration Room Underground parking will be available under the Old Red Museum. If you need parking, please contact Claudia Vargas.

The Cottages: Mor	thly	Metr	ics S	umn	nary
Metric Criteria	July	Aug	Sept.	Oct.	Notes
Property Management Overview					
Beginning Census	45	44	40	44	
Eviction	_	2	0	0	
Termination	0	2	0	0	
Move-in:	2	0	4	1	
Ending Census	44	40	44	45	
Lease Violation		15	14	50	
*New screenings for waitlis	4	16	11	13	
DHA Inspection	2	0	9	1	
Total residents housed since opening	_	52	56	57	
Residents in Cottages for less than 90 days	2	2	7	6	
Residents in Cottages 90-180 days		8	5	7	
Residents in Cottages 181 days or more	36	42	44	44	
Metrocare Cottages					
Encounter Breakdown	1				
Psychosocial Rehab Individual Session	74	138	148	208	
CBT session	10	18	16	7	
Psychosocial Group Sessions (clinical groups only	25	6	15	9	
Appointments made with prescribe	39	41	37	44	
Appointments attended		27	27	29	
Residents that were prescribed medication	19	23	19	26	
Incident Reports by Category					
Medica		3	5	3	
Psychiatric	1	0	1	0	
	1				
Residents Accessing Higher Level of Care	_	-	4-		San Caret & Oat in abudas Barbarbar
Emergency Room (Baylor and Parkland		43	12	6	For Sept. & Oct. includes Baylor data only
Psychiatric (inpatient and 23 hour obs		2	1	3	
Jail Book-Ir		5	5	4	
SUD Treatment Center	2	1	4	1	
CitySquare Case Management					
Residents receiving case management services	33	38	43	42	
Residents served by Community Nurse		11	6	8	
Residents served by CitySquare Clini		6	7	6	
Residents attending Lifeskills Groups		5	4	16	
Residents attending Community Group		29	36	25	

Department of Criminal Justice FY2018 SAMHSA Grant Project

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													FY2018	FY2017	FY2016
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Total	Total	Total
	000	11011	DCC.	Jann	100.	IVIGIT	71011	ividy	June	July	71481	эср.	1000		1010.
Number of New Admissions	3												3	44	33
Number of New Authorities				<u> </u>		<u> </u>	<u> </u>					<u> </u>	<u> </u>		33
Number of Successful				<u> </u>	1	<u> </u>	<u> </u>	<u> </u>			<u> </u>		<u> </u>		
	0													20	2.4
Completions	0												0	36	24
Number of Unsuccessful			1	1	<u> </u>	1	1	1			l	l	1 1		<u> </u>
	0													40	
Completions	0												0	10	9
			ı	ı	ı	ı	ı	ı	1		ı	ı	1 1		
Average Days in Jail from															
Referral to Admission	12												12	7	4
			1	1	•	1	1	1	•		1	1			
Number of New Admissions															
on ELM	2												2	37	12
Program Referral Follow-Ups	by Type (ւ	running t	total per g	grant ye	ar)										
Court Program Graduate													0	0	6
Active In Court Program													0	8	4
Active In Court Program													U	0	4
Active In Treatment at Nexus													3	0	0
In Jail													0	4	0
Re-Arrested and Released to C	Community	V											0	13	11
		,													
Re-Arrested and Released to F	urthar Tra	atment											0	7	2
Re-Allested and Released to F	urther fre	atment											U		
Released to TDCJ or State Jail													0	3	3
A ati NA/a														4.0	_
Active Warrant													0	10	7

CSP Total

DY6 CSP Monthly Report_No Graphs

Last Refresh: 10/19/17 at 11:25:14 AM GMT-05:00

	Past Year Avg	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	Average:	Sum:
Total Service Episodes:	768	704	717	551	694	900	1,191	959	846	806	776	855	702	808.42	9,701
Total Unique CID:	589	696	672	477	591	762	957	748	592	560	519	545	440	629.92	7,559
Total Unique SID:		695	671	476	590	761	955	746	592	560	518	545	440	629.08	7,549
% Change to DY 4 by CID		118.17%	114.09%	80.98%	100.34%	129.37%	162.48%	126.99%	100.51%	95.08%	88.12%	92.53%	74.70%		

Total Encounters by Type:	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	Average:	Sum:
Triage	704	717	551	694	900	1,191	959	846	806	776	855	702	808.42	9,701
Care Coordination	2,736	2,532	2,304	2,626	2,588	2,943	2,239	2,330	2,689	2,225	2,738	2,319	2,522.42	30,269
F2F Encounter	242	255	252	211	237	292	301	361	403	344	451	387	311.33	3,736
Sum:	3,682	3,504	3,107	3,531	3,725	4,426	3,499	3,537	3,898	3,345	4,044	3,408	3,642.17	43,706

F2F Encounter	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	Average:	Sum:
MHPR Bond							77	163	155	141	241	214	165.17	991
Non-MHPR	242	255	252	211	237	292	224	198	248	203	210	173	228.75	2,745
Sum:	242	255	252	211	237	292	301	361	403	344	451	387	311.33	3,736



Frank Crowley

DY6 CSP Monthly Report_No Graphs

Last Refresh: 10/19/17 at 11:25:14 AM GMT-05:00

	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	Average:	Sum:
Service Episodes:	704	717	551	694	900	1,191	959	846	806	776	855	702	808.42	9,701

Unique Consumers:	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	Average:	Sum:
By N* ID	602	598	423	500	530	624	528	460	444	372	395	238	476.17	5,714
By Client ID	94	74	54	91	232	333	220	132	116	147	150	202	153.75	1,845
TOTAL Unique Consumers:	696	672	477	591	762	957	748	592	560	519	545	440	629.92	7,559
TOTAL Unique Consumers as %:	98.86%	93.72%	86.57%	85.16%	84.67%	80.35%	78.00%	69.98%	69.48%	66.88%	63.74%	62.68%		

Unique F2F:	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	Average:	Sum:
By N* ID	185	186	165	118	110	154	179	209	227	177	224	139	172.75	2,073
By Client ID	40	37	30	34	66	75	63	79	68	74	108	134	67.33	808
TOTAL Unique F2F:	225	223	195	152	176	229	242	288	295	251	332	273	221.62	2,881
TOTAL Unique F2F as %:	92.98%	87.45%	77.38%	72.04%	74.26%	78.42%	80.40%	79.78%	73.20%	72.97%	73.61%	70.54%		

	2016-10	2016-11	2016-12	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	Average:
F2F Percentages:	34.38%	35.56%	45.74%	30.40%	26.33%	24.52%	31.39%	42.67%	50.00%	44.33%	52.75%	55.13%	39.43%



Recidivism Summary for 10/01/2016 to 09/30/2017 DY6 Recidivism [10012016-09302017] (CJ Hx 10012016 Forward)

Last Refresh: 10/19/17 at 12:28:23 PM GMT-05:00

 Triage 12
 7,549

 Recidivism 12-12
 1,997

 Recidivism 12-12%
 26.45%

Triage 6	4,148
Recidivism 6-6	541
Recidivism 6-6%	13.04%

Triage 6	4,148
Recidivism 6-12	1,444
Recidivism 6-12%	34.81%

	October	November	December	January	February	March	April	May	June	July	August	September
Year MO	2016/10	2016/11	2016/12	2017/01	2017/02	2017/03	2017/04	2017/05	2017/06	2017/07	2017/08	2017/09
Recidivism 12-12	9	65	124	200	331	539	734	968	1,188	1,448	1,726	1,997
Triage 12	695	1,366	1,842	2,432	3,193	4,148	4,894	5,486	6,046	6,564	7,109	7,549
Recidivism 12-12%	1.29%	4.76%	6.73%	8.22%	10.37%	12.99%	15.00%	17.64%	19.65%	22.06%	24.28%	26.45%

	October	November	December	January	February	March	April	May	June	July	August	September
Year MO	2016/10	2016/11	2016/12	2017/01	2017/02	2017/03	2017/04	2017/05	2017/06	2017/07	2017/08	2017/09
Recidivism 6-6	9	65	124	200	331	539	541	541	541	541	541	541
Triage 6	695	1,366	1,842	2,432	3,193	4,148	4,148	4,148	4,148	4,148	4,148	4,148
Recidivism 6-6%	1.29%	4.76%	6.73%	8.22%	10.37%	12.99%	13.04%	13.04%	13.04%	13.04%	13.04%	13.04%

	October	November	December	January	February	March	April	Мау	June	July	August	September
Year MO	2016/10	2016/11	2016/12	2017/01	2017/02	2017/03	2017/04	2017/05	2017/06	2017/07	2017/08	2017/09
Recidivism 6-12	9	65	124	200	331	539	721	902	1,045	1,186	1,325	1,444
Triage 6	695	1,366	1,842	2,432	3,193	4,148	4,148	4,148	4,148	4,148	4,148	4,148
Recidivism 6-12%	1.29%	4.76%	6.73%	8.22%	10.37%	12.99%	17.38%	21.75%	25.19%	28.59%	31.94%	34.81%

Transicare Reporting

Crisis Services Project

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		Nov-16		Jan-17	Feb-17	Mar-17	Apr-17	May-17		Jul-17	Aug-17	Sep-17
Beginning Census	_	115	107	103	98	123	127	140	133	146	159	148
REFERRALS	46	33	32	23	42	56	79	76	78	78	75	69
Admissions												
Referred Admitted	19	18	16	8	26	28	30	19	32	30	34	36
No Admit Client Refusal	2	1	1	2	0	1	2	1	2	1	0	0
No Admit Criteria	1	1	3	0	1	0	1	0	3	0	3	0
No Admit Structural	2	6	2	2	2	3	5	5	1	2	5	5
Pending	22	7	10	11	13	24	41	54	40	23	33	28
PRIOR PENDING	•				•			•				
Pending Admitted	12	17	2	4	8	11	17	18	23	18	5	8
No Admit Client Refusal	3	3	4	1	0	0	0	1	0	2	1	0
No Admit Criteria	2	1	1	1	0	0	0	1	2	1	5	0
No Admit Structural	0	4	3	4	1	1	4	2	2	2	19	3
Total Admissions	31	35	18	12	34	39	47	37	55	48	39	44
Discharges												
Success Transfer	7	3	4	3	2	4	5	6	3	1	3	1
DC Midterm Disengage	12	16	6	2	4	4	4	13	12	11	23	22
DC Rapid Disengage	6	6	2	4	2	14	5	10	9	12	14	11
DC Structural	6	18	10	9	1	13	20	15	18	11	10	6
Total Discharged	31	43	22	18	9	35	34	44	42	35	50	40
Active End Of Month	115	107	103	97	123	127	140	133	146	159	148	152
Outcome Data	<u> </u>	<u> </u>		•					<u> </u>			
Terrell State Hospital Link	ages											
≤7 Connect To Prescriber	1	6	2	1	4	6	2	4	5	3	5	4
≤30 Connect To Prescriber	0	1	0	0	0	0	0	0	0	0	0	0
Missed Metric	1	3	0	1	3	3	0	1	0	0	0	0
Total Released	2	10	2	2	7	9	2	5	5	3	5	4
	50.0%	58.3%	64.3%	62.5%	60.9%	62.5%	64.7%	66.7%	70.5%	72.3%	75.0%	76.8%
Cummulative ≤7 Connect %		00.070		0 _ 10 / 0			0 111 70	70				
Cummulative ≤30 Connect %		66.7%	71.4%	68.8%	65.2%	65.6%	67.6%	69.2%	72.7%	74.5%	76.9%	78.6%
Missed Metric		33.3%	28.6%	21 20/	24.00/	24.40/	32.4%	20.00/	27 20/	25.5%	22 10/	21.40/
Unduplicated Served	50.0%	33.3%	20.0%	31.3%	34.8%	34.4%	32.4%	30.8%	27.3%	25.5%	23.1%	21.4%
-	141	111	124	111	120	455	450	162	102	206	205	104
Monthly Unduplicated	141	141	124	111	120	155	156	162	183	206	205	194
DSRIP YTD Unduplicated Served	141	180	209	227	259	308	352	397	460	530	586	641
Encounter Data	•											
F2F Encounter	848	840	730	753	802	855	1019	1196	1333	1368	1375	1024
Cara Ca and	1		113					i e		58		102
Care Coord	198	138	113	82	30	117	119	108	53	50	63	102

Forensic Diversion Unit (FDU) Report

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	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	0ct-17	Nov-17	Dec - 17
Beginning Census	47	46	50	45	44	47	50	47	50			
Number of Referrals Received from CSP												
Adapt	7	8	16	12	20	17	8	15	10			
Metrocare	0	0										
Transicare	0	0										
DA	0	0										
Number of Admissions	5	8	10	7	9	8	6	7	6			
Number Discharged	0	4	10	3	6	5	9	3	6			
Number not admitted due to:												
Client qualifies for ACT	0	0	0	2		4		1				
Client qualifies for other programs	1	0	0									
Client didn't meet level of need required	0	0	0				1	2	1			
Other reasons	0	0	0	3	7	5	1	5	3			
Average Service Utilization:												
Average hours seen	7.22	6.46	6.36	6.52	6.72	5.19	6.18	10.32	10.48			
Encounter Breakdown:												
Face to Face	254	275.25	245	264.25	269	240.28	298.75	324.54	258.16			
Service Coordination	193	225	215	188	296	210.25	239	181.75	437			
Number of clients accessing:												
Emergency Room (medical)	0	0	0		0	0	0	0	1			
23-hour observation (psych)	1	1	0	1								
Inpatient (med/ psych)	0	0	0		2	2	1	1	1			
Jail book-in	10	2	0	1	5	5	2	5	2			
Reasons for Discharge:												
Graduate		0	0		1	1	0	1	1			
Client Disengagement	2	3	0	3	3	1	7	2	3			
Extended Jail stay (case-by-case basis)		0	0		1							
Other Intervening factors		1	0	2	1	1	2	1	5			
End of Month Stats:												
Number of Active FDU clients end of month	46	50	48	44	47	50	47	50	47			
Number of Unique Consumers	2	0	2	0	47	50	47	50	47			
# of clients waiting to be released from jail	11	12	15	12	14	9	8	6	9			
Average Length of stay on FDU (month)	12.27	11.38	7.72	8.06	6.33	5.54	5.63	5.99	7.01			
Maximum Census	46	46	46	46	46	46	46	46	46			

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

OCTOBER 2017 Monthly Report

report reflects up to October 30, 2017

Dallas County Crisis Services Program	Program Specific and Systems Update	Summary of NTBHA's Monthly Activities	Action Items/Concerns
1	Adapt Community Solutions (ACS) – Targets member released from jail using ACS to ensure continuity of care	Conducted case consultations on approximately 17 referrals.	Not Applicable
2	Transicare Post Acute Transitional Services (PATS) — Targets high utilizers released from jail with more intensive need to ensure continuity of care	Provided case consultation and clinical support during PATS/FACT Huddle Calls Completed hospitalization/benefit inquiries for 3 clients.	Not Applicable
3	ACT Forensic Diversion Unit (FDU) – Provides ACT services for high utilizers of the legal system. Responsible for approving evaluations of FDU referrals and FDU oversight	Clinical review of cases for appropriate LOC recommendations on 16 FDU referrals, 14 of which were approved for FDU assessment.	Not Applicable
4	Caruth Smart Justice	No documented activities during this reporting period.	Not Applicable
5	CSP – Cottages Project – Housing complex of 50 cottages that provides housing, mental health assessments and counseling for clients categorized as high utilizers of MH and judicial systems	33 candidate cases reviewed Participated in Selection Committee meetings where 13 individuals were considered for the program.	Not Applicable

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

Attendees: James McClinton (MDHA), Kurtis Young (PHHS), Jacob Twombly (UT Police), Charlene Randolph (Dallas County), Sherry Cusumano (Green Oaks/ NAMI), Jennifer Torres (Metrocare), Ashley Williams (CSCD Clinical), Brianne Brass (Dallas County), Marie Ruiz (MetroCare), John Henry (NTBHA), Herb Cotner (Dallas PD), Doug Denton (HBI Inc.), Karla Sweet (HBI Inc.), Mike Ayoob (Counseling Institute of Texas), Jennifer Erasime (Parkland Hospital), Laura Edmonds (Dallas County), Ikenna Mogbo (Metrocare), Jarrod Gilstrap (DFD)

Introductions and Minutes Approval

- Committee members made introductions.
- Meeting minutes from August 2017 were approved.
- The ACT/FACT presentation was canceled.
- Metrocare offered to present on IDD in December.

Updates

- NTBHA has begun their new fiscal year.
- NTBHA has centralized hospitals to take inpatients; a distinct amount is to be used through RFP agreement.

Smart Justice Update

- Dallas Fire and Rescue and Dallas Police Department conducted a conference call with Colorado to get guidance on embedding policy and procedures that were successful to prepare for deployment of Caruth Project.

Other

- -Herb Cotner requested to have a discussion forum for public input.
- -Dr. Jill J. Love volunteered to present in October.

The meeting was adjourned at 12:45 pm.



DALLAS COUNTY, TEXAS

Minutes of the Behavioral Health Steering Committee (BHSC) Meeting <u>Thursday, October 19, 2017</u>

Call to order and Introductions

The meeting was called to order by Lynn Richardson at 8:35 am. 27 staff and agency representatives/providers were in attendance with names recorded on the meeting sign-in sheet. Guest: Commissioner Theresa Daniel was present and was introduced. She encouraged and thanked everyone for their hard work and impact. She also addressed the immense value everyone involved is providing to the community and Courts.

Minutes review and approval

The **minutes** from the last bi-monthly BHSC meeting held on August 17, 2017 (packet pgs. 2-5), were reviewed with motion and second by Harry Ingram and Lee Pierson for acceptance. No discussion or corrections. Motion unanimously passed with minutes approved without objection.

No guest speakers presented today.

Caruth Grant: Mike Laughlin provided quarterly summary update regarding the MMHPI Smart Justice Grant with materials in the packet (packet pages 6-8). The 5-year, \$7 million Implementation Grant submitted by MMHPI was awarded in October 2016, leading to the \$1.174 million sub-grant to Dallas Co. in Jan. 2017 to address Intercepts 2-4, and part of 5. Mike gave an update on the current status and upcoming actions related to the award. The beta test of the project began on April 17th, and all the workgroups and sub-teams for the Intercepts 2-4 continue to meet/complete pre-implementation tasks related to procedures/forms, Court orders, space/staff preparations, modified resource allocations, training curriculums/plans culminating a successful implementation launch the week of August 14th. Mike also provided program activity/performance data through August 31st reflecting:

- 5299 or 21% of the 25,375 book-ins screened MH positive (100% of all book-ins were MH screened)
- 848/17% of those screened MH positive were found MHPR Bond eligible by Pretrial, and Court-ordered for assessment (after criminal history and risk review)
- 563/69% of those ruled eligible were fully assessed (most with Recommendations for Standard Intensive or Routine OP)
- 285/31% of those ruled eligible were not assessed (due to refusal, early alternate release, etc.)
- 629/75% of those eligible were disposed by other means prior to presentation to Court
- 219/25% of those eligible were presented to the Court for bond decision
- 185/85% of those presented to the Magistrate were granted bond and released
- 22/9% of the 219 were denied bond and detained, and 12/6% of the 219 presented had an alternate disposition
- 185 or 100% of bond-released defendants were opened by Pretrial (15% to low level, 60% med. Level, and 20% to high level bond supervision).
- 185 releasees (100%) were connected/referred to follow up treatment by ACS and PTS

• 50 MHPR Bond cases were closed by PTS (25% successful/75% unsuccessful)

The next step will be completion of a full, start to finish, flowchart in October 2017 of the processes for everyone to commonly follow, along with a guide, and an agreed set of data elements and definitions for tracking implementation progress and client/system outcomes among all parties. Lastly, MMHPI and the County continue to meet and work with community providers to build up treatment resources related to Intercept 5 for referral and treatment connection upon release. This will soon include randomized assignment into control and enhanced ACT and FACT treatment groups to test new treatment options to reduce risk and increased stability and compliance.

Mike emphasized that these are still initially small numbers, but growing and that we will continue to expand, but in the meantime, the smaller numbers have made it easier for us to address and overcome barriers and problems as they arise. Ultimately, the flowchart and data guide will assist us in sharing information, resolving issues, and tracking program activity, performance, and outcomes.

Dawn McKeehan with MMHPI also presented updates on progress with Intercepts 1 and 5 advising that the City and Meadows have jointly made great strides in setting up the new Intercept 1 pre-arrest diversion protocols, staffing, and resources for the emergency response RIGHT Care Teams with training forthcoming soon, and beta implementation as early as late November. With Intercept 5, all the contracted providers have reviewed and approved new agreements, and training and beta implementation is forthcoming quickly. She was also very complementary of the identified providers as to their creativity and overall flexibility in preparing for the Intercept 5 implementation.

Lynn and Michaela brought up the importance of sharing data and outcomes. Michaela asked about a data dashboard which is the plan, but much further down the line. Also, lengthy discussion by Lynn, Michaela, Enrique and others about re-arrests, successful diversion and reduced recidivism, and how the homeless are still getting stuck in the system. We all agreed more housing options are part of the plan, and continues to a big issue holding up release considerations.

Lynn, Lee and Mike shared the outcome of the recent follow up meeting with DART on how to better divert the homeless MI clients out of their system and to better service and treatment options that reduce re-arrest on fare violations and criminal trespass. We advised that they agreed to start tracking these super utilizers better to improve diversion and reduce re-arrest. This includes a new contact person at DART who will allow us to add names to their internal list that will permit our clients to have greater consideration and lifting of rider bans for those in the program. They have also agreed to work with us to improve officer and fare enforcer trainings. Dr. Love advised that there are clinics in the Metrocare system that will allow drop offs during business hours for those riding the trains illegally, or causing trouble when doing so. Mike advised that DART will now be working with us much more closely on these issues. Enrique brought up that he is now playing a leadership role in our local Data Driven Justice/Behavioral Health project, and that an integrated data system can help address some of these issues as well. Lee mentioned that the new DART Sight and See phone app can be loaded and used to more rapidly address and de-escalate situations more quickly. It was also brought up that many of us do not have access to any directory of the variety of services and locations available, and it was agreed that a directory needs to be developed and distributed.

John Henry also shared that the efforts within HB 13 will provide an opportunity to apply for part of the \$2.5 million in potential funding of respite services that can also impact this. Joyce Williams also spoke at length about the housing services be built up within the Caruth Grant Intercept #5 which includes the new process for HMIS enrollment prior to jail release. Additionally, she noted that HUD has identified and targeted the super utilizer for service impact which also includes emergency shelter fund and rapid re-housing programs. Lynn completed on the recent attorney homeless training led by Joyce, and Joyce reminded of the next

BHSC Data and Reports - Chief Public Defender Lynn Richardson

Program and Department Updates: The program/outcome data, updates, and workload reports were presented and accepted via relevant dept./agency staff for the SAMHSA Grant, 530 Subcommittee, BHLT/CSP, Public Defenders, District

Attorneys, CJ Dept. Jail reports, as well as provider reports (The Bridge, Metrocare, and IPS), and the various Problem Solving and Specialty Courts (see packet pgs. 7-63 for details).

Laura presented the SAMHSA Grant update along with the data and activities (see packet pg. 7). They are above their target, and beginning the last year of their grant. It was also mentioned that the Specialty Courts will have to be certified to continue services and funding.

Laura Edmonds also presented a summary of current 530 Subcommittee activities and expenses. The semi-monthly September 2017 Committee meeting minutes and report were presented by Laura who also advised the current balance on pg. 10 is \$165,543. Additionally, the FY18 530 committee budget of \$169,047 was briefed and then approved by the committee and is on pg. 12. The 530 Subcommittee approved in September and needs BHSC approval for \$310 expenditure from budget line items for inpatient treatment at Homeward Bound for one MHJD Court participant and a SET incentive approval for \$39.93 in additional funding beyond what is currently available. Motion made and seconded by Harry Ingram/Mike Laughlin. Motion unanimously passed and approved without discussion or objection. Lastly, FY18 request for \$600 in MHJD holiday party incentives from the \$15/client that is already allotted. Motion made and seconded by Leah Gamble/Lee Pierson. Motion unanimously passed and approved without discussion or objection

Reminder there will be an increase in training opportunities and focus for FY 2018 to include the National Assoc. of Drug Court Professionals Conference coming to Texas.

The 530 Subcommittee will also have their next lunchtime <u>training</u> Delightful Discussions on Friday, <u>October 27, 2017</u>, <u>from 1130-1215pm</u>. It will be held in the in Pretrial Conference Rm. A9 on the 1st floor. The next 530 Subcommittee meeting will be on November 8th at 930am.

CSP stats and metrics for August/September were presented/reviewed by Laura (see packet pgs. 14-27), and they are exceeding YTD outcomes and DY6 metrics with final DY report due for release by October 31st. There continues to be an uptick in the numbers due to the new Caruth MH PR Bonds. Terrell Hospital Connection Project for improved release planning continues to go well.

Charlene and CSP providers continue to communicate with NTHBA to facilitate the transition planning since the care manager and Specialty Court Aftercare Engagement Packages currently go through CSP and as of this year are coordinated through NTBHA. Process continues to go well. Additionally, HHSC has submitted request for 21-month extension of CSP funding with an announcement on that by the end of the current calendar year.

Cottages Update: Census is not full at this time. Referral criteria include multi-bookins, MI diagnosis, and homeless. Also they are permitted to have income, but don't have to meet HUD definition, no sex offender cases, and Arson cases are reviewed individually. DHA processing can take some time I order to process the needed documents, verify homeless status, etc. City Square case workers will interview/screen and help to gather documents, etc.

Jail and hospital movement, pregnant defendants, and homeless and Veteran data and reports were presented by Laura and are found in the meeting packet on pages 27-48. Competency numbers from pg. 27 of the packet, and we have a higher number of those waiting to go to the state hospital recently likely due to more being ruled incompetent to stand trial. She advises they are working hard to get those numbers down, and a lengthy discussion and presentation was made about the recent efforts to start up a jail-based competency program via SB 292 via Caruth seed money along with leadership and assistance of Parkland Hospital. Pat Jones explained that Caruth plans to match local money dollar for dollar, and this will be a great improvement to the local process and situation. Many communities do not want to lengthen the jail stay for this population, but Dallas has recognized that they are in the jail already, and this will at least allow them to be treated and possibly restored while waiting so long for a state hospital bed. This will help the many that do not qualify for outpatient competency. We will know for FY18 quarter #2, FY 19 (Sept. 2018) will be a new set of money to requalify for then. Janie Metzinger pointed out that HB 13 is more for community based mental health services, and SB292 is more to address the criminal justice system and to reduce the jail revolving door, particularly high

utilizers. Pat advises that DSO is looking at the physical space changes needed, staffing, etc.. Laura mentioned that they will remain on the state hospital list simultaneous to their participation in the new Jail Based competency. Pat mentioned that the target is for more of the "chronic" cases vs. "acute, and that they will have mechanisms to minimize use of forced medications. Pat also advised that some will stabilize enough to be released to outpatient competency as well, and that this will be time-limited based on how much progress the patient has made in the jail-based program with the goal of resolving their status without having to move to the state hospital if at all possible. Laura also advised that there will be strong screening of past treatment history to reduce the number stalling out in the process, and Dr. Love mentioned that they should be monitored to ensure they move to the hospital when bed opening occurs if they are still in need of those services. Leah also mentioned that all these things are within the on-going discussions between the lawyers, Parkland, County, the Court and others as to how this is being designed and how it will be used. Lee Pierson with DA Office noted that all competency cases will be reviewed individually as to whether they will qualify and allowed to be accepted into this program based on their criminal history, medical/mental condition, and current case details. They will also review those who may qualify or be converted instead to the conditional dismissal program, civil commitment or other. This also includes those waiting for NGBI (not guilty by reason of insanity) review at a maximum state hospital facility (e.g., Vernon State Hospital). Terrell State Hospital has a lag in acceptance causing the wait list to increase.

John Henry and Janie Metzinger noted that \$300 million is authorized statewide to improve existing, or build new, state hospitals, and/or to buy local psychiatric hospital beds as space is available (and doctor availability), but that it will take years to address this.

Laura noted that the count of <u>pregnant patients</u> (pgs 28-29) is trending down recently and sits at 64 in September. Laura gave compliments to Nexus Recovery Center for their continued quick acceptance of pregnant patients, and their continued great work with them. Some of these are for probation/parole violations, and most of them have an MI diagnosis per the Stella data and MH screenings.

<u>Veteran's</u> prevalence continues to under report pg. 32 (263), and they continue to rapidly cycle out of the jail making it hard to get the designated staff catching them before release due to limited staffing. Small number of these go to the Veteran's Court. Dr. Love noted they have a state grant for Intensive Outpatient Services for veterans and they are waiting for referrals. They will accept all but dishonorable discharge, are using the "Seeking Safety Curriculum", and it will include family services and peer support components. Additionally, treatment needs do NOT have to be service trauma related. Serena McNair noted that it is also important to use the Courts to flag the Veterans (via Jail, CSCD, Courts, etc.) in need of attention and enrollment in the Veterans programs. Lynn and Jill noted that their will generally not be a limit as to what type of offenses are accepted, but that it will target resources to the higher risk with some funding set aside to assist via 2 contracted vendors to help address housing issues. Serena McNair and others noted that we are still missing too many of these and other specialty populations since they are getting missed either at the early jail identification process, or in the Courts (pre adjudication), and so when CSCD gets them it is much later in the process, and lots of opportunities are missed for Veterans and other populations. Everyone agreed the process needs to be improved.

<u>Homeless</u> numbers are on page 36, and show an average stay of 43 days with 313 unique clients being served. It was noted that getting IDs is still an issue, and several mentioned Police Department based programs around the state in connection with shelters have been helpful on this issue. Joyce White advised they had a homeless meeting last week noting that once they are out of homeless status for 90 days they are being removed from the list for services, and they are working to address this issue.

Monthly CCQ match: Mike Laughlin provided the MH prevalence which according to TLETS is still high 64% (packet pgs. 39-40). The Jail MH screen is still too inclusive leading to too many false positives, and data sources are still being

reviewed with IT to refine the data feeds and hopefully resolve the issue soon. The NTBHA feed is also being added soon to the data collection which should help in more accurate triaging and identification.

All other department and agency data reports and program updates were accepted as read, and can be reviewed in the meeting packet.

Lynn Richardson presented the **Public Defender MH case data and reports (pgs. 41-42)** noting they will soon have the Smart Justice numbers added also. They are now also closely tracking all specialty court participants. No other comments at this time.

Lee Pierson provided the **DA data updates and report (pgs 43-47)** noting that Cresta Garland is back in the Courts, and Shelley Fox is back in the Diversion Courts. Additionally, Blake Reyna and Ron Wright are added to handle felony courts and will be starting to attend next month.

Provider Reports

Kelly Lane from The Bridge reported their numbers (pg. 48) are pretty consistent with no changes, or comments/concerns expressed. DHA is taking briefings again for placements for the first time since November 2016.

Metrocare: Crystal Garland presented Metrocare data/reports (pg. 49-50) advising that Pride numbers remain low but is being addressed. DDRC remains at full capacity, and Atlas is picking back up.

IPS: Supplemental agenda insert was provided by Enrique/IPS. He reminded everyone that service slots are continually available, acknowledging that their service numbers have grown but their service capacity has not always grown equally as fast. He reminded everyone that they can communicate with any admission/intake needs by phone or at www.ipsrecovery.com. He also mentioned that much of the recent growth in service provision has been from psychiatric services, detoxification, and MAT services. Also, he has noted a reduction in intakes for Hispanic clients, and an increase in Caucasian clients. He also noted that there was a temporary medication funding crisis for about 90 JTC clients with a gap filled with assistance from NTBHA, CSCD, Gateway etc. via the Pharmacy Assistance Program (long process, but worth it and thankful to have it.)

NTBHA: John Henry reported that engagements are up, and some good things are happening with the expansion to include increased capacity for OCR and new money/collaboration to implement SB2 Collaborative locally.

Specialty Courts: Laura presented OCR Court data (pg. 51). It was noted that Governor's Office is no longer funding attorneys for Specialty Courts. DIVERT Court numbers are on (pg. 52/53). Ms. McNair was present and provided the other Specialty Court numbers for post adjudication (pages 54-63) noting that PRIDE Court is down and is at a census of 2, Atlas Court numbers are picking back up, and DDRC remains at capacity. Dr. Love mentioned that Metrocare is their primary MH treatment source, and reminds everyone to identify and refer any potential client with high mental health needs to Metrocare. Enrique commented

Funding: Everyone was again encouraged to keep good track of program/outcome numbers to ensure they are accurate and that your target population makes up most of your slots and program effort.

Announcements

Housing: recent housing training for cross-disciplinary group targeted to domestic violence went very well, and the next one for the attorneys and Judges will be in the Central Jury Room on December 20, 2017, from 1-2pm in the A5 DSO training room.

Shenna and Laura announced the next monthly "Delightful Discussions" brown bag in-service with **Census and Caseloads/Monitoring and Evaluation** on Friday, October 27, 2017, from 1130-1215pm. It will be held in the in Pretrial Conference Rm. A9 on the 1st floor. Desert will be provided with door prizes. RSVP to Shenna via email.

Homeward Bound is moving to their new location at 5300 University Hills, Dallas, Texas 75241 at an uncertain date in November. They already know the renovations and facility license inspection will not be done in time, and they will be shutting down new admissions in late October, and will close down all admissions for 2-3 weeks in November to finish preparing and passing the facility before re-opening it. Undated information will be provided soon on these details.

Adjournment

The meeting was adjourned by Lynn Richardson at 950am. The next bi-meeting is set for Thursday, December 21, 2017 at 830am in the same location. Reminder was provided to everyone to submit their monthly stats to Mike Laughlin via email by the 2nd Friday of each month for distribution.



GOVERNOR GREG ABBOTT

MEMORANDUM

DATE:

December 9, 2016

TO:

Specialty Court Grantees

FROM:

Camille Cain, Executive Director, Criminal Justice Division

SUBJECT: Specialty court grant funding

CJD will publish the FY 2018 Specialty Court Program Request for Applications on December 19, 2016. You will see some changes to the specialty court program. A key change is that CJD will no longer fund probation officer, prosecutor, or defense attorney salaries for specialty court programs funded for state fiscal year 2018. We know that this decision will affect a number of our funded projects and we wanted to share this information and underscore that the need for this decision is simply one of funding availability. Following are some considerations:

- High level of funding. CJD had about \$3.6 million in appropriations specifically for specialty courts in FY17. We received over \$17.2 million in requests and awarded \$12 million to 78 specialty courts. This level of funding is up 36% from \$8.8 million in 2013.
- Decreasing revenues. In large part, CJD uses the Criminal Justice Planning Fund to make up the
 difference between the \$3.6 million in appropriations and the \$12 million in actual specialty court
 funding. This fund is intended for a wide array of criminal justice, juvenile justice, victim services, and
 Crime Stoppers programs. The fund, made up of court costs and fees submitted by counties, is
 diminishing at over \$1 million each year.
- Growth in demand. In 2013, CJD received \$10.7 million in specialty court grant requests and \$17.2 million in FY 17—a 60% increase in requests for specialty courts.
- Growth in funding but not in participants. In an analysis of specialty court projects funded in 2011 and still funded in FY 15, grant budgets increased by 22% but during that same time period the number of participants only increased by 1% and successful completions increased by 4%.

As a result of these realities, CJD and the Specialty Courts Advisory Council met to discuss our very limited options and the principles we would use to make decisions. This discussion resulted in five main principles:

- Treatment first. We determined to preserve our commitment to direct services and treatment-related dollars above all else.
- Support excellent programs. It is important that the limited dollars that we have available go to the
 most effective programs. (CJD has revamped its performance measurement methodology for specialty
 courts and outcomes will become an increasingly significant factor in future funding decisions.)
- Training and technical assistance is important. Given the growth in specialty courts across the state, a
 concerted effort to provide training and technical assistance is needed to help ensure that the existing

- courts meet best practice requirements and consistently operate with excellence. (CJD will announce an opportunity to provide this support later in December.)
- Preserve as many courts as possible. One option for addressing the limited dollars was simply to significantly lower the number of courts we fund. However, CJD and the Council opted to preserve at least partial funding for as many specialty courts as possible.
- Support our existing courts before funding new ones. We will temporarily halt the growth of new CJD-funded specialty courts; as a result, CJD will not consider any application from a specialty court that CJD did not fund in either FY 2016 or FY 2017. Additionally CJD will cap funding levels at the most recent year's expenditures minus any newly ineligible line items.

Given the principles above, CJD along with the Specialty Courts Advisory Council determined that we could no longer support county personnel costs not directly associated with treatment-related services.

CJD believes in doing everything we can to make Texas safer and to help change Texans lives for the better. Specialty courts play an integral role in helping high-risk, high-need offenders to succeed in their communities and avoid recidivism; for that we are grateful. CJD will continue to provide funding and guidance wherever possible and support specialty courts as a part of our portfolio of criminal justice initiatives.

CJD will publish the FY 2018 Specialty Court Program Request for Applications on December 19, 2016. If you have any questions or concerns regarding these changes, please contact Andrew Friedrichs, Associate Director of Justice Programs, at (512) 463-8232 or andrew.friedrichs@gov.texas.gov.



From: SpecialtyCourts
To: Andrew Friedrichs
CC: Maritza Ramirez

Subject:Important Update - Revised specialty courts funding notice from CJD

Sent:1/12/2017 3:06:45 PM



Attachments may contain viruses that are harmful to your computer. Attachments may not display correctly.



MEMORANDUM

DATE:

January 11, 2017

TO:

Specialty Court Grantees

FROM:

Camille Cain, Executive Director, Criminal Justice Division and

SUBJECT: Specialty court grant funding

On December 19, 2016, CJD released the FY 2018 Specialty Court Program Request for Applications (RFA) that included some changes to the specialty court program. A key change in this RFA was that CJD would not fund probation officers for specialty court programs in state fiscal year 2018.

After releasing the RFA, the Probation Advisory Council along with the Judicial Advisory Council recommended some alternate, pragmatic solutions that would allow us to consider funding probation costs. As a result, CJD has amended the RFA to allow probation officer expenses to be included in the upcoming specialty court application budgets for FY 2018. Please understand that by allowing these expenses in the application, CJD does not guarantee they will be funded at the requested amount or at all.

CJD is continually seeking to implement and improve processes that foster equitable and fair funding decisions. We do this while upholding our fiduciary responsibility to maintain a balanced budget so that we are able to support all facets of our state's criminal justice needs. CJD and the Specialty Courts Advisory Council are thankful to the specialty court community and for the useful input we received.

The revised RFA allowing probation officer costs is being posted on eGrants and will be marked "Amendment #1". If you have any questions or concerns regarding these changes, please contact Andrew Friedrichs, Associate Director of Justice Programs, at (512) 463-8232 or andrew.friedrichs@gov.texas.gov.

Thank you,



Justice Programs Team Criminal Justice Division Office of the Governor (512) 463 -1919