

**Dallas County Behavioral Health Leadership Team**

**Thursday, April 12, 2018**

**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 8, 2018\*
- III. Strategic Planning
- IV. NTBHA Update
- V. The Stepping Up/ Caruth SMART Justice Initiative Update
- VI. Dallas County Behavioral Health Housing Workgroup
- VII. 1115 Waiver Crisis Services Project Update
- VIII. Legislative Update
- IX. Funding Opportunities
  - Cottages Update
  - SAMSHA Residential Treatment Grant Update
  - Community Courts Grant Update (Public Defender's Office)
- X. Upcoming Events and Notifications
- XI. Public Comments
- XII. Adjournment

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

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.



Dallas County  
Behavioral Health Leadership Team  
Meeting Notes  
Thursday, March 8, 2018

**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 introduced Judge Bobby Francis of the 4C Court. Commissioner Price and Commissioner Daniel acknowledge and congratulated Judge Kristin Wade and Judge Lela Mays on their wins in the primary election. Mr. Ganesha Shivaramaiyer and Mr. Woldu Amenesha from Health & Human Services were in attendance.

**Review/Approval of Minutes**

The minutes of the BHLT meeting held on February 8, 2018 were included in the meeting packet (pg. 2-4). A motion was made by Commissioner Daniel to accept the minutes and was seconded by Gordon Hikel. The committee members voted to approve the minutes with modifications made to page 1 of the minutes.

**NTBHA Updates:**

Carol Lucky, CEO of North Texas Behavioral Health Authority (NTBHA), stated that as of March 1<sup>st</sup> NTBHA is no longer contracting with Green Oaks. Ms. Lucky informed everyone that police should take patients to the nearest inpatient psychiatric hospital or med-surg hospital and this information is based on the Texas Health & Family Safety Code. NTBHA has met with Chief Shaw, Asst. Chief Pugh and Chief Humphries to make sure that everyone is following Texas Code and Federal Law. NTBHA has completed their new RFP process and Ms. Lucky will be signing the new contracts. NTBHA will be bringing 25 new inpatient beds: Dallas Behavioral Health will be adding 4 additional beds, Garland Behavioral Health 7 new beds, Hickory Trail will be adding 7 additional beds, Glenn Oaks in Hunt County will be adding 7. Parkland beds are waiting on approval by the state and getting additional staff to add more inpatient beds (this should take approximately 2 months). Selene Hammon with, Dallas Behavioral Health Hospital spoke on the Emergency Medical Treatment & Labor Act (EMTALA) violations. EMTALA requires most hospitals to provide an examination and needed stabilization treatment, without consideration of insurance coverage or ability to pay. Violations occur when police officers are told to go from one psych facility to another facility for assistance. Celeste Johnson, VP for Parkland Behavioral Health, stated that 70% of their patients coming into Emergency Detention are from Dallas police, 30% of those have by passed other hospitals or facilities that were closer. Parkland is currently running 58-62 in their Psych Emergency Room (ER) which is designed to hold 24. The current wait time for a bed is 44-100 hours for patients waiting in the ER with 17 people waiting in the community.

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

Ron Stretcher with Meadows Mental Health Policy Institute (MMHPI); because of the detailed presentation last month, stated that MMHPI did not have any pressing updates to give this month.

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

Commissioner Daniel stated NTBHA is currently in discussions with Homeward Bound to increase the respite numbers. The inspections for the crisis and respite program have been approved. Catholic Charities is moving along and the anticipated move-in will be June or July (Northwest Dallas County). Commissioner Daniel stated that they continue to work on information sharing through HMIS, Data Driven Justice, and Parkland PCCI in an effort to bring data collections together. Mr. Stretcher stated that they currently have THR's data, Parkland data and NTBHA data. The data system is rolling along and should be available by the end of the month. MMHPI still needs Dallas County information and Ryan

Brown stated that there was some additional information requested and it is now back in the hands of the Civil DA. Garland Baylor Scott & White Hospital has closed as of February 28<sup>th</sup>, with there not being any other major hospitals in that area. Commissioner Daniel would like to look at other ways to use that facility to address the needs of patients. Walter Taylor, Chief Strategy Officer for NTBHA informed the committee that NTBHA will be submitting an application for tenant-based rental assistance, mainly for the clients in rural areas; however, this will also help with the clients in the urban areas. NTBHA will also be submitting a SAMSHA Grant application to provide expanded ACT/FACT services.

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

Mrs. Charlene Randolph, Dallas County Criminal Justice Department Director, along with Dallas County Health and Human Services (HHS) Director, Ganesh Shivaramaier, and HHS Program Monitor, Woldu Ameneshoa, provided an overview to the changes associated with the 1115 Waiver. Ms. Randolph provided an explanation to the changes in reporting moving from project based to system based. She also provided an overview of the measure selections, point system, and the other reporting categories. Ms. Randolph explained how changes in the 1115 Waiver and system reporting impacts funding that will be received. Dallas County will receive approximately \$6.3 million in demonstration year (DY) 7 and 8. Waiver funding will be reduced in DY9 and 10 (specific reductions yet to be released from HHSC), and no funding will be received from DY11. Ms. Randolph elaborated that these changes will impact what the Crisis Service Project (CSP) will be able to fund and that CSP is looking to make cost reductions in order to sustain these changes, as well as begin to look at overall long term adjustments that will need to be made as CSP plans for future sustainability. Commissioner Price presented Resolution 01-2018 to the committee which stated that BHLT would endorse the submission of the required RHP 9 Plan Template and the negotiation of distribution of funds available to Dallas County. CSP will select the following metrics; (L1-241-Decrease in Mental Health Admissions and Readmissions to Criminal Justice Setting (Jail Recidivism) and L1-160-Follow-up After Hospitalization for Mental Illness (7/30 days) in the RHP9 Plan and submit the documents by March 26<sup>th</sup>. The motion was made by Ken Medlock and seconded by Doug Denton.

#### **Legislative Update:**

Jane Metzinger, Public Policy Director for Mental Health America of Greater Dallas (MHAGD), reported that the delegation is currently having runoffs and the committees are starting to have hearings. Mrs. Metzinger invited the committee to MHAGD reception for Licensed Boarding Home Owners on Wednesday, March 21<sup>st</sup> at 2pm. Lynn Richardson, Chief Public Defender will be presenting at the next COMI meeting on March 21st.

#### **Funding Opportunities:**

- **Cottages Update:**

Nadia Salibi from City Square introduced Jennifer Jaynes the new Cottages Director. Ms. Salibi reported that they currently have 42 neighbors housed at the Cottages, 1 death occurred in February and 2 move-ins are scheduled for the upcoming week or two. They have had 70% of the Neighbors who have stayed over 181 days. Commissioner Daniel asked if the issues concerning the DHA vouchers had been addressed, and Ms. Salibi stated that those barriers had been addressed and there are no issues at this time.

- **SAMSHA Grant Update:**

Laura Edmonds with the Criminal Justice Department reported there are 17 women enrolled in the in the Nexus program. The average number of days in jail from referral to admission is 8 days. CJD has received carryover funds of \$30K to increase the number of treatment slots from 35 to 42. Commissioner Daniel inquired about the transportation for these women to Nexus. Mrs. Edmonds explained that there is a warm handoff process that SAMSHA Coordinator, Teresa Saulsberry, handles. Ms. Saulsberry picks them up from the jail and escorts them over to get connected with ELM and then she makes sure that they are connected with the NEXUS peer recovery coach who then transports the clients directly to Nexus.

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

Lynn Richardson, Chief Public Defender, stated that everything is going well with the Community Courts Program was approved for an additional year and this court handles the high-risk high needs offenders (HRHN) who have substance abuse issues. CCI visited the SKIPP Program and found that it is a model program for HRHN for youthful offenders. Judge Stephanie Mitchell presides over this program. Mrs. Vickie Rice reported that the PD's office is currently revamping the Conditional Dismissal Program, by using the app clean track to assist with monitoring. The PD's office is also looking at a ways to revamp the Specialty Courts by working to define a specialty docket program vs a specialty court program. Mrs. Richardson added that the clean track app will help with additional monitoring via the phone which is at no cost to the county.

- **Homeward Bound Update:**

Doug Denton informed the committee that as of March 2<sup>nd</sup>, Homeward Bound (HWB) had received their HHSC/DSHS license. On that Monday, HWB started to accept detox admits and Monday-Friday detox services. HWB has opened up 22 beds with 18 filled for detox. Staff has been trained and they are ready to open residential beds (men and women). Mr. Denton is looking to have double bed availability every other week. HWB will be putting out a daily capacity report and if attendees have not been added to the list please email him to get added. The crisis residential wing of HWB has not been opened, and they are still awaiting the state to approve the physical plan.

**Upcoming Events and Notifications:**

Mrs. Randolph and Ms. Keta Dickerson informed the committee that Baylor Hospital has a grant opportunity and are looking for community partners to provide services through the grant. They have not identified how they will utilize the grant funds. Individuals are welcome to send Ms. Dickerson agency information and she will forward it to her contact person at Baylor, so they can reach out directly regarding potential partnerships. Ms. Dickerson can be reached at [kedickerson@dallascounty.org](mailto:kedickerson@dallascounty.org). Dr. John Buruss announced that Metrocare will be hosting a conference with NAMI on psychotic illness at Scottish Rite Hospital. Charlene Randolph acknowledged Nakish Greer for all of her hard work with the BHLT meetings.

**Adjournment:**

The meeting was adjourned at 10:57 am with a motion made by Commissioner Daniel and seconded by Gordon Hikel.

## Meadows Mental Health Policy Institute

### Caruth Community Update — First Quarter 2018

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The Caruth Smart Justice Planning Grant Phase II proposal was submitted to the W.W. Caruth, Jr. Foundation at the Communities Foundation of Texas on July 15, 2016.<sup>1</sup> The Meadows Mental Health Policy Institute (the Institute) and its partners began implementing the Caruth Smart Justice Project (Caruth Project) in January 2017. The project is aligned with and supports the local behavioral health system and its efforts to meet the needs of residents with mental health issues in North Texas. At the beginning of Year 2, the Institute and its partners are working on improving processes and expanding the client pool for the recently implemented effort to divert incarcerated clients into Assertive Community Treatment (ACT) and Forensic ACT (FACT). On another front, the Right Care teams have begun to respond to calls and 911 triage clinicians are in place.

The Caruth Project has developed an active collaboration with community providers and stakeholders to meet the goals of reducing the number of people with mental health needs who are detained in the Dallas County Jail and increasing access to high quality community-based treatment. The Institute has formal agreements with the Dallas Police Department (DPD), the Dallas Fire and Rescue Department (DFRD), Parkland Health and Hospital System (Parkland), and community providers of Assertive Community Treatment. Through the Dallas County Criminal Justice Department (DCCJD) and the Dallas County Sheriff's Department, Dallas County has collaborated with Parkland's Jail Health staff to transform screening and assessment procedures to ensure that everyone is screened for mental health needs upon admission to the jail. The screening protocol connects individuals who need a full assessment to existing resources and initiates the parallel process of assessing risk to determine eligibility for release and developing a supervision plan that includes treatment. These changes have resulted in more people being released on no-cost personal recognizance bonds and connected to community-based treatment and appropriate court supervision. The improved screening and assessment procedures identify individuals with complex healthcare needs who are caught in the trap of "super-utilization" of emergency and law enforcement services – the core target population for the project. Institute staff and project partners have facilitated 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

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<sup>1</sup> 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.

treatment services. The Institute thanks its partners for their continued support and energy in advancing the Caruth Smart Justice Project.

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

Parkland, DPD, and DFRD have continued training Right Care team members, so that back-up and overtime pool teams are ready to be deployed. Within the leadership team, the departments have begun collecting data and completing quality assurance activities to ensure ongoing accuracy of reporting. The Institute conducted a preliminary analysis of call data provided by the Dallas Police Department and Parkland covering the first 40 days of deployment. This analysis provides a snapshot of the team's productivity which has yielded favorable outcomes. The team provided care in over 200 service calls, resulting in over 135 destigmatized linkages to care, with more than 13 jail and 20 hospital diversions.

After completing training at the beginning of Year 2, Parkland clinicians joined 911 dispatch on March 25, 2018. The teams regularly connect with the North Texas Behavioral Health Authority (NTBHA) liaison to connect clients with treatment and follow-up care, which strengthens continuity of care. The Institute and its partners are excited to have NTBHA and Parkland as key partners in the Intercept 1 clinical work. Additional progress includes preparing Right Care team processes to eventually be included in the system of data integration and data feeds. This effort is led by the partnership between Loopback Analytics, the Dallas Fort-Worth Hospital Council Foundation (DFWHCF), NTBHA, and local health systems (described below).

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

The Dallas County Criminal Justice Department (DCCJD) continues to make progress in streamlining monthly reporting of grant performance metrics. In early 2018, the three work groups within DCCJD and key internal/external system partners within the county jail and courts system reorganized to create several smaller task groups with the aim to modify plans and goals based on system challenges as well as beta test and early implementation period data (April 2017 – January 2018). These task groups will distribute newly developed core documents and protocols, and develop a plan and timeline to accomplish three remaining tasks assignments: (a) increasing release options, (b) improving treatment connections at release, and (c) strengthening the newly graduated pretrial bond supervision processes.

DCCJD staff have developed internal data tracking tools to monitor program activities and performance outcomes; tracking tools are continually revised to better reflect the measurement needs of the project. Highlights of the program activity and performance data

since the beginning of the beta test launch period on April 17, 2017 (ended in August 2017) through January 2018 are as follows:

- 51,616 defendants booked into the jail were screened for mental health needs.
- 12,079 of these defendants screened positive for possible mental health needs.
- 1,731 of the 12,079 passed initial screening and were court-ordered for assessment.
- 515 of eligible defendants were recommended for release on a personal bond.
- 458 of those recommended for release were granted a personal bond release with conditions that included treatment and supervision by pretrial services staff.
- 458 releases (100%) were connected/referred to follow-up treatment by Adapt Community Solutions in coordination with pretrial services.

The DCCJD is working closely with the Institute and the Caruth treatment providers to improve the hand-off of individuals to the Caruth intervention teams.

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

Institute staff completed the initial baseline fidelity reviews with each of the Assertive Community Treatment (ACT) and Forensic ACT (FACT) providers in November 2017. Formal written reports of the reviews have been completed to provide each of the four community treatment teams a better sense of their strengths and opportunities for improvement. The fidelity reviews will inform the Institute's plans for technical assistance so that they can be tailored to the training needs of each individual team. Dr. Zahniser and Dr. Mathias, our experts in ACT fidelity (using the Tool for Measurement of ACT), have held discussions with the ACT teams in follow up to reviewing their reports and findings. Technical assistance has begun with these teams. The same process will be completed with the FACT team. Our academic instructor and co-investigator, Dr. Jennifer Skeem, is helping with the discussions with the Transicare IPS FACT team, as she is an expert in the Risk-Need-Responsivity model that this team is implementing.

An initial cohort of individuals released from jail were enrolled in ACT and FACT services in early December 2017. Since then, Dallas County has shared data through the month of January 2018. In these two months, eight individuals have been referred from the jail to one of the Caruth ACT or FACT teams through a Mental Health Personal Recognizance bond release. Institute staff are working with project partners to improve the referral process to ensure a "warm handoff" to treatment and support services.

Partner agencies continue to be engaged in various components of the project such as housing needs and availability, processes for cross-agency collaboration, and continuous quality

improvement activities. Institute staff are facilitating collaboration among the participating treatment agencies and the Right Care teams in Intercept 1.

### **Data Integration and Data Feeds for Point of Service Decisions**

An essential element of the Caruth Smart Justice initiative has been to integrate data from different service systems in order to improve decision making regarding individuals in the Smart Justice target cohort. There has been enormous progress in this area, thanks to the efforts of the DFWHCF, North Texas Behavioral Health Authority (NTBHA), Loopback Analytics, and hospital systems that have agreed to participate. As a result of these efforts, data use and other agreements have been signed, permitting NTBHA, Texas Health Resources, and Parkland to share real-time data related to patient encounters with Loopback. In turn, Loopback is working with these systems to establish a process for notifying providers when an individual in the Smart Justice target population has entered an emergency department operated by one of the partner systems and/or engaged in community services after release from a partner hospital. The notifications will provide essential information on clients' movement through services, which often spans care settings, providers, and geographic areas. This system of notifications will become active in April 2018. There has also been discussion about extending the system and bringing other partners into the initiative.



**Dallas County Behavioral Health Housing Work Group**  
**Dallas County Administration, 411 Elm Street, 1<sup>st</sup> Floor, Dallas Texas 75202**  
**March 28, 2018 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; Courtney Clemmons, NTBHA; Doug Denton, Homeward Bound; Jennifer Jaynes, The Cottages; Thomas Lewis, DCHHS; Jim Mattingly, LumaCorp; Shenna Oriabure, DCCJ; Jacky Sylvie, CPSH; Matt Roberts, NTBHA; Joyce White, Transicare; Valerie Sanders, CitySquare; Lauren Roth, MMHPI; Kimberly Rawls, DCCJ; Laura Edmonds, DCCJ; Sibi Powers, NTBHA; Claudia Vargas, Dallas County; Elvira Gonzalez, Dallas County; Cimajie Best, Dallas County; and Candice Linnex, Dallas County

**CALL TO ORDER:** Minutes were approved with no changes.

#### **GOVERNANCE**

Dallas Area Partnership to End and Prevent Homelessness: Dr. Theresa Daniel, Commissioner

The Dallas Area Partnership met on March 23rd; a quorum was not present. Partnership members discussed establishing priorities and identifying activities that will provide needed oversight and coordination of services. There is a general consensus among the Partnership that as a group tasked to address homelessness a major priority should be to develop housing options for individuals experiencing homelessness. Other priority areas could be to address voids in service and identifying funding sources to supplement housing efforts and support services. The next meeting will be in May; exact date is yet to be determined.

Metro Dallas Homeless Alliance: Dr. Theresa Daniel, Commissioner

The MDHA State of the Homeless Address was on March 21, 2018. Overall, homelessness increased from last year in the Dallas Fort Worth area, there is also an increase in the number of families experiencing homelessness, and a significant number of individuals 62 and older are experiencing homelessness. A national report on homelessness revealed that African Americans are disproportionately experiencing homelessness and is indicative of systemic barriers that may be perpetuating racial inequity. It was also noted that while overall there was an increase in homelessness, there was a decrease in the number of chronically homeless individuals. This decrease may be attributed to intensive efforts to house the chronically homeless and to improve documentation. It was also noted that the homeless report only counted high utilizers in the hospital system and not those in the criminal justice system. CJIS data sharing restrictions are being addressed so that moving forward individuals in the criminal justice system are counted and documented for access to services after release. DCCJ's Housing Navigator and MDHA developed a custom short form plan last year which will be implemented this year.

#### **DEVELOPMENT ACTIVITIES**

Crisis Residential and Respite: Courtney Clemmons, NTBHA

The North Texas Behavioral Health Authority (NTBHA) is partnering with Homeward Bound for crisis residential and respite services. Detox services have resumed. Crisis residential and respite units are scheduled for inspection on April 18th. Next steps will be to ensure TAC code compliance and funding from NTBHA. NTBHA and Serenity continue to partner to offer crisis residential services. NTBHA was awarded SB 292 funding. A portion of this funding will be allocated for respite development and competency restoration services for individuals involved in the criminal justice system. The goal is to create a competency continuum that efficiently moves individuals through the system and connected to services. SB 292 funding will also be used to expand ACT and FACT slots and to hire a consumer benefits coordinator.

New City of Dallas Housing Policy: Dr. Theresa Daniel, Commissioner

A proposal has been published and will be voted on at a later date.

## RESOURCES

North Texas Behavioral Health Authority: Courtney Clemmons, NTBHA

NTBHA received HB 13 funding and will use this funding to create a mental health living room. State funding will be available in June. A mental health living room is a post crisis engagement center for professionals and peers to engage with consumers coming out of crisis. NTBHA is looking for a convenient location to establish services. The living room concept is an effective approach to preventing recidivism into crisis and to reducing the number of emergency department visits. NTBHA is restructuring services after ValueOptions to proactively meet the needs of clients before going into crisis and identifying challenges with community partners and medical providers. NTBHA is currently gathering feedback from law enforcement partners in their 6-county region.

Housing Navigator: Joyce White, Transicare

The April housing workshop will focus on youthful offenders, ages 18-24, and services available for youth. The Housing Navigator is working closely with St. Jude and CitySquare on the referral process for clients. The Homeless Court has officially kicked-off and will help homeless individuals resolve their legal issues. Local shelters are participating in the Shelter Challenge, a national effort to find permanent housing solutions for longtime shelter residents, this April, May and June.

Caruth Smart Justice: Lauren Roth, MMHPI

Currently they are working on data clean-up with Parkland Health Hospital System and creating a real time patient registry. There is a focus on referring more clients to ACT and FACT services. Right Care teams are working on diversion and front end pre-trial diversion. 911 clinicians began operating in February 2018.

## PROJECTS AND INDUSTRY UPDATES

Homeless Jail Dashboard: Laura Edmonds, DCCJ

In February, 264 individuals were released into homelessness. Unique number of individuals reduced from 287 in January to 264 February. Average number of days in jail decreased from 50 to 45. The decreases could be indicative of all the efforts to reduce the jail population and to connect individuals with services.

The Cottages: Valerie Sanders, CitySquare

A new Director of The Cottages was hired, Jennifer Jaynes, and an Outreach Case Manager that will screen referrals for medical and mental health services. New Cottages neighbors will receive post care classes on how to transition from homelessness into their living space. There are 43 residents; 2 new residents that will be moving in; 4 candidates awaiting their DHA appointments; and another client approved for move-in. The final unit is awaiting floor repairs.

Homeward Bound: Doug Denton

Homeward Bound's check to the State cleared and was issued the license for operation. Twenty-two (22) detox beds were opened as well as 24 residential services beds. Visitors who need medical or psychiatric review are diverted to an appropriate service. All previous nursing staff has been rehired. Homeward Bound is in the process of hiring more counselors, nurses and program technicians so that operations can resume 7 days a week. Homeward Bound is partnering with the DCCCD to recruit student candidates from the Social Work and related programs. Once fully staffed and funded, Homeward Bound anticipates opening up to 180 beds for services.

OutLast Youth: Dr. Theresa Daniel, Commissioner

The State of the Youth Homelessness Address will take place on April 19th at Lovers Lane United Methodist Church. Cultural competency training for LGBTQ youth will be offered on April 18th at the Juliette Fowler Community.

Announcement: City of Dallas will host a Fair Housing Partners Forum on April 12th at the Hall of State Building. Flier will be distributed via email.

***Next Meeting: Wednesday, April 25, 2018, at 10:00 am  
Dallas County Administration Building, 411 Elm Street, 1<sup>st</sup> Floor, Allen Clemson Courtroom  
If you need parking, please contact Claudia Vargas***

### The Cottages: Monthly Metrics Summary

Metric Criteria	July	Aug	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Notes
<b>Property Management Overview</b>										
Beginning Census	45	44	40	44	45	46	44	44	42	
Evictions	3	2	0	0	1	1	1	0	1	
Terminations	0	2	0	0	2	1	2	3	2	
Move-ins	2	0	4	1	3	0	3	1	5	
Ending Census	44	40	44	45	46	44	44	42	43	
*New screenings for waitlist	4	16	11	13	11	5	6	9	11	
DHA Inspections	2	0	9	1	0	1	0	4	9	
Total residents housed since opening	52	52	56	57	60	60	63	64	69	
Residents in Cottages for less than 90 days	2	2	7	6	7	4	6	3	9	
Residents in Cottages 91-180 days	14	8	5	7	8	10	12	15	12	
Residents in Cottages 181 days or more	36	42	44	44	45	44	42	45	47	
<b>Metrocare Cottages</b>										
Encounter Breakdown										
Psychosocial Rehab Individual Sessions	74	138	148	208	183	177	179	130	165	
CBT sessions	10	18	16	7	27	40	44	19	8	
Psychosocial Group Sessions (clinical groups only)	25	6	15	9	26	16	24	25	31	
Appointments made with prescriber	39	41	37	44	21	34	40	40	27	
Appointments attended	21	27	27	29	16	23	30	29	20	
Residents that were prescribed medication	19	23	19	26	17	18	27	19	21	
Incident Reports by Category										
Medical	2	3	5	3	7	6	2	1	6	
Psychiatric	1	0	1	0	1	3	1	1	9	
Residents Accessing Higher Level of Care										
Emergency Room (Baylor and Parkland)	38	43	20	30	15	29	7	5	7	
Psychiatric (inpatient and 23 hour obs)	5	2	1	3	3	11	3	1	0	
Jail Book-In	6	5	5	4	4	2	0	2	3	
SUD Treatment Centers	2	1	4	1	1	1	0	0	1	
<b>CitySquare Case Management</b>										
Residents receiving case management services	33	38	43	42	37	39	40	38	37	
Residents served by Community Nurse	11	11	6	8	4	9	9	10	9	
Residents served by CitySquare Clinic	5	6	7	6	6	6	8	8	7	
Residents attending Lifeskills Groups	10	5	4	16	0	0	0	21	5	
Residents attending Community Groups	27	29	36	25	28	27	21	24	37	

**Department of Criminal Justice  
FY2018 SAMHSA Grant Project**

	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	FY2018 Total	FY2017 Total	FY2016 Total
<b>Number of New Admissions</b>	4	2	7	2	2	6							23	44	33
<b>Number of Successful Completions</b>	3	0	1	3	5	1							13	36	24
<b>Number of Unsuccessful Completions</b>	0	0	0	3	0	3							6	10	9
<b>Average Days in Jail from Referral to Admission</b>	12	9	6	5	8	6							7	7	4
<b>Number of New Admissions on ELM</b>	2	2	3	2	1	4							14	37	12
<b>Program Referral Follow-Ups by Type (running total per grant year)</b>															
Court Program Graduate													0	2	6
Active In Court Program													12	6	4
Active In Treatment at Nexus													5	0	0
In Jail													0	1	1
Re-Arrested and Released to Community													0	15	13
Re-Arrested and Released to Further Treatment													3	6	2
Released to TDCJ or State Jail													0	5	5
Active Warrant													5	8	2

**Dallas County Behavioral Health Leadership Team (BHLT)  
Adult Clinical Operations Team (ACOT) Committee Meeting  
March 1, 2018**

**Attendees:** Walter Taylor (Chair, NTBHA), Charlene Randolph (Co-Chair, Dallas County), Laura Edmonds (Dallas County), Kimberly Rawls (Dallas County), Homer Norville (Dallas Fire Rescue), Samara Novak (Adapt), Wayne Walker (Our Calling), Marie Ruiz (Metrocare), Lauren Roth (MMHPI), Evelyn Karuthi (Hickory Trail Hospital), Jennifer Torres (Metrocare), Janie Metzinger (MHA), Karla Sweet (Homeward Bound), Doug Denton (Homeward Bound), Jessica Martinez (NTBHA), Marshall Ardoin (Metrocare), Kurtis Young (Parkland), Michael Carr (Dallas County), Ellen Duke (Hickory Trail Hospital)

**Welcome and Introductions (Walter Taylor, Chair and Charlene Randolph, Co-Chair):**

- All attendees were introduced.
- The meeting minutes from the previous month's meeting were reviewed and approved by the ACOT attendees.

**NTBHA Updates**

- Walter Taylor, Jessica Martinez, and Matt Roberts provided the NTBHA updates. Matt Roberts was formally introduced as the new NTBHA Director of Provider Relations.
- They reported that NTBHA applied for a SAMHSA grant that will target homelessness. It is a 5 year grant project that will include housing benefits and continued ACT/FACT expansion.
- They also reported that the Hogg Foundation will fund two fellow: One peer fellow, and one recent MA graduate level fellow.
- House Bill 13 (HB13): NTBHA completed the Needs and Capacity Assessment and it was submitted to the State. The goal of HB13 is to fund a Mental Health Living Room that will function as an alternative for crisis diversion. Total approved amount for this project has not been received from the State.
- Laura Edmonds provided an update on Senate Bill 292 (SB292). She gave an overview of the goals of SB292, which include the following: Expansion of ACT/FACT, expansion of Outpatient Competency Restoration (OCR) services, and jail-based competency programming/education. More information on the specifics of the funding for SB292 has yet to be released.
- NTBHA reported that contracts have been released for local Comprehensive Mental Health Providers (CMHPs) to apply to provide LOC5 services. LOC5 includes outpatient services that are utilized to avoid inpatient hospitalization, or are used as a transition from inpatient to outpatient care. NTBHA will utilize ACS' MCOT team and the Parkland care coordinators to assist in providing LOC5 referrals. Currently Southern Area Behavioral Health, IPS, and Metrocare have put in to provide LOC5 services, but NTBHA will be reaching out to all CMHPs as well.
- NTBHA also provided an overview of the update regarding Green Oaks. As of March 1<sup>st</sup>, Green Oaks elected to end their contract with NTBHA. NTBHA is adjusting to this change in order to limit overall system impact. They released a RFP in order to expand inpatient beds at other facilities, and efforts will continue to aid in guiding patients toward crisis alternatives and diversion.
- Discussion was had regarding APOWWs. Attendees of ACOT reported that they had heard Green Oaks was no longer accepting APOWWs. NTBHA clarified that Green Oaks, or any other hospital must accept APOWWs or it is considered an EMTALA violation.
- Kurtis Young from Parkland reported that meetings will be taking place in the upcoming week with police and emergency personnel to help educate all parties about APOWWs.

- NTBHA provided a full list of all DFW area inpatient mental health facilities. Please see NTBHA website for full list.

#### **Smart Justice Initiative Updates:**

- Lauren Roth with Meadows Mental Health Policy Institute (MMHPI) provided the update. She reported on the new Intercept One Right Care Team. They are one month in and the team has completed three trainings. The team successfully diverted 31 people from hospitalization or jail within the first month. IPS and Metrocare both being utilized as drop-in clinics for those that the Right Care Team comes in contact with that need immediate outpatient clinical intervention.
- The Right Care team currently has staff observing at 911 dispatch in order to aid with screening mental health calls.

#### **Legislative Update:**

- Janie Metzinger with MHA reported that the primaries are being held on 3/6/18. They are waiting for hearing schedules, and on March 26, 2018 will be the death penalty hearing.
- The Regional Legislative Steering Committee meeting was rescheduled.

#### **Presentation/Tour (Our Calling Part Two presented by Wayne Walker, CEO):**

- Wayne Walker provided a brief overview of the work and services provided by Our Calling. He reported that Our Calling specifically targets the unsheltered homeless population.
- Our Calling serves 300 new homeless individuals per month. He compared this with that fact that only an average of 80 individuals per month exit homelessness.
- He provided an overview of their outreach team and services, which reach 1200 unsheltered homeless individuals per month.
- Mr. Walker discussed the need for on-site mental health services. He reported that he's had initial conversations with Metrocare and Homeward Bound about them providing tele-psych services.
- He also reported that the population is in need for increased mental health counseling and support.
- The presentation concluded with Mr. Walker providing a tour of their facility.

#### **Other**

- Doug Denton, CEO of Homeward Bound announced that their new building will open 3/1/18 or 3/2/18. The address is 5300 University Hills Blvd, Dallas, TX 75241.
- The next ACOT meeting will take place Thursday, April 5, 2018 at Mental Health America.

Meeting was adjourned at 1:50pm.



# DALLAS COUNTY, TEXAS

## Minutes of the Behavioral Health Steering Committee (BHSC) Meeting Thursday, March 15, 2017

### Call to order and Introductions

The meeting was called to order by Judge Kristin Wade at 8:35 am. 37 staff and agency representatives/providers were in attendance with names recorded on the attached meeting sign-in sheet.

### Minutes review and approval

The **minutes** from the last bi-monthly BHSC meeting held on January 18, 2018 (packet pgs. 2-6), were reviewed with motion and second by Harry Ingram and Leah Gamble respectively for acceptance with no discussion or corrections. Motion unanimously passed to accept the minutes as read without objection. Everyone introduced themselves along with new guests from Pretrial (Lashonda Jefferson, Jeff Williams, Jeff Segura, and April Craig).

**Guest speaker:** Jessica Simmons and Enrique Morris provided a one-hour drug patch testing training, and informing on process, uses, protocols, and program benefits of the drug patch monitoring. See attached PowerPoint. It was very comprehensive with detailed material and many good questions and high level audience engagement.

**Caruth Grant:** Mike Laughlin provided quarterly summary update along with data through Jan. 2018 regarding the MMHPI Smart Justice Grant (packet pages 8-13). The 3-year, \$7 million Implementation Grant submitted by MMHPI was awarded in October 2016, and continues to be the source of Dallas Counties' on-going \$1.174 million sub-grant that started in Jan. 2017 to address Sequential Intercepts 2-4, and part of 5. Mike gave an update on the current status and upcoming actions related to the award. The full implementation launched on August 14<sup>th</sup> at the end of the BETA phase, and all the workgroups and sub-teams for the Intercepts 2-4 continue to meet/complete tasks related to procedures/forms, Court orders, space/staff preparations, modified resource allocations, training curriculums/plans, etc. Mike also provided program activity/performance data through January 2018 reflecting:

### **January 2018 MHPR Bond Data Summary:**

- 1284 were screened MH positive (**100% of all book-ins were MH screened**)
- 162 were found MHPR Bond eligible by PTS and ordered for assessment
- 120 were fully assessed (most with Rec's for Standard IOP and Routine OP, and 7 of those rec'd to **LOC 4/5 ACT/FACT** and referred to 2 of the 3 designated service providers
- 46 were not fully assessed (see breakdown in sheet #3, table #3, columns B-F)
- 95 were disposed by other means prior to presentation to the Magistrate/Court (see notes, breakdown of reasons on worksheet #2 tables 1, 2 and 3)
- 67 were presented to the Court for bond decision
- 61 of those were granted bond and released (27 via "special release processes", formerly called *special program holds*, and 3 by other means)

- 6 of the 67 were denied bond and detained
- 58 bond-released defendants (100%) were opened by PTS
- 58 releasees (100%) were connected/referred to follow up treatment by ACS and PTS
- 46 MHPR Bond cases were closed by PTS (23 successful/23 unsuccessful)
- 7 following assessment, were for the first time identified/counted for LOC 4-5 ACT/FACT/IOP, and were referred to 2 of the 3 designated service providers
- 354 releasees (100%) were connected/referred to follow up treatment by ACS and PTS
- 130 MHPR Bond cases were closed by PTS (32.6% successful/67.4% unsuccessful)

The completion of a full, start to finish, process flowchart was done in November 2017 for everyone to commonly follow, along with individual team protocols, 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 (post release services/oversight) for referral and treatment connection upon release. The fidelity reviews were completed in the fall, and contracts were executed shortly thereafter with the first patients being accepted and treated in November. This will soon also include randomized assignment into control and enhanced ACT and FACT treatment groups to test new forensically enhanced treatment options to reduce risk and increase stability, treatment recovery, and Court/program 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 early barriers and logistical challenges. Ultimately, the flowchart and data guide will assist us in sharing information, resolving bugs, and tracking and progress on program development, activity, performance, and outcomes.

Mike 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 most training being completed, and beta testing that began in December. They have outfitted an unmarked vehicle and began testing of the Parkland clinical imbeds. They had a successful media event at Dallas Fire Station in January. The initial focus will be South Central of Dallas. As mentioned above, with Intercept 5, all the contracted providers have reviewed and approved new agreements, and training for beta implementation was completed in January.

Reminder that housing services will be built up within the Caruth Grant Intercept #5 to include new processes for HMIS enrollment prior to jail release. Additionally, HUD has identified and targeted the super utilizer for service impact which also includes emergency shelter fund and rapid re-housing programs.

### **BHSC Data and Reports** – Judge Wade

**Program and Department Updates:** Limited time was left after the drug patch training for presentation/review of program/outcome data, updates, and workload reports which 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. 12-51 for details).

Leah presented the SAMHSA Grant update in Laura's absence along with associated data and activities (see packet pg. 14). They continue to be above their target (though referrals are slowing), and completed the last year of their current grant. It was also reminded that each of the Specialty Courts will have to be certified to continue services and funding. Everyone was reminded to promote it and make referrals.

Leah presented a summary of latest 530 Subcommittee meeting activities and expenses. The 530 Subcommittee recently approved and needs BHSC approval for \$315 PRIDE and \$2190 STAC Court expenditure from budget line items



for FY 2018. Motion made and seconded by Mike Laughlin and John Henry respectively with unanimous approval without discussion or objection. Dallas.

**All other department and agency data reports and program updates** were accepted as read, and can be reviewed in the meeting packet pages 17-35.

Lynn Richardson presented the **Public Defender MH case data and reports (pgs. 36-37)** with no other comments at this time.

Lynn and Vickie mentioned the need for some MH training for the local defense bar (DCDLA). A subcommittee is to be formed and everyone is asked to email Mike if they are interested in developing the material and/or conducting the training. DCDLA will arrange/pay for CLE credits.

Lee Pierson provided the **DA data updates and report by supplemental handout.**

### **Provider Reports**

**Kelly Lane from The Bridge** reported their numbers (pg. 38) with no changes, or comments/concerns expressed.

**Metrocare:** Marlene Buchanan presented Metrocare data/reports (pg. 39-40) with no changes of note, or comments/concerns expressed.

**IPS:** Supplemental agenda insert was provided by Enrique/IPS. He reminded everyone that they can communicate with any admission/intake needs by phone or at [www.ipsrecovery.com](http://www.ipsrecovery.com).

**Specialty Courts:** Janine presented OCR Court data (pg. 41), and DIVERTT Court data can be found on page 42 with no concerns or further comments.

Specialty Court numbers for post adjudication (pages 47-51) was provided noting no concerns or further comments. Metrocare continues to be CSCD's primary MH treatment source; everyone is reminded to refer any potential client with high mental health needs to Metrocare.

**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:** housing training for cross-disciplinary groups will be held again soon with date and details forthcoming.

**Homeward Bound** is now open again for business at their new location at 5300 University Hills, Dallas, Texas 75241 and is still focusing on filling up the detox beds so that will have a natural flow into the intensive residential treatment beds. Things appear to be going well so far.

**Dallas Metrocare's new Jail Liaison** has been developed, approved, and hired, and will be located in the Jail (West Tower, 3<sup>rd</sup> floor). They will be starting very soon, and they will have an email address assigned to her/the program to be used for referrals and ongoing communication that will be provided to everyone soon.

**Next DCDLA CLE is today with pizza lunch held in CDC #5 covering all the current specialty courts/programs** led by Ms. Martin with Public Defender's Office/Veterans Court with the assistance of a panel of Public Defenders assigned and operating within these Courts (see attached list).

Vickie Rice reminded all that **select BHSC reps. will be leading the DCDLA CLE in September 2018** using a mix of 5-minute slots each to cover select number of each person's own programs/responsibilities. Anyone interested to be on this speaker list needs to email Mike Laughlin asap, and then also provide their portion of the presentation material to him by July 1 so there's time to review/compile it and coordinate with each other. This information will be sent out to the DCDLA listserv in advance.

Lynn Richardson mentioned the **new DA-organized Homeless Diversion Court** is launching in April with lots of questions by many about its target, plan, process, and details. Mike Laughlin advised that a presentation was planned by Julie Turnbull and other DA staff at the Criminal Justice Advisory Board meeting on March 26<sup>th</sup> that will likely provide many more details prior to the official launch. This will be operated and overseen by Judge Shequitta Kelly in County Criminal Court No. 11. The focus is on Class C offenses and some A/B misdemeanor cases with goal of dismissal. The DA's Office is working with community providers and housing resource agencies and facilities to meet each month and develop and circulate a list of potential homeless candidates who have eligible charges within the system. Joyce White advised that Kimberly Duran with DA's Office is setting up calendar and tracking systems with more details forthcoming soon. Vickie Rice asked if defendant's sensitive information disclosed during the process would be protected from leading to undesirable adverse court actions. Everyone agreed this was important and needed to be addressed as part of the planning, presentation, and launch/implementation.

Mike Laughlin made an announcement about the upcoming **5<sup>th</sup> Annual Texas Pretrial Association Conf./Training Institute** in Galveston on April 19-20, 2018 pointing everyone to the TAPS website for details.

Several asked about the **price of the Drug Patch at IPS** and everyone was advised that at this time there is sufficient funding to make it **free for all clients for an unlimited period of time**.

Lastly, Shenna Oriabure advised that the monthly **Delightful Discussions specialty court trainings will begin again starting next month** in April.

### **Adjournment**

The meeting was adjourned by Judge Wade at 1030 am. The next bi-meeting is set for Thursday, May 17, 2018, at 830am in the same location. Reminder was provided to everyone to submit their monthly stats to Mike Laughlin via email by the 2<sup>nd</sup> Friday of each month for tracking and distribution.



# Crisis Services Project

CSP Total

DY7 CSP Monthly Report\_No Graphs(with LCN)

Last Refresh: 3/14/18 at 4:51:44 PM GMT-05:00

	Past Year Avg	2017-10	2017-11	2017-12	2018-01	2018-02	Average:	Sum:
Total Service Episodes:	768	840	721	612	680	646	699.8	3,499
Total Unique CID:	589	829	668	545	595	531	633.6	3,168
Total Unique SID:		829	667	544	591	515	629.2	3,146
% Change to DY 4 by CID		140.75%	113.41%	92.53%	101.02%	90.15%		

Total Encounters by Type:		2017-10	2017-11	2017-12	2018-01	2018-02	Average:	Sum:
Triage		840	721	612	680	646	699.8	3,499
Care Coordination		2,660	2,297	2,309	2,608	2,418	2,458.4	12,292
F2F Encounter		397	372	327	345	352	358.6	1,793
Sum:		3,897	3,390	3,248	3,633	3,416	3,516.8	17,584

F2F Encounter		2017-10	2017-11	2017-12	2018-01	2018-02	Average:	Sum:
MHPR Bond		191	181	154	165	140	166.2	831
Non-MHPR		206	191	173	180	212	192.4	962
Sum:		397	372	327	345	352	358.6	1,793



# Crisis Services Project

Frank Crowley  
DY7 CSP Monthly Report\_No Graphs(with LCN)  
Last Refresh: 3/14/18 at 4:51:44 PM GMT-05:00

	2017-10	2017-11	2017-12	2018-01	2018-02	Average:	Sum:
<b>Service Episodes:</b>	840	721	612	680	646	699.8	3,499

<b>Unique Consumers:</b>	2017-10	2017-11	2017-12	2018-01	2018-02	Average:	Sum:
By N* ID	367	303	237	239	203	269.8	1,349
By LCN	77	65	90	119	122	94.6	473
By Client ID	385	300	218	237	206	269.2	1,346
<b>TOTAL Unique Consumers:</b>	<b>829</b>	<b>668</b>	<b>545</b>	<b>595</b>	<b>531</b>	<b>633.6</b>	<b>3,168</b>
<b>TOTAL Unique Consumers as %:</b>	<b>98.69%</b>	<b>92.65%</b>	<b>89.05%</b>	<b>87.50%</b>	<b>82.20%</b>		

<b>Unique F2F:</b>	2017-10	2017-11	2017-12	2018-01	2018-02	Average:	Sum:
By N* ID	144	121	107	99	99	114	570
By LCN	30	23	44	52	62	42.2	211
By Client ID	169	171	115	130	117	140.4	702
<b>TOTAL Unique F2F:</b>	<b>343</b>	<b>315</b>	<b>266</b>	<b>281</b>	<b>278</b>	<b>247.17</b>	<b>1,483</b>
<b>TOTAL Unique F2F as %:</b>	<b>86.40%</b>	<b>84.68%</b>	<b>81.35%</b>	<b>81.45%</b>	<b>78.98%</b>		

		Average:	Sum:
<b>F2F Percentages:</b>			

Triage 12	3,156
Recidivism 12-12	420
Recidivism 12-12%	13.31%

Triage 6	3,156
Recidivism 6-6	420
Recidivism 6-6%	13.31%

Triage 6	3,156
Recidivism 6-12	420
Recidivism 6-12%	13.31%

	October	November	December	January	February
Year MO	2017/10	2017/11	2017/12	2018/01	2018/02
Recidivism 12-12	13	89	174	277	420
Triage 12	829	1,495	2,039	2,632	3,156
Recidivism 12-12%	1.57%	5.95%	8.53%	10.52%	13.31%

	October	November	December	January	February
Year MO	2017/10	2017/11	2017/12	2018/01	2018/02
Recidivism 6-6	13	89	174	277	420
Triage 6	829	1,495	2,039	2,632	3,156
Recidivism 6-6%	1.57%	5.95%	8.53%	10.52%	13.31%

	October	November	December	January	February
Year MO	2017/10	2017/11	2017/12	2018/01	2018/02
Recidivism 6-12	13	89	174	277	420
Triage 6	829	1,495	2,039	2,632	3,156
Recidivism 6-12%	1.57%	5.95%	8.53%	10.52%	13.31%

## Transicare Reporting

### Crisis Services Project

		2017-10	2017-11	2017-12	2018-01	2018-02	TOTAL
	<b>Beginning Census</b>	<b>152</b>	<b>138</b>	<b>118</b>	<b>117</b>	<b>104</b>	
	Referrals	74	66	45	45	52	282
	<b>Admissions</b>						
	<b>Referred Admitted</b>	<b>34</b>	<b>25</b>	<b>21</b>	<b>20</b>	<b>13</b>	<b>113</b>
	No Admit Client Refusal	0	1	1	0	0	2
	No Admit Criteria	5	3	1	1	3	13
	No Admit Structural	3	2	3	5	2	15
	Pending	32	35	19	19	34	139
	<i>Prior Pending</i>						
	<b>Pending Admitted</b>	<b>16</b>	<b>6</b>	<b>11</b>	<b>20</b>	<b>10</b>	<b>63</b>
	No Admit Client Refusal	2	3	1	3	0	9
	No Admit Criteria	1	3	1	3	3	11
	No Admit Structural	19	17	11	5	7	59
	<b>Total Admissions</b>	<b>50</b>	<b>31</b>	<b>32</b>	<b>40</b>	<b>23</b>	<b>176</b>
	<b>Discharges</b>						
	Success Transfer	7	7	5	3	9	31
	DC Midterm Disengage	19	14	9	16	12	70
	DC Rapid Disengage	26	21	14	19	21	101
	DC Structural	12	9	5	15	4	45
	<b>Total Discharged</b>	<b>64</b>	<b>51</b>	<b>33</b>	<b>53</b>	<b>46</b>	<b>247</b>
	Active End Of Month	138	118	117	104	81	
	<b>Outcome Data</b>						
	<i>Terrell State Hospital Linkages</i>						
	≤7 Connect To Prescriber	4	4	2	13	5	28
	≤30 Connect To Prescriber	0	0	0	0	0	0
	Missed Metric	0	0	0	0	1	1
	Total Released	4	4	2	13	6	29
	<b>Cummulative ≤7 Connect %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>96.6%</b>	<b>96.6%</b>
	<b>Cummulative ≤30 Connect %</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
	<b>Missed Metric</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>3.4%</b>	<b>3.4%</b>
	<i>Unduplicated Served</i>						
	<b>Monthly Unduplicated</b>	<b>204</b>	<b>189</b>	<b>174</b>	<b>182</b>	<b>159</b>	
	DSRIP YTD Unduplicated Served	<b>204</b>	<b>393</b>	<b>567</b>	<b>749</b>	<b>908</b>	<b>908</b>
	<i>Encounter Data</i>						
	F2F Encounter	1113	988	755	1008	960	4824
	Care Coord	110	77	62	66	71	386
	Total	1223	1065	817	1074	1031	5210

## Forensic Diversion Unit (FDU) Report

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec - 18
<b>Beginning Census</b>	<b>42</b>	<b>47</b>										
<b>Number of Referrals Received from CSP</b>												
Adapt	7	16										
Metrocare	0											
Transicare	0											
DA	1											
<b>Number of Admissions</b>	8	10										
<b>Number Discharged</b>	3	13										
<b>Number not admitted due to:</b>												
Client qualifies for ACT	0											
Client qualifies for other programs	0	2										
Client didn't meet level of need required	0	3										
Other reasons	0	2										
<b>Average Service Utilization:</b>												
Average hours seen	9.03	49.05										
<b>Encounter Breakdown:</b>												
Face to Face	269	293.53										
Service Coordination	676	692										
<b>Number of clients accessing:</b>												
Emergency Room (medical)	2	2										
23-hour observation (psych)		1										
Inpatient (med/ psych)	3											
Jail book-in	0											
<b>Reasons for Discharge:</b>												
Graduate		1										
Client Disengagement		7										
Extended Jail stay (case-by-case basis)	3	2										
Other Intervening factors		3										
<b>End of Month Stats:</b>												
Number of Active FDU clients end of month	<b>47</b>	<b>44</b>										
Number of Unique Consumers	47	48										
# of clients waiting to be released from jail	9	11										
Average Length of stay on FDU (month)	6.67	6.22										
<b>Maximum Census</b>	<b>46</b>	<b>46</b>										

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

## MARCH 2018 Monthly Report

<b>Dallas County Crisis Services Program</b>	<b>Program Specific and Systems Update</b>	<b>Summary of NTBHA's Monthly Activities</b>	<b>Action Items/Concerns</b>
<b>1</b>	<b>Adapt Community Solutions (ACS)</b> – Targets member released from jail using ACS to ensure continuity of care	Conducted case consultations on approximately 25 referrals.	Not Applicable
<b>2</b>	<b>Transicare Post Acute Transitional Services (PATS)</b> – Targets high utilizers released from jail with more intensive need to ensure continuity of care	<p>Provided case consultation and clinical support during PATS/FACT Huddle Calls</p> <p>Conducted hospitalization searches for 4 consumers</p> <p>Approved 1 consumer for FACT referral</p>	Not Applicable
<b>3</b>	<p><b>ACT Forensic Diversion Unit (FDU)</b> – Provides ACT services for high utilizers of the legal system.</p> <p>Responsible for approving evaluations of FDU referrals and FDU oversight</p>	Clinical review of cases for appropriate LOC recommendations on 8 FDU referrals, 7 of which were approved for FDU assessment.	Not Applicable
<b>4</b>	<b>Caruth Smart Justice</b>	No documented activities during this reporting period.	Not Applicable
<b>5</b>	<b>CSP – Cottages Project</b> – Housing complex of 50 cottages that provides housing, mental health assessments and counseling for clients categorized as high utilizers of MH and judicial systems	<p>17 candidate cases reviewed</p> <p>Participated in Selection Committee meetings where individuals were considered for the program.</p>	Not Applicable