

**Dallas County Behavioral Health Leadership Team**  
**Thursday, February 8, 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 January 11, 2018\*
- III. Strategic Planning
- IV. NTBHA Update
- V. Caruth SMART Justice Presentation-MMHPI
  - **Implementation progress**
  - **Challenges and Opportunities**
  - **Sustainability**
  - **Next Steps**
- 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, January 11, 2018

**Welcome and Call to Order**

The meeting was called to order by Commissioner John Wiley Price at 9:35 AM.

**Introductions and Absent BHLT Members:** Commissioner Price acknowledged that Commissioner Daniel would not be attending the meeting due to other county business.

**Review/Approval of Minutes**

The minutes of the BHLT meeting held on December 14, 2017 were included in the meeting packet (pg. 2-4). A motion was made by Doug Denton to accept the minutes and was seconded by Gordon Hikel. The committee members voted to approve the minutes as submitted.

**Strategic Planning:**

John Siburt, President and COO of the Cottages, presented a PowerPoint presentation on behalf of City Square and the Cottages. City Square's mission is to focus on the four H's; Hunger, Housing, Health, and Hope. The Cottages operates through governing organizations which include Criminal Justice Department, Metrocare, CitySquare, and City Square Housing. By providing a Housing First Model of care with wrap-around services, the Cottages creates an environment for individuals to learn to care about themselves. Mr. Siburt stated that neighbors experience severe mental illness, interactions with the criminal justice system and may also have co-occurring substance abuse. Many of the individuals may be vulnerable and have histories of trauma and; therefore, have disinterest and distrust in the system. The expectations for neighbors entering the Cottages are to have housing and gain incremental improvements in their life. Housing first gives a foundation for helping them improve their lives. The target populations for the Cottages are the high utilizers of the hospitals and jails. Screening criteria includes being homeless, heavy user the jails, hospitals, behavioral health facilities (at least 2), and the individuals must have an Axis one diagnosis (schizoaffective, bipolar, or major depression). Mr. Siburt stated that there had been some questions about criminal activities at the Cottages and he wanted everyone to keep in mind that the neighbors were involved in criminal activity before coming to the Cottages. They try to make sure that the Cottages are not a hot bed for criminal activity. Mr. Siburt did not have any data on criminal activity to provide the committee; however, he informed them that the Cottages currently has observational staff that has noticed a few things. For example, if the neighbors were involved in drugs or prostitution those things seem to manifest. Housing First is a priority so the Cottages are addressing some of the behaviors and are not automatically kicking the neighbors out. Individual eviction prevention plans are in progress (social service, service teams, etc.) and the Cottages are enlisting assistance from the neighborhood patrol officers, DART Police Officers and EMS to help with addressing these behaviors. Neighborhood crime watch meetings have started taking place as well. After a year of implementing the Cottages, they have housed sixty (60) residents, with forty-five (45) housed for more than six months, thirty-six (36) housed for at least 9 months and thirty-four (34) original residents have been housed to date. They were proud to announce that the Cottages have had an 18% recidivism rate with those individuals returning to homelessness.

Commissioner Price questioned the number of staff that are dedicated to the Cottages. There is currently 3 full time staff (caseworkers employed by City Square); Metrocare has 3 full time and 2 part-time staff, a security person always on property. The budget for the program and operations are estimated to be around \$800,000.00.

**NTBHA Updates:**

Carol Lucky, CEO of North Texas Behavioral Health Authority (NTBHA), stated that the NTBHA board has approved the contracts for the year. NTBHA would like to continue to work on opening crisis respite and crisis residential. NTBHA is working with Adapt to get more services out. Commissioner Price asked the members if anyone knew of a publication on providers showing North vs. South. Ms. Lucky stated that NTBHA would start the work on getting this accomplished. During NTBHA's last budget, they made sure there were funds allotted for startup programs. It is generally not easy to start programs in the southern area due to the lack of office space. This is one of the things that they will be collaborating with Planning and Network Committee (PNAC). PNAC serves as a resource to NTBHA's Board and employees, and it provides formal recommendation to the Board regarding NTBHA's service delivery system and Provider Network in the following areas: needs and priorities for NTBHA's Local Service area, planning, budget, contract issues, processes for implementation of plans and contracts, and Provider Network design, management, and evaluation processes. Mr. Walter Taylor, NTBHA Chief Strategy Officer, provided the update from the December 19<sup>th</sup> PNAC meeting stating that Brittony McNaughton gave a very detailed presentation on NTBHA's FY 2018-2019 budget. The members made a few requests for future budget presentations in terms of formatting and line-item descriptions which they will incorporate. The PNAC members also requested to be apprised of future community stakeholder meetings so that they can get more familiar with the needs of the community. NTBHA will keep the PNAC members informed of community stakeholder meetings such as NAMI, MHA, etc. PNAC has been reviewing and providing input for the Consolidated Local Service Plan. The plan is due to the state at the end of March. NTBHA has also been gathering community input via stakeholder meetings such as ACOT and NAMI-Dallas, during which they also gave a presentation on Crisis Hub. NTBHA will also start reaching out to other stakeholder groups in other counties in their catchment areas. Mr. Taylor informed the BHLT members that there is an electronic survey which has been made available on NTBHA's website and they will also make this link available to other community stakeholders. The next PNAC meeting will be held on February 13, 2018 on the 5<sup>th</sup> in the NTBHA conference room. This meeting is open to the public and the information will be available on the NTBHA website.

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

Ron Stretcher with Meadows Mental Health Policy Institute (MMHPI) gave an overview on the current status of MMHPI including challenges to getting the data system up and running. Mr. Stretcher stated that the City of Dallas approved the Parkland agreement. Mr. Stretcher stated that training will begin with the Right Care Team and work continues with the ACT/FACT teams, in which a small group that have been screened and assessed. Mr. Stretcher informed the members that MMHPI will be giving a presentation at the next scheduled meeting.

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

There were no updates given for this meeting.

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

Mrs. Charlene Randolph, Dallas County Criminal Justice Department, stated that CMS had approved the 5 year extension to the waiver. CMS has not approved the DSRIP protocol and they have up to 30 days from December 2017 before HHSC can resubmit a new protocol for consideration. Due to the fact that CSP achieved all of their metrics they will receive \$6.4 million by the end of the month.

**Legislative Update:**

**There were no updates given during this meeting.**

**Funding Opportunities:****• SAMSHA Grant Update:**

Laura Edmonds with the Dallas County Criminal Justice Department stated that the numbers were located in the packet (pg. 19). The program target goal is to serve 36 women involved in the Specialty Courts and so far they have served 13. All referrals can be sent to Mrs. Edmonds for review.

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

Lynn Richardson, Chief Public Defender stated that the PD's office met with the Community Courts, Specialty Courts, Municipal Judges, Felicia Pitre (Dallas County District Clerk), City of Dallas and staff. Mrs. Richardson meet with these individuals to discuss the Night Court initiative.

**Upcoming Events and Notifications:**

Janie Metzinger announced the next COMI meeting at which the speaker will be the new Director for SAMSHA and stated that this meeting will take place on January 17, 2018. In the near future Mrs. Metzinger will be giving testimony on Mental Illness and Death Penalty.

**Adjournment:**

The meeting was adjourned at 10:54 am with a motion made by Gordon Hikel and seconded by Commissioner Price.

## **Meadows Mental Health Policy Institute**

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### **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.<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 end of Year 1, the new services and revised processes developed during the planning phase of the Caruth Project are being implemented for each of the points of contact within the Sequential Intercept Model.

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

<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.

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

Intercept 1 work continues to progress despite many changes and challenges, including the leadership changes at Dallas Police Department (DPD) and the addition of Parkland Health and Hospital System (Parkland) as the clinical partner in the deployment of multidisciplinary response teams (MDT's). Parkland has agreed to provide the mental health clinicians for the MDTs and the clinical support for 911 dispatch, adding an experienced clinical partner to the teams as well as a link to the Parkland healthcare system as a key provider. The Institute and other partners believe that with Parkland stepping into this key role, the project will become stronger and more successful. Parkland also adds a county-wide presence to Intercept 1 efforts. Because of these changes, in November 2017, a business associate agreement was drafted and signed by the City of Dallas to initiate collaboration with Parkland and the Dallas City Council. The MDT's will be housed at DFR Station #46 in the DPD's South Central Patrol District. The DPD procured and outfitted a state-of-the art Tahoe vehicle for the MDT's. The vehicle is equipped with bullet resistant glass, storage space, and has no law enforcement markings, which will reduce the stigma associated with a law enforcement response.

The DPD released job descriptions for the program, posted position announcements, began reviewing applications on October 25, 2017, and selected program officers in November 2017. An MDT observation period, which is a common practice in public safety programs, began on November 29, 2017, and lasted through December 18, 2017. At the conclusion of the observational period, the leadership teams reviewed how the team functioned and completed case reviews of individuals served. In December, the City Council Public Safety Committee approved the Parkland contract change and moved the proposal forward for full City Council review in January 2018. Full launch, including adding Parkland clinicians to the MDT's, will begin immediately after final City Council approval.

## **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 for improvement during the beta test launch that began April 17, 2017, and ended in August 2017. Full implementation was launched on August 14, 2017, and continues to make progress towards project goals.

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. Highlights of the program activity and performance data for the period of April 17, 2017 through November 2017 are as follows:

- 41,499 defendants booked into the jail were screened for mental health needs.

- 9,610 of these defendants screened positive for possible mental health needs.
- 1,421 of the 9,610 passed initial screening and were court-ordered for assessment.
- 400 of eligible defendants were recommended for release on a personal bond.
- 354 of those recommended for release were granted a personal bond release with conditions that included treatment and supervision by pretrial services staff.
- 354 releasees (100%) were connected/referred to follow-up treatment by Adapt Community Solutions in coordination with pretrial services.

The workgroups met in early November 2017 to assess progress, modify plans and goals based on data from the beta launch and early implementation period, distribute newly created core working documents, and develop a plan and timeline to accomplish the remaining tasks. The groups are now in the process of refocusing their work on continuous quality improvement activities, using data to make changes and improvements as needed. Lastly, Dallas County is working closely with the Institute and the Caruth treatment providers to finalize and streamline the processes for identifying individuals with complex needs who repeatedly cycle through jail and emergency services and referring them to the Smart Justice 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 drafted 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. An initial cohort of individuals released from jail were enrolled in ACT and FACT services in early December 2017. 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 MDT’s in Intercept 1. While the MDTs wait for City Council approval of the Parkland contract to provide clinicians, two of our treatment partners, Metrocare and Integrated Psychotherapeutic Services (IPS), have graciously provided clinicians to join in “ride-alongs” with DPD. Their joint work will create a learning opportunity before the Parkland clinicians come on board. The Institute will gain feedback about the “ride-alongs” from the DPD officers and communicate any service gaps to the new clinicians from Parkland. This opportunity will also inform IPS of the role clinicians play in Intercept 1. Since IPS has agreed to

provide clinicians as needed to support occasional MDT staff shortages, these “substitute” IPS clinicians may build off their prior experience working with MDT staff.

**Dallas County Behavioral Health Housing Work Group**  
**Dallas County Administration, 411 Elm Street, 1<sup>st</sup> Floor, Dallas Texas 75202**  
**January 24, 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; Joshua Cogan, Outlast Youth; Blake Fetterman, Salvation Army; Atoya Mason, VA; Jim Mattingly, LumaCorp; James McClinton, MDHA; Jari Mema, Catholic Charities; Shenna Oriabure, DCCJ; Charlene Randolph, DCCJ; Charletra Sharp, City of Dallas; Dr. Jacqualene Stephens, MMHPI; Jacky Sylvie, CPSH; Joyce White, Transicare; Justin Vander, Prism Health North Texas; Yvonne Green, PHHS; Laura Edmonds, DCCJ; Valerie Sanders, CitySquare; Deborah DeLay, City of Dallas; Michael Carr, Dallas County; Erin Moore, Dallas County; and Claudia Vargas, Dallas County; and Terry Gipson, Dallas County

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

### **GOVERNANCE**

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

A second meeting took place on January 19, 2018. Board nominations were completed and there was a discussion about how partnership will complement the work of local agencies addressing homelessness. The BHHWG will continue to meet while the partnership identifies a full scope of activities. The Partnership will work on developing a clearinghouse of available resources. The next meeting is scheduled for February 16, 2018 and is open to the public.

### **DEVELOPMENT ACTIVITIES**

Medical Respite: Blake Fetterman, Salvation Army

The Salvation Army and Parkland Hospital are exploring a possible partnership to provide medical respite services. Both visited the Salvation Army in Fort Worth that has successfully implemented a recuperative care program in partnership with John Peter Smith Hospital. Housing First vouchers are provided for medically vulnerable people and that has resulted in lower recidivism rates. The Salvation Army and Parkland Hospital are interested in implementing the same model in Dallas. This is a unique model for hospital districts and social services agencies to connect discharged individuals with services.

Crisis Residential and Respite: Courtney Clemmons, NTBHA

NTBHA and Parkland are also exploring a possible partnership to implement an Extended Observation Unit (EOU) and Crisis Hub. NTBHA and Parkland Hospital visited the EOU and Crisis Hub at LifePath Systems in Plano. Trips to visit EOU and Crisis Hubs in San Antonio and Travis County will be scheduled to continue gathering ideas for implementation in Dallas. Plans are pending approval of Homeward Bound by the state. Doug Denton added that Homeward Bound passed the health department inspection and is still awaiting approval of the fire inspection. The State will issue Homeward Bound its license once both inspections are submitted.

### **RESOURCES**

Shelter Discussions: Blake Fetterman, Salvation Army

Area shelters implemented a uniform inclement weather policy that was initiated with the first 40 degree day of the winter season and will operate through March 1st. Lessons learned include engaging the Dallas Policed Department and emergency response systems at the start of inclement weather mode, operating with normal staff puts a great burden on shelters, and food and supplies need to be considered ahead of time. A community response is needed because although shelters have an open door policy during inclement weather they do not have the capacity to exclusively meet all client needs.

Area shelters will have a follow-up meeting with the City of Dallas to discuss incorporating public transportation into the inclement weather response. The Los Angeles area provides public transportation for individuals seeking shelters during the inclement weather season. Charletra Sharp shared that the city is currently reviewing its inclement weather policy

because it does not align with the shelter community's policy. Courtney Clemmons added that it is also important to coordinate with the local behavioral health authority to trigger services for impacted individuals.

Commissioner Daniel inquired about how the Salvation Army in Fort Worth places individuals in housing. Ms. Fetterman replied that the Salvation Army in Fort Worth uses master leasing agreements for those who are eligible for PSH and a higher rental vacancy makes it easier to find housing. The Dallas Housing Authority has a master leasing program with a number of partner agencies. Jim Mattingly added that LumaCorp is partnering with the Inclusive Communities Project to test master leasing on a project basis. Mr. Mattingly further elaborated that master leasing is helpful in those instances because it addresses issues and delays that landlords are not prepared to deal with when executing a lease. However, conventional housing is only part of the solution because business practices do not align with the needs and operations of service providers. Ms. Sharp shared that project based housing units exist throughout Dallas but are they are still subject to the traditional screening process unlike master leasing.

NTBHA: Courtney Clemmons, NTBHA

Needs capacity assessments (SB 292, HB 13, and PPP beds) submitted to the state were awarded; amounts have not yet been disclosed. NTBHA is working on their consolidated local service plan to submit to the state, a requirement for local health authorities. NTBHA is requesting feedback on existing needs from the community and stakeholders. The Planning and Network Advisory Committee (PNAC) will assist with community input and review before submittal to the state.

Housing Navigator: Joyce White, Transicare

The 2018 bi-monthly training schedule is completed and the first session in 2018 will be in February on the topic of boarding homes. The DCCJ system relies on the use of boarding homes for clients.

Caruth Smart Justice: Dr. Jacqualene Stephens

Clinical staff and law enforcement are receiving joint FACT training.

## **PROJECTS AND INDUSTRY UPDATES**

Coordinated Access System: Charletra Sharp, City of Dallas

CoC agencies recently met and reported an update to the prioritization list. Agencies targeted the top fifty individuals and as a result thirty-three of the most vulnerable individuals were housed. Additionally, shelters will participate in a local competition to permanently house individuals in the shelter. The National Alliance to End Homelessness will provide guidance for the competition.

Homeless Jail Dashboard: Shenna Oriabure, DCCJ

The report has been updated to show unique individuals by month. The homeless report is based on the number of book-outs. Drug and alcohol, criminal trespass, and theft are leading causes for book-in. Homeless individuals booking out of jail are not connected during the process. The staff nurse would like to flag individuals so that a follow-up is in place to continue treatment and services.

The Cottages: Valerie Sanders, CitySquare

There are forty-three residents, seven vacancies, two new residents pending move-in, a pending eviction and 2 terminations due to abandonment. Repair of damaged flooring in 16 units continues. Four more clients will be vetted for the waitlist and are waiting to meet with the DHA. The criminal background check wait, which is around 90 days, was discussed.

Catholic Charities: Jari Mema

A meeting was scheduled with partner agencies to review policies, procedures, and house rules. Catholic Charities is researching adding a doctor to provide healthcare services a few times a week.

Homeless Youth Count: Josh Cogan, Outlast Youth

The first week is complete; 37 surveys were completed. Week two will kick off on January 25<sup>th</sup> on the same day as the MDHA Point In Time Count.

***Next Meeting: Wednesday, February 28, 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***

<b>BHLT Report: The Cottages at Hickory Crossing</b>								
<b>BHLT Report</b>	<b>2017-2018 Outputs</b>	<b>Jul-17</b>	<b>Aug-17</b>	<b>Sep-17</b>	<b>Oct-17</b>	<b>Nov-17</b>	<b>Dec-17</b>	<b>Jan-18</b>
<b>Property management</b>								
	Beginning census	45	44	40	44	45	46	44
	Evictions	3	2	0	0	1	1	1
	Terminations	0	2	0	0	2	1	2
	Move-ins	2	0	4	1	3	0	3
	Ending census	44	40	44	45	46	44	43
	Lease violations	20	15	14	50	17	12	2
	Candidates screened for waitlist	4	16	11	13	11	5	6
	DHA inspections	2	0	9	1	0	1	0
	Total residents housed since opening	52	52	56	57	60	60	63
	Residents in Cottages for 90 days or less	2	2	7	6	7	4	6
	Residents in Cottages 91-180 days	14	8	5	7	8	10	12
	Residents in Cottages 181 days or more	36	42	44	44	45	43	42
<b>Health</b>								
	<b>2017-2018 Outputs</b>	<b>Jul-17</b>	<b>Aug-17</b>	<b>Sep-17</b>	<b>Oct-17</b>	<b>Nov-17</b>	<b>Dec-17</b>	<b>Jan-18</b>
<b>Prescriber appointments</b>								
	One-on-one psychosocial sessions	74	138	148	208	183	177	179
	Cognitive behavioral therapy sessions	10	18	16	7	27	40	44
	Residents that attended psychosocial group sessions	25	6	15	9	26	16	24
	Appointments scheduled with prescriber	39	41	37	44	21	34	40
	Appointments attended	21	27	27	29	16	23	30
	Residents that were prescribed medication	19	23	19	26	17	18	27
<b>Incident reports</b>								
	Medical incidents	2	3	5	3	7	6	2
	Psychiatric incidents	1	0	1	0	1	3	1
<b>Higher level of care</b>								
	Emergency department visits	38	43	20	30	15	29	7
	Psychiatric admissions	5	2	1	3	3	11	3
	Jail stays/Book -in	6	5	6	4	4	2	0
	Substance abuse facility admissions		1	4	1	1	1	0
<b>The Cottages at Hickory Crossing</b>								
<b>BHLT Report</b>	<b>2017-2018 Outputs</b>	<b>Jul-17</b>	<b>Aug-17</b>	<b>Sep-17</b>	<b>Oct-17</b>	<b>Nov-17</b>	<b>Dec-17</b>	<b>Jan-18</b>
<b>Case management</b>								
	Residents case managed	33	38	43	42	37	39	40
	Residents served by Community Wellness	11	11	6	8	4	9	9
	Residents served by CitySquare Clinic	5	6	7	6	6	6	8
	Residents that attended Life Skills groups	10	5	4	16	0	0	0
	Residents that attended any CitySquare groups	27	29	36	25	28	27	21

SAMSHA Report	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									15	44	33
<b>Number of Successful Completions</b>	3	0	1	3									7	36	24
<b>Number of Unsuccessful Completions</b>	0	0	0	3									3	10	9
<b>Average Days in Jail from Referral to Admission</b>	12	9	6	5									8	7	4
<b>Number of New Admissions on ELM</b>	2	2	3	2									9	37	12
<b>Program Referral Follow-Ups by Type (running total per grant year)</b>															
Court Program Graduate													0	0	6
Active In Court Program													8	7	3
Active In Treatment at Nexus													5	0	0
In Jail													0	0	0
Re-Arrested and Released to Community													0	15	12
Re-Arrested and Released to Further Treatment													0	8	2
Released to TDCJ or State Jail													0	5	5
Active Warrant													1	8	4

**Dallas County Behavioral Health Leadership Team (BHLT)  
Adult Clinical Operations Team (ACOT) Committee Meeting  
January 4, 2018**

**Attendees:** Walter Taylor (Chair, NTBHA), Charlene Randolph (Co-Chair, Dallas County), Laura Edmonds (Dallas County), Ron Stretcher (MMHPI), Jennifer Torres (Metrocare), Jarrod Gilstrap (Dallas Fire), Janie Metzinger (MHA), Karla Sweet (Homeward Bound), Doug Denton (Homeward Bound), Jessica Martinez (NTBHA), Brittony McNaughton (NTBHA), Marshall Ardoin (Metrocare), Kurtis Young (Parkland), Sherry Cusmano (NAMI Dallas), Michael Carr (Dallas County), Ashley Williams (Dallas County CSCD), James McClinton (MDHA), Ellen Duke (Hickory Trail Hospital), Dawn McKeehan (MMHPI), BJ Wagner (MMHPI), Aaron Ruoke (Dallas Police), Angela Shaw (Dallas Police), Christine Martin (Parkland), Jocelyn Pratt (Parkland), Jana Creech (Parkland), Ryan Cordoug (Dallas Police), Sarah Hoerg (Parkland)

**Welcome and Introductions:**

- All attendees were introduced, including all new attendees
- The meeting notes from the previous month's meeting were reviewed and approved.

**Purpose and Goals for ACOT in 2018:**

- Discussion was had about the history of ACOT and Walter Taylor discussed wanting to collaborate with the group in order get feedback to create a direction and goals for 2018. Ron Stretcher provided the group with the history of ACOT.
- Walter Taylor led the group through a discussion using a SWOT Analysis (Strengths, Weaknesses, Opportunities, and Threats).
- Using the SWOT analysis the group highlighted a variety of strengths, including: The benefit to having a wide variety of participants to engage and provide feedback, the presence and participation of NTBHA as the behavioral health authority, having a venue where key stakeholders are engaged (Commissioners Court, NTBHA, representation from hospital district, representation from the criminal justice system, etc.), and the group engaging to work through major system changes. Many strengths from ACOT were highlighted in the group discussion.
- Opportunities were also highlighted, including: The opportunity to remain patient centered through the engagement of representation from staff that work directly with patients on a daily basis, to align with goals and directives from BHLT, the opportunity to continue to learn through upcoming system changes, and the opportunity for ACOT to strengthen how the work that is accomplished is communicated back to BHLT and other system-wide partners.
- Discussion regarding the Purpose and Goals for ACOT will continue in February's meeting.

**NTBHA Updates**

- Jessica Martinez and Brittany McNaughton summarized that NTBHA has wrapped up its first full year of the new system. They will be working on analyzing the first year and letting key observations guide them in decision-making within 2018.
- They reported that there will be a continued focus from NTBHA on strengthening community treatment services. Contract amendments have gone out that will help strengthen intensive levels of care, initiatives for engagement, and provide an opportunity to create robust treatment at the community level.

**Presentation: Homeward Bound:**

- Doug Denton, CEO of Homeward Bound provided an update on their transition into their new building. He reported that the building is near ready for inspection. He reported hoping for full inspection and certification within two weeks.

**Update on Smart Justice Program**

- Staff from MMHPI brought to ACOT staff from the Intercept One Right Care team. The team was introduced and an overview of their work and project goals was highlighted.
- MMHPI reported that the Intercept One beta test phase has come to an end and a draft of policy and procedures for the Right Care team was finalized from the data and experienced gained from the beta test. They have also taken steps to continue to engage in training and meet with the various Boarding Home owners to introduce the team and its purpose in order to aid them in diversionary efforts.
- The Right Care team is ready for a full launch on January 29, 2018.

**Legislative Update**

- Janie Metzinger (MHA) reported that the new SAMHSA regional director will be speaking at COMI on January 17, 2018 at 9:00am.
- Ms. Metzinger also reported that hearings will be taking place to evaluate the recovery responses from Hurricane Harvey, pharmacy benefits, the decrease in CHIP benefits, and evaluating the legality of the death penalty for individuals diagnosed with IDD or mental illness.

**Other**

- The next meeting will take place on Thursday, February 1, 2018 at Mental Health America.

Meeting was adjourned at 1:25pm.



# DALLAS COUNTY, TEXAS

## Minutes of the Behavioral Health Steering Committee (BHSC) Meeting Thursday, January 18, 2017

### Call to order and Introductions

The meeting was called to order by Judge Kristin Wade at 8:35 am. 21 staff and agency representatives/providers were in attendance with names recorded on the meeting sign-in sheet.

### Minutes review and approval

The **minutes** from the last bi-monthly BHSC meeting held on October 19, 2017 (packet pgs. 2-7), were reviewed with motion and second by Leah Gamble and Lee Pierson for acceptance with no discussion or corrections. Motion unanimously passed to accept the minutes as read without objection.

**Guest speaker:** Jessica Simmons briefly spoke about the drug patch testing process, and they will have additional technical staff available at the March meeting to provide a full presentation informing on process, uses, protocols, and program benefits of the constant monitoring that comes with this process.

**Caruth Grant:** Mike Laughlin provided quarterly summary update regarding the MMHPI Smart Justice Grant with materials in the packet (packet pages 8-11). The 5-year, \$7 million Implementation Grant submitted by MMHPI awarded in October 2016, continues to be the source of our on-going \$1.174 million sub-grant to Dallas Co. that started 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 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 November 2017 reflecting:

- 9610 or 22.9% of the 41,499 book-ins screened MH positive (100% of all book-ins were MH screened)
- 1421/15.7% of those screened MH positive were found MHPR Bond eligible by Pretrial, and Court-ordered for assessment (after criminal history and risk review)
- 961/67.6% of those ruled eligible were fully assessed (most with Recommendations for Standard Intensive or Routine OP)
- 426/32.4% of those ruled eligible were not assessed (due to refusal, early alternate release, etc.)
- 1021/71.8% of those eligible were disposed by other means prior to presentation to Court
- 400/28.2% of those eligible were presented to the Court for bond decision
- 354/88.5% of those presented to the Magistrate were granted bond and released
- 46/11.5% of the 219 were denied bond and detained, and 12/6% of the 219 presented had an alternate disposition
- 354 or 100% of bond-released defendants were opened by Pretrial (15% to low level, 60% med. Level, and 20% to high level bond supervision).

- 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, flowchart was one in November 2017 of the processes 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 for referral and treatment connection upon release. The fidelity reviews are done, and contracts have been executed with the first patients being accepted and treated. This will soon also 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 bugs, 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 most training being completed, and beta testing that began in December. They have outfitted an unmarked vehicle and began testing of the clinical imbeds. Dawn mentioned there will be media event at Dallas Fire Station #6 soon. The initial focus will be in the place with the greatest concentration in the South and 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 is down to the last few sessions. She was also very complementary of the identified providers as to their creativity and overall flexibility in preparing for the Intercept 5 implementation.

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:** 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. 12-51 for details).

Mike presented the SAMHSA Grant update in Laura’s absence along with associated data and activities (see packet pg. 12). They continue to be above their target, 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. Judge Wade and Leah Gamble reminded everyone to promote it and make referrals.

Shenna presented a summary of November 8, 2017, 530 Subcommittee minutes, activities and expenses. The 530 Subcommittee recently approved and needs BHSC approval for \$600 expenditure from budget line items for FY 2018 in Veterans Court program incentives, and \$22,000 at \$1375/person for 16 staff (one from each specialty Court) to attend this year’s National Drug Court Conference in Houston. Motion made and seconded by Mike Laughlin and John Henry respectively with unanimous approval without discussion or objection. Dallas Metrocare also plans to fund and send 2 of their own staff, and Dallas County has placed a block of rooms for now for reservation at the block rate. It was emphasized this will not cover all costs, so programs and agencies will have to make up the difference on their own.

**CSP stats and metrics** for October through November were presented/reviewed (see packet pgs. 15-20), and they are exceeding YTD outcomes and DY metrics. 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. The Medicaid 1115 Transformation Waiver was renewed since our last meeting, but will receive increasingly reduced amounts in the later years of the 5-year renewal. We will have to develop alternate resources for sustainability in the meantime. This currently funds many services and operations like IPS Aftercare services, Transicare Continuity of care operations, MHPR Bond assessments via ACS, Salvation Army Drug Treatment beds via CSCD, Transicare transport/treatment linkage services, hospital returns and transport, etc.

**Cottages Update:** Census is not full but filling back up more rapidly in recent months. Referral criteria include multi-bookings, 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. City Square case workers will interview/screen and help to gather documents, etc. It is a voluntary process using the Housing First Model with incentives. National recidivism rates are low with the population and model. Looking to expand the model in future years.

Lynn remarked how great the recent presentation at BHLT was by City Square execs., and recommended we distribute that to our BHSC list. Judge Wade also recommended they come present in the future to our group. Reminder this is done through standard DHA voucher or flat \$50/month rent payment.

**Jail and hospital movement, pregnant defendants, and homeless and Veteran data and reports** were presented by Shenna and are found in the meeting packet on pages 21-34. We continue to await word 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. We will know for FY18 in the next few weeks, and FY 19 sometime in Sept. 2018 which will be a new set of money to requalify for then. The target is for more of the "chronic" cases vs. "acute, and that they which will include mechanisms by Parkland to minimize use of forced medications. The DA's Office has made it clear 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 continues to have a lag in acceptance causing the wait list to increase.

Veteran's prevalence continues to be under counted via self-report and data for the quarter is shown on pgs. 22-26. 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 goes to the Veteran's Court.

Homeless numbers are on page 26-34,. Getting IDs is still an issue, and Joyce White recently reminded that they noted 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 for the 4<sup>th</sup> quarter which according to TLETS is still high at 63% (packet pg. 35). 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. 36-38)** 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.

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 (pgs. 39-40)** for the quarter showing 237 MHPR Bond cases handled and 87 MH cases opened. Additionally, Blake Reyna and Ron Wright were recently added to handle felony courts, are being trained, and will be starting attend coming meetings soon. It was mentioned by Judge Wade that SET numbers are low, and that inviting Julie to coming meetings would be helpful.

Lee also mentioned there has been some major restructuring in the DA's Office and all the MH programs have been moved under Julie Turnbull in the Reformatory Justice Division.

### **Provider Reports**

**Kelly Lane from The Bridge** reported their numbers (pg. 41) are pretty consistent with no changes, or comments/concerns expressed. DHA is continuing to take briefings again for placements. They have recently renovated the Kennel for the dogs to accommodate more folks. They are sheltering with the recent inclement weather with about 80-100/night.

**Metrocare:** Crystal Garland presented Metrocare data/reports (pg. 43-44) advising that there was a slight drop in numbers in December. DDRC remains pretty much at 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](http://www.ipsrecovery.com). Their data show majority of their service numbers are SUD, followed by psychiatric services, detoxification, and MAT services. Gender and ethnic breakdowns remain stable.

He also updated the group on the collaboration with Austin St. Shelter that started about 6 months ago. They have 409 beds for males 45 yrs. old +, and continually full with consistently half with BH involvement and symptoms despite the fact that there are no on-site BH services being provided there at this time. IPS is partnering with them to fill this gap. Judge Wade spoke at length about how much IPS has done for the specialty courts and finding clients and following up with them.

**NTBHA:** John Henry reported that engagements are up, and good things continue to happen as the expansions are implemented to include increased capacity for OCR and new money/collaboration to implement SB292 Collaborative locally. We should hear on that funding in the next few weeks, and HB13 sometime in March. Additionally, HHSC awarded approximately \$1 million additional treatment funds to NTBHA to target the Opioid epidemic. NTBHA is still awaiting the contract from HHSC, but will roll those dollars out to contracted community treatment providers at that time.

**Specialty Courts:** Janine presented OCR Court data (pg. 45). It was reminded that Governor's Office is no longer funding attorneys for Specialty Courts. Keta presented DIVERT Court numbers on pg. 46, and reminded everyone to look at the material recently sent on the FREE HHS training at UTSW on the Opioid Epidemic on Feb. 20-21. She also emphasized the importance of planning for the 2018 NADCP Conference in Houston. There will also be NDCI training for Drug Courts in Dallas in June.

Rosa Sandles was present and provided the other Specialty Court numbers for post adjudication (pages 47-51) noting that the numbers stayed stable through the holidays. 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

**BHSC meeting start time:** discussion and poll about a later start time to maybe 930am. Judge Mays mentioned many do not arrive at the normal 830am start time. Nothing was decided yet.

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

**Homeward Bound** continues to complete the licensing process at their new location at 5300 University Hills, Dallas, Texas 75241 with still unknown reopening date. Information will be provided as soon as known.

**Dallas Metrocare's new Jail Liaison** has been developed and approved and will be located in the Jail in West Tower, 3<sup>rd</sup> floor. The new liaison is Sheldia "Shelly" Harris who will be starting very soon. They will have an email address assigned to her/the program that will be used for referrals and ongoing communication.

**Program resources for Specialty Court participants** Judge Mays asked if folks are having trouble finding resources for their clients, and to email her so she can provide assistance. She also advised that she has a resource for very favorable car loans for those at \$1500/mo. income which is not based on credit.

**CJD at Governor's office** has increased and moved some funding streams away from Specialty Courts (particularly for prostitution cases) where human trafficking is involved so that these will be viewed and handled more as victims vs. offenders with more money spent in this area. A lot more money has been allocated to this via the Governor's request, and Grant applications for this are due by February 20<sup>th</sup>.

### **Adjournment**

The meeting was adjourned by Judge Wade at 945am. The next bi-meeting is set for Thursday, March 15, 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  
 Last Refresh: 1/8/18 at 7:50:25 PM GMT-06:00

	Past Year Avg	2017-10	2017-11	2017-12	Average:	Sum:
<b>Total Service Episodes:</b>	808	840	721	612	<b>724.33</b>	<b>2,173</b>
<b>Total Unique CID:</b>	630	829	668	545	<b>680.67</b>	<b>2,042</b>
<b>Total Unique SID:</b>		829	665	534	<b>676</b>	<b>2,028</b>
<b>% Change to DY 4 by CID</b>		131.59%	106.03%	86.51%		

<u>Total Encounters by Type:</u>		2017-10	2017-11	2017-12	Average:	Sum:
<b>Triage</b>		840	721	612	<b>724.33</b>	<b>2,173</b>
<b>Care Coordination</b>		2,660	2,297	2,309	<b>2,422</b>	<b>7,266</b>
<b>F2F Encounter</b>		397	372	311	<b>360</b>	<b>1,080</b>
<b>Sum:</b>		<b>3,897</b>	<b>3,390</b>	<b>3,232</b>	<b>3,506.33</b>	<b>10,519</b>

<u>F2F Encounter</u>		2017-10	2017-11	2017-12	Average:	Sum:
<b>MHPR Bond</b>		190	177	138	<b>168.33</b>	<b>505</b>
<b>Non-MHPR</b>		207	195	173	<b>191.67</b>	<b>575</b>
<b>Sum:</b>		<b>397</b>	<b>372</b>	<b>311</b>	<b>360</b>	<b>1,080</b>



**Crisis Services Project**

Frank Crowley

DY7 CSP Monthly Report\_No Graphs

Last Refresh: 1/8/18 at 7:50:25 PM GMT-06:00

	2017-10	2017-11	2017-12	Average:	Sum:
<b>Service Episodes:</b>	840	721	612	<b>724.33</b>	<b>2,173</b>

<u>Unique Consumers:</u>	2017-10	2017-11	2017-12	Average:	Sum:
By N* ID	444	367	327	<b>379.33</b>	<b>1,138</b>
By Client ID	385	301	218	<b>301.33</b>	<b>904</b>
<b>TOTAL Unique Consumers:</b>	<b>829</b>	<b>668</b>	<b>545</b>	<b>680.67</b>	<b>2,042</b>
<b>TOTAL Unique Consumers as %:</b>	<b>98.69%</b>	<b>92.65%</b>	<b>89.05%</b>		

<u>Unique F2F:</u>	2017-10	2017-11	2017-12	Average:	Sum:
By N* ID	174	144	144	<b>154</b>	<b>462</b>
By Client ID	169	171	106	<b>148.67</b>	<b>446</b>
<b>TOTAL Unique F2F:</b>	<b>343</b>	<b>315</b>	<b>250</b>	<b>227</b>	<b>908</b>
<b>TOTAL Unique F2F as %:</b>	<b>86.40%</b>	<b>84.68%</b>	<b>80.39%</b>		

	2017-10	2017-11	2017-12	Average:	Sum:
<b>F2F Percentages:</b>	<b>47.26%</b>	<b>51.60%</b>	<b>50.82%</b>	<b>49.89%</b>	<b>149.67%</b>



# Crisis Services Project

Frank Crowley

DY7 CSP Monthly Report\_No Graphs

Last Refresh: 1/8/18 at 7:50:25 PM GMT-06:00

Encounters by Type:	2017-10	2017-11	2017-12	Average:	Sum:
Triage	840	721	612	724.33	2,173
Care Coordination	2,660	2,297	2,309	2,422	7,266
F2F Encounter	397	372	311	360	1,080
<b>TOTAL Encounters:</b>	<b>3,897</b>	<b>3,390</b>	<b>3,232</b>	<b>3,506.33</b>	<b>10,519</b>

Female:	2017-10	2017-11	2017-12	Average:	Sum:
Black	103	80	77	86.67	260
Hispanic	32	23	17	24	72
Other	1		1	1	2
Unknown	3	2	4	3	9
White	61	59	51	57	171
<b>TOTAL Female:</b>	<b>200</b>	<b>164</b>	<b>150</b>	<b>171.33</b>	<b>514</b>

Male:	2017-10	2017-11	2017-12	Average:	Sum:
Black	286	261	234	260.33	781
Hispanic	81	53	58	64	192
Other	3	2	1	2	6
Unknown	15	9	4	9.33	28
White	106	114	98	106	318
<b>TOTAL Male:</b>	<b>491</b>	<b>439</b>	<b>395</b>	<b>441.67</b>	<b>1,325</b>

Triage 12	2,026
Recidivism 12-12	174
Recidivism 12-12%	8.59%

Triage 6	2,026
Recidivism 6-6	174
Recidivism 6-6%	8.59%

Triage 6	2,026
Recidivism 6-12	174
Recidivism 6-12%	8.59%

	October	November	December
Year MO	2017/10	2017/11	2017/12
Recidivism 12-12	13	89	174
Triage 12	829	1,494	2,027
Recidivism 12-12%	1.57%	5.96%	8.58%

	October	November	December
Year MO	2017/10	2017/11	2017/12
Recidivism 6-6	13	89	174
Triage 6	829	1,494	2,027
Recidivism 6-6%	1.57%	5.96%	8.58%

	October	November	December
Year MO	2017/10	2017/11	2017/12
Recidivism 6-12	13	89	174
Triage 6	829	1,494	2,027
Recidivism 6-12%	1.57%	5.96%	8.58%

## Transicare Reporting

	Oct-17	Nov-17	Dec-17	Totals
<b>Beginning Census</b>	152	149	134	<b>435</b>
<b>REFERRALS</b>				
<b>Referred Admitted</b>	<b>33</b>	<b>23</b>	<b>18</b>	<b>74</b>
No Admit Client Refusal	0	1	0	1
No Admit Criteria	5	2	1	8
No Admit Structural	3	2	3	8
Pending	31	33	15	79
<b>PRIOR PENDING</b>				
<b>Pending Admitted</b>	<b>16</b>	<b>5</b>	<b>11</b>	<b>32</b>
No Admit Client Refusal	1	3	0	4
No Admit Criteria	1	4	0	5
No Admit Structural	17	1	11	29
<b>Total Admissions</b>	<b>49</b>	<b>28</b>	<b>29</b>	<b>106</b>
<b>Discharges</b>				
Success Transfer	7	6	5	18
DC Midterm Disengage	19	14	5	38
DC Rapid Disengage	14	14	2	30
DC Structural	12	9	4	25
<b>Total Discharged</b>	<b>52</b>	<b>43</b>	<b>16</b>	<b>111</b>
Active End Of Month	149	134	147	
<b>TSH Outcome Data</b>				
<i>Terrell State Hospital Linkages</i>				
≤7 Connect To Prescriber	4	2	1	7
≤30 Connect To Prescriber	0	0		0
Missed Metric	0	0		0
Total Released	4	2	1	7
<b>Cummulative ≤7 Connect %</b>	100%	100%	100%	100%
<b>Cummulative ≤30 Connect %</b>				
<b>Missed Metric</b>	0	0	0	0
<b>Unduplicated Served</b>				
<b>Monthly Unduplicated</b>	204	187	171	<b>562</b>

## Forensic Diversion Unit (FDU) Report

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec - 17
<b>Beginning Census</b>	47	46	50	45	44	47	50	47	50	47	47	46
<b>Number of Referrals Received from CSP</b>												
Adapt	7	8	16	12	20	17	8	15	10	16	6	13
Metrocare	0	0										
Transicare	0	0										
DA	0	0										
<b>Number of Admissions</b>	5	8	10	7	9	8	6	7	6	11	1	9
<b>Number Discharged</b>	0	4	10	3	6	5	9	3	6	10	1	5
<b>Number not admitted due to:</b>												
Client qualifies for ACT	0	0	0	2		4		1		0		
Client qualifies for other programs	1	0	0							1		
Client didn't meet level of need required	0	0	0				1	2	1	1	4	
Other reasons	0	0	0	3	7	5	1	5	3	3	1	4
<b>Average Service Utilization:</b>												
Average hours seen	7.22	6.46	6.36	6.52	6.72	5.19	6.18	10.32	10.48	11.63	10.63	10.4
<b>Encounter Breakdown:</b>												
Face to Face	254	275.25	245	264.25	269	240.28	298.75	324.54	258.16	259.83	286	265.27
Service Coordination	193	225	215	188	296	210.25	239	181.75	437	628	602	537
<b>Number of clients accessing:</b>												
Emergency Room (medical)	0	0	0		0	0	0	0	1	0	0	
23-hour observation (psych)	1	1	0	1								1
Inpatient (med/ psych)	0	0	0		2	2	1	1	1	0	0	1
Jail book-in	10	2	0	1	5	5	2	5	2	0	0	1
<b>Reasons for Discharge:</b>												
Graduate		0	0		1	1	0	1	1	0	0	
Client Disengagement	2	3	0	3	3	1	7	2	3	5	0	
Extended Jail stay (case-by-case basis)		0	0		1					5	0	
Other Intervening factors		1	0	2	1	1	2	1	5	1	1	5
<b>End of Month Stats:</b>												
Number of Active FDU clients end of month	46	50	48	44	47	50	47	50	47	47	46	42
Number of Unique Consumers	2	0	2	0	47	50	47	50	47	47	46	50
# of clients waiting to be released from jail	11	12	15	12	14	9	8	6	9	15	8	8
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	6.57	6.74	6.82
<b>Maximum Census</b>	46	46	46	46	46	46	46	46	46	46	46	46

# December Monthly Report

\*\*report reflects up to December 31, 2017\*\*

Dallas County Crisis Services Program	Program Specific and Systems Update	Summary of NTBHA's Monthly Activities	Action Items/Concerns
<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 26 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	Provided case consultation and clinical support during PATS/FACT Huddle Calls  Completed hospitalization/benefit inquiries for 1 clients.	Not Applicable
<b>3</b>	<b>ACT Forensic Diversion Unit (FDU)</b> – 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 13 FDU referrals, 9 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	10 candidate cases reviewed.	Not Applicable