Dallas County Behavioral Health Leadership Team
Thursday, October 11, 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 August 9, 2018*
- Proposed Representative Update*
  - Resolution: Dr. Corona, Parkland COPC

III. Strategic Planning
- **Jacob Sills, CEO of Silicon Valley Company "Uptrust"**

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 and North Texas Behavioral Health Authority*. Unless action is required, there will be no verbal updates from those committees.

Dallas County
Behavioral Health Leadership Team
Meeting Notes
Thursday, September 13, 2018
https://www.dallascounty.org/departments/criminal-justice/bhlt/

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

Introductions and Absent BHLT Members: Commissioner Price allowed first time attendees to introduce themselves: Eric McCarty, NTBHA Housing Resource Manager; Tzeggaborhan Kidane "Gabby", new staff in Commissioner Daniel office.

Review/Approval of Minutes/BHLT Website
The minutes of the BHLT meeting held on August 9, 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 John Burruss. The committee members voted to approve the minutes with no modifications to be made.

Strategic Planning

City of Dallas Office of Homeless Solutions Strategy
Monica Hardman, Managing Director Office of Homeless Solutions, introduced herself, Ms. Charletra Sharp, Program Administrator and Nadia Chandler-Hardy, Assistant City Manager. Ms. Hardman reviewed their goal and purpose for the Homeless Solutions Departmen. The total homeless identified in the City of Dallas have increased by 9% from 2017 and the total of unsheltered homeless has increased 24% since 2017. The unsheltered subpopulations consist of Homeless Veterans (52) and the Chronically Homeless (114). The chronically homeless are defined as being homeless for more than a year, being homeless multiple times, or having chronic substance abuse or a mental disability. Ms. Hardman also displayed a chart that gave the age range for the unsheltered in Dallas. In reviewing the chart for the unsheltered race she pointed out that there are approximately 65% African American, 33% Caucasian, and 16% Hispanic which was not included on the chart. Ms. Hardman also introduced the City of Dallas Strategy Plan which includes 4 Tracks.

Track 1 will help to increase shelter capacity and on August 22. 2018 the city approved a contract with Dallas Life. This action will provide access to an additional 100 beds for which the City will pay $12 per night per bed. This move will allow shelters to provide beds for unsheltered homeless for up to 90 days and individuals will not have to commit or participate in any faith based programs. The 90 days was determined from an existing performance metric and will be used tohelp homeless individuals get in the system, work through other tracks, and to get them stable. Chief Richardson inquired about some of the unsheltered refusing housing or assistance. Ms. Hardman stated that is due to several reasons such as the unsheltered not wanting to abide by the rules of the shelters, individuals having a bad experience at a shelter, some may not want to part with their personal belongings if there is a limit to what they can bring in, and some do not want to part with their pets, and/or mental health/substance abuse issues. Each situation is on a case-by-case base. The City will also present a contract amendment with The Bridge on September 26, 2018. The Bridge is currently reaching capacity daily and will now open up their Welcome Center to allow for 50 additional beds at $12 per night per bed. The cost is $235,000 for 50 individuals for contracted pay-to-stay shelter beds.

Track 2 is currently being reworked due to the opposition from the City Council at their last meeting. Track 3 will provide security deposits, rent, utilities, and incentives to tenants as well as incentives and risk mitigation services to participating landlords. This strategy will help reduce the bottleneck and lengths of time that clients/families have to wait to be placed

in housing. Track 3 also includes a budget enhancement approval; $1.2 million for the Master Lease/Subsidized Landlord Program and $100,000 for the Landlord Incentive Program. Track 4 will help to create new housing developments through utilization of Proposition J. The target areas for Track 4 includes: gousing the chronically homeless; rapid rehousing the elderly, disabled, families with children and young adults; and day centers for seamless wrap around services. In November 2017, the City Council approved the implementation of the $20 million Bond Program (Proposition). The goal is to create 1,000 housing units over the next 3-5 years. Ms. Hardman's office will be working with stakeholders and the Dallas Area Partnership to Prevent and End Homelessness to create private investment strategies. Ms. Hardman also presented her office budget request for FY18-19 and is looking forward to it being approved September 19, 2018. The budget is listed as: Homeless Response System Enhancement $250,000 (RFP's will go out in November), Dallas Homeless Investment Program $500,000, Supportive Senior Program $250,000, Master lease/Subsidized Landlord Program $1.2 million, and the Landlord Incentive Program $100,000 which puts their budget request at $2.3 million. The Commissioners and Mr. Stretcher had follow-up questions concerning the developer driven projects. Ms. Hardman stated that she understood the concerns and welcomed all feedback and suggestions for moving forward. Ms. Hardman wanted to make it clear that the City would have full control of the development project. Assistant City Manager Nadia Hardy also added that they are currently looking at policy documents and best practices for property management. Commissioner Price advised the members and community partners to send in follow-up questions and inquires for the City of Dallas to Ms. Greer, BHLT Coordinator, so that we may send them in one document.

NTBHA Updates:
Carol Lucky, CEO of North Texas Behavioral Health Authority, informed the members that the Tenant Based Rental Assistance (TBRA) was up and running. This program is coordinated by Walter Taylor, NTBHA Chief Strategy Officer. With the exception of people affected by Hurricane Harvey, residents of Dallas County are not eligible to use the $9 million in TBRA funds. There is about $5.9 million in funds for outlining counties of Dallas County. Eric McCarty, NTBHA's new Housing Manager, will complete all housing certifications. TBRA program is a 2-year program to help get individuals engage in self-sufficiency. Commissioner Price & Commissioner Daniel inquired about the funding availability for Dallas County seeing that Dallas is 70-80% of the population. Mr. Taylor advised that these funds are tied to Texas Department of Housing & Community Affairs (TDHCA) and should hear from them in November and/or December. This program serves the general population ***and*** gives special consideration for individuals with disabilities. Ms. Lucky advised the committee that if they knew of any individuals willing to move to another county to participate in the TBRA program to please contact Mr. McCarty. Mr. McCarty requested that all applications for housing be sent to Housing@NTBHA.org.

Stepping Up Initiative Update/Caruth Grant:
Ron Stretcher, Senior Director of Systems Management, MMHPI stated that all projects continue to move forward and Right Care continues to work well and help individuals get out of jail. MMHPI is currently helping and focusing on the EOU start date at Parkland. They have received the data information from Methodist and are currently reviewing it. MMHPI has received their first run of the jail data. Commissioner Daniel acknowledged as of their 150 day mark , the Right Care program was able to link 347 of 907 individuals served to care, complete 134 follow-ups, and provide 144 with other resources and referrals (ACOT Notes). Mr. Stretcher also acknowledged Ms. Smith, Mental Health Program Coordinator for Irving. Irving is currently working on developing a Behavioral Health Leadership Team.

Behavioral Health Housing Work Group (BHHWG) Update:
Commissioner Daniel stated that BHHWG continues to look at ways to impact housing in the community. BHHWG is committed to a data driven decision making process with a focus on data supported outcomes. BHHWG is helping to formulate recommendations on the creation of housing and housing related support services designed to safely divert members of special populations away from the jail and Parkland. For example, the Cottages, Catholic Charities Project, and Homeward Bound (HWB) are all housing opportunities for individuals to stay in the community. Commissioner Daniel also recognized Doug Denton with Homeward Bound for all the great things they are doing. Doug Denton stated that HWB had opened a new renovated wing with 16 beds which will house their Statewide HIV Program. The Crisis Residential Program has expanded to 16 beds and will open on Monday, September 24th. The Grand Opening for HWB is scheduled for Saturday, September 22nd at 2pm.

1115 Waiver Crisis Services Project (CSP) Update:

Laura Edmonds, Assistant Director of the Criminal Justice Department reported that the Crisis Services Project was currently working on finalizing FY19 contracts. CSP also submitted their baseline data to HHSC and did hear back that they were approved.

Legislative Update
Janie Metzinger, NTBHA Legislative Coordinator, stated that a few reports and summaries on hearings had been shared with the members. The Violence in Schools & School Security Interim Charges is to improve the infrastructure and design of Texas schools to reduce security threats and discuss various proposals to harden school facilities, as well as other interim charges. The hearing on Opioids & Substance Abuse is to examine the impact of substance abuse and substance abuse disorders on Texans. Substance use disorders are a factor in over 65% of child removals from their parents' custody due to child abuse or neglectful supervision.

Funding Opportunities:

- **Cottages Update:**

Jennifer Jaynes, Cottages Director, reported that they currently have 46 occupied units and 2 evictions, due to long term inability to pay and massive property damage. There were only 11 emergency room reports due to the report not reflecting Parkland's data. Parkland data will be reflect in Septembers report.

- **SAMHSA Grant Update**:

Laura Edmonds reported that there are 42 women in the current SAMSHA Grant which will end September 29, 2018. The new awarded grant will start September 30, 2018; this grant is for 5 years. With this new grant, they will be able to serve both men and women and place them at Nexus and Homeward Bound for substance abuse treatment.

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

Lynn Richardson, Chief Public Defender, reported that Dallas County currently partners with the City of Dallas and Second Chance Community Project (SCCP) and also Lone Star Justice Alliance (LSJA). LSJA is also seeking other opportunities for grant funding. Dallas County was recently awarded a grant from Texas Indigent Defense Commission (TIDC) to hire a dedicated Public Defender/Case Manager. They are also looking to startup a pilot program with funding received through the TIDC program. The South Dallas Drug Court (SDDC) has been extended for an additional 5 years through a state grant they received. SDDC will be having a graduation coming up at which Chief Richardson will be the speaker.

Public Defenders Office are partnering with NTBHA on the jail-based competency restoration pilot program which will start September 24, 2018. These are individuals that are not suitable for outpatient competency restoration, and effort will be made to restore them to competency while remaining in custody in order to resolve their case or to assist individuals in the jail in gaining stability in order to transition them to outpatient competency restoration services.

Upcoming Events and Notifications:
Judge Lela Mays announced a Mental Health Summit for October 9, 2018. Sam Bates announced the Free Mental Health Symposium, Saturday, October 6, 2018. Walter Taylor announced the Free Multicultural Competency Training Opportunity, November 6-8, 2018. He also announced the Annual Suicide Awareness Event, September 21, 2018 at the Historic Old Red Courthouse. Vickie Rice announced the DCDLA will be putting on a presentation September 20, 2018 regarding mental health services available to criminal justice defendants. All individuals needing information for this presentation should contact Kim Rawls.

Adjournment:
The meeting was adjourned at 11:05 am with a motion made by Commissioner Daniel and seconded by Doug Denton.

Advocates		Initial Representative	Current Representative	Proposed Representative
Mental Health America	1	Janie Metzinger	Janie Metzinger	
NAMI Dallas	1	Ashley Zugelter	Marsha Rodgers	
NAMI Dallas Southern Sector	1	Anna Leggett-Walker	Sam Bates	
Child/Family	1	Vanita Halliburton	Patrick LeBlanc	
Consumer	1	Dedra Medford	Dedra Medford	
Category Subtotal	***5***			
County/City				
Jail Behavioral Health Services	1	Waseem Ahmed	Waseem Ahmed	
City of Dallas	1	New Seat	Asst. Chief Salazar	
Sheriff Department	1	David Mitchell	Alice King	
CSCD (Adult Probation)	1	Teresa May-Williams	Dr. Jill Love-Johansson	
Juvenile Department	1	Desiree Fleming	Leslie Gipson	
Judicial Representative	1	New Seat	Kristin Wade	
District Attorney	1	Durrand Hill	Faith Johnson	
Public Defender	1	Lynn Richardson	Lynn Richardson	
Metro Dallas Homeless Alliance	1	Mike Faenza	Cindy Crain	
Dallas Housing Authority	1	Brooke Etie	Troy Broussard	
Law Enforcement	1	Herb Cotner	Herb Cotner	
Dallas County Health & Human Services	1			Open
School Liaison	1	New Seat	Dr. Michael Ayoob	
Category Subtotal	***13***			
Residential Facilities				
Parkland	1	Josh Floren	Dr. Celeste Johnson	
Green Oaks	1	Tom Collins	Tom Collins	
Timberlawn	1	Craig Nuckles	James Miller	
Terrell State Hospital	1	Joe Finch	Joe Finch	
Chemical Dependency Residential Center	1	Doug Denton	Doug Denton	
Veterans Affairs (VA)	1	New Seat	Tammy Wood	
Dallas Behavioral Health Hospital	1	Patrick LeBlanc	Selena Hammon	
Category Subtotal	***7***			
Outpatient Providers				
Alcohol and Other Drug (AOD) -(Residential/OP)	1	Rebecca Crowell	Rebecca Crowell	
The Bridge	1	Jay Dunn	Dr. David Woody, III	
CMHP - Adult	1	Liam Mulvaney	Carol Lucky	Open
CMHP-Child Adolescent	1	Michelle Weaver	Michelle Weaver	
CMHP - Crisis	1	Preston Looper	Preston Looper	
Peer/Non-Clinical	1	Joe Powell	Joe Powell	
Non-CMHP Crisis	1	Ken Medlock	Ken Medlock	
Re-Entry	1	Michael Lee	Christina Crain	
Adult Clinical Operations Team	1	Renee Brezeale	Walter Taylor	
Child/Adolescent Clinical Operations Team	1	Summer Frederick	Jane LeVieux	
Parkland COPC	1	Jacqualane Stephens		Dr. Rebecca Corona
Psychiatrist Leadership Organization	1	Judith Hunter	Judith Hunter	
Psychiatry Residency	1	Adam Brenner	Dr. Ibrahim Hicham	
Mental Retardation/Developmental Delay	1	James Baker	Dr. John Burruss	
Underserved Populations	1	Norma Westurn	Norma Westurn	
Primary Care Physicians	1		Dr. Sue S. Bornstein	Open
Category Subtotal	***16***			
Payers/Funders				
Meadows Foundation	1	New Seat	Jaqualene Stephens	
NTBHA	1	Alex Smith	Carol Lucky	
NTBHA Chair	1	New Seat	Gordon Hikel	
Commissioners Court	1	Ron Stretcher	Vacant	
Category Subtotal	***4***			
Membership Total	**45**			
Comprehensive Mental Health Provider		**CMHP**		

RESOLUTION

DALLAS COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM

RESOLUTION NO: **04-2018**

DATE: **October 11, 2018**

STATE OF TEXAS }

COUNTY OF DALLAS }

BE IT REMEMBERED at a regular meeting of the Dallas County Behavioral Health Leadership Team held on the 14th day of June 2018, the following Resolution was adopted:

WHEREAS, On January 4, 2011 Dallas County Commissioners Court was briefed to establish the Behavioral Health Leadership Team (BHLT); and

WHEREAS, the Dallas County BHLT was comprised of key stakeholders and organizations throughout the county, including the Dallas County Hospital District.; and

WHEREAS, the body is made up of five (5) Advocates, thirteen (13) County/City organizations, six (6) Residential Facilities, sixteen (16) Outpatient Providers, and three (3) Payers/Funders; and

WHEREAS, in the six years since the BHLT's inception, a number of membership seats have become vacant and additional stakeholder groups have been identified for representation in the BHLT; and

WHEREAS, the BHLT recommends the following changes and additions to the BHLT membership:

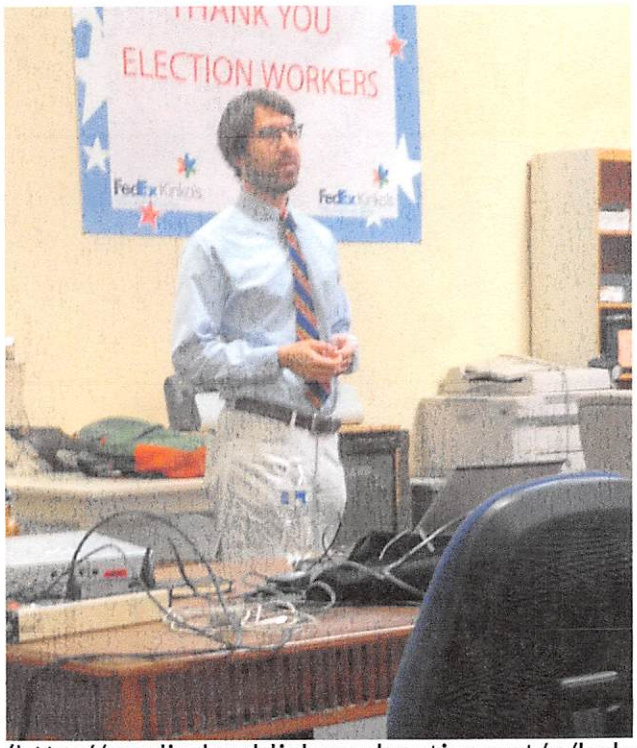
- Parkland COPC; Dr. Rebecca Corona

IT IS THEREFORE RESOLVED that the Dallas County Behavioral Health Leadership Team appoints the above listed individual as an active member of the BHLT.

DONE IN OPEN MEETING this the 11th day of October, 2018.

_____
John Wiley Price
Commissioner District #3
Dallas County

_____
Dr. Theresa Daniel
Commissioner District #1
Dallas County



(http://mediad.publicbroadcasting.net/p/kpbx/files/styles/x_large/public/201808/jacob_sills.jp

Jacob Sills from Uptrust talks with Spokane County public defenders about how to use his company's app to text their clients about upcoming court dates.

CREDIT DOUG NADVORNICK/SPR

Listen
3:51

Doug Nadvornick reports.

This week Spokane County public defenders begun using a new app that allows them to text their clients about upcoming court dates. On the surface, it's a very small thing. But if you're a defense attorney waiting for a client in the courtroom with an impatient judge, it would be nice to have that ability to send a "Where are you?" text. And, from the client's point of view, it would be nice to have a communication link in case something goes wrong.

So the most immediate goal is to keep defendants from missing hearings and avoid being arrested on charges of "failure to appear in court." The bigger picture goal is to reduce the number of inmates in the jail, thereby lowering costs.

On Tuesday, Jacob Sills explained his firm's new app to the county public defenders who will be using it. Sills is the CEO of a Silicon Valley company called Uptrust. He pulls out his phone and starts scrolling to show us what the app looks like.

"It's basically like texting people from your phone, where you can look at all your clients, you can send them messages or you can look at who's missed court and send them a message or you can look at who has court dates coming up," Sills said. "What it is is it's sending reminders but also facilitating two-way messaging. To be honest, if you had infinite social service professionals, social workers, they could do a lot of the work we do, but with county budgets being tight, there's an opportunity to use modern technology to take every public defender that already cares deeply about their clients' well being and allow them to be a social worker to some extent as well."

This software is in use in some California counties, in Baltimore and Richmond, Virginia. Spokane is the first venue in Washington. The county is paying $40,000 to use it.

"Everyone, especially probably if you're a judge or prosecutor, has watched a few episodes of "Law and Order" and you assume people are absconding, going to Idaho or flying to Canada, when, in reality, if most of the defendants can't afford an attorney, they also don't have much money for housing, food, and so we found, by and large, most of the people missing in court are not going anywhere. They're staying within Spokane County. They didn't show up to court because they didn't receive a reminder. They didn't show up to court because they forgot, because they're trying to figure out nine million things and they were told 30 days ago and they don't have an office to put their forms on," Sills said.

So, he says, a timely reminder using a technology that many people already have might be exactly what they need. The client doesn't need to download the app; he or she can simply opt in to the program and receive messages from their attorney.

Public Defender Tom Krzyminski expects as many as 10,000 people will receive the service during the first year.

"It should reduce a lot of court time in making sure these warrants are signed, put into the system, prosecutor and public defender time with communication back and forth about missed court dates," Krzyminski said.

And there's a second benefit.

"When the client is screened and provides their phone number and is told they're going to receive text messages, there's going to be a couple of questions in terms of needs, transportation, child care, maybe a reminder to notify your work that you need some time off. So when they receive the text reminder, it could say, 'By the way, there's drop-off child care available at the courthouse. Don't forget: arrive 30 minutes earlier. Here's the location for that,'" Krzyminski said.

The new system had its first success this week. Krzyminski says one of his attorneys texted a client on Monday to find out why they didn't show for a court date and learned that person is in the hospital. He shared that with the prosecutor's office and the judge and no arrest warrant was issued.

TAGS: PUBLIC DEFENDER (/TERM/PUBLIC-DEFENDER) TEXTING (/TERM/TEXTING)

Tweet (http://twitter.com/intent/tweet?url=http%3A%2F%2Fwww.tinyurl.com%2Fy7zsjhoq&text=New%20App%20Helps%20Public%20Defenders%20Communicate%20With%20Clients)

Share (http://facebook.com/sharer.php?u=http%3A%2F%2Fwww.tinyurl.com%2Fy7zsjhoq&t=New%20App%20Helps%20Public%20Defenders%20Communicate%20With%20Clients)

Google+ (https://plus.google.com/share?url=http%3A%2F%2Fwww.tinyurl.com%2Fy7zsjhoq)

Email (mailto:?subject=New%20App%20Helps%20Public%20Defenders%20Communicate%20With%20Clients&body=http%3A%2F%2Fwww.tinyurl.com%2Fy7zsjhoq)

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Spokane Public Defenders Try Texting To Get Clients To Court (/post/spokane-public-defenders-try-texting-get-clients-court)

JUL 12, 2018

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Dallas County Behavioral Health Housing Work Group
Dallas County Administration, 411 Elm Street, 1st Floor, Dallas Texas 75202
September 26, 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; Doug Denton, Homeward Bound; Michael Laughlin, DCCJ; Laura Edmonds, DCCJ, Jail Diversion; Ellen Magnis, Family Gateway; Sarah Masih, Salvation Army; Ikenna Mogbo, Metrocare Services; Joyce White, DCCJ; Justin Vander, Prism Health; Kimberly Rawls, DCCJ; Thomas Lewis, DCHHS; Traswell Livingston III, AIDS Service of Dallas; Walter Taylor, NTBHA; Yvonne Green, Parkland Dallas County Correctional Health; Charlene Randolph, Dallas County; Keri Stitt, Promise House; Justin Vander, Prism Health North Texas; Claudia Vargas, Dallas County; Erin Moore, Dallas County; and Candice Lennox, Dallas County; Wyndll Robertson, Dallas County; Tzeggabrhan Kidane, Dallas County

CALL TO ORDER: Minutes approved with no changes.

Commissioner Daniel recognized Isabelle Collora and Doug Denton for making Homeward Bound what it is today and congratulated them on the grand opening celebration. Ms. Collora passed away on September 9th and the Grand Opening will be dedicated to her.

Doug Denton Report:
The new Psychiatric Crisis Residential Unit opened with 16 beds. 3 beds are currently available. Mr. Denton remarked that the unit is a step down from an emergency room, but a step up from community intervention. Staffing positions are slowly being filled. The previous night saw 7 beds filled with 1 resident graduating. There are four available beds in detox for men and three for women and three available residential beds for women. There is currently no waiting list for women. Another wing needs to be opened due to the backlog for men who are either incarcerated or on the street. The unit is currently authorized for up to a seven-day stay which was previously a three-day limit. Ages for residents are 18 and over, however the unit can take in 17-year-olds if they are in adult court.

NTBHA is considering an RFP for respite care. If the upstairs gets remodeled, they would bid on that RFP. This would be a step down from the crisis unit. Mr. Denton stated that Homeward Bound is looking for the RFP to come up in the next couple of months. Currently, the number of approved/licensed beds is 110. The facility has the square footage for more beds, but the expansion needs to be completed to accommodate the extra beds.

GOVERNANCE
Dallas Area Partnership to End and Prevent Homelessness: Dr. Theresa Daniel, Commissioner
Commissioner Daniel reported that the partnership was in a reorganization mode due to a number of things which were barriers to it working well in the current environment. A Dallas County Advisory Committee on Homelessness was created and will be meeting soon.

Federal and State Legislative Update: Walter Taylor, North Texas Behavioral Health Authority (NTBHA)
Walter Taylor reported that on September 12th a House Public Health Committee and a House Urban Affairs Committee held a joint hearing to study housing, civilian homelessness and mental illness and also reviewed the availability of housing for the mentally ill. Additionally, they looked at options which addressed housing stability.

On another front, the CEO of Safe Haven made recommendations to continue the full funding of the Health and Community Collaborative, establish funding for capital and services to create urban supported housing site-based units, seek investments from non-traditional funders, and begin discussions on how to address the severely mentally ill population who would benefit from site-based permanent supported housing. Safe Haven will continue to explore this.

Also, Mr. Greg Hench, Public Policy Director for National Alliance on Mental Health (NAMI) recommended building on the Healthy Community Collaborative, increasing rental utility assistance for clients at LMHAs, providing funding to maintain service levels for mental health grants, HB 13 and SB 292, invest in small group homes for those with high needs, building a true continuum of care in and around psychiatric hospitals, and setting aside low income housing tax credits, all topics of great interest to NTBHA.

Lastly, Mr. Taylor reported a good meeting with Senator Huffines about the activities in and around the areas being served and reiteration of the need for additional housing resources.

DEVELOPMENT

Crisis Residential and Respite Services: Doug Denton, Homeward Bound
See Mr. Denton's report above.

RESOURCES

Shelter Discussions: Ellen Magnis, Family Gateway

Ellen Magnis reported that a draft of the Inclement Weather Contingency Policy Plan will be presented at a meeting on September 27th. A joint letter will be sent to all the city council members on behalf of all the shelter leaders requesting to move the plan forward. The document will be updated.

Ms. Joyce White reported that an MDHA Case Manager's Roundtable meeting would be held at noon today, September 26th at the United Way to discuss the results of and lessons learned from the 90 Day Challenge. All of the goals of the challenge were exceeded.

North Texas Behavioral Health Authority (NTBHA): Walter Taylor, NTBHA
The October-November housing funds will be available, but the amount is yet to be determined. People that wish to live within Dallas County can apply by sending an email to mailto:housing@ntbha.org in order to be placed on a wait-list. There is currently no funding for people with disabilities (or, in general), but this is expected to be remedied within the next month or two.

The housing is not exclusively for the homeless. Applicants/Residents need to be within 80% of Area Median Income (AMI). Funding will be used to pay rent, security, and utilities up to $300, for up to two years. After two years, the household will become responsible for 100% of all cost related to their housing needs.

Outside of Dallas County, five counties (Ellis, Hunt Kaufman, Navarro, Rockwall) will receive $8.5 million. The appropriation of funds will be based on fair market rents for a given area.

Additionally, there is about $9 million available to assist families impacted by Hurricane Harvey.

Housing Navigator: Joyce White, Dallas County Criminal Justice (DCCJ)
Ms. White stated that their next workshop, which serves to provide information for judges, attorneys, and law enforcement, would be in January which moves things past the holidays and gives them time to get their Continuing Legal Education credits approved. Currently their main priority is filling the 13 committed slots for Dallas County at St. Jude. It was reported that Catholic Charities decided to internally fund tenants until the vouchers become available. St. Jude is currently working with one individual for move-in and awaiting four additional people being prepared by CitySquare.

There are current residents from MetroCare, Veterans Affairs and CitySquare. Five residents came from the Veterans Affairs Supporting Housing (VASH) program, but they are still waiting for contracts to be returned for those residents. Commissioner Daniel raised the point that there are certain HUD requirements for these units e.g. having a full refrigerator and a full oven, which could be problematic. However, certain exceptions can be made via a waiver having a better chance of moving through with the backing of people like Commissioner Daniel or Director Shivaramaiyer. The outdated VA regulations and the option to allow other organizations to come in and provide the required appliances, was discussed as well.

Joyce White announced that there will be a ribbon cutting for St. Jude and she would see that the information is distributed.

DHA Housing Solutions: No report.

Caruth Smart Justice: Michael Laughlin
11,060 people in bookin of 60,000 were identified as having mental health issues. 1578 of those were found to be eligible following a screening by the pretrial department. After magistration, 506 of those were excluded. In the beta test of the Smart Justice program, which began in April of 2017, 21,854 individuals were identified with a mental health flag. Of the 3,146 individuals in the program, 58% were considered to be a moderate risk while 25% were high risk and 17% were identified as low risk. There are an additional 315 individuals in process at this time.

Mr. Laughlin explained that a new table was introduced into the charted data to answer the question of what happens to individuals who are not moved forward in the process, e.g. excluded because of court orders, they weren't considered high risk, etc. The table shows seventeen ways of how an individual could be excluded from custody. He went on to discuss two in particular, those who declined to be assessed and those who refused to participate after being interviewed and assessed. Both of these categories accounted for 26% of individuals who did not move through the program. The largest category, however, included those who are homeless and/or have no references. This group accounts for 31% of the total. The final category he spoke on was for people who posted bond. These are individuals who left custody before even speaking with someone from pretrial.

Mr. Laughlin briefly touched on some other categories: cases dropped, charges dismissed, cases deferred, etc. He then goes on to speak about the recent court update for Meadows about Intercept One and what is going on with Right Care teams and coordination with Dallas Police and Fire Rescue at the pre-arrest level. He noted the two programs coming out of the criminal courts concerning the homeless, including a cell phone program and a program supported by UT at Dallas who has a post-cooperative relationship with The Bridge. There have been talks on how to coordinate information and find a more reliable way to get that information into the hands of those capable of making quick decisions, especially for the individuals they are trying to get released from jail.

Lastly, Mr. Laughlin spoke on Intercept 5 which pertains to the criminalgenically enhanced. Several communities have banded together, in the last few months, to conduct a random control study to see what is effective with individuals who are considered high risk for referral to the Forensic Assertive Community Treatment (ACT) and the Assertive Community Treatment (ACT) Teams. Individuals must meet certain criteria to participate in the study. Mr. Laughlin reiterated the need for the Loopback program which will coordinate information between the various agencies (Parkland, Police, Fire-Rescue, the jail, etc.) in order to better serve individual's needs.

PROJECTS AND INDUSTRY UPDATES
Coordinated Access System (CAS): No report.

Discussion: The infrastructure for the Loopback system should be completed by the end of 2018 or early 2019. The committee as a whole was not familiar with Loopback. Commissioner Daniel explained that Loopback is designed to link disparate systems, organizations, healthcare and housing to increase communication and efficiency. Michael Laughlin further explained that Loopback is creating a real-time, one-way, notification system that would provide public information to Dallas PD, Dallas fire-rescue and Parkland ER and Jail personnel about individuals (book-in, release, whether they are currently in a shelter, etc.). Dallas County is responsible for feeding the jail data into the system, but does not receive any data. Additionally, the prospect of a list of homeless persons being released from jail be put together in order to facilitate medications and destinations.

Mr. Livingston asked about possible integration of HMIS with PCCI as well as data sharing across organizations. Michael Laughlin stated that PCCI did not encompass the full suite of services that were needed. But, hopefully there will be some integration between the two in the future. Also, many hospitals have already signed on to be part of the Loopback system once it is completed. NHTBA is also onboard with the Loopback system with the full support from their CIO, Henson Rogers.

Currently, a limited pilot, known as Right Care, has begun in South Dallas with an outlook on scaling it up to other area in the future.

Homeless Jail Dashboard: Kimberly Rawls, Dallas County Criminal Justice (DCCJ)
Ms. Rawls stated that in the future she would like to present snapshots of both book-in and book-out information and that she was attempting to tailor the data for common usage to better facilitate decision-making by the committee.

Commissioner Daniel commented that 50% of the homeless population in jail has mental health issues, whereas a one-third of the general jail population has mental health issues.

Joyce White stated the reasoning behind giving total book-in numbers is so that all data could be seen in context.

The Cottages: Laura Edmonds, Dallas County Criminal Justice (DCCJ) Jail Diversion
The latest census is forty-seven (43) units occupied. 24-hour security has been implemented because of staff safety concerns.

St. Jude: See above

Homeward Bound: Doug Denton, Homeward Bound
No further information to report. But, Mr. Denton mentioned a K2 presentation that would be given at the next meeting.

Youth Housing: Kerri Stitt, Promise House
Ms. Stitt commented on the housing workgroup that had been formed to pull names directly from the Housing Priority List, sending more youths to Family Gateway. Coordination on how youths are housed is trending upward. Collin County will be included in the next Dallas County youth survey which will be January 31st-February 2nd and again from February 7th to February 9th. Promise House defines youths as individuals up to 24 years of age. Ms. Stitt invited the committee to participate in the upcoming survey.

Commissioner Daniel noted that Josh Cogan received a $150k grant from a faith-based organization, which enables the Outlast Youth Program to move forward.

Announcements:
No announcements.

Commissioner Daniel proposed the idea of consolidating the information (bringing Housing Criminal Justice, Behavioral Health, Transportation, etc. together) in the various meetings due to some overlap and recognized that the Loopback system may be part of the answer to bringing those pieces together. Mr. Ikenna Mogbo brought up the issue of there being no central contact or authority designated as an informational resource for the various organizations. Additionally, it was suggested that faith-based organizations could fund a lot of this effort and onboard the necessary individuals (trained by MetroCare) to fill these roles.

Commissioner Daniel wants to ask Loopback about the feasibility of sharing data and information to more efficiently provide the services from each organization.

Next Meeting: Wednesday, October 24, 2018, at 10:00 am

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

NTBHA
North Texas Behavioral Health Authority

Summary of Hearing
House Select Committee on Opioids and Substance Abuse
August 7, 2018

Invited Testimony

Link to Hearing video:

http://tlchouse.granicus.com/MediaPlayer.php?view_id=40&clip_id=15319

Link to Hearing handouts:

https://capitol.texas.gov/tlodocs/85R/handouts/C3942018080710001/C3942018080710001.pdf

Charge 6: Examine the impact of substance abuse and substance use disorders on Texans who are involved in the adult or juvenile criminal justice system and/or the Child Protective Services system. Identify barriers to treatment and the availability of treatment in various areas of the state. Recommend solutions and improve state and local policy, including alternatives to justice system involvement, and ways to increase access to effective treatment and recovery options.

Key Testimony on Charge 6

Hank Whitman, Commissioner, Texas Department of Family and Protective Services

Substance use disorder is a factor in over 65% of child removals from their parents' custody due to child abuse or neglectful supervision.

- Active use of one or more substances was a factor in 52% of child fatalities.
- Reported or confirmed mental health concerns of the caregiver were a factor in 23% of child fatalities caused by abuse or neglect.
- Barriers to treatment for parents: access to substance use treatment, availability/location of service, waiting lists, lack of insurance coverage, employment challenges or availability of child care.

Lisa Ramirez, Director, Texas Health and Human Services, Targeted Opioid Response

- Collaborative efforts with other state agencies: Medication-Assisted Treatment (MAT), Pregnant Postpartum Intervention (PPI), recovery support and re-entry programs, pre-arrest diversion programs, PADRE program for fathers involved with DFPS who have an SUD, Parental Substance Use and Child Welfare Workgroup.
- MAT decreased criminal justice expenditures:
    - one year of methadone treatment—approximately $4,700 per person.
    - one year of incarceration—approximately $18,400 per person.
    - $1 invested in addiction treatment yields $4 to $7 in reduced drug-related crime, and court costs. Health care savings can exceed costs by a ratio of 12 to 1.
- At least half of incarcerated individuals have substance use disorders (four times the rate of the general population), yet only 20% get treatment while incarcerated.

Katie Olse, Texas Alliance of Child and Family Services, noted that Texas does not track which substance is involved in child removals, and that there needs to be better coordination for children in foster care between STAR Health, Texas Health Steps, CANS assessment, etc.

Doug Smith, Substance Use Disorder Coalition, cited as barriers to treatment: limited prevention services, waiting lists for treatment—especially Medication Assisted Treatment (MAT), lack of co-occurring SUD and mental health services, limited peer support. "People are most likely to get services if they wear handcuffs first".

Elizabeth Henneke, Lone Star Justice Alliance, urged the importance of intense individual case management, specialized skill training for staff, restorative justice for victims/survivors, Incentive based positive supports, pretrial diversion, measured outcomes and a focus on 'emerging adults' who have 85% recidivism rates.

Judge Brock Thomas discussed the Harris County Responsive Interventions for Change (RIC) Docket for drug offenders and prostitution fourth offenses. After a year and a half, approximately 85% of participants choose some type of diversion over 'sitting out their sentence'. More information is available on handout in attached handouts link from Harris County RIC Docket. He noted that at one time, every offender was a first-time offender.

Key Recommendations on Charge 6

- Increase number of county-led specialty courts and alternatives to incarceration (TDFPS, SUD Coalition, LSJA).
- Improved collaboration between agencies (TDFPS, HHSC, TACFS).
- Education of judges and other stakeholders (TDFPS, SUD Coalition).
- Enhanced recovery supports (TDFPS).
- Treatment of both parents and children should be trauma-informed, innovative and holistic (TACFS, SUD Coalition).
- SUD-exposed children in foster care need higher levels of support.
- Improved data collection, analysis, information sharing and cross-system coordination (TACFS).
- Build service capacity (TACFS, SUD Coalition).
- Fund pre-trial intervention at same rate as felony supervision (SUD Coalition).

Charge 8: Identify the specialty courts in Texas that specialize in substance use disorders. Determine the effectiveness of these courts and consider solutions to increase the number of courts in Texas.

Key Testimony on Charge 8

Reilly Webb, Criminal Justice Division, Office of the Governor's testified that

- There are 176 specialty courts in Texas, 71 are funded by the Governor's office, totaling $8.6 million.
- Purpose is to reduce recidivism through accountability and treatment, using rewards and consequences with the aim of producing law-abiding citizens and safer communities and families.
- Types of Court programs include courts focused on people who have similar backgrounds or similar offenses. Similar offenses may be drug offenses (adult or juvenile), prostitution. Similar offenders may be specialty courts in which all defendants have a mental illness, are veterans, are public safety employees who have a brain injury or mental health condition stemming from job-related duties or are in families involved with Child Protective Services.
- Focus of specialty courts is on offenders with high risk and high needs who are likely to be unsuccessful on standard supervision using Texas Risk Assessment System.
- Use of best practices: interaction with judge, regular meetings with multidisciplinary team, graduated incentives and sanctions, frequent random drug testing, treatment followed by continuum of care and supportive social services.
- Most specialty courts are currently in urban areas, usually due to availability of services, drug testing, etc., however, Mr. Webb stated that applications from rural areas for funds from the Governor's office get special priority.
- 82% of participants scored high to moderate risk, but only 16 percent were re-arrested within one year.
- Request for Applications (RFA) open from December through February.

Judge Ruben Reyes noted that Texas is respected nationally and internationally for outcomes of specialty courts and made recommendations for further expansion and refinement.

Julie Turnbull, Dallas County District Attorney's Office has 20 years' experience with specialty courts. Dallas County's DIVERT Adult Drug Court has a 58% graduation rate, with a 21% recidivism rate three years after graduation.

David Slayton, Texas Judicial Council

- Misdemeanor and felony drug cases increasing and represent 21% of all criminal cases in 2017.
- New child protection cases increased 29% in last five years.
    - Judges ranked resources needed as: 1) Additional treatment options, 2) Education,
    - 3) Training, 4) Funding
- Funding in Governor's Office dedicated to specialty courts is vulnerable in cases of state fiscal emergencies.

Key Recommendations on Charge 8

- Increase funding for expansion of specialty courts.
- Explore mandated sentencing to adult drug courts.
- Require fidelity to evidence-based model through certification, ombudsman, site visits, etc.
- Review Code of Judicial Cannons (Mr. Slayton referenced proposals of Professor Brian Shannon at Texas Tech and American Bar Association).
- Implement statewide database to accurately track data across jurisdictions.
- Seek involvement of state universities in evaluation process, accountability and best practices.
- Increase Medically Assisted Treatment (MAT) services in every jurisdiction.
- Establish as statewide Opioid Task Force to promote communication and collaboration between local and state leaders, experts and advocates in confronting the opioid abuse and dependence epidemic as it crosses Texas.
- The Judicial Council should collect relevant case level data from all court levels including magistrates, to generate more timely and detailed information to support policy, planning, management and budget decisions for the justice system. The collection of the relevant case level data should be fully funded by the Legislature.
- The Legislature should amend Title 2, Subtitle K of the Government Code to provide the Judicial Branch with increased oversight of specialty courts.
- The Legislature should appropriate funds to the Office of Court Administration for the development of a statewide specialty court case management system.
- Allow specialty courts in rural counties to use telepsychiatry services offered through the county jail.
- Veterans court cases can be transferred to different jurisdictions. Expanding this ability to other specialty courts should be considered to expand specialty courts to rural areas.
- Expand use of regional specialty courts which statute already allows.

Respectfully submitted,

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NTBHA
North Texas Behavioral Health Authority

Summary of Hearing
House Select Committee on Opioids and Substance Abuse
August 8, 2018

Public Testimony

Link to Hearing video:

http://tlchouse.granicus.com/MediaPlayer.php?view_id=40&clip_id=15323

Link to available handouts are attached to witness' testimony.

Witnesses:

Rebecca Vance—Drug Prevention Resources, Association of Substance Abuse Programs (ASAP)

- Support evidence-based prevention programs that decrease risk factors and increase protective factors. For example:
  - 8 of 10 kids participating in *Positive Action* change attitudes and behavior re: substance use.
  - Garland ISD reduced past 30-day use by 32%.
  - Impact Waxahachie reduced past 30-day use of alcohol, marijuana and prescription drugs.
- Texas currently has capacity for only about 10% of need.
- 742 of over 7000 schools in Texas provide evidence-based prevention.
- 90% of addiction begins in teen years.

Dr. Craig Benton—Texas Chiropractic Association, Lampasas Texas

- According to *Journal of America Medical Association*, chronic lower back pain is the top reason for prescription of opioids.
- American College of Physicians recommended non-pharmacological care as the first treatment for acute and chronic back pain.
- Family physicians and chiropractors see the largest percentage of patients with lower back pain.
- Lower back pain is the single most disabling condition in the U.S.
- U. S. Dept. of Veterans Affairs reduced use of opioid prescriptions by 41% using chiropractic and acupuncture.
- Patients seeing chiropractor were 55% less likely to receive opioid prescription (*Journal of Alternative and Complimentary Medicine*).
- Current reimbursement policies by Texas Medicaid, health insurance companies, Worker's Compensation create barriers to greater use of chiropractic care.
- Medicaid population is significantly more likely to get an opioid prescription than the non-Medicaid population (audio quality problems).

Recommendation: Reduce barriers to reimbursement of chiropractic care for lower back pain in Texas to reduce opioid dependency.

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Teresa May—Harris County Director of Adult Community Supervision and Corrections

- See Judge Thomas' handout from invited testimony on August 7, 2018 regarding Harris County's Responsive Interventions for Change (RIC) Docket. https://capitol.texas.gov/tlodocs/85R/handouts/C3942018080710001/9bc6fac4-b4ed-4775-826c-94c4d5b32527.PDF
- RIC Docket designed to reduce over-reliance on local and State jails, recidivism rates and racial/ethnic disparities among low-level felony drug offenders through community supervision.
- Texas Risk Assessment System (TRAS) is best practice.
- 80% of first offenders score high risk for re-arrest.
- In 2014, 79% of individuals with state jail felonies were sentenced to county or state jail time, and only 21% received community supervision. Since the RIC Docket, 85% of cases were referred to community supervision, and only 15% were sentenced to incarceration.
- The Pre-trial Intervention for first time felony offenders has an 89% successful completion rate.
- Under the RIC Docket, median number of jail days for people of color were reduced from 40 days to 5 days or less.

Julia Heath—Texas Don't Punish Pain

- Thousands of chronic pain patients suffer when pain medications are removed or reduced.
- Anxiety and depression, worsening physical health result.
- Confirmed list of suicides due to intractable pain.

Donald Shipley—Self

- People who suffer chronic pain do not have aberrant behaviors, medications allow them to participate in life.
- Physicians have checks and balances to prevent abuse.
- One size doesn't fit all—don't drift toward socialized medicine or legislate what doctors can prescribe.

Kristin McGarrity, Ph.D.—Self

- Has a rare disease accompanied by severe pain.
- Lack of evidence of effectiveness does not equal evidence of ineffectiveness.
- Laws that regulate dosage only hurt the few physicians that treat last resort patients (and the patients themselves).
- Recommendation: Should have a palliative exception for patients with chronic incurable disease.

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Kayleigh Becker—Texans Standing Tall

- 21% of Texas high school students have taken a prescription drug without a doctor's prescription at least once (Texas School Survey).
- Two-thirds of teens who misuse prescription drugs get them from a friend or relative.
- Recommendation: Require pharmaceutical companies to fund drug take-back programs.

Robin Peyson—Communities in Recovery

- Peer-led recovery supports serve as a bridge to professional treatment and a successful life of long-term recovery for people with chronic behavioral health conditions.
- There are four Recovery Community Organizations (RCOs) in Texas providing recovery-focused:
  - Community education and outreach,
  - Peer recovery supports and services,
  - Advocacy activities.
- RCOs are missing from Texas' toolbox, because RCOs have been excluded from the list of approved providers to implement HB 1486's peer recovery support services.
- Recommendation: Include RCOs in Medicaid services and encourage the development of more RCOs statewide, particularly in rural communities.

Andrea Anderson—Alliance for Treatment of Intractable Pain (ATIP)

- Supports evidence-based pain treatment.
- There are only 4000 Pain Management Specialists nationwide (approximately 29,000 patients per provider), therefore primary care physicians, family practice must be included in managing chronic pain.

Matt Boutte—Texas Academy of Physician Assistants

- Physician Assistants practice in teams with physicians, and may prescribe:
  - opioids since 2003, including pain management for opioid-dependent patients,
  - Schedule II medications since 2013,
  - Suboxone,
  - Mental health disorders,
  - Addiction.
- Physician Assistants are not allowed to:
  - Prescribe methadone,
  - Not recognized as mental health providers.

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Matt Boutte—Texas Academy of Physician Assistants--continued

- Opioids not the only answer to chronic pain.
- Problems of pain as 5th vital sign—subjectivity (vs objectivity of other vital signs).
- Additional written recommendations submitted to committee

Doug Reed, Drew Dutton, Phoenix Houses of Texas

- 56% of clients can't pay for services.
- Texas' reimbursement for adolescent residential care is 40% below costs.
- 503 Texas kids residential care 2017 in two 36-bed facilities, 27,000 individuals provided with prevention services.
- Barriers to successful treatment:
  - Multiple substance abuse—opioids, cannabis, stimulants, alcohol.
  - Co-occurring mental illness—depression, conduct disorders, anxiety, attention deficit, bipolar disorder.
  - High dropout rate nationwide—fewer than 45% successfully complete treatment.
  - Average length of stay (ALOS): 31 days.
  - One in four leaves against clinical advice.
  - Teens:
    - Lack motivation for change,
    - Don't believe in the severity of their own conditions,
    - Don't want to give ups social life to enter residential treatment,
    - Lack impulse control, judgement, insight, resources.
- Phoenix House outcomes:
  - 75% complete treatment.
  - Average length of stay: 74 days.
  - Dropout rate: 1 in 10 (national rate: 1 in 4).

Recommendations: Improve funding for residential treatment services for under-served youth.

Pace Lawson—Recovery People--Amarillo

Recommendation:

- Please include recovery residences in solution section of report.
- Surgeon General's Report, Chapter 5 Recovery Residences.

https://addiction.surgeongeneral.gov/sites/default/files/chapter-5-recovery.pdf

Full report: Surgeon General's Report on Alcohol, Drugs and Health—2016

https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf

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Ralph Febresio—Recovery People

Recommendations: Include language to educate policy makers regarding Fair Housing rights of people in recovery.

Carl Hunter—Recovery People

Recommendation: Increase access to recovery housing levels 1, 2 and 3.

Jason Howell—Recovery People

Recommendations:

- Create voluntary recovery housing certification program linked to national best practices (please see policy guide below).
- Increase quality capacity through incentives.
- Protect fair housing rights of recovery house residents.
- Thwart corrupt practices such as patient brokering.

Link to National Council for Behavioral Health's State Policy Guide for Supporting Recovery Housing:

https://www.thenationalcouncil.org/wp-content/uploads/2018/05/18_Recovery-Housing-Toolkit_5.3.2018.pdf

Adriana Kohler—Texans Care for Children

- Prevention, treatment and recovery supports will improve parent and child well-being and reduce stress on the Child Protective Services system
- Overdose is the leading cause of maternal death in Texas and usually occurs 60 + days postpartum
- Parental substance use is the leading reason for Child Protective Services involvement.
- 37% of removals of children from parents is for children ages 3 and under.
- 5.8% of low income Texas adults access treatment.
- 13,000 Texas adults are on waiting lists for treatment.

Link to written testimony:

https://static1.squarespace.com/static/5728d34462cd94b84dc567ed/t/5b688f9a562fa72e4224f5c6/1533579164651/LR-testimony-house-select-OSA-aug2018.pdf

Link to Recommendations:

https://txchildren.org/posts/2018/8/3/8-strategies-to-address-parental-substance-use-and-keep-kids-and-parents-healthy-safe-and-together

House Select Committee on Opioids and Substance Abuse-August 8, 2018

Chief Jarvis Anderson—Bexar County Community Supervision and Corrections Dept, Texas Probation Association

- Agrees with Dr. Teresa May of Harris County.
- Important to identify diagnosis, criminogenic risk factors, trauma.
- Community collaboration important (local mental health authority, housing resources, employers).
- Goal is to re-integrate person back into society, housing, employment.

Lauren Rose—Texans Care for Children

- $1 spent on prevention yields $18 saved in public health, education and criminal justice systems.
- 25-30% of kids in juvenile probation have a substance use treatment need.
- 15% of kids in juvenile probation have a possession offense.
- 23,000 kids per year were expelled from school for drug possession or use at school.
- Secure locked facilities should only be used when needed for public safety.

Dr. James Strader—Self

- Provided the committee with information regarding his research on treatment of pain and alternatives to opioids.

Rodolfo Morales Urby, M.D.—Texas Doctors for Social Responsibility

- Cited 4-5 opioid deaths per day, emphasized need for treatment access and trauma-informed care.

Kenneth Johnson—Quest Diagnostics, Inc.

- Prescription Drug Monitoring Report submitted.
- Approximately 50% misuse rate of opioids—more than prescribed, not taking as prescribed, taking in combination with another illicit substance.

Anais Biera Miracle—The Children's Shelter

- Children exposed to parental substance abuse result in trauma symptoms.
- Recommendations: Therapeutic interventions with children, parents, and other relatives and family caregivers needed, particularly trauma assessment, programs tailored to each child, increased capacity in therapeutic foster care, programs that maintain family attachment when appropriate.

House Select Committee on Opioids and Substance Abuse-August 8, 2018

Ivonne Tapia—Association of Substance Abuse Programs (ASAP)

- 90% of adults with substance use disorders started before age 18, 50% before age 15.
- Health care costs related to opioids in Texas were over $2 billion in 2014.
- Community treatment lowers recidivism rates by 30-50%.
- Texas spends $1 of every $1000 of General Revenue. U.S. average is $4 of every $1000.
- Recommendations: Increase rates, expand capacity integrate recovery support services, develop full recovery-oriented system of care.

Laura Guerra-Cardas—Children's Defense Fund

- Recommendation: Texas should expand Medicaid.

Richard Laker—NAMI-Texas

- Texas is home to 15 military installations and 230,000 soldiers.
- Texas has fantastic programs for members of the military services and veterans.
- Texas needs an awareness campaign for mental health and substance use disorders aimed at members of the military and veterans.

Greg Hansch—NAMI-Texas

- Substance abuse disorder is the most common co-occurring disorder.
- 33% of adults with a mental illness also have a substance use disorder.
- 25% of youth with a serious emotional disorder also have a substance use disorder.
- Integration of care is the best way to increase access to care.
- Mental health and substance use disorder are often treated in separate systems, leading to fragmented care, relapse, incarceration, hospitalization, homelessness, and serious infections.
- Recommendations: NAMI Texas endorses the recommendations of the Texas Substance Use Disorder Coalition, linked below:

https://www.texascjc.org/system/files/publications/SUDC%20Recommendations%20for%20Interim%20Select%20Committee%20on%20Opioids%20%28Aug%202018%29.pdf

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Alissa Sughrue—NAMI-Texas

- Youth in foster care system have similar rates of substance use as their non-foster care peers, but they have higher rates of developing substance use disorder.
- Foster care youth are twice as likely to experience substance use disorder, and are twice as likely to develop post-traumatic stress disorder as the general population.
- 20% of foster care alumni have a substance use disorder.
- 38% of transition age youth entered foster care due to parental substance use disorder.
- Children who experience sexual assault are three times more likely to develop substance use disorder.
- 70% of youth in substance use disorder treatment have experienced trauma.
- Youth in foster care have less stability and support, stable housing, less likely to learn about prevention and treatment.
- Youth in foster care experience on average 9 placements while in conservatorship
- By age 21, 27% of youth aged out of foster care have experienced homelessness, 25% have experienced incarceration.
- Recommendations:
    - evidence-based, trauma-informed mental health and substance use disorder services.
    - increase stability of and communication with foster families.
    - provide supportive housing for youth aging out of foster care.
    - provide Medicaid coverage until age 26 for youth aging out of foster care.

Respectfully Submitted,

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Summary of Joint Hearing of House Human Services and House Public Health Committees
August 9, 2018

Human Services Committee: Representatives Richard Raymond-Chair, James Frank-Vice Chair, Mark Keough, Stephanie Klick, Rick Miller, Ina Minjarez, Toni Rose, Valoree Swanson, Gene Wu.

Public Health Committee: Representatives Four Price-Chair, J. D. Sheffield, D.O.-Vice Chair, Diana Arévalo, Cindy Burkett, Garnet Coleman, Nicole Collier, Philip Cortez, Bobby Guerra, Stephanie Klick, Tom Oliverson, M.D., Bill Zedler.

Interim Charge

Analyze the prevalence of children involved with Child Protective Services (CPS) who have a mental illness and/or a substance use disorder. In addition, analyze the prevalence of children involved with CPS due to their guardian's substance abuse or because of an untreated mental illness. Identify methods to strengthen CPS processes and services, including efforts for family preservation; increasing the number of appropriate placements designed for children with high needs; and ensuring Texas Medicaid is providing access to appropriate and effective behavioral health services.

Link to Hearing Video

http://tlchouse.granicus.com/MediaPlayer.php?view_id=40&clip_id=15328

Link to Hearing Handouts

https://capitol.texas.gov/tlodocs/85R/handouts/C4102018080909001/C4102018080909001.pdf

Invited Testimony

Hank Whitman, Commissioner, Texas Department of Family and Protective Services

Before his testimony on Child Protective Services and mental health and substance abuse treatment services, Commissioner Whitman gave a report on and responded to questions regarding undocumented immigrant children currently being detained in facilities in Texas by the U.S. Department of Justice.

Link to DFPS Handout:

https://capitol.texas.gov/tlodocs/85R/handouts/C4102018080909001/d80872db-2c2c-4a3a-a386-895df2896725.PDF

Whitman—continued

Major Points in Prepared Testimony:

- Primary objective is immediate safety of the child.
- Substance abuse is not the sole reason for removal of a child but is often is one factor in abuse and neglect of a child by an impaired caregiver.
- Cases sometimes jointly investigated by Texas Department of Family and Protective Services and Texas Department of Public Safety.
- CPS does not currently have ability to track specific drugs.
- Children often have diagnoses of detachment disorder, bipolar disorder, and post-traumatic stress.
- In 2017, of the children who were involved in investigations or alternative response, CPS identified (Slide 2) 8,161 children with mental health or substance abuse issues. Of those:
    - 3,056 children with substance abuse issues but no mental health issues.
    - 4,989 children with mental health issues but no substance abuse issues.
    - 114 children with metal health and substance abuse issues.
    - 18,220 caregivers had mental health issues (Slide 6).
    - 33,977 caregivers had substance abuse issues. (Slide 6).
- In 2017, of the children involved in Family-Based Safety Services (FBSS), CPS identified (Slide 3) 2,123 children with mental health or substance abuse issues. Of those:
    - 1,194 children with substance abuse issues and no mental health issues.
    - 911 children with mental health issues but no substance abuse issues.
    - 18 Children with both mental health and substance abuse issues.
    - 6,115 caregivers had a mental health issue (Slide 7).
    - 13,442 caregivers had a substance abuse issue (Slide 7).
- In 2017, of the children who were involved in conservatorship, CPS identified (Slide 4) 7,411 children with mental health or substance abuse issues. Of those:
    - 2,462 children with substance abuse issues but no mental health issues.
    - 4,209 children with mental health issues but no substance abuse issues.
    - 181 children with both mental health and substance abuse issues.
    - 1,476 caregivers had a mental health issue.
    - 13,512 caregivers had a substance abuse issue.
- Substance use was a factor in 50-70% of all child removals by CPS.
- 52% of all child fatalities caused by abuse and neglect involved a parent or caregiver actively using and/or under the influence of a substance in FY 2017.
- 23% of child fatalities were caused by abuse and neglect involved a parent or caregiver with confirmed mental health concerns.
- 40% of child fatalities had a history of domestic violence.
- Over 50% of the 172 child fatalities involved active use of marijuana.
- Incapacitation of parent due to substance abuse prevents proper supervision and ability to insure safety and should push us to support those struggling with substance abuse.

Kristene Blackstone, Associate Commissioner for Child Protective Services, Texas Dept. of Family and Protective Services

- CPS is working to preserve families through:
  - Family-Based Safety Services Pilot (SB 11) in El Paso
    - provides case management to reduce recidivism and removals of children.
    - Collaboration with LMHAs, OSARs and providers.
    - Provides telemedicine services in rural Texas.
  - Post-Adoption /Post-permanency support (1500 families YTD).
    - Therapeutic services, counseling, crisis intervention, respite, residential treatment.
- CPS is increasing capacity for high-needs children (especially those with mental health or substance abuse problems) in conservatorship through therapeutic foster care, intense-plus rate, temporary emergency placement program.
- Barriers to treatment for parents:
  - Access to SUD treatment
  - Waiting lists
  - Lack of providers
  - Insurance networks lack capacity.
- $5.28 million of DFPS' $8.5 million budget for SUD is spent on drug testing, not on drug treatment. Testing is important to determine ongoing risk to the child, but more counseling and services are needed.
- Family drug court programs in Bexar, Collin, Dallas, Denton, El Paso, Grayson, Harris, Tarrant, Travis, Webb were mentioned.

Recommendations:

- Family Drug Courts
- Interagency cooperation
- Supreme Court Children's Commission's statewide collaboration on trauma-informed care.
- Improved support services after reunification.

Stephanie Muth—Deputy Executive Commissioner of Medicaid and CHIP Services, Texas Health and Human Services Commission

Link to HHSC Handout:

https://capitol.texas.gov/tlodocs/85R/handouts/C4102018080909001/477554d4-1bd8-441e-84f4-981c683e5822.PDF

Muth—continued—Medicaid Managed Care Organization Requirements

During DFPS's presentation, Rep. Frank questioned the high number of children in CPS diagnosed with "mental illness". He expressed concerns about:

- stigma when children who have experienced trauma and having been separated from their families might likely show signs of depression, etc., and
- there exist financial incentives for foster parents who care for children on psych meds.

Muth responded that most common diagnoses are: Adjustment disorder with mixed disturbance of emotions and conduct; Attention deficit hyperactivity disorder; Adjustment disorder with mixed anxiety and depressed mood; Mood disorder.

Rep. Wu generally agreed with Rep. Frank. Wu serves as Attorney Ad Litem in children's cases. Believes kids are often having problems that have will respond to therapy but are not "mental illnesses".

Major Points in Prepared Testimony:

STAR Health provides Medicaid managed care statewide to foster children in Texas

- Coverage begins on first day in foster care.
- Former foster care children are eligible for Medicaid to age 21.
- Statewide system provides better continuity of care for foster children who often move within the state.
- Average monthly enrollment 2017: 32,091.
- Total annual enrollment 2017: 52,180.
- Electronic passport (different from electronic medical record) shows previous 2 years of CHIP and Medicaid billing including medical, behavioral health, vision, dental and prescription drugs. HIPAA-appropriate access by medical, mental health, CPS professionals and CASA volunteers.
- 53% of kids on STAR Health have diagnoses of mental health or substance use disorder.
- 68% of STAR Health expenditures ($174 million) are for kids with mental health or substance use disorders. $80 million is spent on additional medical needs for these children.
- By comparison, 7% of kids on basic Medicaid and CHIP have a mental health or substance use disorder diagnoses, and 16% of expenditures in those programs are for mental health or substance use disorders.
- Mental health benefits include screenings, psychiatric diagnostic evaluations, individual, family and group counseling, psychotropic medication and management, inpatient care, targeted case management and rehabilitation.
- Substance use services include Screening, Brief Intervention and Referral (SBIRT), assessment, individual and group outpatient counseling, medication assisted treatment, outpatient or residential detoxification, residential treatment.

Muth—continued—HHSC Oversight of STAR Health

HHSC Oversight of STAR Health

- Use of Psychotropic prescriptions for children in foster care
  - Psychotropic meds for over 60 days has been reduced by 51% since 2004.
  - Polypharmacy has decreased 74% since 2004.
  - Use of 5 or more medications has decreased 73% since 2004.
- Decrease unnecessary acute psychiatric hospitalizations
  - Crisis stabilization and hospital diversion, mobile crisis teams, group homes, intensive outpatient programming, therapy, child medication oversight and management.
- Trauma Informed Care required
  - Assessment, screening and peer-to-peer training for caregivers
- Continuous Reviews
  - Operational Reviews—Acute Care Utilization Review team looks at MCO's prior authorization process.
  - Data and Quality Reviews—network adequacy, appointment availability, HEDIS measures, consumer assessments, External Quality Review Organization (EQRO) surveys of STAR Health psychiatrist and foster parents.
  - Utilization Reviews—Do services provided match needs assessment?

Chairman Price asked about the outcomes of HB 1600 by Senfronia Thompson in 85th Legislature, which allows one psychiatric assessment per year for children in Medicaid, (replaced previous limitation of one assessment between ages 12 to 18).
Muth promised to research and reply.

Rep. Frank asked which substances are primarily being abused by children in CPS.
Muth responded: a.) cannabis dependency, b.) cannabis abuse, c.) other psychoactive substance abuse, d.) other stimulant abuse.

Chairman Raymond noted the many complaints about MCOs and speculated that the 86th may look at an 'opt out' choice for caregivers.

Rep Zedler asked about the complaint process.
Muth responded that "Most appeals are resolved by the MCO".

Rep. Collier expressed concern about time and distance standards for rural, suburban, and urban areas, network adequacy, appointment availability and telemedicine.

Katie Olse, Executive Director, Texas Alliance of Children and Family Services
https://capitol.texas.gov/tlodocs/85R/handouts/C4102018080909001/a63d027f-d38b-43e7-8a47-34d71cb7f960.PDF

- Prevention and Family Preservation
  - Past involvement with predicts future involvement.
- Trauma Informed Care required
  - For both parents, children and other caregivers.
  - Older kids often have higher needs.
- Pre-placement services, community coordination and collaboration important
  - Caregivers need more recruitment, assessment, screening and peer-to-peer training

Pamela McPeters, VP of Public Affairs, TexProtects

Parental Substance Use in Child Welfare System:
https://capitol.texas.gov/tlodocs/85R/handouts/C4102018080909001/6e5d0631-3906-465d-afff-210491735f32.PDF

Preserving and Building Strong Families: Improvements to Family Based Services:
https://capitol.texas.gov/tlodocs/85R/handouts/C4102018080909001/c6aafe61-774f-417a-835a-c817369b8855.PDF

CPS and SUD

- Approximately 80% of adults involved with CPS have a substance use disorder.
- 51% of child deaths involve a parent who is actively using.
- Texas Family Code requires reasonable effort for family preservation.
- Lifelong effects of substance abuse of caregiver on children:
  - Unmet developmental needs, impaired attachment, emotional distress, violence, increased risk of the child developing a substance use disorder.
- For every $1 spent on prevention, Texas saves $12 (crime, healthcare, criminal justice costs).

Permanency plans required within 12 months.

- Long time in life of a child, short time in recovery journey for an adult, therefore important to use time efficiently.
  - Nexus Recovery Center in Dallas http://www.nexusrecovery.org/
  - —example of program that works.
    - 30 beds, compared to 1000 child removals in Dallas County.
  - Sobriety Treatment and Recovery Teams (START) program in Kentucky. http://migration.kentucky.gov/Newsroom/governor/20130403treatment.htm
  - Federal Family First Act funding may help Texas build capacity of services.

McPeters—continued

- Recommendations
  - Establish special CPS caseworkers with training on families with SUD,
  - Invest in SUD statewide.
  - Performance-based contracting with family outcomes as a measurement.
  - See briefing paper for additional recommendations.

Kate Murphy, Senior Policy Associate, Texans Care for Children
https://capitol.texas.gov/tlodocs/85R/handouts/C4102018080909001/b4b1b90a-d890-4fe6-bf81-de73574dd13f.PDF

- Parental Substance abuse is a significant factor in child maltreatment, child welfare involvement, parent's health, especially maternal mortality (leading cause of maternal mortality in Texas is drug overdose).
- DFPS budget related to SUD:
  - $8.5 million total in DFPS budget for SUD.
  - 5.2 m for drug testing.
  - 3.3 for actual SUD treatment.
  - 15,000 parents in CPS provided SUD services.
  - 190,000 families served per by CPS per year.
- DFPS is 3rd highest referral source to drug treatment services in Texas. Approximately:
  - 45-50% for methamphetamine addiction.
  - 25% for marijuana addiction.
  - 10% alcohol addiction.
  - 10% opioid addiction.
- Waiting Lists
  - CPS parents are supposed to get services within 72 hours.
  - 13,17 Texas currently on SUD treatment waiting lists (including CPS parents).
  - Average length of waitlist: 14 days.
  - Longest length of waitlist: 293.
  - Funding runs out mid-fiscal year in some regions.
  - Lower rate of family reunification—only about one third actually return home.
- Recommendations
  - Improve coordination of public health and child welfare systems.
  - Track substances in CPS removal cases to tailor local interventions.
  - More effective use of OSARs in local areas.
  - Better training of health care providers on SBIRT.
  - Better training of DPS staff, investigators, attorneys, judges on SUD treatment.
  - Update statutory language to comply with federal laws.

Murphy—continued

- Increase timely access to appropriate treatment and recovery supports.
    - More specialized treatment for CPS moms and dads.
    - Leverage Family First Prevention Services Act funding for Regional Partnership Grants for substance use treatment, family residential treatment, drug courts, community based mental health.
    - Invest in Family Based Services and Supports for continuum of services.
    - Lengthen time that allows parent who is working on recovery to re-gain custody.

Chris Bryan, Clarity Child Guidance Center, San Antonio

- Non-profit in-patient and out-patient treatment center serving children 3-17.
- 80% of kids they serve are state-funded (CHIP, Medicaid, STAR Health),
    - 15% STAR Health.
- Problem: Approximately 61 of 234 CPS children's stays who have been medically discharged from mental health crisis bed at Clarity but are temporarily remain there because CPS has nowhere else to place them.
    - Child's condition often deteriorates, requiring re-hospitalization, can result in social and developmental regressions or delays, reduces community placement options.
    - STAR Health only pays Clarity for first 15 days of hospitalization.
        - More than half of CPS kids stay longer than 15 days.
        - $700,000 loss to Clarity last 2 years.
        - On top of shortfalls from services under Medicaid and LMHA contracts.
    - Ties up a crisis bed, making it unavailable to other children in crisis.
        - 325 kids did not get crisis bed, based on average length of stay of 5 days.
    - Discharge can re-traumatize a child already traumatized by abuse and neglect at home and CPS removal.
- Recommendation: Collect information to determine if this is a problem statewide.

PUBLIC TESTIMONY

Tabitha Ferguson—self—Trauma survivor discovered CPS records following DWI. Concerned about lack of trauma-informed care in addressing adverse childhood experiences (ACEs), misdiagnosis, overmedication. Currently in recovery.

Anais Biera Miracle—Children's Shelter, San Antonio—Hope Center in San Antonio provides behavioral health services in Judge Peter Sakai's court. Hope Center II now open to serve adults Compadre Program serves fathers involved in CPS. https://www.bexar.org/1988/Family-Drug-Court

Kirk Coverstone—Texas Psychological Association—All CPS kids have at least 2 ACEs. Careful screening and psychological evaluations important to avoid misdiagnosis and over-medication. Low reimbursement rates discourage clinicians from participating.

Joyce Mauk, MD—Texas Medical Association, Texas Pediatric Society—Access to care and appropriate specialty care is the biggest problem for kids in foster care. Kids in foster care are: 5 times more likely to develop an anxiety disorder, 6 times more likely to have behavioral problems.

Bill Lund—CK Family Services

Together Facing the Challenge—Duke University https://sites.duke.edu/tftc/

- Contracts for community-based care for the 2500-3000 high-needs children currently in residential treatment centers.
- 500 are 10 years of age or younger.
- SB 11gives resources to provide appropriate care, but contracts just now executed.

Will Francis—National Association of Social Workers—advocated for peer-based recovery and supports.

Patricia Hogue—Texas Lawyers for Children—advocated for trauma-informed care to avoid mis-diagnosis and over-medication. Recommends Trust-Based Relational Interventions (TBRI).

Brandy Howard—Attorney Ad Litem, Disability Rights-Texas

Disability Rights Texas' Public Information Request yielded:

- Some children experience 30-40 placements both in-state and out-of-state.
- DFPS spent $8.8 million in 2017 on foster children waiting for placement in psychiatric hospitals, with some lengths of stay up to 171 days.
- Many foster families have had no communication from Superior Health.
- Improve funding for community-based services to reduce number of children in residential treatment centers.

Cecelia Helrung—Self

Recommends Trust-Based Relational Intervention (TBRI)—Texas Christian University https://child.tcu.edu/#sthash.IcSEhNBQ.dpbs

Advocated for trauma-informed care.

- Some of histories are only from providers, CANS assessments are sometimes boilerplate.
- 100% of children in foster care have experienced trauma.
    - Sometimes multiple removals.
    - Often siblings are separated.
- Standard of care should require individualized treatment.
- Cited Texas Tribune study of hospital placements of CPS kids. https://www.texastribune.org/2016/04/08/foster-care-home-crunch-means-length-psych-stays-g/

  https://www.texastribune.org/2016/04/10/children-caseworkers-under-pressure-amid-foster-ca/

Michelle Hansford—Certified Peer Specialist, Santa Maria Hostel-Harris County, DFPS Parent Collaboration Group

- Substance use leads to breakdown of family, reunification less likely.
- 72-hour treatment requirement often not a reality.
- Recovery is possible.

Tracy McMurtry—Certified Peer Specialist, Santa Maria Hostel

- Advocated for peer services for parents in CPS.

Stacy Burns—Nexus Recovery, Dallas http://www.nexusrecovery.org/

- Nexus is a 30-bed residential substance use treatment center serving women and their children, including pregnant women and pregnant adolescents.
- There are only 10 such programs in Texas—need is much greater.
- Private and State funded.
    - State funding is insufficient to cover cost of care.
    - State funding is often exhausted before the end of the fiscal year.
- Recommendation: Better coordination between HHSC, CPS and treatment providers regarding service delivery and philosophy.
    - Frequent problem: If pregnant woman on methadone delivers her child, CPS requires her to come off methadone after delivery or face losing custody of her child.

Burns—continued

Chairman Raymond asked why CPS would require this. DFPS Associate Commissioner Blackstone responded that this shouldn't be happening. Chairman Raymond directed her to consult with Ms. Burns to resolve the matter.

Columba Wilson—Grandmother was concerned that her daughter was abusing and neglecting the grandchildren, but CPS told her that they would put them in foster care, and she would have to apply to get custody of them. Instead, she took the children into her home. Her 19-year old grandson shows signs of trauma including mental health problems, arrest for fighting, etc. Mrs. Wilson has attempted to get him help but gets no assistance from CPS.

Judy Powell—Parent Guidance Center—Works with parents involved in CPS.

Recommendations:

- Stop judging, start helping.
- Make sure trauma-informed care includes parents.
    - Parents are often grownups who had ACES as children (poverty, grief, loss).
    - Don't uses past ACES, being a former CPS kid, against parents.
- Need more and better services
    - Reunification services are not even available in all areas.

Melinda Picot—Self

Stepmother of 3-year old child with muscular dystrophy.

Birthmother has returned to daughter's life. Mrs. Picot and her husband were not informed that the birthmother had 10 CPS cases against her in 4 counties.

- Child has reported to parents and CPS that birthmother does not give her medications, does not put on braces and orthotics, etc.
- Child's condition has deteriorated.
- CPS refused to consider court-ordered drug tests, has not intervened.

Chairmen Raymond and Price referred Mrs. Picot to Associate Commissioner Blackstone.

Lee Spiller—Citizen's Commission on Human Rights (Scientologists)

- No formal system in CPS for fraud control.
- Mental health diagnoses are stigmatizing.
- Prescription drug abuse (eg. Adderal) should also be considered.
- Ramp up drug education in schools.

Sheila Hemphill—Texans Right to Know

- Is concerned about side effects of medications on brains, particularly those of children diagnosed with ADHD, etc. and given Ritalin, Prozac and Adderal.
- Believes that other root causes such as gluten and other allergies, lead contamination, fungus infection or PANDAS Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections. https://www.nimh.nih.gov/health/publications/pandas/index.shtml

Allisa Sughrue, Policy Coordinator—NAMI Texas

Youth aging out of foster care are:

- Two to four times as likely to experience mental health condition in the past year as the general public.
- Twice as likely to develop PTSD over lifetime as general public.
- Less likely to get mental health care after aging out.
- Two-thirds of youth who age out, and one-third of kids still in care stop medications without the advice of a health care professional.

Recommendations:

- Introduce auto-enrollment in Medicaid for youth aging out of foster care, as they are eligible for coverage until age 26.
- Provide education about mental health, medications, treatment options, recovery strategies, insurance, how to navigate medical system.

Christina Green, Director of Public Affairs, Children's Advocacy Centers of Texas.

Evidence-based mental health interventions for children who have been abused and non-offending family members and caregivers.

- Forensic interviews are hallmark service.
- Trauma-focused Cognitive Behavioral Therapy and other treatment provided.

58,000 new children served statewide this fiscal year:

- Over 86,500 therapy sessions for children.
- Over 28,500 therapy sessions to family members.
- 70% of children referred to CAC network in Texas are for sexual abuse.

Green—continued

- 59% of children present with post-traumatic stress symptoms.
    - 52% no longer have post-traumatic symptoms after 12 sessions.
- 39% present with symptoms of depression.
    - 71% no longer have symptoms of depression after 12 sessions.
- Significant improvements in anger, aggression, anxiety, disassociation, and sexual concerns.

Increasing needs

- 20% increase in therapy sessions in this fiscal year.
- Only one-third of CACs in Texas have capacity to meet demand, resulting in waiting lists, referral to less specialized providers.

Jason Howell—Executive Director, Recovery People

Addiction is a family disease—genetic predisposition, intergenerational trauma, stresses, beliefs and traditions around substance use, barriers to health care, social determinants of health are all factors.

- Family Recovery Coaches—5-day peer training funded by HHSC. Family peer recovery coaches are a cost effective way to affect the next generation.
- Recovery Community Centers—could be an excellent place to host Family Recovery Coaches.

LaQuan Rogers—Motivate Fitness

- No family, on streets, experienced a series of losses but wants to be a positive influence.

Hearing Adjourned

Respectfully Submitted,

Janie Metzinger, Legislative Coordinator
North Texas Behavioral Health Authority, 9441 LBJ Freeway, Suite 350, Dallas, Texas 75243
jmetzinger@ntbha.org

NTBHA
North Texas Behavioral Health Authority

Summary of Hearing
Texas House of Representatives—County Affairs Committee
Thursday, August 23, 2018--Dallas County Commissioners Court-411 Elm Street, Dallas Texas

County Affairs Committee: Representatives Garnet Coleman—Chair, Drew Springer—Vice Chair, Kyle Biedermann, Todd Hunter, Victoria Neave, Kevin Roberts, Jonathan Stickland, Shawn Thierry, Tomas Uresti.

Charge #2: Examine how emergency response activities are organized, funded, and coordinated. Review the impact of natural disasters on county finances. Identify any deficiencies in authority for the most populous counties related to infrastructure planning, emergency response, and recovery. Explore ways to improve efficiencies and manage costs while protecting public safety. Additionally, study the relationship between the state, counties, non-governmental organizations, and churches in preparing for and responding to Hurricane Harvey and its aftermath, and determine if preparedness plans are adequate.

Sonja Gaines, Deputy Executive Commissioner, Intellectual and Developmental Disability and Behavioral Health Services, Texas Health and Human Services Commission

Deputy Commissioner Gaines reported that in response to Hurricane Harvey, HHSC:

- Served approximately 151,000 people in the aftermath of Hurricane Harvey.
- Provided daily medication-assisted treatment to hurricane survivors with substance use disorders.
- Worked with U.S. Dept. of Health and Human Services staff to identify local recovery needs.
- Coordinated resources.
- Implemented a Crisis Counseling Assistance and Training Program, collaborating with LMHAs, schools, Meadows Mental Health Policy Institute, Texas Council of Community Mental Health Centers and local communities to build upon infrastructure of trauma-informed approaches to disaster response and recovery.
- Held FEMA-funded recovery support functions focused on community behavioral health:
    - Peer-to-Peer mentoring—Education
    - Psychological First Aid—Train the Trainer
    - First Responder Peer Support
    - First Responder Crisis Intervention Training
- Hats off to NTBHA and Tarrant County MHMR for providing services to Hurricane Harvey survivors who sought shelter in North Texas.

Charge #3: Study how counties identify defendants' and inmates' behavioral health needs and deferral opportunities to appropriate rehabilitative and transition services. Consider models for ensuring defendants and inmates with mental illness receive appropriate services upon release from the criminal justice system.

Texas Health and Human Services Commission Perspective

Sonja Gaines, Deputy Executive Commissioner, Intellectual and Developmental Disability and Behavioral Health Services, Texas Health and Human Services Commission

HHSC's Mental Health Services to Incarcerated Individuals

- According to the United States Substance Abuse and Mental Health Services Administration (SAMHSA):
  - 2.9 % of adult population is on some form of criminal justice supervision.
  - 17-34% of jail inmates have a mental health disorder.
  - 60-87% of justice-involved individuals have a serious mental illness or substance use disorder.
- HHSC and Texas Dept. of Public Safety (DPS) identify incarcerated persons who have received services in a state hospital, a contracted psychiatric hospital, or mental health community services through a local authority.
  - 21.3% of queries for adult yielded exact matches, 23.8% yielded probable matches.
  - 3.9% of queries for adolescents yielded exact matches and 42.59% were probable.
- County Jails administer screenings to identify medical, mental or developmental impairments.
  - Triage for risk of suicide, symptoms of mental illness, complications of substance use.
  - Assist continuity of care.
- Magistrates document mental illness and intellectual disabilities including previous assessments, competency exams or competency restoration treatment.
- HHSC provides crisis screening, assessment, level of care recommendations and pre-release planning for those eligible for public behavioral health services.
- Criminal Justice and Behavioral Health Legislation:
  - SB 292-statewide forensic grant program to provide behavioral health services for special needs offenders.
  - SB 1326-jail-based competency restoration to coordinate across state agencies and provide continuity of care for those exiting county and local jails back to community.
  - SB 1849-Healthy Community Collaboratives for rural communities including appropriate, timely behavioral health service and housing.
  - HB 13-matching grants for community-based treatment and programs.

HHSC's Mental Health Services in Schools

- Since 2014, HHSC has provided Mental Health First Aid (MHFA) to 48,000 people, including:
  - 26,661 public school employees,
  - 1,036 university/college/community college employees,
  - 20,179 community members.
  - Note: There are 254 counties and 1247 independent school districts in Texas.
  - Note: 3000 school district employees have been trained since May 2018.
- HHSC's Texas System of Care provides mental health services to children and families through a collaborative effort of Local Mental Health Authorities (LMHAs), Child Protective Services, County Juvenile Probation departments, and other child-serving agencies. Funded by $11 million SAMHSA grant.
- HHSC Partnerships with Texas Education Agency (TEA)
  - Unified Services for All Children (USAC) addresses behavioral health needs of public school students.
  - Project Aware promotes mental health awareness and access to services.
- Governor's School and Firearm Safety Action Plan recommendations to HHSC:
  - Work with TEA to enhance school safety and behavioral health services.
  - Increase MHFA training.
  - Work with DPS to train staff to make appropriate referrals.
  - Expand Texas Critical Incident Stress Management Network.

Chair Coleman expressed disappointment that more schools have not taken advantage of Mental Health First Aid. He sponsored the bill that first funded MHFA or similar training. He noted that this training is now required in Texas colleges' and universities' teacher training and education degree curriculums. He asked witnesses and stakeholders to contact him when it appears that a bill passed by the Legislature did not seem to be having its intended effect.

Vice Chair Springer expressed concern about rates of suicide in rural areas and asked about the need for more psychiatric hospital beds, and the possibility of looking at existing assets, such as increased contracting with community hospitals, or using vacant hospitals in rural areas.

County Perspective—Behavioral Health and Services in the Criminal Justice System

Alyse Ferguson, Chief Attorney, Collin County Mental Health Managed Counsel Program testified on Collin County's efforts to address the needs of people with mental illness or substance use disorders involved in the justice system there. Currently Collin County Jail has:

- 24 medical beds, 4 designated as mental health beds.
- 9 individuals waiting for transfer to a state hospital for competency restoration
  - 6 are waiting for a bed at Vernon St. Hosp., which has a current wait time of 400 days.
- 18 additional incarcerated individuals meet criteria for emergency psychiatric hospitalization.

Collin County Model

- Identify—inmates with mental illness based on TLET, observation, family reports etc.
    - List is reviewed daily and provided to morning magistrate, Managed Counsel, medical unit.
- Intervene—identified inmates monitored by mental health team which identifies concerns, solutions, and plans of action including hospital diversion, case dismissal, expedited filing, diversion courts, MH bond with outpatient care plans.
- Connect—Released inmates are given an identification card, transportation and 30-day prescription for medication.
- Manage—Defendants released on bond have case management services, LMHA services and monthly meeting with diversion team.
- Community Partnerships—CIT officers, jail staff, attorney and courts resolve problems in cases.

Results

- Number of individuals served by the Mental Health Managed Counsel Program has increased from 1299 in 2014 to 1626 in 2017, with 1842 served YTD in 2018.
- Collin County estimates that the program saved $945,828 in 2017, and $853,708 YTD in 2018.

Recommendations:

- Recognize county-issued jail identification cards as a government-issued identification for purposes of housing and other services that can reduce barriers to recovery.
- Improve opportunities for diversion by enhanced communication between medical, mental health, and law enforcement professionals.
- Improve continuity of care by improved communication and monitoring between State Hospitals and Local Mental Health Authorities, when an individual is released from the state hospital.
- Long-term supported housing is needed for persons with mental illness to maintain stability of provider relationships medications, etc., particularly in areas where a move across a county line means a move to a different LMHA, and different providers.
- Barriers to enrollment in community-based services while an individual is incarcerated result in barriers to recovery once a person is released. Removing these restrictions could reduce recidivism.

Representative Stickland expressed concern for the housing needs for the growing number of adults with autism, who have aging parents.

4.

Charlene Randolph, Director, Dallas County Criminal Justice Department, Coordinator, Dallas County Behavioral Leadership Team, and Member, NTBHA Board of Directors

Ms. Randolph thanked the Members for HB 13 and SB 292 and gave an overview of Dallas County's efforts to address the needs of people with behavioral health disorders in the Dallas County Jail.

- Since 2007, individuals incarcerated in Dallas County Jail identified as having a mental illness or substance abuse disorder has increased from 7% to over 30% of the jail population.
- Recidivism prevention is a collaborative effort between criminal justice, courts, attorneys, community providers, Salvation Army, Parkland, and the North Texas Behavioral Health Authority.
- Web-based database developed by HarrisLogic implemented in 2013.
    - Individuals are flagged when booked into Dallas County Jail if the person has received services from NorthSTAR, NTBHA, Parkland, or if they have been identified by the Texas Department of Public Safety or the Jail Standards Commission.
    - 63% of individuals booked into Dallas County Jail had at least one of the above flags.
    - System tracks service use, paid claims, last appointment, diagnosis, history and prescriptions.
    - System is HIPAA-compliant and does not contain information related to substance use disorders.
    - Facilitates development of comprehensive community re-entry plans and connections with community-based care.
    - Reduced the time that an individual's attorney or care provider receives notification that the person is in jail from 3 to 5 days previously down to 15 minutes now.
    - Individuals are now more likely to be released with a mental health discharge plan than simply released for time served.
- System collaborations
    - Telehealth assessments are done within 24 hours.
    - Parkland provides care for incarcerated inmates.
    - Connections made to NTBHA services.
    - Transicare provides intense wrap-around services for 6-12 months after release.
    - Forensic Diversion Unit provides ACT-level services.
    - City Square Cottages provide supported housing to 50 justice-involved high utilizers.
- Lessons Learned: Must have concrete policies re: inter-agency information sharing in place.

Ramey Heddins, Chief, Behavioral Health Services, My Health My Resources of Tarrant County

- Mr. Heddins thanked the Members for SB 292, which has enhanced MHMR of Tarrant County's diversion efforts. A Mental Health Law Liaison,
    - Co-located with the police departments, supports pre-arrest diversion, and is available to answer the questions of law enforcement officers.
    - Makes home visits with mental health professionals and law enforcement officers.
    - Insures HIPAA-compliant information sharing.
    - Provides early identification, diversion navigation, warm handoff.
    - Forensic ACT services if individual has been arrested five or more times.

Jessica Martinez, Clinical Director, North Texas Behavioral Health Authority

Ms. Martinez briefed the Committee on NTBHA and thanked them for SB 292 and HB 13.

- SB 292 will fund jail-based competency restoration, Assertive Community Treatment (ACT) and Forensic ACT (FACT), and Crisis Respite.
- HB 13 will fund the planned Living Room, which will provide peer-to-peer, psychiatric and care coordination services for people who are high utilizers of hospital services.

Local Entity Perspective—Behavioral Health and Services in the Criminal Justice System

Chad Houser, Founder, CEO and Executive Chef, Café Momentum

Café Momentum provides a 12-month paid post-release restaurant and culinary training internship program for young men and women recently released from Dallas County Juvenile Department facilities.

- 20% have dual diagnosis.
- Case management addresses basic urgent needs, financial literacy, parenting classes, educational assistance, career exploration.
- Has saved local taxpayers $26 million to date.

BJ Wagner, MS, Senior Director of Smart Justice, Meadows Mental Health Policy Institute

http://www.texasstateofmind.org/wp-content/uploads/2018/07/House-Criminal-Jurisprudence-August-2018.pdf

Ms. Wagner discussed Meadows Mental Health Policy Institute's (MMHPI) Smart Justice initiative, a pilot program launched in January 2018 in Dallas Police Department's South-Central Patrol Division. This project teams a Dallas Police Officer, a Dallas Fire & Rescue paramedic, and a mental health clinician from Parkland Hospital in an unmarked vehicle to respond to calls to 911 involving a mental health crisis.

- Leverages over $120 million in federal, state, local and private funds over a five-year period.
- Priority outcomes are:
    - Freeing law enforcement to focus more on public safety rather than serving as first responders in mental health crises.
    - Diverting individuals in crisis to treatment rather than jail.
    - Improving jail screening and court supervision.
    - Reducing recidivism rates by diverting to community-based and forensic services.
    - Rapid Integrated Group Healthcare Team (RIGHT Care) multidisciplinary approach
        - 911 Dispatch Clinician directs calls to RIGHT Care team in field.
        - Parkland Hospital Mental Health Clinicians—assessment and link to services.
        - Dallas Fire & Rescue Paramedics—physical exam, vitals, medical transport.
        - Dallas Police Department Officers—security, victimization, law enforcement issues.
- Goals
    - Divert more than 50% of mental health calls to the RIGHT Care Team.
    - Reduce at least 1000 first-time misdemeanor bookings for people with mental illness.
- To-date data
    - 674 interactions, 553 calls for service and referrals, 121 follow-ups.
    - 41% of interactions (278 individuals) resulted in linkages with care.
    - 3% of interactions (22 individuals) resulted in arrest (14 previous warrants, 8 new offenses).

Representative Stickland asked if this program was cheaper than previous practices.

Ms. Wagner responded that in the first 90 days, the program has already

- Saved two weeks of FTE time for DPD.
- Averaged one jail diversion per day.
- Of over 700 calls, there is a 3% arrest rate and a 12% hospitalization rate.
- 20% reduction in number of ambulance runs in South Central Patrol Division.
- There should be more options for a person in crisis than going to jail or the hospital.

Oversight: Behavioral Health Intervention in School Settings

Jaime Sandoval, Executive Director of Student Advocacy and Youth Outreach—Dallas Independent School District

DISD's Psychological and Social Services are provided through 11 Youth and Family Centers. Mental health services are provided by licensed psychologists, therapists, psychiatrist and provide evaluation and assessment, psychiatric consultation, group, individual and family counseling. Health services are provided by Parkland Health and Hospital System.

Betsy Blanks, Associate Director, Center for School Behavioral Health, Mental Health America of Greater Houston

Ms. Blanks focused on the effects of trauma in childhood and noted the large number of children that were affected by Hurricane Harvey and the shootings at Santa Fe High School.

- Two-thirds of children reported at least one traumatic event by age 16.
- One-third of children report two or more traumatic events by age 16.
    - Trauma can include being a witness to domestic violence; repeated physical, emotional or sexual abuse; neglect; homelessness, food insecurity, family member with untreated mental illness or substance abuse, family member who is incarcerated.
    - Trauma may affect brain development and behavior.
- Most schools do not have adequate staff, supports or services to meet the needs.
    - Recommended ratio is 250 students to 1 counselor.
    - Texas average is 450 students to 1 counselor.
- Trauma-informed training available in Texas
    - Center for School Behavioral Health at MHA-Houston
        - Trains thousands of teachers annually in trauma-informed classroom practices,
        - Provides trauma-informed classroom simulations available for partner schools.
        - Hosts an annual conference on school behavioral health.
    - Texas Children's Hospital's Trauma and Grief Center trains counselors in Trauma and Grief Component Therapy (TCT).
    - Karyn Purvis Institute of child Development at Texas Christian University teaches educators Trust-Based Relational Intervention (TBRI).

Recommendations—With appropriate support from the Legislature, school districts should:

- Offer trauma-informed training to educators
- Increase access to mental and behavioral health professionals in and around school campuses so that the responsibility does not fall solely on teachers.
- Provide educators with a mechanism to refer students to appropriate mental health resources.
- Provide a clear pathway to success for students who return to school after being removed from the classroom.

Oversight: Indigent Defense

Geoff Burkhart, Executive Director, Texas Indigent Defense Commission

- Mr. Burkhart reviewed the history of the right to an attorney beginning with Gideon v. Wainwright in 1963.
- A study of indigent defense in 1999 revealed that there was very little data reported in Texas.
- Today all counties in Texas report indigent defense data, but
    - No county in Texas is fully compliant with the Fair Defense Act.
    - Texas is 48th in the nation in spending on indigent defense.

Lynn Richardson—Chief Public Defender, Dallas County

Vickie Rice—Supervisor, Misdemeanor Division, Public Defender's Office, Dallas County

Dallas County Public Defender's Office

- Has a staff of 94 Public Defense Attorneys covering juvenile, appellate, capital murder, family law, mental health and specialty courts.
- Budget of $15 million.
- Salaries are at parity with those of the District Attorney's Office.
- Receives approximately 100 new cases per month.
    - There are 30,000 cases in the Adult Criminal Division.
    - Public Defender's Office represents 51% of adult criminal cases.

Respectfully Submitted

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Summary of Preliminary Report Published September 4, 2018
Texas House Committee on Public Education

Link to Preliminary Report

https://house.texas.gov/_media/pdf/committees/HPE-Preliminary-Report-on-School-Safety.pdf

Committee Members

Representatives Dan Huberty, Chairman, Diego Bernal, Vice Chairman, Alma A. Allen, Dwayne Bohac, Joe Deshotell, Harold V. Dutton, Jr. Lance Gooden, Ken King, Linda Koop, Morgan Meyer, Gary VanDeaver

Interim Charges in Response to Santa Fe High School Shootings

Review the effectiveness of schools' current multi-hazard emergency operation plans.

- Determine any areas of deficiency and make recommendations to ensure student safety.
- Research violence prevention strategies such as threat assessment, that are available for school personnel to identify students who might pose a threat to themselves or others.
- Identify resources and training available to schools to help them develop intervention plans that address the underlying problems that caused the threatening behavior.

Examine current school facilities and grounds.

- Consider any research-based 'best practices' when designing a school to provide a more secure environment.
- Review effectiveness of installing metal detectors, cameras, safety locks, streaming video of school security cameras, and other measures designed to improve school safety.

Consider testimony provided at the May 17 House Public Health Committee hearing regarding improving mental health services for children.

- Identify specific strategies that would enhance overall school safety.
- Study ways to help parents, youth and primary care providers support school personnel in their efforts to identify and intervene early when mental health problems arise.
- In addition to school-based trauma-informed programs and those that treat early psychosis, consider the benefits of universal screening tools and expanding the Child Psychiatry Access Program (CPAP).
- Make recommendations to enhance collaboration among Health and Human Services Commission, Texas Education Agency, local mental health authorities, and education service centers (Joint charge with Public Health).

House Public Education Committee Recommendations

Mental Health and Well-Being

- The Legislature should require the State Board of Education to include character education in the Texas Essential Knowledge and Skills or creating separate standards for this subject.

- The legislature should consider ways to encourage local education agencies to adopt trauma-informed Positive Behavioral Interventions and Supports (PBSI), and restorative discipline practices in order to create healthy positive campus environments, which in turn promote school safety. Link to PBSI: https://www.pbis.org/

- The State Board of Education should modify the Health Education Texas Essential Knowledge and Skills to increase the focus on mental health, including an emphasis on reducing the stigma surrounding mental illness and seeking treatment.

- The Legislature should require all school personnel to participate in Mental Health First Aid training and provide the necessary financial resources to ensure there are no barriers to making this training available to all school personnel.

- The Legislature should ensure that local education agencies in rural areas or communities that have limited access to mental health services have the financial resources needed to participate in the Telemedicine Wellness, Intervention, Triage, and Referral (TWITR) Projector similar programs utilizing telemedicine for psychiatric screenings.
  Link to TWITR Project: http://www.twitrproject.org/
  Link to article on the TWITR Project: https://www.jaacap.org/article/S0890-8567(16)30829-2/abstract

- There are many innovative partnerships being developed across the state, and local education agencies should be encouraged to work with local mental health authorities, institutions of higher education and other providers, such as Communities in Schools, to integrate and increase access to mental health services for students both on and off campus. The Legislature should provide additional financial resources to encourage such partnerships.
  Link to Communities in Schools: https://tea.texas.gov/interiorpage.aspx?id=4639

- The Legislature should consider establishing a statewide resource on student mental health and well-being that can provide technical assistance and training to local education authorities and bring the education service centers and their expertise together as hubs, and be a clearinghouse for best practices, similar to the Texas School Safety Center (TSSC) for school safety.
  Link to TSSC: https://txssc.txstate.edu/

House Public Education Committee Recommendations--continued

School Mental Health Professionals

The current recommended student-to-staff ratios from the American Counseling Association and the actual ratios for Texas schools for the 2016-17 school year are as follows:

Profession	Recommended Ratio	2016-2017 Actual Ratio	2016-2017 Number in Texas Schools
Counselor	250:1	441:1	12,112
LSSP*	1,000:1	2,890:1	1,849
Social Worker	400:1	7,548:1	708

*Licensed Specialist in School Psychology

- The Legislature should provide additional financial resources for local education agencies to increase the number of school mental health professionals, including counselors, LSSPs and social workers present on school campuses and clarify the duties expected of those professionals in statute. Districts should also be encouraged to use these resources to hire support staff to take over the clerical and administrative duties currently being handled by these professionals, and to also consider utilizing volunteers.

- As soon as possible, in collaboration with the Texas Health and Human Service Commission and local mental health authorities, the education service centers should establish mental health crisis intervention teams that can be utilized by the local education authorities within each region as needed. The Legislature should ensure that financial resources are provided for this purpose.

House Public Education Committee Recommendations--continued

School Safety Planning and Training

- The Legislature should provide the Texas School Safety Center with the additional resources needed to exercise oversight and audit responsibilities over multi-hazard emergency operation plans and to offer local education agencies increased technical assistance and training related to those emergency operation plans.

- If the Texas Education Agency and the Texas School Safety Center develop a new school safety certification system, the Legislature should ensure that information regarding local education agency safety features is kept confidential.

- The Legislature should require Texas School Safety Center-recommended parties to be represented on school districts' School Safety and Security Committees.

- The Legislature should ensure that statutory provisions related to school safety that apply to districts also apply to charters.

- The Legislature should authorize Texas Education Agency to collect information regarding the type and frequency of training related to school safety that local education agencies provide for staff.

- The Criminal Justice Division of the Governor's Office should continue to support increased training opportunities for school personnel at all local education agencies, including charter schools, and the Legislature should consider additional funding for these efforts when developing the FY 2020-2021 budget.

- The Legislature should require emergency operations plans to include training and drills that are specifically geared to improving parental notification response times.

House Public Education Committee Recommendations--continued

School Security Infrastructure

- The Legislature should provide the Texas School Safety Center with necessary resources to conduct a study regarding communications interoperability between local education agencies, local law enforcement and other first responders, including the use of "soft" panic buttons, and recommend if state-level assistance with resources or planning is needed.

- When planning for safety retrofits, local education agencies should consider available research on the impact of different types of safety enhancements to determine how to best invest funding. Local education agencies should consider also alarm systems, where allowed under the local fire code, as well as door locks that can be controlled from inside the classroom by school personnel.

- Texas Education Agency should conduct a survey to determine the statewide need of campus safety retrofits. State funding provided for these retrofits should be prioritized based on the survey results and local education agency financial need.

- Law enforcement suggested a 60/40 split between personnel and equipment or capital purchase when funding school safety. The rationale for this breakdown is that security systems can fail and that those systems are about preventing events but cannot stop them once they start. Only first responders can intervene in an event already in progress. Due to the vast differences in the needs of local education agencies across Texas, the Legislature should allow flexibility on expenditures if the decision is made to provide state funding for school safety-related capital items, including an option to focus funding on school safety personnel rather than capital items.

House Public Education Committee Recommendations--continued

Law Enforcement Resources

- The Legislature should clarify the security personnel options that are available to charters.

- While local education agencies should be allowed the flexibility to determine how to best provide security for their own campuses, consideration should be given to the overwhelming testimony regarding the benefits of having increased numbers of law enforcement officers that have been trained to work with children in educational settings.

- The legislature should consider giving small districts the option to create joint police departments with other districts.

- The legislature should encourage local education agencies utilizing peace officers on campus to adopt policies that prohibit those officers from being involved in student discipline.

- While it could be cost-effective for the state to leverage funds to support the use of a particular reporting app statewide, districts should be able to make decisions regarding usage at the local level, and the Legislature should ensure that the state is not funding duplicative efforts in this regard.

Respectfully Submitted

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Summary of Hearing--Senate Health and Human Services Committee
September 12, 2018

Behavioral Health-Related Testimony

Committee Members

Senators Charles Schwertner, M.D., Chair, Dawn Buckingham, M.D., Konni Burton, Lois Kolkhorst, Borris Miles, Charles Perry, Van Taylor, Kirk Watson.

Link to Hearing Video

http://tlcsenate.granicus.com/MediaPlayer.php?view_id=44&clip_id=13558

Interim Charges

1) Monitor the implementation of legislation addressed by the Senate Committee on Health and Human Services, 85th Legislature and make recommendations for any legislation needed to improve, enhance, and/or complete implementation, including but not limited to:

- Initiatives to increase capacity and reduce waitlists in the mental health system, including the construction of state hospitals and new community grant programs:
- Initiative to better understand the causes of maternal mortality and morbidity, including the impact of legislation passed during the first special session of the 85th Legislature. Recommend ways to improve health outcomes for pregnant women and methods to better collect data related to maternal mortality and morbidity;
- Initiative intended to improve child safety, Child Protective Services, workforce retention, and development of additional capacity in the foster care system. Make additional recommendations to ensure children with high levels of medical or mental health needs receive timely access to services in the least restrictive settings;
- Efforts to transfer case management of foster children and families to Single Source Continuum Contractors (SSCCs). Monitor the progress of this transition and make recommendations to ensure the process provides continuity of services for children and families and ongoing community engagement;
- Initiatives to strengthen oversight of long-term care facilities to ensure safety and improve quality for residents and clients of these entities and
- Abortion complications and other reporting legislation that was passed by the 85th Legislature.

2) Discussion of issues affecting rural hospitals.

Update on Grants—Sonja Gaines
https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2018/leg-presentations/senate-hhs-behavioral-health-matching-grants-implementation-sept-12-2018.pdf

SB 292—provided $37.5 million to reduce recidivism and re-arrest rates.
HB 13—provided $30 million for community mental health programs.

- Counties with populations over 250,000 are required to match state funds at 100% rate.
- Rural counties required to match state funds at 50% rate.
- Projects developed using HHSC's Strategic Plan to address gaps in services especially Forensic ACT, Jail-based competency restoration, and continuity of care.
- Community partnerships between LMHAs/LBHAs, Counties, County Jails, hospital districts.
- 14 LMHA/LBHA grants in 17 urban counties: Bell, Bexar, Cameron, Collin, Dallas, Denton, El Paso, Fort Hood, Galveston, Hidalgo, Jefferson, Lubbock, Montgomery, Tarrant, Travis, and Willacy Counties.
- 10 LMHA/LBHA grants awarded in 29 rural counties: Bastrop, Bosque, Brown, Burleson, Burnet, Coleman, Cooke, Eastland, Ector, Falls, Fayette, Freestone, Grayson, Grimes, Guadalupe, Hill, Leon, Limestone, Jim Wells, Madison, Midland, Mills, Potter, Randall, Robertson, San Patricio, Washington, Wichita, and Wise Counties.

Sen. Kolkhorst expressed concern that contracts were late, which will mean than data and outcomes may be too late to be useful to upcoming legislative session.

State Hospital Capacity and Waitlist—Mike Maples
https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2018/leg-presentations/senate-hhs-state-hospital-capacity-waitlist-sept-12-2018.pdf

There has been a changing profile of state hospital patients since 2006:

- More forensic commitments, fewer civil commitments, less capacity, increased waiting lists.
- More individuals found not guilty by reason of insanity NGRI) or incompetent to stand trial (IST) have led to longer lengths of stay.
- 34% of patients have been hospitalized over 1 year.

TRENDS IN TEXAS STATE HOSPITALS	2006	2017
Forensic Shift:		
Percentage of Civil Commitments	72%	40%
Percentage of Forensic Commitments	28%	60%
Number of individuals found Not Guilty by Reason of Insanity	84	291
Declining Admissions		
Total State Hospital Admissions	18,190	7,208
Total Civil Admissions	16,415	4,856
Total Forensic Admissions	1,775	2,352
Increased Waiting Lists		
Overall Waiting Lists (approximate numbers)	250	684
Forensic Waiting Lists (approximate numbers)	110	268
Maximum Security Waiting Lists (approximate numbers)	120	416

Proposed Changes in Existing State Hospitals—328 new beds

- Austin State Hospital—plans beginning for replacement of ASH.
- Kerrville State Hospital—70 new maximum-security beds.
- Rusk State Hospital—100 new maximum-security beds in procurement process.
- San Antonio State Hospital—300 beds in planning phase.
- University of Texas Health-Houston—228 beds in planning phase.

Proposed Construction of New State Hospitals

- Dallas and Panhandle are beginning community planning phases
- Exceptional Item in budget will serve as placeholder for construction costs.

Sen. Schwertner observed that new beds will fill quickly, and that Texas needs to look at judicial reform related to mental health in the upcoming session. Individuals need the right treatment at the right time in the right place. Intensive outpatient, respite, diversion from courts, alternatives to state hospitalization and a full continuum of care are needed.

Sen. Perry asked about the possibility of re-purposing existing vacant hospital buildings in the Panhandle rather than new construction.

Sen. Watson reminded members that the Cannon Commission reported that 50% of State Hospital facilities are unsalvageable.
Ten-Year Plan for the Provision of Services to Persons Served - Texas ...
https://www.dshs.texas.gov/mhsa/reports/SPH-Report-2014.pdf

Sen. Kolkhkorst made a case for increasing use of existing community-based services and community hsopitals, particularly in rural areas.

Maternal Morbidity and Mortality—John Hellerstedt, M.D., Commissioner DSHS
dshs.texas.gov/.../2018.../FINAL_Senate-HHS_M3-Hearing_09052018_toSHHS.pdf

The Texas Maternal and Morbidity Task Force was renewed by SB 17 to evaluate problems, risk factors and solutions.

- Looked at confirmed maternal deaths a) while pregnant, b.) 0-7 days post-partum, c.) 8-42 days post-partum, d.)43-60 days post-partum, e.) Over 61 days postpartum.
- The study found significant causes of death not related to complications of pregnancy, and a significant number of those deaths occurred in the period over 61 days post-partum.
- Of the 382 confirmed maternal deaths,
    - 64 women died of drug overdose (49 were over 61 days post-partum),
    - 42 women died of homicide (32 were over 61 days post-partum),
    - 5 women died of substance uses sequelae--e.g. cirrhosis of liver (3 over 61 days postpartum),
    - 33 women died of suicide. (28 were over 61 days post-partum).
- Of the 64 deaths attributable to drug overdose,
    - 42 (66%) involved a combination of drugs
    - 37 (58%) involved opioids
- Regions 1,2, and 3 (Panhandle and North Texas Counties) had highest rates of maternal drug overdose deaths.

- TexasAIM is a collaboration of the Texas Department of State Health Services, the Alliance for Innovation in Maternal Health (AIM) and the Texas Hospital Association. It will focus on:
  - Obstetric hemorrhage
  - Obstetric care for women with opioid use disorder
  - Severe hypertension

- Area hospitals signed up to participate in TexasAIM as of August 31 include Baylor Scott & White hospitals, Baylor University Medical Center, City Hospital at White Rock (formerly Doctors Hospital), Medical City hospitals, Methodist hospitals, Navarro Regional Hospital, Parkland Memorial Hospital, Texas Health Presbyterian hospitals and UT Southwestern Medical Center University Hospital.

Recommendation:

Implement TexasAIM collaborative to focus on Obstetric Care for Women with Opioid Use Disorder.

https://www.dshs.texas.gov/mch/Obstetric-Care-for-Women-with-Opioid-Use-Disorder-Bundle.aspx

Medicaid and Maternal Benefits—Stephanie Stephens—Deputy Medicaid Director
https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2018/leg-presentations/senate-hhs-medicaid-maternal-benefits-sept-12-2018.pdf

- Texas Medicaid covers mental health services.
- Texas CHIP-P covers obstetrics care and maternal depression screening.
  - CHIP is for families with incomes at or below 200% of Federal Poverty Level which is the same income eligibility as NTBHA. Many mothers in our region who are eligible for CHIP-P may also be eligible for more extensive behavioral health services through NTBHA.
- HB 2466 requires Medicaid and CHIP to cover maternal depression screenings which are conducted at the child's Texas Health Steps checkups.
- A study of the feasibility of adding the AIM bundles to Texas Medicaid quality measures for hospitals is due December 1, 2018.

Respectfully Submitted

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The Cottages: Monthly Metrics Summary

Metric Criteria	July 2017	Aug	Sept	Oct	Nov	Dec	Jan 2018	Feb	March	April	May	June	July	Aug	Sept	Notes
Property Management Overview																
Beginning Census	45	44	40	44	45	46	44	44	42	43	40	41	44	47	46	
Evictions	3	2	0	0	1	1	1	0	1	0	0	0	0	2	3	
Terminations	0	2	0	0	2	1	2	3	2	2	0	0	0	0	0	
Exit to Permanency									0	1	1	0	0	0	0	
Move-ins	2	0	4	1	3	0	3	1	5	0	2	3	3	1	2	
Ending Census	44	40	44	45	46	44	44	42	43	40	41	44	47	46	45	
*New screenings for waitlist	4	16	11	13	11	5	6	9	11	9	5	5	5	24	37	
DHA Inspections	2	0	9	1	0	1	0	4	9	0	3	3	3	1	2	
Total residents housed since opening	52	52	56	57	60	60	63	64	69	69	71	74	77	78	80	
Residents in Cottages for less than 90 days	2	2	7	6	7	4	6	3	9	6	5	5	8	8	6	
Residents in Cottages 91-180 days	14	8	5	7	8	10	12	15	12	14	14	16	15	14	14	
Residents in Cottages 181 days or more	36	42	44	44	45	43	42	45	47	29	52	53	54	57	60	
Metrocare Cottages																
Encounter Breakdown																
Psychosocial Rehab Individual Sessions	74	138	148	208	183	177	179	130	165	219	132	158	151	127	120	
CBT sessions	10	18	16	7	27	40	44	19	8	11	11	0	0	0	0	*Beginning in June, Metrocare Services began providing off site CBT services, due to low interest. Ramped up on Substance Abuse service offerings in lieu of.*
Psychosocial Group Sessions (clinical groups only)	25	6	15	9	26	16	24	25	31	34	25	34	35	34	30	
Appointments made with prescriber	39	41	37	44	21	34	40	40	27	72	80	93	82	81	92	
Appointments attended	21	27	27	29	16	23	30	29	20	27	28	76	69	64	79	
Residents that were prescribed medication	19	23	19	26	17	18	27	19	21	24	25	30	28	29	28	
Incident Reports by Category																
Medical	2	3	5	3	7	6	2	1	6	1	4	1	4	2	6	
Psychiatric	1	0	1	0	1	3	1	1	9	0	0	2	3	3	1	
Residents Accessing Higher Level of Care																
Number of residents involved in EMS transports	-	-	-	-	-	-	-	0	5	1	1	0	3	2	3	
Emergency Room (Baylor and Parkland)	38	43	20	30	15	29	7	6	12	5	7	5	7	11	13	
Psychiatric (inpatient and 23 hour obs)	5	2	1	3	3	11	3	1	0	1	0	0	0	1	0	
Jail Book-In	6	5	5	4	4	2	0	2	3	3	1	3	3	3	5	
SUD Treatment Centers	2	1	4	1	1	1	0	0	1	2	0	0	0	0	0	
CitySquare Case Management																
Residents receiving case management services	33	38	43	42	37	39	40	38	37	32	34	27	33	38	35	
Residents served by Community Nurse	11	11	6	8	4	9	9	10	9	9	0	7	7	3	4	
Residents served by CitySquare Clinic	5	6	7	6	6	6	8	8	7	6	8	7	7	8	5	
Residents attending Lifeskills Groups	10	5	4	16	0	0	0	21	5	9	13	18	12	7	13	
Residents attending Community Groups	27	29	36	25	28	27	21	24	37	33	27	30	35	33	26	

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
Number of New Admissions	4	2	7	2	2	6	3	5	5	6	3	3	48	44	33
Number of Successful Completions	3	0	1	3	5	1	2	4	0	0	2	1	22	36	24
Number of Unsuccessful Completions	0	0	0	3	0	3	1	1	2	2	2	1	15	10	9
Average Days in Jail from Referral to Admission	12	9	6	5	8	6	6	9	9	9	5	4	7	7	4
Number of New Admissions on ELM	2	2	3	2	1	4	1	4	2	3	2	1	27	37	12
Program Referral Follow-Ups by Type (running total per grant year)															
Court Program Graduate													0	3	10
Active In Court Program													13	3	0
Active In Treatment at Nexus													4	0	0
In Jail													8	2	1
Re-Arrested and Released to Community													6	15	13
Re-Arrested and Released to Further Treatment													7	6	3
Released to TDCJ or State Jail													2	8	6
Active Warrant													6	5	1

Dallas County Behavioral Health Leadership Team (BHLT)
Adult Clinical Operations Team (ACOT) Committee Meeting
September 6, 2018

Attendees: Walter Taylor (Chair, NTBHA), Charlene Randolph (Co-Chair, Dallas County), Joyce White (Dallas County), Kimberly Rawls (Dallas County), Melissa Cade (Homeward Bound), Doug Denton (Homeward Bound Inc.), Janie Metzinger (NTBHA), Matt Roberts (NTHBA), Matt Morrison (IPS), Amy Cunningham (CFGC), Jason McBride (Parkland VIP), Calvonah Jenkins (MMHPI), James McClinton (MDHA), Jacob Twombly (UT Southwestern System Police), Ikenna Mogbo (Metrocare), Tzeggabrhan Kidane (Dallas County), Michael Carr (Dallas County), Ellen Duke (Hickory Trail Hospital), Jennifer Torres (Metrocare)

1. Welcome and Introductions (Walter Taylor, Chair and Charlene Randolph, Co-Chair):
   - All attendees were introduced, including all new attendees.

2. Review and approve previous meeting minutes:
   - The meeting minutes from the previous month's meeting were reviewed and approved by Doug Denton and Jacob Twombly with one correction presented by Kimberly Rawls to the Smart Justice Initiative Update (Dawn McKeehan, MMHPI) stated that they had 947 individuals opposite to 907 individuals under the third bullet.

3. Presentation: "Parkland's Victim Intervention Program (VIP)/Rape Crisis Center," by Jason McBride and Kyra Bradley

******Jason McBride presented from 12:09pm-12:37pm. He provided the committee with a variety of informational brochures, a contact card, and a survey. ******

If anyone has questions or would like him to come and present, contact him via email at Jason.mcbride@phhs.org.

Jacob Twombly (UT Southwestern System Police) stated that UT Southwestern System Police would be offering new Crisis Intervention Training (CIT) required by Texas Commission on Law Enforcement (TCOLE). He stated that the Dallas Police Department is also offering training and the point of contact for agencies needing training for their officers is Herb Cotner. He stated that if anyone has questions, contact him via email at Jacob.Twombly@UTSouthwestern.edu. Matt Roberts stated that the quarterly Apprehension by a Peace Officer without Warrant (APOWW) meeting is scheduled for Friday, September 14, 2018 at 9:00am.

4. Multicultural Competency Training Update (Matt Roberts, NTBHA)
   - Matt stated that from the initial cohort group a few individuals would be chosen to become local trainers, giving their subordinates within the mental health community the opportunity to increase in their competency capacity. The next Multicultural Competency Training for the community will be held November 6-8, 2018. Individuals can register through Eventbrite under "Multicultural Competency Training by NTBHA".
   - Please contact him at mroberts@ntbha.org, for questions.
   - Amy Cunningham provided feedback on the training. Conversation ensued regarding the training curriculum and overall structure. The committee provided feedback and suggested having the trainer change some verbiage and updating stats to reflect the region she's presenting.
   - Jennifer Torres also provided feedback on the training and stated the training curriculum should be system focused including a section for administrators or host a separate training for administrators.

5. NTBHA Updates (Walter Taylor, Chair-NTBHA)

- He stated that they are accepting applications for the TBRA program. He stated to email housing@ntbha.org for applications. He stated that only Hurricane Harvey victims are eligible for funding, if they want to relocate to the Dallas, Texas metro area. He stated the program is an affordable housing program with a self-sufficiency component. He stated it is not a homeless program, but homeless individuals may apply. He stated the program is for two years and works like a voucher. He stated there are no regulations on who may apply and it is open to anyone whose income levels range from 0 to 80% of the area family median income. He also stated that there is funding available for individuals with disabilities and outlining counties. Last, he stated for more information email him at wtaylor@ntbha.org.
- Participating proprietors must agree to the lease addendum, which supersedes their original proprietor lease. Conversation ensued regarding the lease addendum and persons currently housed who qualify for funding.
- NTBHA is currently executing the lease for the Mental Health Living Room, which is located in South Dallas, TX in the Fair Park/Martin Luther King area. He stated that it would be crisis focused and have peer assistance.
- Charlene Randolph provided an update on Senate Bill 292 (SB292). She stated that it is geared toward reducing the wait list for individuals going to the state hospital. She stated that they are focusing on the forensic population primarily individuals with misdemeanors waiting on a state hospital bed for competency restoration as well as those assigned to a Public Defender. She stated the program is targeted toward individuals that may have the opportunity to regain competency while in jail and developing program curriculums to see if that is feasible. She stated that progress has been made and an individual's information is provided to the judge aiding in his or her decision making process to determine if this person is eligible for outpatient competency restoration. If so, that individual will be eligible to work with service providers to aid in restoring competency. She stated that this effort is a partnership with Dallas County Public Defender's, Dallas County Sherriff's, Dallas County Criminal Justice, Dallas County Pretrial Services departments, and NTBHA. She stated that NTBHA would have five staff members who will be housed at the Frank Crowley Courthouse who will have access to Lew Sterrett jail. She also stated that the Dallas County Criminal Justice department planned to use an existing staff member, but received SAMSHA grant funding and that individual will remain with that grant. Last, she stated all other staff have been placed and are scheduled to begin their positions this month.

6. Smart Justice Initiative Updates (Calvonah Jenkins, MMHPI):

- She stated that the RIGHT Care team is a multi-disciplinary team, which consist of a police officer, a mental health clinician, and a Dallas Fire department paramedic who responses to incoming mental health calls from the Dallas County Police department in the South Central patrol district.

- She stated that at their 180-day benchmark on July 28th, the team had 1,259 interactions with individuals and the team providing follow-ups initiated 367. 453 interacts resulted in individuals being immediately linked into services or provided referrals.

- She stated that they provided another Multidisciplinary Team (MDT) training, which involved training new police officers, clinicians, and paramedics to participate with the

RIGHT Care team. She stated that there is a clinician housed in the Dallas Police department's call center, who can participate with incoming calls. She also stated they are currently working to provide them with a designated line in order to receive incoming calls from polices officers inside various divisions. Last, she stated that she is the RIGHT Care team's new Project Assistant.

7. Legislative Update (Janie Metzinger, NTBHA):

- She stated the Opioid and Substance Abuse committees hosted meetings addressing juvenile interaction with opioids, substance abuse and CSP involvement. She stated that in Texas there is a high number of juveniles connected with opioids and substance abuse. She stated she would provide Walter Taylor with an outline summary of the state of Texas juveniles connected with opioids and substance abuse to email to the committee. She stated that the first day of the hearing was invited testimonies and the second day was public testimonies. She stated that there was a second hearing of the House and Human Services and the House and Committee regarding CSP and opioid/substance abuse involvement. She stated that the House and County Affairs had a hearing August 23rd in Dallas, TX, in which various Dallas County Criminal Justice and Service provider staff testified regarding various interventions that were completed by the region to reduce recidivism and divert from jail involvement. She stated she would present a summary to the BHLT, ACOT, and the NTBHA board. She also stated that there is one more County Affairs committee meeting examining behavioral health issues. Last, she stated the selection committee on substance abuse will have their final report completed by mid-November, the Senate selection committee regarding school violence and safety has completed their reporting, and there will be an upcoming hearing on CSP and kids with mental illness.

8. Decide location for ACOT going forward (Walter Taylor, Chair)

- He stated there was low voter response to the survey and eight people participated. He stated that four people voted for Meadows Conference Center and three voted for NTBHA. The group will finish the year meeting at the Meadows Conference Center and in January 2019 revisit meeting locations. He stated that lunch will be brown bag (bring your own lunch).

9. Adjourn
   The meeting adjourned at 1:30 p.m.

Other

- The next meeting will take place Thursday, October 4, 2018.

DALLAS COUNTY, TEXAS

Minutes of the Behavioral Health Steering Committee (BHSC) Meeting
Thursday, September 20, 2018

Call to order and Introductions

Judge Kristin Wade called the meeting to order at 8:40 am. 29 staff and agency representatives/providers attended with names recorded on the meeting sign-in sheet. Introductions were done around the room.

Minutes review and approval

The minutes from the last bi-monthly BHSC meeting held on July 19, 2018 (packet pgs. 2-6), were reviewed with motion and second by Michael J. Laughlin and Harry Ingram, respectively for acceptance with no discussion or corrections. Motion unanimously passed accepting minutes as read without objection.

Judge Kristin Wade rearranged the agenda to allow Michael J. Laughlin to give the Caruth Smart Justice Grant update before the Cultural Competency Training.

Caruth Smart Justice Grant Update (Mike Laughlin-pgs. 7-13): Mike Laughlin stated that on pg.7 from months January to June 2018 under the "Initial MH#" column the total of individuals identified with a mental health condition was 8,113. 1,125 eligible defendants were recommended for release on a personal bond. 288 defendants were granted release on the MH PR bond. From April 2017-June 2018, 18,907 individuals were identified among total bookins with a mental health condition, which is about 24%. 2,693 individuals were considered eligible after completing a criminal justice history review. On pg. 8, 743 individuals were recommended for release and granted a personal bond release with conditions that included treatment and supervision by pretrial services staff from April 2017-July 2018.

He stated pgs. 9-13 show the 2nd quarter update from the Meadows Mental Health Policy Institute (MMHPI) Caruth Community. The overall summary is listed on pg. 9 and pgs.10-11 list Intercept 1 activities. The team is unsure of the level of impact that Intercept 1 activities is having, but the group has increased trainings to assist with 911 calls at the South Central-Dallas Police Department location. Page 10 reflects that during the first 120 days of RIGHT Care deployment there were 674 total interactions with individuals, 121 were non-crisis follow-up care and 22 interactions resulted in a traditional law enforcement response. 278 interactions resulted in linkages with care, and the bullets after show the breakdown of those 278 interactions. Page 11 states there were 120 total diversions that occurred during the first 120 days of RIGHT Care deployment. The group is increasing training opportunities for new police officers, clinicians, and paramedics to participate on the RIGHT Care team, which their participant volume is expected to increase. He stated that Intercepts 2-4 (Initial Detention/Initial Court Hearings, Jails/Courts and Reentry) activities are listed on pgs.11-12 and their first subgroup meeting is scheduled for next week. Shenna Oriabure asked what the "Neutral" category means under the charts on pgs. 7-8. He answered stating they are transferred individuals who did not fail or were

unsuccessful. He stated that the category is based on process or legal requirements moving them out of the system. Judge Kristin Wade asked if they are individuals who plead out. He stated that they are the individuals that were transferred out to other jails who had existing holds. He stated Intercepts 2-4 provide a summary of the performance data and they currently have two subgroups assigned to examine the data. Their first meeting would be next week, and each subgroup will be divided into single groups. The first group will include The Bridge, The Cottages, Lynn Richardson and Joyce White to develop methods addressing the needs of the homeless population. The second group will focus on structure and the placement process for specialty courts. He also stated on pgs.12-13 list the summary data for Intercept 5 and the new data integration process with Loopback Analytics. Last, he stated Intercept 5 has been launched and they are beginning to perform test groups moving individuals into their services and tracking outcomes.

Presentations

Cultural Competency Training: De'An Roper

****** De'An Roper presented from 8:55 am-9:37am. She provided the committee with an informational handout of her PowerPoint presentation. She also facilitated a question and answer portion following the presentation. ******

BHSC Data and Reports – Judge Kristin Wade

Program and Department Updates: 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, etc. (see packet pgs. 14-46 for details).

SAMHSA Update (Laura Edmonds pg.14): Laura Edmonds presented the SAMHSA grant update along with associated data and activities. She stated that the current grant year ends at the end of September 2018. They were able to send 45 individuals to Nexus for treatment who were in specialty court. They also were awarded a new 5-year SAMHSA grant funding, which begins September 30, 2018. She thanked Shenna Oriabure for applying for the grant. She stated the new grant funding would go toward females treated at Nexus who were in specialty court as well as minority males ages 17-30 to go to Homeward Bound for treatment. She stated the funds are also available for peer recovery coaching. The new grant funding begins September 30, 2018, and they would not be able to accept referrals until after all their anticipating contract services are awarded, which will be sometime in December 2018. Once the funding is executed they will inform the community. Last, she stated there would be a small lapse in funding, but the grant will begin shortly. Harry Ingram reiterated the lapse in funds and the attorney's ability to send individuals to Nexus and asked if there were other funding sources to cover the lapse. Shenna Oriabure stated that individual courts might have grant funding available or the Probation department may be able to cover the lapse. Dr. Jill Johansson-Love stated that the Probation department may be to cover the lapse and are currently addressing a similar issue with an individual in the program. Judge Kristin Wade reiterated the importance of informing the community and Specialty Courts of the new grant funding, so the monies can be used. Shenna Oriabure stated that they would notify everyone via email with the new referral paperwork and information explaining the process.

530 Sub Committee (Shenna Oriabure pgs. 15-19): Shenna stated that they have action items to be approved and voted on by the BHSC committee. She stated pg.18 shows the approved FY2019 530 Fund Budget by the committee. Kimberly Rawls previously emailed to the BHSC committee a chart listing the line items that were budgeted aiding in their final budget allocation. She stated that they also have two requests for incentives from DDC court for $525.00 and from AIM court of $840.00 based on their court capacity.

Judge Kristin Wade asked for a motion to approve the FY2019 530 Fund Budget (pgs.18-19); the motion was made by Laura Edmonds for approval and second by Michael J. Laughlin. Motion unanimously passed accepting the FY2019 530 Fund Budget without objection.

Judge Kristin Wade asked for a second motion to approve the 530 Sub Committee's two requests for incentives from DDC court for $525.00 and from AIM court of $840.00; the motion was made by Dr. Jill Johansson-Love for approval and second by Alyssa Aldrich. Motion unanimously passed accepting the two requests for incentives from DDC court for $525.00 and from AIM court of $840.00 without objection.

She also stated that the 530 Committee would sponsor an informational booth for National Recovery month with various literature regarding agencies who support substance abuse recovery and assist with mental health treatment, Wednesday, September 26, 2018 from 9:00am-1:00 pm at the Frank Crowley Courthouse. Last, she stated if there are any service providers wanting to provide literature, please contact Keta Dickerson at Keta.Dickerson@dallascounty.org.

BHLT & CSP Update Laura Edmonds/Adapt (Laura Edmonds pgs. 20-24): Laura reported that CSP has submitted their baseline information early for their metrics, which constant of meeting two goals: 1) Working with Adapt (ACS) to reduce recidivism. 2) Working with Transicare to link individuals discharging from Terrell State Hospital with a prescriber within 7/30 days. She also stated Health and Human Services approved the information. Last, she stated that they are finalizing all CSP contracts for next fiscal year (FY) and gathering all required information to complete reporting by the end of October 2018. Judge Kristin Wade expressed to the group the importance of providing their data for the BHSC packet because the BHLT committee reviews it.

Jail/hospital movement and homeless data/reports were presented by Janine Capetillo/Kimberly Rawls/ Laura Edmonds and can be found in the packet on pages 25-32.

Hospital Movement (Janine Capetillo pg. 25): Janine Capetillo stated that the number of evaluations increased from July (38) to August (69). She stated that Senate Bill 292 should begin soon for the "In Jail Competency Restoration" program. Judge Kristin Wade explained the upcoming "In Jail Competency Restoration" program and it is designed for individuals to regain competency while in jail for those on the waiting list to go to the hospital and have not been approved to complete Outpatient Competency restoration. Conversation ensued regarding the "In Jail Competency Restoration" program structure and requirements.

Homeless Report (Kimberly Rawls pgs. 26-31): Kimberly Rawls stated from July 2018-August 2018, there was a slight increase of 31 persons among "Unique Individuals". She also stated there was a slight increase of 893 days for "Days in Jail" and a decrease of 3 days for "Average Number of Days in Jail" categories. Last, she stated all other categories were constant and to refer to the data in the packet.

Mental Health Case Matches (Laura Edmonds pg.32): Laura Edmonds stated that the report shows individuals identified with a mental health flag out of the total number of monthly jail bookins from the JIMI Stella database. For the month of August 2018 there were 6,079 total individuals booked into jail and 3,680 unique individuals who had a mental health flag. She also stated the percentages for the mental health categories would never equal 100% because some individuals may have multiple flags. Last, she stated the NTBHA ID (25.24%) and PAP (10.92%) flag categories represent those individuals with an active mental health condition.

Public Defenders (Lynn Richardson pgs. 33-35): Lynn Richardson stated that the data is listed on pgs. 33-35 for the months of June to August 2018. Harry Ingram was the overseer of ATLAS and S.E.T courts. For June to August 2018, statistics show Roger Lenox and Lashonda Taylor as overseers of MHPD courts for individuals who were not eligible for the specialty court programs. Felony and misdemeanors competency

statics are listed for Malcolm Harden and Randall Scott for June to August 2018. The mental health courts (MI) data is also provided which are civil commitments, and attorneys Larry Roberts, Robert Black, and Lashonda Taylor (who overseers and handles complex cases as well as civil commitments) numbers are listed. She also stated they had the Prostitution Diversion Initiative (PIT) last night, in which three of their Case Managers participated: Stella, Angelo and Marcella. Last, she stated they are in the process of hiring another Case Manager for the Public Defender's office to work specifically with in jail-based competency restoration.

District Attorney's (Lee Pierson/BHSC Supplemental Packet): He stated that their data is listed in the BHSC Supplemental packet. He stated it shows Prosecutor Attorney's Kendall McKimmey's personal statistics for felony cases. Each attorney's caseload information is listed on the back page. The data does not reflect the number of individuals who needed an intake performed from the Caruth Smart Justice docket, which averages about 75 individuals monthly. He also stated the document is not reflective of the sanity trials information because of staffing difficulties due to daily changes. Last, he stated they had a recent change to their division and Chis Hawkins is the new prosecutor for their division.

Provider Reports

The Bridge (Kelly Kane pg.36): She stated that the data is on pg. 36, and their numbers are consistent. They are sheltering many individuals due to the inclement weather and it being extremely hot. The Downtown Dallas Inc. (DDI) clean team oversees a collaboration between the Dallas Police Department (DPD), downtown safety, and The Bridge's Care Managers to engage unsheltered homeless individuals in the downtown area in an effort to bring them into The Bridge for community services and shelter. She stated the collaboration has occurred every morning and will take place over the next 80+ mornings.

Judge Lela Mays asked for any suggestions for persons needing to go to The Bridge since it is at maximum capacity. Kelly answered stating they are trying to accommodate as many individuals as possible in layover beds. She stated the other shelters are enforcing their identification policies making it difficult for many females to access housing except for The Bridge. They anticipate receiving more shelter beds. Judge Kristin Wade asked about The Bridge's upstairs space and when it would be available to house individuals. Kelly answered stating the wait is not long and is unsure of the requirements but stated that the individual must have a housing plan, be self-sufficient, have identification, a social security number/card, and no active warrants.

Judge Lela Mays stated during the August 9, 2018, BHLT meeting Brooke Etie, Dallas Housing Authority (DHA) Vice President for the Voucher Program, came and presented stating they are no longer issuing new vouchers, and any individual currently in transitional shelters will not receive a housing voucher, which limits shelters capacity. Lynn Richardson stated that the Dallas Life foundation has beds and will pay up to 90 days for qualifying individuals. She also stated families and sex offenders are not permitted. Last, she stated they do not have to leave the shelter during the day and they will help individuals get their identification.

Metrocare (Crystal Garland pgs.37-39): She stated the report is on pgs.37-39 for June-August 2018. The numbers have been increasing particularly in July 2018, for ATLAS, Post-DDRTC, STAC, Misc., PRIDE, and DDRTC courts. They had many graduates in the month of August from all the specialty courts and provided the statistics for the graduates who successfully completed the program from each court on pg.39. The graduate data includes ATLAS (8), Post-DDRTC (4), STAC (3), Misdemeanor (6), PRIDE (0), and DDRTC (15). She also stated they are receiving referrals every other day. Last, she stated both Probation and Parole ICM statistics were constant. Marlene Buchanan stated the data for DDRTC is constant and they currently have 28 females and 30 males participating in the program. She also stated that Probation ICM statistics are low but believes it due to overall Probation statistics being low. Last, she stated for Parole ICM under the "Number of Offenders" served at the end of the month is 92 individuals with their max being 100 participants.

IPS Reports (Enrique Morris/Jessica Simmons/Provided Data Handout): Enrique Morris provided the committee with a handout of their statistical data. Their admissions trends stabilized for the months of July and August 2018, when compared to last year's July and August 2017, numbers. He stated that 2017 and 2018, were instrumental for several programs being launched, which include MAT/Detox and Community Based-Psych Case Management. The stabilization for the months of July and August 2018 enables them to review their processes and update where needed to ensure community partnerships are being properly implemented. They would be scheduling future meetings with collaborating community providers to address any components needing reevaluation. The August 2018, Program Utilization Distribution data remained stable; and Outpatient SUD and SUD-MAT/Detox were the primary areas of care. Psych services was secondary. MAT/Detox operations remain stable and was one of the newer programs that created substantial growth when compared to 2016 and 2017 statistics. He stated that August 2018 Gender Distribution increased (volumes did not print onto the graph) and they saw an increase in female patients due to the OUD patients requiring MAT/Detox intervention. The August 2018 Ethic Distribution increased with higher surges among Caucasian patients while other ethnicities remained stable. On pg. 2 the August 2018 Drug of Choice by Self Report graph shows an increase of Opioid patients. Last, he stated that The August 2018 SUD Program Progression Rate shows 52% of cases being advanced to a lower level of care (LOC), 39% of individuals being retained at their current (LOC), and 9% of cases being evaluated to an alternative LOC.

Outpatient Competency (Janine Capetillo pg. 40): Judge Kristin Wade stated that Janine previously covered this agenda item during her Hospital Movement update and to refer to that agenda item.

DIVERT (Keta Dickerson [Report update provided by Teresa Saulsberry] pg. 41): Teresa stated that for August 2018, at the start of the month they had 149 participants, 5 new admissions, 4 unsuccessful discharges, 5 graduates, and ended the month with 145 participants.

Specialty Courts CSCD (Serena McNair/Rosa Sandles pgs. 42-46): Rosa stated that ATLAS Court for July and August 2018 had 4 participants, 1 unsuccessful and 6 graduates. For DDAC Court their admissions are usually high and had many individuals graduating from the program. DDAC ended the year with 25 participants. For MMH Court numbers have increased and they ended the month of August with 15 participants. STAC court ended the month of August with 135 participants and their mental health clients for the end of August was 27 participants. Last, she stated for STAR Court they ended the month of August with 8 participants.

Announcements: Lynn Richardson announced the Dallas Criminal Defense Lawyers Association (DCDLA) training is today, September 20, 2018 at 12:00 noon in Auxiliary Room 9, on the 5th floor. She provided an overview of the training. Judge Kristin Wade acknowledged Janie Metzinger to the committee. Janie thanked Lynn Richardson, Vickie Rice, Charlene Randolph, and Jessica Martinez for their presentation at the Urban County Affairs Committee of the House hearing on August 23, 2018, in Dallas, TX. She stated the other committee's reports should be completed by November 2018 and will provide feedback. John Henry stated that NTBHA in conjunction with Parkland soft opened the Extended Observation Unit (EOU) Monday, September 17, 2018, and begin with 6 out of 18 chairs for patient care. He stated Homeward Bound's crisis residential unit is now open. Judge Kristin Wade announced the committee's next scheduled meeting is Thursday, November 15, 2018.

Laura Edmonds announced that Dallas County has a partnership with Catholic Charities and has been allotted 13 units for Criminal Justice referrals. She stated requirements include: individuals 55+ years, single, and meet the HUD homeless definition. She stated to send referrals to Joyce White at Joyce.White@dallascounty.org. The funds will be initially paid by Catholic Charities then eventually transferred to the City of Dallas Housing Voucher program. Last, she provided the committee with the informational flyer. Lynn Richardson asked are there any restrictions on criminal history. Laura answered stating no violent offenses but will be determined on a case-by-case basis as well as no sex offenders.

Adjournment

Judge Kristin Wade adjourned the meeting at 10:45 am. The next meeting is set for Thursday, November 15, 2018, at 8:30am in the same location. Reminder was provided to everyone to submit their monthly stats to Kimberly Rawls (Kimberly.Rawls@dallascounty.org) via email by the 2nd Friday of each month for tracking and distribution.

	Past Year Avg	2018-01	2018-02	2018-03	2018-04	2018-05	2018-06	2018-07	2018-08	Average:	Sum:
Total Service Episodes:	768	680	646	702	391	454	355	364	396	**498.5**	**3,988**
Total Unique CID:	589	672	603	610	328	388	301	281	309	**436.5**	**3,492**
Total Unique SID:		671	603	609	328	388	301	281	309	**436.25**	**3,490**
% Change to DY 4 by CID		114.09%	102.38%	103.57%	55.69%	65.87%	51.10%	47.71%	52.46%		

Total Encounters by Type:		2018-01	2018-02	2018-03	2018-04	2018-05	2018-06	2018-07	2018-08	Average:	Sum:
Triage		680	646	702	391	454	355	364	396	**498.5**	**3,988**
Care Coordination		2,608	2,418	2,770	2,447	3,044	2,433	2,459	2,734	**2,614.13**	**20,913**
F2F Encounter		345	352	384	310	386	308	295	339	**339.88**	**2,719**
Sum:		**3,633**	**3,416**	**3,856**	**3,148**	**3,884**	**3,096**	**3,118**	**3,469**	**3,452.5**	**27,620**

F2F Encounter		2018-01	2018-02	2018-03	2018-04	2018-05	2018-06	2018-07	2018-08	Average:	Sum:
MHPR Bond		166	141	159	174	241	199	200	218	**187.25**	**1,498**
Non-MHPR		179	211	225	136	145	109	95	121	**152.63**	**1,221**
Sum:		**345**	**352**	**384**	**310**	**386**	**308**	**295**	**339**	339.88	2,719

	2018-01	2018-02	2018-03	2018-04	2018-05	2018-06	2018-07	2018-08	Average:	Sum:
Service Episodes:	680	646	702	391	454	355	364	396	**498.5**	**3,988**

Unique Consumers:	2018-01	2018-02	2018-03	2018-04	2018-05	2018-06	2018-07	2018-08	Average:	Sum:
By N* ID	287	250	255	123	134	95	101	105	**168.75**	**1,350**
By LCN	136	128	126	80	104	78	66	97	**101.88**	**815**
By Client ID	249	225	229	125	150	128	114	107	**165.88**	**1,327**
TOTAL Unique Consumers:	**672**	**603**	**610**	**328**	**388**	**301**	**281**	**309**	**436.5**	**3,492**
TOTAL Unique Consumers as %:	**98.82%**	**93.34%**	**86.89%**	**83.89%**	**85.46%**	**84.79%**	**77.20%**	**78.03%**		

Unique F2F:	2018-01	2018-02	2018-03	2018-04	2018-05	2018-06	2018-07	2018-08	Average:	Sum:
By N* ID	115	118	136	87	100	73	75	85	**98.63**	**789**
By LCN	57	64	59	46	78	67	47	71	**61.13**	**489**
By Client ID	140	123	123	92	130	105	95	96	**113**	**904**
TOTAL Unique F2F:	**312**	**305**	**318**	**225**	**308**	**245**	**217**	**252**	**242.44**	**2,182**
TOTAL Unique F2F as %:	**90.43%**	**86.65%**	**82.81%**	**72.58%**	**79.79%**	**79.55%**	**73.56%**	**74.34%**		

		Average:	Sum:
F2F Percentages:			

Triage 12 w/F2F	1,875
Recidivism 12-12 w/F2F	440
Recidivism 12-12 w/F2F Percentage	23.47%

	January	February	March	April	May	June	July	August
Year MO	2018/01	2018/02	2018/03	2018/04	2018/05	2018/06	2018/07	2018/08
Recidivism 12-12	2	23	55	116	172	243	340	440
Triage 12	260	513	761	971	1,233	1,445	1,657	1,875
Recidivism 12-12%	0.77%	4.48%	7.23%	11.95%	13.95%	16.82%	20.52%	23.47%

Transicare Reporting

Crisis Services Project

	2017-10	2017-11	2017-12	2018-01	2018-02	2018-03	2018-04	2018-05	2018-06	2018-07	2018-08	TOTAL
Beginning Census	**138**	**137**	**123**	**132**	**118**	**105**	**95**	**104**	**115**	**111**	**97**	
Referrals	74	67	47	46	53	69	59	85	51	44	71	666
Admissions												
Referred Admitted	**34**	**25**	**21**	**20**	**14**	**19**	**27**	**33**	**23**	**14**	**37**	**267**
No Admit Client Refusal	0	1	1	0	0	3	3	1	1	2	2	14
No Admit Criteria	5	3	1	1	3	2	0	1	1	3	5	25
No Admit Structural	3	2	3	5	2	12	10	20	2	2	5	66
Pending	32	36	21	20	34	33	19	30	24	23	21	293
Prior Pending												
Pending Admitted	**16**	**5**	**11**	**23**	**10**	**12**	**16**	**12**	**16**	**11**	**19**	**151**
No Admit Client Refusal	2	3	1	3	0	0	0	0	3	0	2	14
No Admit Criteria	1	3	1	3	3	11	4	0	0	1	1	28
No Admit Structural	19	17	12	5	7	17	8	12	5	2	7	111
Total Admissions	**50**	**30**	**32**	**43**	**24**	**31**	**43**	**45**	**39**	**25**	**56**	**418**
Discharges												
Success Transfer	7	7	5	3	9	9	9	4	4	7	8	72
DC Midterm Disengage	19	14	9	16	12	10	6	9	13	15	13	136
DC Rapid Disengage	13	14	4	23	12	13	14	13	17	11	4	138
DC Structural	12	9	5	15	4	9	5	8	10	6	9	92
Total Discharged	**51**	**44**	**23**	**57**	**37**	**41**	**34**	**34**	**44**	**39**	**34**	**438**
Active End Of Month	**137**	**123**	**132**	**118**	**105**	**95**	**104**	**115**	**110**	**97**	**119**	
Outcome Data												
Terrell State Hospital Linkages												
≤7 Connect To Prescriber	4	4	2	10	5	4	5	7	11	4	14	70
Missed ≤7 Day Connect	5	2	4	3	1	4	3	1	1	0	0	24
≤30 Connect To Prescriber	4	4	2	10	5	4	5	7	11	4	14	70
Missed ≤30 Day Connect	5	2	4	3	1	4	3	1	1	0	0	24
Total Missed Metric	**5**	**2**	**4**	**3**	**1**	**4**	**3**	**1**	**1**	**0**	**0**	**24**
Total Released	**9**	**6**	**6**	**13**	**6**	**8**	**8**	**8**	**12**	**4**	**14**	**94**
Cummulative ≤7 Connect %	**44.4%**	**53.3%**	**47.6%**	**58.8%**	**62.5%**	**60.4%**	**60.7%**	**64.1%**	**68.4%**	**70.0%**	**74.5%**	**74.5%**
Cummulative ≤30 Connect %	**44.4%**	**53.3%**	**47.6%**	**58.8%**	**62.5%**	**60.4%**	**60.7%**	**64.1%**	**68.4%**	**70.0%**	**74.5%**	**74.5%**
Missed Metric	**55.6%**	**46.7%**	**52.4%**	**41.2%**	**37.5%**	**39.6%**	**39.3%**	**35.9%**	**31.6%**	**30.0%**	**25.5%**	**25.5%**
Unduplicated Served												
Monthly Unduplicated	204	189	174	182	159	164	156	168	167	150	170	
DSRIP YTD Unduplicated Served	**204**	**254**	**294**	**339**	**369**	**418**	**461**	**512**	**557**	**590**	**636**	
Encounter Data												
F2F Encounter	1113	988	752	1005	953	1043	1022	1112	946	866	1011	10811
Care Coord	110	77	62	66	71	77	72	60	64	55	43	757
Total	**1223**	**1065**	**814**	**1071**	**1024**	**1120**	**1094**	**1172**	**1010**	**921**	**1054**	**11568**

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
Beginning Census	**42**	**47**	**48**	**51**	**53**	**51**	**51**	**45**				
Number of Referrals Received from CSP												
Adapt	7	16	13	9	7	4	3	6				
Metrocare	0		0	0	0	1	0	1				
Transicare	0		0	0	0	0	0	0				
DA	1		0	0	0	1	0	1				
Number of Admissions	8	10	11	9	7	6	2	1				
Number Discharged	3	13	8	10	4	4	5	3				
Number not admitted due to:												
Client qualifies for ACT	0		1	0	2	0	0	0				
Client qualifies for other programs	0	2	0	1	2	1	0	1				
Client didn't meet level of need required	0	3	1	2	4	0	1	1				
Other reasons	0	2	1	1	0	3	1	1				
Average Service Utilization:												
Average hours seen	9.03	49.05	13.51	12.65	12.82	10.72	12.49	13.81				
Encounter Breakdown:												
Face to Face	269	293.53	338	541.25	539.25	524	525.35	530				
Service Coordination	676	692	798	542.25	541.25	522	525.75	532				
Number of clients accessing:												
Emergency Room (medical)	2	2	0	1	1	2	4	3				
23-hour observation (psych)		1	0	0	2	1	1	2				
Inpatient (med/ psych)	3		0	0	0	0	3	1				
Jail book-in	0		1	2	3	1	2	5				
Reasons for Discharge:												
Graduate		1	2	2	0	0	2	0				
Client Disengagement		7	3	1	3	3	0	0				
Extended Jail stay (case-by-case basis)	3	2	2	4	1	3	2	0				
Other Intervening factors		3	1	1	3	1	1	3				
End of Month Stats:												
Number of Active FDU clients end of month	**47**	**44**	**41**	**46**	**42**	**43**	**42**	**46**				
Number of Unique Consumers	47	48	51	53	51	51	45	50				
# of clients waiting to be released from jail	9	11	10	8	3	8	3	4				
Average Length of stay on FDU (month)	6.67	6.22	5.31	4.48	4.54	4.6	5.26	5.38				
Maximum Census	**46**	**46**	**46**	**46**	**46**	**46**	**46**	**46**				

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

SEPTEMBER 2018 Monthly Report

Dallas County Crisis Services Program	Program Specific and Systems Update	Summary of NTBHA's Monthly Activities	Action Items/Concerns
1	**Adapt Community Solutions (ACS)** – Targets member released from jail using ACS to ensure continuity of care	Conducted case consultations on approximately 14 referrals. Reviewed programmatic Standard Operating Procedures and Statement of Work	Streamlined process for referral submission to be implemented
2	**Transicare Post Acute Transitional Services (PATS)** – Targets high utilizers released from jail with more intensive need to ensure continuity of care	Participated in PATS/FACT Huddle Calls Hospitalization search, benefit standing, and prescription assistance was not provided this month. Reviewed programmatic Standard Operating Procedures and Statement of Work	Not Applicable
3	**ACT Forensic Diversion Unit (FDU)** – Provides ACT services for high utilizers of the legal system. Responsible for approving evaluations of FDU referrals and FDU oversight	Clinical review of cases for appropriate LOC recommendations on 7 FDU referrals, all of which were approved for FDU assessment. Reviewed 8 Recovery Plans.	Process evaluation to begin October, 2018
4	**Caruth Smart Justice**	There were no Smart Justice specific activities completed this month.	Not Applicable
5	**CSP – Cottages Project** – Housing complex of 50 cottages that provides housing, mental health assessments and counseling for clients categorized as high utilizers of MH and judicial systems	28 candidate cases reviewed. The Selection Committee meeting was cancelled for the month of September.	Not Applicable

FREE MULTICULTURAL COMPETENCY TRAINING

Training sponsored by
North Texas Behavioral Health Authority

Training Opportunity, November 6-8, 2018

"We've had marked success implementing this program - improving cultural competence in providers so they can offer more effective counseling to clients from diverse backgrounds. Trainees have also shown an increase in self-awareness and better understand their influence on therapy. CBMCS should be required training for counselors and social workers as well as others in the mental health field who work with diverse client populations."

- Gloria Morrow, Ph.D., GM Psychological Services

Eligible for up to 24 CE Credits

There are four comprehensive training modules created from rigorous research methods and multivariate statistical processes. This is the first training program that empowers trainers to customize workshops. It extends the usual dialogue beyond the 5-main racial/ethnic groups to include women, lesbians, gays, poor persons, the aged, and people with physical disabilities.

For more information contact Matt Roberts, MRoberts@ntbha.org

RSVP deadline, October 29, 2018. To register:
Visit: www.eventbrite.com and search for "Multicultural Competency Training"

NTBHA
North Texas Behavioral Health Authority

Biographical Sketch of Dr. Gloria Morrow

Dr. Gloria Morrow is one of the nation's leading clinical psychologists, who devoted her early career to teaching students in undergraduate and graduate psychology programs. As an academician, clinician and author, her teaching, counseling and books have helped thousands of people find true inner healing. Dr. Gloria is the Director of Behavioral Health for Golden Shore Medical Group (formerly Molina Medical Group).

As an academician and researcher, Dr. Gloria has presented the results of her research at professional conferences all over the world, including the University of Cape Town, in Cape Town, South Africa.

As a top-rated professional with profound insight in her trade, Dr. Gloria's work has been published in scholarly journals and books. She has also been cited in critically acclaimed national publications such as "*Psychology Today*," "*Jet*," "*Heart and Soul*," "*Essence*," "*Woman's Day,"* and *"Black Enterprise."*

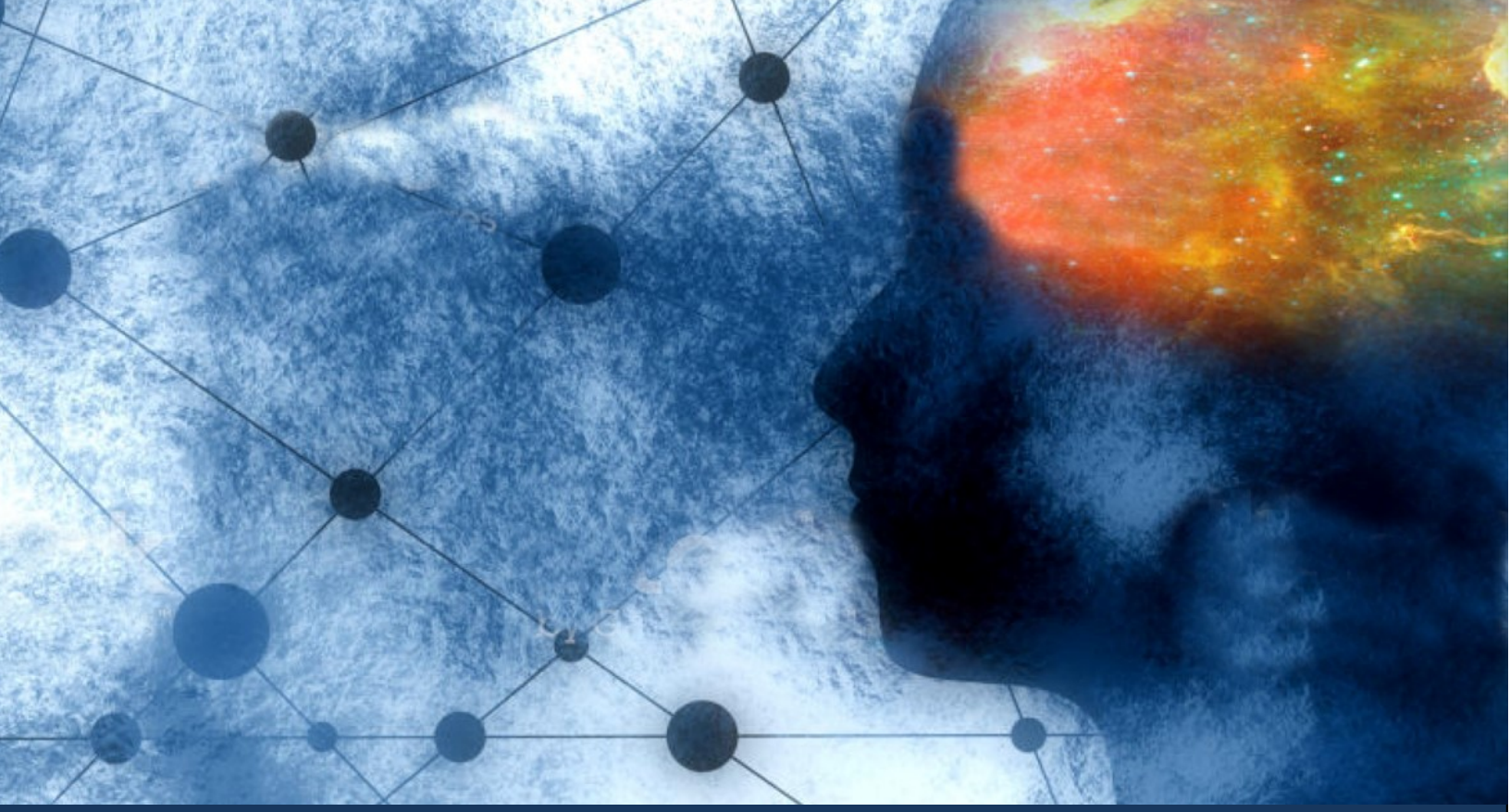
Dr. Gloria has shared her expertise on many topics, including depression, anxiety, marriage and relationship issues, and a variety of issues relative to people of color from all ethnic backgrounds. She has become well known throughout the faith community because of her willingness to address the issue of mental illness in the church and the role of pastors and church leaders in granting permission for parishioners to seek mental health services outside the church when appropriate.

Dr. Gloria is a Master Trainer for the CBMCS (California Brief Multicultural Competency Scale) Training Program, and she helped to develop the training curriculum. This program focuses on the four major ethnic groups: African American, Asian/Pacific Islanders, Hispanic/Latino/Mexican American, and American Indian/Native American. In addition, she has facilitated several workshops and seminars focusing on cultural competency issues. Her work surrounding the role of Spirituality in recovery has gained notoriety with the development of a three-day training and handbook entitled S.A.F.E. (Spirituality and Faith Empowers) to equip the faith community and mental health professionals to help hurting people. Dr. Gloria also speaks on topics focusing on trauma and domestic violence. Dr. Gloria has a unique way of facilitating courageous conversations in a safe and nurturing manner, where participants feel safe and understood.

Dr. Gloria has been interviewed on a variety of radio talk shows, including KPFK 90.7 FM's talk show, The Bev Smith Show, and The Warren Ballentine Show. She served as a relationship expert on Radio One's 102.5 in Atlanta for Marriage Monday with radio host Darlene McCoy. She has been a frequent guest on the Michael Baisden Show, a nationally syndicated XM radio show and has appeared as an expert guest on his television show, *Baisden After Dark* on TV One. Dr. Gloria has appeared as a frequent guest on CNN. Dr. Gloria has also been a guest on TBN to discuss depression and grief.

Dr. Gloria has authored several books entitled: *"Too Broken to be Fixed? A Spiritual Guide to Inner Healing;" "Strengthening the Ties that Bind: A Guide to a Healthy Marriage;" "Keeping it Real! 7 Steps Toward a Healthier You;" "The Things that Make Men Cry," "Create Your Blueprint for Good Success"* and its companion *"A Life Plan Portfolio."* She has also developed a DVD entitled: *"Suffer in Silence No More"* and an audio CD entitled *"Maintaining Positive Emotions During Tough Times."* Her latest book entitled, *"Don't Date! Investigate"* is scheduled for release in 2016. Dr. Gloria is a new playwright and wrote and produced *"The Things That Make Men Cry"* based on her book of the same name, *"Three Times A Lady" and "Detours."* She just completed writing the stage play *"Don't Date! Investigate,"* which will be produced in 2019. Dr. Gloria just completed the first draft of her first feature film.

Dr. Gloria holds a PhD in Clinical Psychology from Fielding Graduate University, Santa Barbara, CA; a Master of Science degree in Marriage and Family Therapy from Azusa Pacific University, Azusa, CA; and a Bachelor of Science degree in Psychology from the University of La Verne, La Verne, CA. Please visit www.gloriamorrow.com for her complete Curriculum Vitae.



Honest Talk About Addiction and Mental Health

Do you know someone struggling with mental health or addiction issues?

Featured Panelists

Metrocare Services
Nat'l Alliance on Mental Illness
US Health and Human Services
Carrollton Springs Hospital
APAA

Panel Discussion and Q&A

Substance Use
Mental Illness
Community Resources

Substance Use and Mental Health Town Hall

Moderated by Judge Lela Mays

An Event for Individuals and Families That Need Help

October 9

6:30-8:30 p.m.
Charlton Methodist Auditorium
3500 Wheatland Rd., Dallas, TX

October 16

6:30-8:30 p.m.
UT Dallas ECS TI Auditorium
800 W. Campbell Rd., Richardson, TX

For more information or questions please email us at MaysTownHall@gmail.com