

**Dallas County Behavioral Health Leadership Team**

**Thursday, November 8, 2018**

**Henry Wade Juvenile Justice Center**

**2600 Lone Star Drive, Dallas, TX**

**Room 203-A at 9:30am -11:00am.**

- I. Welcome and Call to Order
- II. Review/ Approval of Minutes from last meeting\*
  - Minutes October 11, 2018\*
- III. Strategic Planning
  - **Lynn Richardson, Chief Public Defender; Mental Health Division**
  - **Commander Karen Hearod, LSCW; SAMHSA Regional Administrator**
- 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, 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, October 11, 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 9:30 AM.

**Introductions and Absent BHLT Members:** Commissioner Price asked first-time attendees to introduce themselves: Ken Rogers, Parkland new Chief of Psychiatry; Dr. Corona, Lead Psychologist at Parkland; Darryl Beatty, new Director of Dallas County Juvenile Department.

### **Review/Approval of Minutes/BHLT Website**

The minutes of the BHLT meeting held on September 13, 2018 were included in the meeting packet (pg. 2-4). A motion was made by Dr. Ibrahim Hicham to accept the minutes and was seconded by Commissioner Daniel. The committee members voted to approve the minutes with no modifications. Commissioner Price presented Resolution 04-2018 that requested that the committee members appoint Dr. Rebecca Corona, Parkland COPC, as an active member of BHLT. The motion was made and approved by Commissioner Daniel and was seconded by Dr. Celeste Johnson.

### **Strategic Planning**

#### **Presentation: "Uptrust"**

Jacob Sills, CEO of Silicon Valley company "Uptrust" provided a presentation on their messaging system application. Uptrust is designed to help remind individuals to attend court and other required appointments so they do not end up in jail. During Mr. Sills' presentation, he discussed the different barriers to returning to court, remembering appointments, transportation barriers, childcare needs, etc. Uptrust can receive information from the Public Defender's Office (PD), Pretrial Services (PS) or the Court. Uptrust software knows what text messages and referrals to send based on needs they capture from the PD's and PS's case management system (CMS). The Uptrust system works by the client providing their phone number to PD or PS, and they enter the information into the CMS. The CMS system automatically sends non-sensitive client information to Uptrust. The staff then receives the info and sends messages via Uptrust; which is able to respond from computer or phone. Uptrust is unique in that it is a 2-way messaging system that is designed for indigent defendants. The related contacts feature allows staff to send reminders to both defendants and a designated persons (loved-ones) who are able to relay messages to the defendant. The app is a mobile friendly way to use the Uptrust messaging system. It allows attorneys to be able to reach out or respond to clients without providing their personal phone number. The system is also able to collect valuable information on what helps individuals attend court. A foundation has reached out to Uptrust with an interest in funding a pilot program on coordinating rides to court in Dallas, as Mr. Sills stated that a ride to court is much cheaper than a night in jail. Currently, Uptrust has been launched in 6 counties and will expand to 25 or more jurisdictions in 2019. Mr. Sills informed the committee that they are able to pilot a program in Dallas County within 6 weeks depending on the DC IT department. Ken Medlock inquired about the cost and funding of the program and Mr. Sills stated that the cost per client is \$2. An example of this would be, if you have 40,000 defenders involved in the program that would be \$80,000 that the county would fund. There were some additional discussions on the program and the opportunities that it presents to Dallas County. As discussed, this is a program that could be expanded to the Juvenile Department and other community partners as well. Commissioner Price and Commissioner Daniel requested that Mrs. Richardson and the County Judges come together with a plan (Uptrust packet with metrics) listing next steps in order to present this to the Commissioners Court. Commissioner Daniel also requested that Mrs. Richardson work with the Pretrial Services Department to find out what is currently in place and how they can work together.

### **NTBHA Updates:**

Carol Lucky, CEO of North Texas Behavioral Health Authority, acknowledged that NTBHA welcomed two new members to the board, Judge Lela Mays and Maricela Canava with the Public Defender's office. Ms. Lucky informed the committee that there has been a delay in receiving state payments; however, they have received the Mental Health payment of \$14 million. Texas Health & Human Services Commission has not been processing payments well; they have been having computer and comptroller office issues. The Commissioners requested that Ms. Lucky generate documentation to the committee on her discussions with the state. Doug Denton informed the committee and Commissioners that he would also keep them updated on what is happening with Homeward Bound contracts. NTBHA has also doubled their capacity with their crisis residential beds. Homeward Bound & Serenity Crisis Residential currently provide the region with 31 crisis residential beds. The Living Room project (PEER Centric Program) has started renovations on Mercer Avenue in Dallas and should be ready to open by early next year. Ms. Lucky also announced that \$1.7 million in Tenant Based Rental Assistance (TBRA) funds will be available for housing the beginning of November. These state funds will be distributed quickly and if anyone is interested they need to start completing and finalizing applications as soon as possible. The TBRA program is a two year program to help low income families engage in self-sufficiency and it is based on fair market rent. Program Coordinator and NTBHA Chief Strategy Officer, Walter Taylor, will send the BHLT Coordinator the application and the additional information needed for completing the process. Ms. Lucky also informed the committee that Jail Base Competency Restoration programming will begin on Friday, October 12<sup>th</sup>. Finally, the Parkland EOU is now open and is staying at maximum capacity (10 beds).

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

Ron Stretcher, Senior Director of Systems Management, MMHPI stated that all projects continue to move forward and working on the Loopback system. Dallas County jail data is in and being reviewed. Baylor Scott & White contract should be delivered October 11<sup>th</sup> and then MMHPI will be able to review their data. Mr. Stretcher acknowledged Judge Lela Mays and the St. Luke Community Church for the seminar and panel discussion held at the church. Commissioner Price then thanked Chief Lynn Richardson for attending the panel on his behalf. Michael Laughlin stated that the Caruth jail program data was located on the last two pages of the supplemental packet.

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

Commissioner Daniel stated that BHHWG continues to look at ways to impact housing in the community. Commissioner Daniel stated that NTBHA is considering a Request for Proposal (RFP) for respite care. The BHHWG continues to track the Homeward Bound progress. At their last meeting, Walter Taylor discussed additional funding that NTBHA would be receiving for housing as well as \$9 million available to assist families impacted by Hurricane Harvey. Commissioner Price would like Dallas County to dig further into where the funds for Hurricane Harvey have been spent and how much remains. This is a request that needs to be drafted up to the legislature. Commissioner Daniel then went on and congratulate the St. Jude project on their grand opening which houses 104 units however; you must be over the age of 55.

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

Laura Edmonds, Assistant Director of the Criminal Justice Department, reported that the Crisis Services Project finished up the current DY7 reporting year and is currently working on the DSRIP report which is due at the end of the month. This October, CSP must identify a cost-benefit analysis tool to use, and the actual cost benefit report will be due in October 2019. This will provide an opportunity for them to do a bigger dive into CSP funded programs and complete thorough program evaluations. CSP is currently in the planning phase and should be able to provide more updates to BHLT as the planning moves forward.

### **Legislative Update**

- Janie Metzinger, NTBHA Legislative Coordinator, is still reviewing HB 6; however, she listed a few things that were worth mentioning:
  - Congress passed HB6
  - Approved \$8 billion to be allocated to MH & SB disorders over the next 5 years
  - Help improve telehealth Medication Assistance Treatment (MAT)
  - Allows for nurses and nurse practitioners to prescribe treatment medications
  - Helps with Prescription Drug monitoring programs

## **Funding Opportunities:**

- **Cottages Update:**

Jennifer Jaynes, Cottages Director, reported that 2 neighbors have moved in and 1 passed away before move in. The Cottages had an increase in evictions due to threats towards staff, weapons and property damage. They also had an increase in medical incidents in September but saw a decrease in clients utilizing 23-hour psychiatric inpatient services. In July, the Cottages had a total of 16 jail bookings within the last 3 months.

- **SAMHSA Grant Update:**

Laura Edmonds reported that there were 42 women served in the current SAMSHA grant which ended September 29, 2018 and they are currently working on a final report. The new awarded grant has been awarded; 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. Contracts are being finalized and they anticipate being able to receive referrals starting in December.

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

Lynn Richardson, Chief Public Defender, had no updates to give.

## **Upcoming Events and Notifications:**

Walter Taylor announced the Multicultural Competency Training, November 6-8, 2018. Sherry Cusumano announced NAMI fundraiser this Saturday 12-4pm. On Wednesday, November 7, 2018, Assisted Outpatient Treatment will be holding a Forum in Plano, TX; a flyer will be shared with everyone. Patrick LeBlanc announced a save the date for April 27<sup>th</sup>, 2019 Mental Health Conference. Vickie Rice announced the Wear Your Pink event to support breast cancer awareness for both men and women October 24, 2018.

## **Adjournment:**

The meeting was adjourned at 11:01 am with a motion made by Commissioner Daniel and seconded by Doug Denton.

## Meadows Mental Health Policy Institute

### Caruth Community Update – 3rd Quarter 2018

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Meadows Mental Health Policy Institute (MMHPI or the Institute) submitted the Caruth Smart Justice Planning Grant Phase II proposal to the W. W. Caruth, Jr. Foundation at the Communities Foundation of Texas on July 15, 2016.<sup>1</sup> Our implementation of the Caruth Smart Justice Project (Caruth Project) began in January 2017. The project is aligned with and supports the local behavioral health system and its efforts to meet the needs of residents with mental health issues in North Texas. As we near the end of Year 2 of the grant, the new services and revised processes we developed during the Caruth Project's planning phase are being implemented for each of the points of contact within the Sequential Intercept Model.

The Caruth Project has developed an active collaboration with community providers and stakeholders, working together to reduce the number of people with mental health needs and criminal justice involvement in order to increase access to high-quality community-based treatment. We have formal agreements with the Dallas Police Department (DPD), the Dallas Fire and Rescue Department (DFRD), Parkland Health and Hospital System (Parkland), and community providers of Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT). Through the Dallas County Criminal Justice Department (DCCJD) and the Dallas County Sheriff's Department, Dallas County has collaborated with Parkland's Jail Health staff to transform screening and assessment procedures, working to ensure that every person is screened for mental health needs upon admission to the jail. The screening protocol connects individuals who need a full assessment to existing resources. It also initiates the parallel processes of assessing risk to determine eligibility for release and developing a supervision plan that includes treatment.

These changes have resulted in more people being released on no-cost personal recognizance bonds and becoming connected to community-based treatment and appropriate court supervision. Our work with Parkland has been instrumental, beginning with Parkland's initial partnership with the Rapid Integrated Group Healthcare Team Care (RIGHT Care) units. In this partnership, Parkland hired and trained the clinicians for the RIGHT Care units and agreed to provide the mental health clinicians for the clinical support for 911 dispatch. By inviting Loopback Analytics' near-real-time data feed platform into its treatment planning process, Parkland expanded its role in the Caruth Project by improving screening of people who may

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<sup>1</sup> On October 5, 2016, the trustees of the W. W. Caruth Foundation at the Communities Foundation of Texas approved the grant proposal, which enables the Meadows Mental Health Policy Institute to work closely with Dallas County, the City of Dallas, and a broad array of partners to implement the Dallas County Smart Justice Project.

qualify for Level of Care 4 and 5 services. We wish to thank our partners for their continued support and energy in advancing the Caruth Smart Justice Project.

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

The Rapid Integrated Group Healthcare Team (RIGHT Care) – the multidisciplinary response team (MDT) critical to reducing the burden on law enforcement in responding to 911 mental health calls in the Dallas community – is providing regular outcomes analysis of call data provided by DPD, Parkland Health and Hospital System (Parkland), and DFR. Parkland has taken lead on collecting and organizing the data so that the Institute can prepare reports for executive leadership and, upon approval, public distribution. Partnerships between the City of Dallas, Parkland, Integrated Psychotherapeutic Services (IPS), Metrocare, the Child and Family Guidance Center, and other community providers have been critical to the successful launch of the RIGHT Care program. In the first 245 days of deployment, RIGHT Care had 1,875 total interactions with individuals; 547 interactions resulted in diverting these individuals from arrest or involuntary hospitalization, connecting them instead to treatment or services. Linkages to care include community-based services, housing resources, transportation to community clinics, and referral to Assertive Community Treatment.

In a preliminary analysis on call data provided by the DPD, Parkland, and the DFR for the first 245 days of RIGHT Care deployment, we found:

- There was a total of 1,875 interactions with people:
  - The team had 1,294 unique interactions with people.<sup>2</sup>
  - The team responded to 1,294 calls for service and referrals.
  - 581 interactions involved team-initiated outreach or non-crisis follow-up care by the team (“follow-up care” is defined as either subsequent phone calls or an in-person visit).
- 66 interactions resulted in a traditional law enforcement response:
  - 34 arrests were for previous warrants.
  - 32 arrests were for an offense on-scene.
- 640 interactions resulted in linkages with care, including the following highlights:
  - 99 people were taken to an outpatient clinic.
  - 45 people were taken to a psychiatric facility via RIGHT Care or a family member.
  - 89 people were transported to a medical hospital by an ambulance.
  - 99 people were immediately connected to housing resources.<sup>3</sup>
  - 27 people were linked to Assertive Community Treatment (ACT).

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<sup>2</sup> Unique individuals refer to the number of people who have interacted with the RIGHT Care team.

<sup>3</sup> Housing resources includes a person’s own home or a family member’s home.

- 2 people were linked to ADAPT Mobile Crisis Services.
- 279 people were provided with other resources and referrals.
- There were 547 total diversions (a subset of the numbers provided above), including:
  - 397 diversions to outpatient care or home-based treatment rather than the hospitalization that would have occurred without the RIGHT Care intervention.
  - 150 jail diversions, where the behavior constituted low-level criminal behavior, such as trespass or disorderly conduct, and the person was linked to treatment rather than arrested.

## **Intercept 2 (Initial Detention/Initial Court Hearings)**

## **Intercept 3 (Jails/Courts)**

## **Intercept 4 (Re-Entry)**

The three work groups within the Dallas County Criminal Justice Department (DCCJD), each led by a criminal court judge, are completing key tasks flagged for improvement to meet the Caruth grant activity metrics. We recently learned the DCCJD work group focusing on creating behavioral health housing for Caruth Smart Justice Project clients has created detailed information of available housing agencies to share those resources with Caruth Smart Justice Project treatment providers.

DCCJD staff have developed internal data tracking tools to monitor program activities and performance outcomes. These tracking tools are undergoing continual revisions to better reflect the measurement needs of the project. Each month, the DCCJD provides Caruth Project data to help identify improvements in screening and in moving people with mental health needs through pretrial and into treatment, when appropriate. Highlights of program activity and performance data for the period of April 17, 2017, through August 2018 are as follows:

- 90,461 defendants booked into the jail were screened for mental health needs.
- 21,854 of these defendants screened positive for possible mental health needs.
- 3,147 of the 21,854 passed initial screening and were court-ordered for assessment.
- 954 of eligible defendants were recommended for release on a personal bond.
- 811 of those recommended for release were granted a personal bond release with conditions that included treatment and supervision by pretrial services staff.

Since mid-November 2017, when the Caruth Project formally began placing defendants released from jail into services, the DCCJD has worked to streamline the referral process with the North Texas Behavioral Health Authority (NTBHA), arranging regular calls to discuss issues with level of care approval, provider handoffs, criminogenic risk assessment distribution, and other related items. Beginning in Spring 2018, DCCJD staff started working closely with the Institute and NTBHA staff to identify what happens following personal bond release, monitoring

whether clients reach their referral source and the level of engagement once that occurs. Our programs will continue to collaborate to improve referral processes as the project continues.

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

We have identified four community treatment providers that are able to provide the most appropriate services for Caruth Project service expansion: Metrocare Services (two ACT teams), Integrated Psychotherapeutic Services (IPS) (one FACT team), Transicare (one FACT team), and Child and Family Guidance Center (one ACT team). This list reflects a recent change as IPS and Transicare have separated their combined FACT team to form two separate FACT teams, which will increase our ACT and FACT team total to five.

Currently, Dr. Amanda Mathias, Senior Director of Innovation with MMHPI, is planning for the ACT and FACT units' fidelity review period. We have adopted the Tool for Measurement of Assertive Community Treatment (TMACT) as the highest standard of fidelity for ACT and have worked on improving the five participating teams' adherence to this model. With the help of Dr. Jennifer Skeem and the Institute's Dr. Mathias and Dr. Jim Zahniser, we have developed a FACT fidelity tool that combines elements of the TMACT and the evidence-based Correctional Program Checklist. Dr. Maria Monro-DeVita collaborated on this initiative as well. Dr. Monroe-DeVita created the TMACT, which is the state-of-the-art measure for assuring fidelity to the ACT model. Opportunities such as these reviews create a benchmark to help providers transform the behavioral health system in Dallas County beyond the Caruth Project's efforts and into a system that fully embraces evidence-based and best practices.

### **Real-Time Information Systems: Loopback Analytics Partnership Across All Five Intercepts**

Loopback Analytics (Loopback) has worked closely with MMHPI, Dallas Fort Worth Hospital Council Foundation (DFWHC), NTBHA, Dallas County, and several hospital systems to acquire necessary data sharing agreements and secure data feeds to create early identification and referral to treatment for people in the Caruth target population. NTBHA agreed to provide its data to Loopback via data sharing agreements in July 2017 and has been transferring data to Loopback to integrate with hospital system data since August 2017. The Commissioners Court approved the jail data sharing agreement with Loopback in August 2018, and IT technical design, integration, and testing of the data feed began in September 2018. In October 2018, the jail book-in data live feed began its production. As of January 2018, with the help and support of the Dallas-Fort Worth Hospital Council, several hospitals had joined the data feed; these hospitals included Texas Health Resources (THR), Parkland, and Methodist Health System. Data sharing agreements are currently in the works with UT Southwestern Medical Center and with Baylor.

The real-time live feed from THR, Parkland, and Methodist are being augmented with two years of historical patient data made available by contract from the Dallas-Fort Worth Hospital Council. This hospital data set and mental health encounter data from NTBHA form the basis for the cohort notifications that were deployed at THR and Parkland emergency departments (EDs) in April 2018.

With the combination of THR, Parkland, and NTBHA real-time and historical data feeds, Loopback has developed a series of analytic dashboards that enable the Caruth Project to more precisely identify and target people who meet established state criteria for ACT or FACT services. In addition to the state's definition of Level of Care 4 criteria, which qualifies a person for ACT or FACT, the dashboard allows the program to identify candidates for ACT and FACT based on a detailed analysis of utilization patterns, diagnoses, and social determinants of health, with the objective of assigning candidates to the appropriate treatment level.

Preliminary analysis of the three shared data feeds has shown how this type of information sharing may be able to sustain itself beyond our Caruth Project efforts. Loopback has the ability to demonstrate how near-real-time health information can depict patterns that can help the crisis system identify where clients slip between the cracks in the continuum of care, the impact of multiple medication prescriptions on clients trapped in the cycle of frequent utilization at different EDs, and how contact with an ACT team can significantly reduce a person's number of ED visits. The capability of the data sharing platform to predict trends in the Dallas Metroplex's crisis system can serve as a model for all local crisis and treatment providers.

**Dallas County Behavioral Health Housing Work Group**  
**Dallas County Administration, 411 Elm Street, 1<sup>st</sup> Floor, Dallas Texas 75202**  
**October 24, 2018 Minutes**

**Mission Statement:** The Dallas County BH Housing Work Group, with diverse representation, will formulate recommendations on the creation of housing and housing related support services designed to safely divert members of special populations in crisis away from frequent utilization of expensive and sometimes unnecessary inpatient stays, emergency department visits and incarceration.

Success will be measured in placement of consumers in housing and the decreased utilization of higher levels of care (hospitals and emergency care visits) and reduced incarceration in the Dallas County Jail. The Dallas County BH Housing Work Group is committed to a data driven decision-making process with a focus on data supported outcomes.

**ATTENDEES:** Dr. Theresa Daniel, Commissioner; Joshua Cogan, Outlast Youth; Doug Denton, Homeward Bound; Tom Edwards, Mesquite ISD; Blake Fetterman, Salvation Army; Toi Howard, City of Dallas; Ellen Magnis, Family Gateway; Atoya Mason, VA, VISN 17; Jim Mattingly, LumaCorp, Inc; James McClinton, MDHA; Jari Mema, Catholic Charities of Dallas; Janie Metzinger, NTBHA; Abdul Mohamed, (DCCJ); Joyce White, DC; Kimberly Rawls, DCCJ; Sandy Rollins, Texas Tenants Union; Charletra Sharp, City of Dallas; Keri Stitt, Promise House; Dr. David Woody, The Bridge; Monica Young, City of Dallas; Claudia Vargas, Dallas County; Erin Moore, Dallas County; and Candice Lennox, Dallas County; Wyndll Robertson, Dallas County; Tzegabrhan Kidane, Dallas County

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

Doug Denton Report:

Mr. Denton reported he attended a Dallas City Council meeting in which they approved the development of an integrated healthcare clinic in the southern sector of Dallas.

Mr. Denton introduced Dr. Kurt Kleinschmidt, UT Southwestern Professor of Emergency Medicine, who gave a presentation on synthetic cannabinoids and their effects on human physiology and psychology.

**GOVERNANCE**

Dallas Area Partnership to End and Prevent Homelessness: Dr. Theresa Daniel, Commissioner  
Commissioner Daniel reported that the partnership was in a reorganization mode which includes decreasing the size of the board, and an overall streamlining of the organization. Their goal is to have this completed within two months.

Federal and State Legislative Update: Janie Metzinger, North Texas Behavioral Authority (NTBHA)

Ms. Metzinger reported that the Texas State Legislature was looking into the connections between homelessness and mental health and had held hearings on the subject in September. She offered to send the group a summary on those hearings.

Legislators will begin looking at bills after the election and intra-committee reports will be coming out between now and January. A select committee on substance abuse (opioid crisis) has been formed as well and their report is due out shortly. During the last session, another committee, which includes Representative Toni Rose, put forward several proposals on mental health assistance.

Ms. Metzinger also mentioned H.R.6 (Support for Patients and Communities Act) which passed through the U.S. Congress on October 3rd. This particular bill, signed into law by the president on October 24, 2018, sets out provisions to help in the fight against opioid abuse and addiction as well as funding grants for community housing and recovery programs.

Ms. Metzinger shared that the funds should be disbursed almost immediately after the president signs the bill. Ms. Metzinger said she would share her analysis of the bill in addition to attaching an electronic copy of the bill.

## **DEVELOPMENT ACTIVITIES**

Crisis Residential and Respite Services: Blake Fetterman, Salvation Army

Ms. Fetterman stated that hospital systems other than Parkland are being explored due to philosophical differences on how to handle recuperative care.

## **RESOURCES**

Shelter Discussions: Dr. David Woody, The Bridge

Dr. Woody reported The Bridge was preparing for colder weather and that shelters normally hit their capacities when temperatures get to 40° or lower. One of the bigger hurdles is facilitating connections with faith-based organizations who wish to open their spaces to accommodate even more individuals during inclement weather.

Commissioner Daniel mentioned Track 2 stalled at the city council level. The organizations involved are currently in the process of revising their proposal for this track. Commissioner Daniel asked if there was anything the Housing Workgroup could do to fast-track the proposal as colder weather will be arriving soon. Ms. Blake Fetterman stated that the conclusion from the conversation with the city was that it was too late for this current winter. Therefore, faith-based organizations will have to bear the burden for the upcoming winter and some stop-gap measures would need to be put in place. Ms. Charletra Sharp stated the Office of Homeless Solutions is working with the city attorney's office on the wording of their revisions and would provide an update soon.

Ms. Fetterman mentioned that St. Vincent DePaul and the Salvation of Army of Plano applied for a specialty use permit to shelter 70 additional individuals. Dr. Woody added that the same was applied in Dallas, but is not certain when it will be approved. Commissioner Daniel made a motion to send a letter to the city of Dallas from the Housing Workgroup to see if the timetable could be sped up. James McClinton, with MDHA, seconded, and the motion was carried.

Dr. David Woody shared that an expansion for The Bridge to house fifty more individuals has been approved by the Dallas City Council through the Office of Homeless Solutions. He also discussed that homeless engagement efforts through Downtown Dallas Inc. are occurring from 5 AM to 8 AM in the morning. Several organizations are involved and the hope is that individuals on the street can be engaged to enter shelters. Additionally, upon advice from their legal counsel, Dallas Life did not execute a contract with the City of Dallas, OHS, to secure an additional 100 homeless beds.

North Texas Behavioral Health Authority (NTBHA): Janie Metzinger, NTBHA

Ms. Metzinger reported the housing person for NTBHA, Mr. Eric McCarty, currently has 65 applications, most of which are not in Dallas County. She noted that a benefit of the (TBRA) funding is that people in other counties have the opportunity to find housing in those counties meaning they do not necessarily need to move to Dallas County in order to find housing.

Ellen Magnis added that Walter Taylor, from NTBHA, came to Family Gateway to explain and help them understand the various funding streams (Hurricane Harvey, funds that do not require families to be homeless, etc.)

Housing Navigator: Joyce White, Dallas County (DC)

Ms. White reported they have focused on getting their people into St. Jude and that their first resident has moved in. There are currently nine people being processed with another four or five in the intake process. They are on track to fill all of their thirteen spots.

DHA Housing Solutions: No report.

Caruth Smart Justice: Abdul Mohamed, Dallas County Criminal Justice (DCCJ)

Mr. Mohamed reported DCCJ is revamping the bond release system. That has included hiring new Pretrial and attorney staff, upgrading and redesigning facilities.

They are working closely with local treatment and housing providers to improve service/resource connections in order to improve the pretrial bond success. A homeless services/resources subtask workgroup has been recently convened to

improve response and service access for those in need of homeless assistance/services. This includes collecting a compendium on the various programs and facilities to improve access and service coordination.

## **PROJECTS AND INDUSTRY UPDATES**

### Coordinated Access System (CAS):

Commissioner Daniel shared that MDHA is working on an RFP for HMIS.

### Homeless Jail Dashboard: Kimberly Rawls, Dallas County Criminal Justice (DCCJ)

Ms. Kimberly Rawls reported total number of book-ins for the month of September was 5,216 (4,068 males, 1148 females); 497 (nearly 10%) were homeless (425 males, 72 females); 1,977 had a mental health flag (38%); 282 of the 497 homeless book-ins had mental health flags (57%).

Mr. Denton asked what the mental health flags meant. Ms. Joyce White answered that there are several types of flags from various sources, including NTBHA. Additionally, a person may also warrant further assessment as determined by a court.

Mr. Denton also inquired as to any drug or alcohol screening. Mr. Mohamed responded he did not have that information at the time, but could find out.

### The Cottages: Joyce White, Dallas County (DC)

Ms. Joyce White reported the latest census is 40 units occupied due to some evictions. Ms. White also noted the selection committee meets on Thursday the 25th. Ms. Rawls stated they were waiting on DHA approval for two or three individuals as well as discussing another three in the selection committee meeting.

### St. Jude: Jari Mema, Catholic Charities of Dallas

Mr. Jari Mema discussed the renovations which had taken place since last time he attended the meeting. He spoke about the process with DHA and stated that everything was completed when the doors opened on August 23<sup>rd</sup>. The grand opening was held on October 10<sup>th</sup>. The housing project currently has 104 efficiency units; 67 of those units are occupied. Mr. Mema thanked their partners, CitySquare (thirty-four residents placed), Metrocare (eight residents placed), VA (sixteen veterans placed), and Catholic Charities (nine residents placed).

Mr. Mema stated the goal was to be fully occupied by Thanksgiving as the thirty-seven remaining units are move-in ready. Some of the demographics are: 27% female, 51% African-American, 38% Caucasian, 10% Hispanic, and one person who identifies as Indian. Mr. Mema reported that the biggest issue thus far is residents attempting to sneak individuals into the units. He did note, however, that security cameras are working and they are reiterating and enforcing the rules with current residents. The majority of residents are abiding by the rules and the project, overall, has been quite successful.

### Homeward Bound: Doug Denton, Homeward Bound

Mr. Doug Denton reported on the opening of the Crisis Residential Center Unit. The unit is currently outpacing goals set with NTBHA; 15 of 16 beds were filled in one night. Mr. Denton lauded the staff and spoke on their mental health peer program which accommodates clients by allowing them to seek treatment at more geographically appropriate locations to them. Mr. Denton offered to add Housing Workgroup members to Homeward Bound's Mental Health and Substance Use Disorder reports distribution list.

### Youth Housing: Keri Stitt, Promise House; Joshua Cogan, Outlast Youth

Ms. Keri Stitt reported the Youth Committee has been working on the structure for the Youth Advisory Board and looking at the compensation plan as well. They are still in the planning stages of the Youth Survey mentioned at the previous meeting and are also doing a homeless youth shelter challenge after the survey.

Lastly, they are working with CitySquare on enhancing and coordinating street outreach initiatives in order to identify more young people living on the streets. Additionally, the housing priority list is going well.

Outlast Youth: Joshua Cogan, Outlast Youth

Mr. Joshua Cogan reported that Outlast Youth received a grant that will sustain organizational efforts through the next two years. Outlast Youth will host an art Fundraiser/Auction in Deep Ellum. The organization is still moving forward with the True Colors Initiative, founded by Cyndi Lauper, to end LGBTQ homelessness. They are currently working with them to identify tangible projects within their sub-committees such as making sure youth are accounted for in CAS, street outreach, and working with USICH (US Interagency Council on Homelessness) for a pilot project to aid in reducing youth homelessness. Lastly, they are working with the Texas Legislature on two bills that could positively affect youth experiencing homelessness throughout the state. Mr. Cogan stated he should have further information on that by the next meeting.

**Announcements:**

No announcements.

Commissioner Daniel posed a question concerning additional resources that may not have been accessed. She mentioned a Houston meeting of veterans organizations of which some of their efforts are specifically targeting counties. She asked how can the group delegate additional resources like these in service of their overall goals.

Ms. Charletra Sharp reported that the Office of Homeless Solutions has additional general fund dollars which will be released at the end of November: \$250,000 for system enhancements enabling them to address issues which are unfunded or underfunded, \$500,000 for operation costs for supportive housing, and \$250,000 for supportive housing for seniors.

***Next Meeting: Wednesday, November 28, 2018, at 10:00 am***

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

| The Cottages: Monthly Metrics Summary              |           |     |      |     |     |     |          |     |       |       |     |      |      |     |      |     |  |
|--|-----------|-----|------|-----|-----|-----|----------|-----|-------|-------|-----|------|------|-----|------|-----|--|
| Metric Criteria                                    | July 2017 | Aug | Sept | Oct | Nov | Dec | Jan 2018 | Feb | March | April | May | June | July | Aug | Sept | Oct | Notes  |
| <b>Property Management Overview</b>                |           |     |      |     |     |     |          |     |       |       |     |      |      |     |      |     |  |
| Beginning Census                                   | 45        | 44  | 40   | 44  | 45  | 46  | 44       | 44  | 42    | 43    | 40  | 41   | 44   | 47  | 46   | 45  |  |
| Evictions  | 3         | 2   | 0    | 0   | 1   | 1   | 1        | 0   | 1     | 0     | 0   | 0    | 0    | 2   | 3    | 5   |  |
| Terminations                                       | 0         | 2   | 0    | 0   | 2   | 1   | 2        | 3   | 2     | 2     | 0   | 0    | 0    | 0   | 0    | 2   |  |
| Exit to Permanency                                 |           |     |      |     |     |     |          |     | 0     | 1     | 1   | 0    | 0    | 0   | 0    | 0   |  |
| Move-ins   | 2         | 0   | 4    | 1   | 3   | 0   | 3        | 1   | 5     | 0     | 2   | 3    | 3    | 1   | 2    | 0   |  |
| Ending Census                                      | 44        | 40  | 44   | 45  | 46  | 44  | 44       | 42  | 43    | 40    | 41  | 44   | 47   | 46  | 45   | 38  |  |
| *New screenings for waitlist                       | 4         | 16  | 11   | 13  | 11  | 5   | 6        | 9   | 11    | 9     | 5   | 5    | 5    | 24  | 37   | 25  |  |
| DHA Inspections                                    | 2         | 0   | 9    | 1   | 0   | 1   | 0        | 4   | 9     | 0     | 3   | 3    | 3    | 1   | 2    | 1   |  |
| Total residents housed since opening               | 52        | 52  | 56   | 57  | 60  | 60  | 63       | 64  | 69    | 69    | 71  | 74   | 77   | 78  | 80   | 80  |  |
| Residents in Cottages for less than 90 days        | 2         | 2   | 7    | 6   | 7   | 4   | 6        | 3   | 9     | 6     | 5   | 5    | 8    | 8   | 6    | 3   |  |
| Residents in Cottages 91-180 days                  | 14        | 8   | 5    | 7   | 8   | 10  | 12       | 15  | 12    | 14    | 14  | 16   | 15   | 14  | 14   | 19  |  |
| Residents in Cottages 181 days or more             | 36        | 42  | 44   | 44  | 45  | 43  | 42       | 45  | 47    | 29    | 52  | 53   | 54   | 57  | 60   | 60  |  |
| <b>Metrocare Cottages</b>                          |           |     |      |     |     |     |          |     |       |       |     |      |      |     |      |     |  |
| <i>Encounter Breakdown</i>                         |           |     |      |     |     |     |          |     |       |       |     |      |      |     |      |     |  |
| Psychosocial Rehab Individual Sessions             | 74        | 138 | 148  | 208 | 183 | 177 | 179      | 130 | 165   | 219   | 132 | 158  | 151  | 127 | 120  | 152 | 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. |
| CBT sessions                                       | 10        | 18  | 16   | 7   | 27  | 40  | 44       | 19  | 8     | 11    | 11  | 0    | 0    | 0   | 0    | 0   |  |
| Psychosocial Group Sessions (clinical groups only) | 25        | 6   | 15   | 9   | 26  | 16  | 24       | 25  | 31    | 34    | 25  | 34   | 35   | 34  | 30   | 29  |  |
| Appointments made with prescriber                  | 39        | 41  | 37   | 44  | 21  | 34  | 40       | 40  | 27    | 72    | 80  | 93   | 82   | 81  | 92   | 58  |  |
| Appointments attended                              | 21        | 27  | 27   | 29  | 16  | 23  | 30       | 29  | 20    | 27    | 28  | 76   | 69   | 64  | 79   | 26  |  |
| Residents that were prescribed medication          | 19        | 23  | 19   | 26  | 17  | 18  | 27       | 19  | 21    | 24    | 25  | 30   | 28   | 29  | 28   | 21  |  |
| <b>Incident Reports by Category</b>                |           |     |      |     |     |     |          |     |       |       |     |      |      |     |      |     |  |
| Medical  | 2         | 3   | 5    | 3   | 7   | 6   | 2        | 1   | 6     | 1     | 4   | 1    | 4    | 2   | 6    | 0   |  |
| Psychiatric  | 1         | 0   | 1    | 0   | 1   | 3   | 1        | 1   | 9     | 0     | 0   | 2    | 3    | 3   | 1    | 0   |  |
| <b>Residents Accessing Higher Level of Care</b>    |           |     |      |     |     |     |          |     |       |       |     |      |      |     |      |     |  |
| Number of residents involved in EMS transports     | -         | -   | -    | -   | -   | -   | -        | 0   | 5     | 1     | 1   | 0    | 3    | 2   | 3    | 0   |  |
| <b>Emergency Room (Baylor and Parkland)</b>        |           |     |      |     |     |     |          |     |       |       |     |      |      |     |      |     |  |
| Psychiatric (inpatient and 23 hour obs)            | 5         | 2   | 1    | 3   | 3   | 11  | 3        | 1   | 0     | 1     | 0   | 0    | 0    | 1   | 0    | 0   |  |
| Jail Book-In                                       | 6         | 5   | 5    | 4   | 4   | 2   | 0        | 2   | 3     | 2     | 1   | 4    | 3    | 3   | 5    | 4   |  |
| SUD Treatment Centers                              | 2         | 1   | 4    | 1   | 1   | 1   | 0        | 0   | 1     | 2     | 0   | 0    | 0    | 0   | 0    | 0   |  |
| <b>CitySquare Case Management</b>                  |           |     |      |     |     |     |          |     |       |       |     |      |      |     |      |     |  |
| Residents receiving case management services       | 33        | 38  | 43   | 42  | 37  | 39  | 40       | 38  | 37    | 32    | 34  | 27   | 33   | 38  | 35   | 38  |  |
| Residents served by Community Nurse                | 11        | 11  | 6    | 8   | 4   | 9   | 10       | 9   | 10    | 9     | 0   | 7    | 7    | 3   | 4    | 4   |  |
| Residents served by CitySquare Clinic              | 5         | 6   | 7    | 6   | 6   | 6   | 8        | 8   | 7     | 6     | 8   | 7    | 7    | 8   | 5    | 7   |  |
| Residents attending Lifeskills Groups              | 10        | 5   | 4    | 16  | 0   | 0   | 0        | 21  | 5     | 9     | 13  | 18   | 12   | 7   | 13   | 21  |  |
| Residents attending Community Groups               | 27        | 29  | 36   | 25  | 28  | 27  | 21       | 24  | 37    | 33    | 27  | 30   | 35   | 33  | 26   | 28  |  |

Attendees: Walter Taylor (Chair, NTBHA), Charlene Randolph (Co-Chair, Dallas County), Kimberly Rawls (Dallas County), Matt Morrison (IPS), Ellen Duke (Hickory Trail Hospital), James McClinton (MDHA), Alyssa Aldrich (Adapt), Calvinah Jenkins (MMHPI), Terri Jenkins (UTSW), Doug Denton (Homeward Bound Inc.), Jennifer Torres (Metrocare), Alicia Gerich (CFGC), Tzeggabrhan Kidane (Dallas County), Matt Roberts (NTHBA), Jarrod Gilstrap (Dallas Fire Dept.), Marie Ruiz (Metrocare), Sherry L. Clemons (MCGO & NAMT)

**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 James McClinton and Doug Denton with two corrections presented: 1) Calvinah Jenkins stated for the Smart Justice Initiative Update (Calvonah Jenkins, MMHPI) section the third bullet should read Multidisciplinary Team (MDT). 2) Jennifer Torres stated that she provided feedback for future Multicultural Competency trainings and that the curriculum should be system focused including a section for administrators or host a separate training for them.

**3. Presentation: "Tenant-Based Rental Assistance (TBRA)" by Walter Taylor, NTBHA**

**\*\*\*\* Walter Taylor presented from 12:14pm-1:07pm. His presentation included informational slides regarding the TBRA program requirements. He also answered audience questions throughout the presentation and after.\*\*\*\***

If anyone has additional questions, please contact him via email at [wtaylor@ntbha.org](mailto:wtaylor@ntbha.org).

Charlene Randolph asked after the two years is completed does the recipient have to meet the landlord leasing requirements as an average tenant. Walter Taylor answered stating it will depend on the landlord and their willingness to take part in the program after the two years. He also stated that it would depend on the person's self-sufficient plan and getting on a housing voucher wait list in any Texas county. Charlene Randolph asked would accepting long-time vouchers be the best option for the individual to sign up. Walter Taylor answered stating he suggest that individuals sign up for the long time voucher. James McClinton asked how the long-term self-sufficiency plan would work when no Case Manager is actively involved with assisting the client. Walter Taylor answered stating that this is work force housing focused (affordable housing) and the recipients are self-sufficient or planning in the future. He stated that it is not homeless focused, but homeless individuals may apply and NTHBA will work with any homeless Case Manager to ensure their self-sufficient plan is implemented.

Doug Denton stated that he informs his Mental Health Peers or the Recovery Support staff that there is no Case Manger involved and they are responsible for engaging the client and implementing their self-sufficient plan. He stated they are working to address the client engagement matter on the Comprehensive Mental Health program side, which states that the client will always be a part of their caseload and should provide case management. If not, he suggests that there should be TBRA involved workers in various counties that staff can contact to assist the client when the two years is complete. They should ensure that the client follows

their self-sufficient plan, which will be their new Comprehensive Mental Health Provider (CMHP).

Walter Taylor stated that was NTHBA's initial plan, and they were going to offer providers a Memorandum of Understanding (MOU's). Due to TBRA requirements and serving persons in various participating counties, they could not provide that information. Jennifer Torres asked if assistance is only for new housing opportunities or can individuals living in a current residence remain and receive aid. She also asked if TBRA is only limited to rental or is mortgage assistance an option. Walter Taylor answered stating no, mortgage assistance is not offered and it is only for rental assistance. He also stated that if the individual's landlord were willing to enter TBRA's lease agreement and understand that TBRA's lease will take precedence over any landlord lease they have with the client, then they would provide funding.

Charlene Randolph suggested providing Dallas County Justice of the Peace Judges with this information. Jennifer Torres asked if providing this information to them be difficult since these funds are only available for outlining counties. Charlene Randolph answered stating if the individual is willing to move to an outlining county this may be an option for them. Walter Taylor stated that various funding is available for Hurricane Harvey victims wanting to stay in Dallas County. Doug Denton asked are self-supporting recovery homes covered under TBRA funding. Walter Taylor answered stating no, because they are considered shared housing and TBRA requires everyone on the application who are not related to determine if they are a household. He also stated that every person will be a part of the lease and if an individual vacates, it will be a challenge determining which resident will be entitled to the funding. Ellen Duke stated that she could provide Judge contacts for Kauffman, Navarro, and Ellis counties, so TBRA information can be sent. She also stated that she could inform state representatives of persons with illnesses and injuries who need TBRA assistance while they are awaiting to heal and return to work.

Terrie Jenkins asked if individuals who qualify for TBRA be currently involved in the homeless system and could anyone make a referral. Walter Taylor answered stating the person does not have to be involved in the homeless system and be new to services; and anyone can make a referral. He also stated to send all referrals to [housing@ntbha.org](mailto:housing@ntbha.org). James McClinton asked if there is a waiting list for TBRA funds. Walter Taylor answered stating yes, they have a waiting list. He also stated there is a small amount of funding for persons with disabilities in Dallas County because he was not able to deploy it. Last, he stated if you have a client wanting to live in Dallas County they will be placed on a wait list because there is no funding available for that county. James McClinton asked when disability TBRA funds are anticipated. Walter Taylor answered stating TBRA has informed them they should receive funding sometime in fall 2018. Marie Ruiz asked if a disabled individual in a critic financial situation living with a family member be able to apply for both TBRA assistance opportunities for a disabled individual or with the family member. Walter Taylor answered stating yes, and if they are willing to live outside Dallas County, funding is available.

He stated during the September 13, 2018 BHLT meeting Dallas Housing Authority (DHA) representative Charletta Sharp stated that they are accepting comments for their merged local plan. He stated that any jurisdiction receiving Home funding could convert them into TBRA. Participating Jurisdictions (PJs) are required to complete a 5-year merged plan, and if you are a state (i.e. Texas), the Texas Department of Housing and Community Affairs will complete an annual action plan and submit it to HUD and should receive around \$25 million dollars annually for Home and allocate funding for TBRA. He stated the next allocation of TBRA funding would

be sometime this fall 2018, in lieu of James McClinton's previous question regarding when disability TBRA funds are expected. Walter Taylor stated that individuals must be between 0 to 80% of the area family median income. He stated that 90% of the occupants of home assistance rental units and households that receive TBRA must have incomes at or below 60% of the area family median income. He stated he would email the income limits to the committee. Doug Denton asked if a client must receive SSDI as proof of their medical disability. Walter Taylor answered stating the client's Case Manager, medical professional or medical staff (i.e. medical assistant) can provide proof while they are awaiting disability benefits for Dallas County. Alyssa Aldrich asked when he expects to receive funding. Walter Taylor answered stating he expects it sometime between now and November 1, 2018. He stated that he is unsure of the amount, but it will be low.

Charlene Randolph asked if an audit occurs regarding a person's income eligibility would NTBHA have to go back two years to verify. Walter Taylor answered stating yes, but zero income is required to be eligible for the program. He stated that he and Eric McCarty confirm with the individual's banking institute and or employer (if applicable) to verify income in case an audit is conducted, so NTBHA will not be responsible for any back payments to TBRA. He stated if an individual moves into housing at zero income and receives employment after they move-in TBRA does not require income verification until after 12 months and will pay their entire monthly rent for those 12 months. He also stated if an individual had an employer and income before moving into housing and they lost their job after move-in TBRA would allow another household income certification to be completed reducing their monthly rent for the 12 months. Last, he stated that TBRA is not emergency housing and could take a few months for approval.

**\*\*\*\*Walter Taylor rearranged the agenda and discussed agenda item #5 before #4 due to Matt Roberts assisting Dr. Gloria Morrow, Multicultural Competency Trainer.\*\*\*\***

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

- He stated that Matt would provide a complete update once he returns. The Multicultural Competency Training flyer is located on the table outside the door entry. The next regular training is scheduled for November 6-8<sup>th</sup>, 2018.

#### **4. Multicultural Competency Training Update (Matt Roberts, NTBHA)**

- He stated that the flyer is located on the table outside the door entry. The next regular training is scheduled for November 6-8<sup>th</sup>, 2018. The training prepares an individual to become multicultural competent and a multicultural expert within their agency.
- They completed the local training team workshop. Seven individuals from both NTBHA and the community were trained in the learning section for becoming a local trainer. He stated that the team will complete a practicum and become certified as the local training team for Dallas County and will perform this training for FY 2019. For FY 2019 the training days will be divided into two consecutive days.
- For the November 2018 training, they have 26 individuals registered and the maximum will be 40. They have individuals registered from NTBHA, MDHA, APAA, Metrocare, Medpro, and Brighter Tomorrow. Please contact him at [mroberts@ntbha.org](mailto:mroberts@ntbha.org), for questions.

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

- She stated that the reported data is up to August 26, 2018. The team had 1,549 interactions with individuals, which resulted in 533 individuals being immediately linked

into services or provided referrals' and 478 of those interactions resulted from the team providing follow-up or outreach services to individuals.

- She shared a success story from the team regarding the Constables going to a resident to complete an eviction and the individual refused to leave. The police were called and the RIGHT Care team showed and identified the person as being a danger to themselves and others because they had schizophrenia disorder. The individual was taken to Dallas Behavioral Health for services opposed to being arrested and the Constables could complete the eviction process. Jarrod Gilstrap stated he was present during the incident and provided additional feedback. He also stated that the RIGHT Care team was awarded a new GMC Tahoe to carry flip-flop shoes and clothing.
- Meadows Mental Health Policy Institute would have their annual "Engaging Excel" Conference scheduled for October 23-25<sup>th</sup>, 2018 in Houston. She stated that some Dallas Community leaders would serve as panelists, including Dallas Police Department Assistant Police Chief, Paul Stokes and Parkland Hospital Social Work Manager, Curtis Young. She stated registration is open and to visit [texasstateofmind.org](http://texasstateofmind.org) website ("Engaging Excel" tab) for questions.

#### **7. Legislative Update (Janie Metzinger, NTBHA):**

- She stated that there have been several hearings in Austin, TX. The House Public Health and Urban Affairs conducted a joint hearing where they discussed overlays of housing and sustainable, homelessness and mental health illness, and supportive housing opportunities for individuals with mental health illness in Texas.
- She stated that Greg Hutch from NAMI Texas provided recommendations and encouraged them to expand the health and communities collaborative program and build upon it to increase rental and utility assistance for individuals in Local Mental Health Authorities (LMHAs). House bill 13 and Senate bill 292 were mentioned during all the hearings and to continue them and invest in a small group home model for individuals. They also mentioned developing a Continuum of Care for persons exiting state hospitals or jail/prisons. They discussed the low income tax credit and possibly expanding the ability of low-income housing opportunities.
- The Senate Health and Human Services had their last meeting and examined a huge amount of issues regarding mental health illnesses, substance abuse disorders and CSP involvement. Half of the child fatalities resulted from someone who actively had a substance abuse disorder.
- Mike Maples discussed transit state hospitals and in 2006, 72% were civil commitments in state hospitals and is at 28%. The Forensic commitments have increased from 28% (2006) to 60%. There is an increased number of individuals found not guilty because of insanity being admitted into a state hospital for an extended amount of time. The numbers have increased from 84% (2006) to 291%. The waiting list has also increased to be admitted into the state hospital.
- Work has begun for Austin, TX, Kerrville, TX, Rusk, TX, San Antonio, TX (planning phrase), and UT Health and Science system of Houston, TX (planning phrase) toward improving psychiatric care at state hospitals. During the next session, they will propose constructing a new state hospital for Dallas, TX and the Texas Panhandle. Austin, TX is looking to include surrounding communities along with Bexar County regarding planning and services for individuals admitted in the state hospital.
- DSHS testified on maternal morbidity and mortality and the urgency of maternal deaths in Texas. Out of 382 maternal deaths, 64 died of a drug overdose and 42 died of

homicide, 5 of Cirrhosis or an illness followed by substance abuse and 33 died of suicide. North Texas counties had the highest rates of maternal overdose deaths.

- Texas Aim, which is a collaboration between DSHS and the Alliance for Innovation and Maternal Health (AIM) focuses on obstetric hemorrhage, obstetric care for women with Opioid and Substance Abuse disorder and Hypertension. Several area hospitals have signed up to be a part of those protocols to aid in early intervention.
- There were two meetings with the Texas House of County Affairs committee. Garnet Coleman is the committee chair and reiterated that Dallas County has jurisdiction over county indigent health care, which includes county indigent mental health and substance abuse care. Bexar County discussed implementing the ability to suspend health benefits oppose to ending them and the difficulty rural areas are experiencing getting individuals linked to services. She will provide these summaries shortly.
- Joe Powell stated the TX HHS has proposed rates for peer services. A hearing is scheduled for October 17, 2018 regarding this issue. The rates for self-help and peer services for 15 minutes is \$7.58. For self-help and peer services 15 minutes per group is \$1.09. Doug Denton analyzed how the rates will pay out. He also stated he would like to see rate comparisons between Social Workers, LPCs, and LMNTs. Last, he stated that LCDCs are excluded from billing for any of these rates. Ellen Duke asked if payment will only be rendered for services billed under an agency or will individual peers be allowed to bill. Jennifer Torres answered stating she does not believe there are plans in place for peers to work independently. Charlene Randolph asked if there is only one credentialing agency in the state of Texas for peer counselors. Doug Denton answered stating yes, as it pertains to mental health, but for substance abuse, they send their peer counselors to a certified train-the-trainer course and get credentialing as a certifier. Janie Metzinger stated there is an advisory committee developing recommendations for peer counselors' criteria and the final report should be available soon.

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

- He stated that the group would finish the year meeting at the Meadows Conference Center and in January 2019, tentatively meeting at Homeward Bound. He stated that lunch will be brown bag (bring your own lunch). If anyone has suggestions for presenters for next meeting, please email him at wtaylor@ntbha.org.
- Ellen Duke announced that Cheryl Rayl is putting together a collation task force to educate local judges regarding persons with schizophrenia. She is hosting an educational seminar scheduled for November 7, 2018 (she will email the time later) at the Abuelo's restaurant in Plano, TX. The event is open to the public (free) and email Cheryl at: [info@grace-counseling.com](mailto:info@grace-counseling.com), for questions. Visit YouTube at: "Stop the Revolving Door". Sherry Clemons announced that tonight, October 4, 2018 at 7:00pm NAMI-Dallas will host the "NAMI North Texas General Meeting" and speaker Dr. Brian C. Forsythe will discuss transcranial magnetic stimulation (TMS) therapy treatment for depression. The presentation will be held at Park Central Baptist Church. She stated its open to the public and free dinner would be provided.

#### **9. Adjourn**

The meeting adjourned at 1:47 p.m.

#### **Other**

- The next meeting will take place Thursday, November 1, 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 bookings 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 2<sup>nd</sup> 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](mailto: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 bookings 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 oversees 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 consistent. Marlene Buchanan stated the data for DDRTC is consistent 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 Saulsberry 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 Sandles 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 5<sup>th</sup> 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 began 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](mailto: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](mailto:Kimberly.Rawls@dallascounty.org)) via email by the 2<sup>nd</sup> 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 | 2018-09 | Average:      | Sum:         |
|--------------------------------|---------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------------|--------------|
| <b>Total Service Episodes:</b> | 768           | 680     | 646     | 702     | 391     | 454     | 355     | 364     | 396     | 305     | <b>477</b>    | <b>4,293</b> |
| <b>Total Unique CID:</b>       | 589           | 672     | 603     | 610     | 328     | 388     | 301     | 281     | 309     | 233     | <b>413.89</b> | <b>3,725</b> |
| <b>Total Unique SID:</b>       |               | 671     | 603     | 609     | 328     | 388     | 301     | 281     | 309     | 231     | <b>413.44</b> | <b>3,721</b> |
| <b>% Change to DY 4 by CID</b> |               | 114.09% | 102.38% | 103.57% | 55.69%  | 65.87%  | 51.10%  | 47.71%  | 52.46%  | 39.56%  |               |              |

| <u>Total Encounters by Type:</u> |  | 2018-01      | 2018-02      | 2018-03      | 2018-04      | 2018-05      | 2018-06      | 2018-07      | 2018-08      | 2018-09      | Average:        | Sum:          |
|----------------------------------|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------------|---------------|
| <b>Triage</b>                    |  | 680          | 646          | 702          | 391          | 454          | 355          | 364          | 396          | 305          | <b>477</b>      | <b>4,293</b>  |
| <b>Care Coordination</b>         |  | 2,608        | 2,418        | 2,770        | 2,447        | 3,044        | 2,433        | 2,459        | 2,733        | 2,000        | <b>2,545.78</b> | <b>22,912</b> |
| <b>F2F Encounter</b>             |  | 345          | 352          | 384          | 310          | 386          | 308          | 295          | 339          | 246          | <b>329.44</b>   | <b>2,965</b>  |
| <b>Sum:</b>                      |  | <b>3,633</b> | <b>3,416</b> | <b>3,856</b> | <b>3,148</b> | <b>3,884</b> | <b>3,096</b> | <b>3,118</b> | <b>3,468</b> | <b>2,551</b> | <b>3,352.22</b> | <b>30,170</b> |

| <u>F2F Encounter</u> |  | 2018-01    | 2018-02    | 2018-03    | 2018-04    | 2018-05    | 2018-06    | 2018-07    | 2018-08    | 2018-09    | Average:      | Sum:         |
|----------------------|--|------------|------------|------------|------------|------------|------------|------------|------------|------------|---------------|--------------|
| <b>MHPR Bond</b>     |  | 166        | 141        | 159        | 174        | 241        | 199        | 200        | 218        | 158        | <b>184</b>    | <b>1,656</b> |
| <b>Non-MHPR</b>      |  | 179        | 211        | 225        | 136        | 145        | 109        | 95         | 121        | 88         | <b>145.44</b> | <b>1,309</b> |
| <b>Sum:</b>          |  | <b>345</b> | <b>352</b> | <b>384</b> | <b>310</b> | <b>386</b> | <b>308</b> | <b>295</b> | <b>339</b> | <b>246</b> | <b>329.44</b> | <b>2,965</b> |



|                          | 2018-01 | 2018-02 | 2018-03 | 2018-04 | 2018-05 | 2018-06 | 2018-07 | 2018-08 | 2018-09 | Average: | Sum:  |
|--------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|-------|
| <b>Service Episodes:</b> | 680     | 646     | 702     | 391     | 454     | 355     | 364     | 396     | 305     | 477      | 4,293 |

|                                     | 2018-01       | 2018-02       | 2018-03       | 2018-04       | 2018-05       | 2018-06       | 2018-07       | 2018-08       | 2018-09       | Average:      | Sum:         |
|-------------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|
| <b>Unique Consumers:</b>            |               |               |               |               |               |               |               |               |               |               |              |
| By N* ID                            | 287           | 250           | 255           | 123           | 134           | 95            | 101           | 105           | 72            | 158           | 1,422        |
| By LCN                              | 136           | 128           | 126           | 80            | 104           | 78            | 66            | 97            | 56            | 96.78         | 871          |
| By Client ID                        | 249           | 225           | 229           | 125           | 150           | 128           | 114           | 107           | 105           | 159.11        | 1,432        |
| <b>TOTAL Unique Consumers:</b>      | <b>672</b>    | <b>603</b>    | <b>610</b>    | <b>328</b>    | <b>388</b>    | <b>301</b>    | <b>281</b>    | <b>309</b>    | <b>233</b>    | <b>413.89</b> | <b>3,725</b> |
| <b>TOTAL Unique Consumers as %:</b> | <b>98.82%</b> | <b>93.34%</b> | <b>86.89%</b> | <b>83.89%</b> | <b>85.46%</b> | <b>84.79%</b> | <b>77.20%</b> | <b>78.03%</b> | <b>76.39%</b> |               |              |

|                               | 2018-01       | 2018-02       | 2018-03       | 2018-04       | 2018-05       | 2018-06       | 2018-07       | 2018-08       | 2018-09       | Average:     | Sum:         |
|-------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|--------------|
| <b>Unique F2F:</b>            |               |               |               |               |               |               |               |               |               |              |              |
| By N* ID                      | 115           | 118           | 136           | 87            | 100           | 73            | 75            | 85            | 47            | 92.89        | 836          |
| By LCN                        | 57            | 64            | 59            | 46            | 78            | 67            | 47            | 71            | 40            | 58.78        | 529          |
| By Client ID                  | 140           | 123           | 123           | 92            | 130           | 105           | 95            | 96            | 83            | 109.67       | 987          |
| <b>TOTAL Unique F2F:</b>      | <b>312</b>    | <b>305</b>    | <b>318</b>    | <b>225</b>    | <b>308</b>    | <b>245</b>    | <b>217</b>    | <b>252</b>    | <b>170</b>    | <b>235.2</b> | <b>2,352</b> |
| <b>TOTAL Unique F2F as %:</b> | <b>90.43%</b> | <b>86.65%</b> | <b>82.81%</b> | <b>72.58%</b> | <b>79.79%</b> | <b>79.55%</b> | <b>73.56%</b> | <b>74.34%</b> | <b>69.11%</b> |              |              |

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



| Encounters by Type:      | 2018-01      | 2018-02      | 2018-03      | 2018-04      | 2018-05      | 2018-06      | 2018-07      | 2018-08      | 2018-09      | Average:        | Sum:          |
|--------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------------|---------------|
| Triage                   | 680          | 646          | 702          | 391          | 454          | 355          | 364          | 396          | 305          | 477             | 4,293         |
| Care Coordination        | 2,608        | 2,418        | 2,770        | 2,447        | 3,044        | 2,433        | 2,459        | 2,733        | 2,000        | 2,545.78        | 22,912        |
| F2F Encounter            | 345          | 352          | 384          | 310          | 386          | 308          | 295          | 339          | 246          | 329.44          | 2,965         |
| <b>TOTAL Encounters:</b> | <b>3,633</b> | <b>3,416</b> | <b>3,856</b> | <b>3,148</b> | <b>3,884</b> | <b>3,096</b> | <b>3,118</b> | <b>3,468</b> | <b>2,551</b> | <b>3,352.22</b> | <b>30,170</b> |

| Female:              | 2018-01    | 2018-02    | 2018-03    | 2018-04   | 2018-05    | 2018-06   | 2018-07   | 2018-08   | 2018-09   | Average:      | Sum:         |
|----------------------|------------|------------|------------|-----------|------------|-----------|-----------|-----------|-----------|---------------|--------------|
| Black                | 94         | 77         | 81         | 42        | 60         | 41        | 39        | 49        | 36        | 57.67         | 519          |
| Hispanic             | 33         | 19         | 23         | 9         | 17         | 8         | 12        | 10        | 4         | 15            | 135          |
| Other                |            |            | 1          | 1         | 1          |           | 2         |           |           | 1.25          | 5            |
| Unknown              | 3          | 2          | 1          | 2         | 2          | 3         | 1         | 2         | 3         | 2.11          | 19           |
| White                | 54         | 58         | 57         | 34        | 24         | 23        | 24        | 34        | 16        | 36            | 324          |
| <b>TOTAL Female:</b> | <b>184</b> | <b>156</b> | <b>163</b> | <b>88</b> | <b>104</b> | <b>75</b> | <b>78</b> | <b>95</b> | <b>59</b> | <b>111.33</b> | <b>1,002</b> |



**Crisis Services Project**

Frank Crowley

DY7 CSP Monthly Report\_No Graphs(with LCN)

Last Refresh: 10/3/18 at 8:17:39 AM GMT-05:00

| <u>Male:</u>       | 2018-01    | 2018-02    | 2018-03    | 2018-04    | 2018-05    | 2018-06    | 2018-07    | 2018-08    | 2018-09    | Average:      | Sum:         |
|--------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|---------------|--------------|
| Black              | 299        | 265        | 254        | 126        | 154        | 128        | 109        | 123        | 91         | 172.11        | 1,549        |
| Hispanic           | 67         | 60         | 57         | 39         | 46         | 40         | 31         | 30         | 23         | 43.67         | 393          |
| Other              | 3          | 8          | 4          | 3          | 3          |            | 2          | 1          | 2          | 3.25          | 26           |
| Unknown            | 5          | 3          | 7          | 7          | 9          | 7          | 11         | 5          | 6          | 6.67          | 60           |
| White              | 113        | 109        | 124        | 63         | 72         | 51         | 48         | 55         | 52         | 76.33         | 687          |
| <b>TOTAL Male:</b> | <b>487</b> | <b>445</b> | <b>446</b> | <b>238</b> | <b>284</b> | <b>226</b> | <b>201</b> | <b>214</b> | <b>174</b> | <b>301.67</b> | <b>2,715</b> |

| <u>Gender Not Collected:</u>       | 2018-02  | 2018-04  | 2018-07  | Average: | Sum:     |
|------------------------------------|----------|----------|----------|----------|----------|
| Black                              |          |          | 1        | 1        | 1        |
| Unknown                            | 1        | 1        |          | 1        | 2        |
| <b>TOTAL Gender Not Collected:</b> | <b>1</b> | <b>1</b> | <b>1</b> | <b>1</b> | <b>3</b> |

| <u>Age of Triage Encounters:</u>       | 2018-01    | 2018-02    | 2018-03    | 2018-04    | 2018-05    | 2018-06    | 2018-07    | 2018-08    | 2018-09    | Average:      | Sum:         |
|--|------------|------------|------------|------------|------------|------------|------------|------------|------------|---------------|--------------|
| Adult                                  | 655        | 589        | 602        | 321        | 382        | 298        | 277        | 304        | 231        | 406.56        | 3,659        |
| Minor                                  | 12         | 11         | 8          | 6          | 6          | 3          | 4          | 4          | 1          | 6.11          | 55           |
| Uncollected                            | 5          | 2          |            |            |            |            |            | 1          | 1          | 2.25          | 9            |
|  |            | 1          |            | 1          |            |            |            |            |            | 1             | 2            |
| <b>TOTAL Age of Triage Encounters:</b> | <b>672</b> | <b>603</b> | <b>610</b> | <b>328</b> | <b>388</b> | <b>301</b> | <b>281</b> | <b>309</b> | <b>233</b> | <b>413.89</b> | <b>3,725</b> |

|                   |        |
|-------------------|--------|
| Triage 12         | 3,720  |
| Recidivism 12-12  | 1,055  |
| Recidivism 12-12% | 28.36% |

|                   | January | February | March   | April   | May     | June    | July    | August  | September |         |         |         |  |
|-------------------|---------|----------|---------|---------|---------|---------|---------|---------|-----------|---------|---------|---------|--|
| Year MO           | 2018/01 | 2018/02  | 2018/03 | 2018/04 | 2018/05 | 2018/06 | 2018/07 | 2018/08 | 2018/09   |         |         |         |  |
| Recidivism 12-12  | 15      | 76       | 174     | 318     | 453     | 599     | 762     | 924     | 1,055     |         |         |         |  |
| Triage 12         | 671     | 1,274    | 1,883   | 2,211   | 2,599   | 2,900   | 3,181   | 3,490   | 3,720     |         |         |         |  |
| Recidivism 12-12% | 2.24%   | 5.97%    | 9.24%   | 14.38%  | 17.43%  | 20.66%  | 23.95%  | 26.48%  | 28.36%    |         |         |         |  |
| Last Year         | 1.29%   | 4.76%    | 6.73%   | 8.22%   | 10.37%  | 12.99%  | 15.00%  | 17.64%  | 19.65%    | 22.06%  | 24.28%  | 26.45%  |  |
| Actual Month/Year | 2016/10 | 2016/11  | 2016/12 | 2017/01 | 2017/02 | 2017/03 | 2017/04 | 2017/05 | 2017/06   | 2017/07 | 2017/08 | 2017/09 |  |

## 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    | 2018-09    | TOTAL      |
|--|--|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
|  | <b>Beginning Census</b>                | <b>138</b> | <b>137</b> | <b>123</b> | <b>132</b> | <b>118</b> | <b>105</b> | <b>95</b>  | <b>104</b> | <b>115</b> | <b>109</b> | <b>95</b>  | <b>116</b> |            |
|  | Referrals                              | 74         | 67         | 47         | 46         | 53         | 69         | 60         | 85         | 51         | 44         | 71         | 48         | 715        |
|  | <b>Admissions</b>                      |            |            |            |            |            |            |            |            |            |            |            |            |            |
|  | <b>Referred Admitted</b>               | <b>34</b>  | <b>25</b>  | <b>21</b>  | <b>20</b>  | <b>14</b>  | <b>19</b>  | <b>27</b>  | <b>33</b>  | <b>24</b>  | <b>14</b>  | <b>37</b>  | <b>15</b>  | <b>283</b> |
|  | No Admit Client Refusal                | 0          | 1          | 1          | 0          | 0          | 3          | 3          | 1          | 1          | 2          | 2          | 4          | 18         |
|  | No Admit Criteria                      | 5          | 3          | 1          | 1          | 3          | 2          | 0          | 1          | 1          | 3          | 5          | 1          | 26         |
|  | No Admit Structural                    | 3          | 2          | 3          | 5          | 2          | 12         | 10         | 20         | 2          | 2          | 5          | 2          | 68         |
|  | Pending                                | 32         | 36         | 21         | 20         | 34         | 33         | 20         | 30         | 23         | 23         | 22         | 26         | 320        |
|  | <i>Prior Pending</i>                   |            |            |            |            |            |            |            |            |            |            |            |            |            |
|  | <b>Pending Admitted</b>                | <b>16</b>  | <b>5</b>   | <b>11</b>  | <b>23</b>  | <b>10</b>  | <b>12</b>  | <b>16</b>  | <b>12</b>  | <b>16</b>  | <b>11</b>  | <b>18</b>  | <b>8</b>   | <b>158</b> |
|  | No Admit Client Refusal                | 2          | 3          | 1          | 3          | 0          | 0          | 0          | 0          | 3          | 0          | 2          | 1          | 15         |
|  | No Admit Criteria                      | 1          | 3          | 1          | 3          | 3          | 11         | 4          | 0          | 0          | 1          | 1          | 0          | 28         |
|  | No Admit Structural                    | 19         | 17         | 12         | 5          | 7          | 17         | 8          | 12         | 5          | 2          | 7          | 6          | 117        |
|  | <b>Total Admissions</b>                | <b>50</b>  | <b>30</b>  | <b>32</b>  | <b>43</b>  | <b>24</b>  | <b>31</b>  | <b>43</b>  | <b>45</b>  | <b>40</b>  | <b>25</b>  | <b>55</b>  | <b>23</b>  | <b>441</b> |
|  | <b>Discharges</b>                      |            |            |            |            |            |            |            |            |            |            |            |            |            |
|  | Success Transfer                       | 7          | 7          | 5          | 3          | 9          | 9          | 9          | 4          | 4          | 7          | 8          | 5          | 77         |
|  | DC Midterm Disengage                   | 19         | 14         | 9          | 16         | 12         | 10         | 6          | 9          | 13         | 15         | 12         | 12         | 147        |
|  | DC Rapid Disengage                     | 13         | 14         | 4          | 23         | 12         | 13         | 14         | 13         | 17         | 11         | 4          | 18         | 156        |
|  | DC Structural                          | 12         | 9          | 5          | 15         | 4          | 9          | 5          | 8          | 12         | 6          | 10         | 8          | 103        |
|  | <b>Total Discharged</b>                | <b>51</b>  | <b>44</b>  | <b>23</b>  | <b>57</b>  | <b>37</b>  | <b>41</b>  | <b>34</b>  | <b>34</b>  | <b>46</b>  | <b>39</b>  | <b>34</b>  | <b>43</b>  | <b>483</b> |
|  | <b>Active End Of Month</b>             | <b>137</b> | <b>123</b> | <b>132</b> | <b>118</b> | <b>105</b> | <b>95</b>  | <b>104</b> | <b>115</b> | <b>109</b> | <b>95</b>  | <b>116</b> | <b>96</b>  |            |
|  | <b>Outcome Data</b>                    |            |            |            |            |            |            |            |            |            |            |            |            |            |
|  | <i>Terrell State Hospital Linkages</i> |            |            |            |            |            |            |            |            |            |            |            |            |            |
|  | ≤7 Connect To Prescriber               | 4          | 4          | 2          | 13         | 5          | 3          | 5          | 7          | 10         | 4          | 14         | 4          | 75         |
|  | Missed ≤7 Day Connect                  | 5          | 2          | 2          | 4          | 1          | 4          | 2          | 1          | 2          | 0          | 1          | 0          | 24         |
|  | ≤30 Connect To Prescriber              | 4          | 4          | 2          | 13         | 5          | 4          | 5          | 7          | 10         | 4          | 14         | 4          | 76         |
|  | Missed ≤30 Day Connect                 | 5          | 2          | 2          | 4          | 1          | 4          | 2          | 1          | 2          | 0          | 1          | 0          | 24         |
|  | <b>Total Missed Metric</b>             | <b>5</b>   | <b>2</b>   | <b>2</b>   | <b>4</b>   | <b>1</b>   | <b>4</b>   | <b>2</b>   | <b>1</b>   | <b>2</b>   | <b>0</b>   | <b>1</b>   | <b>0</b>   | <b>24</b>  |
|  | <b>Total Released</b>                  | <b>9</b>   | <b>6</b>   | <b>4</b>   | <b>17</b>  | <b>6</b>   | <b>7</b>   | <b>7</b>   | <b>8</b>   | <b>12</b>  | <b>4</b>   | <b>15</b>  | <b>4</b>   | <b>99</b>  |

|                                      |              |              |              |              |              |              |              |              |              |              |              |              |              |  |
|--------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--|
|                                      |              |              |              |              |              |              |              |              |              |              |              |              |              |  |
| <b>Cummulative ≤7 Connect %</b>      | <b>44.4%</b> | <b>53.3%</b> | <b>52.6%</b> | <b>63.9%</b> | <b>66.7%</b> | <b>63.3%</b> | <b>64.3%</b> | <b>67.2%</b> | <b>69.7%</b> | <b>71.3%</b> | <b>74.7%</b> | <b>75.8%</b> | <b>75.8%</b> |  |
| <b>Cummulative ≤30 Connect %</b>     | <b>44.4%</b> | <b>53.3%</b> | <b>52.6%</b> | <b>63.9%</b> | <b>66.7%</b> | <b>65.3%</b> | <b>66.1%</b> | <b>68.8%</b> | <b>71.1%</b> | <b>72.5%</b> | <b>75.8%</b> | <b>76.8%</b> | <b>76.8%</b> |  |
| <b>Missed Metric</b>                 | <b>55.6%</b> | <b>46.7%</b> | <b>47.4%</b> | <b>36.1%</b> | <b>33.3%</b> | <b>36.7%</b> | <b>35.7%</b> | <b>32.8%</b> | <b>30.3%</b> | <b>28.8%</b> | <b>25.3%</b> | <b>24.2%</b> | <b>24.2%</b> |  |
| <i>Unduplicated Served</i>           |              |              |              |              |              |              |              |              |              |              |              |              |              |  |
| Monthly Unduplicated                 | 204          | 189          | 174          | 181          | 158          | 164          | 156          | 168          | 167          | 150          | 162          | 152          |              |  |
| <b>DSRIP YTD Unduplicated Served</b> | <b>204</b>   | <b>254</b>   | <b>294</b>   | <b>339</b>   | <b>369</b>   | <b>418</b>   | <b>461</b>   | <b>512</b>   | <b>557</b>   | <b>590</b>   | <b>634</b>   | <b>667</b>   |              |  |
|                                      |              |              |              |              |              |              |              |              |              |              |              |              |              |  |
| <i>Encounter Data</i>                |              |              |              |              |              |              |              |              |              |              |              |              |              |  |
| F2F Encounter                        | 1113         | 988          | 752          | 1005         | 953          | 1043         | 1022         | 1113         | 946          | 897          | 754          | 769          | 11355        |  |
| Care Coord                           | 110          | 77           | 62           | 66           | 71           | 76           | 72           | 60           | 64           | 55           | 38           | 24           | 775          |  |
| <b>Total</b>                         | <b>1223</b>  | <b>1065</b>  | <b>814</b>   | <b>1071</b>  | <b>1024</b>  | <b>1119</b>  | <b>1094</b>  | <b>1173</b>  | <b>1010</b>  | <b>952</b>   | <b>792</b>   | <b>793</b>   | <b>12130</b> |  |

## Forensic Diversion Unit (FDU) Report

|   | Jan-18    | Feb-18    | Mar-18    | Apr-18    | May-18    | Jun-18    | Jul-18    | Aug-18    | Sep-18    | Oct-18 | Nov-18 | Dec - 18 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--------|--------|----------|
| <b>Beginning Census</b>                       | <b>42</b> | <b>47</b> | <b>48</b> | <b>51</b> | <b>53</b> | <b>51</b> | <b>51</b> | <b>45</b> | <b>50</b> |        |        |          |
| <b>Number of Referrals Received from CSP</b>  |           |           |           |           |           |           |           |           |           |        |        |          |
| Adapt   | 7         | 16        | 13        | 9         | 7         | 4         | 3         | 6         | 5         |        |        |          |
| Metrocare                                     | 0         |           | 0         | 0         | 0         | 1         | 0         | 1         | 0         |        |        |          |
| Transicare                                    | 0         |           | 0         | 0         | 0         | 0         | 0         | 0         | 0         |        |        |          |
| DA  | 1         |           | 0         | 0         | 0         | 1         | 0         | 1         | 2         |        |        |          |
| <b>Number of Admissions</b>                   | <b>8</b>  | <b>10</b> | <b>11</b> | <b>9</b>  | <b>7</b>  | <b>6</b>  | <b>2</b>  | <b>1</b>  | <b>4</b>  |        |        |          |
| <b>Number Discharged</b>                      | <b>3</b>  | <b>13</b> | <b>8</b>  | <b>10</b> | <b>4</b>  | <b>4</b>  | <b>5</b>  | <b>3</b>  | <b>5</b>  |        |        |          |
| <b>Number not admitted due to:</b>            |           |           |           |           |           |           |           |           |           |        |        |          |
| Client qualifies for ACT                      | 0         |           | 1         | 0         | 2         | 0         | 0         | 0         | 0         |        |        |          |
| Client qualifies for other programs           | 0         | 2         | 0         | 1         | 2         | 1         | 0         | 1         | 0         |        |        |          |
| Client didn't meet level of need required     | 0         | 3         | 1         | 2         | 4         | 0         | 1         | 1         | 0         |        |        |          |
| Other reasons                                 | 0         | 2         | 1         | 1         | 0         | 3         | 1         | 1         | 2         |        |        |          |
| <b>Average Service Utilization:</b>           |           |           |           |           |           |           |           |           |           |        |        |          |
| Average hours seen                            | 9.03      | 49.05     | 13.51     | 12.65     | 12.82     | 10.72     | 12.49     | 13.81     | 10.47     |        |        |          |
| <b>Encounter Breakdown:</b>                   |           |           |           |           |           |           |           |           |           |        |        |          |
| Face to Face                                  | 269       | 293.53    | 338       | 541.25    | 539.25    | 524       | 525.35    | 530       | 438       |        |        |          |
| Service Coordination                          | 676       | 692       | 798       | 542.25    | 541.25    | 522       | 525.75    | 532       | 440       |        |        |          |
| <b>Number of clients accessing:</b>           |           |           |           |           |           |           |           |           |           |        |        |          |
| Emergency Room (medical)                      | 2         | 2         | 0         | 1         | 1         | 2         | 4         | 3         | 2         |        |        |          |
| 23-hour observation (psych)                   |           | 1         | 0         | 0         | 2         | 1         | 1         | 2         | 0         |        |        |          |
| Inpatient (med/ psych)                        | 3         |           | 0         | 0         | 0         | 0         | 3         | 1         | 0         |        |        |          |
| Jail book-in                                  | 0         |           | 1         | 2         | 3         | 1         | 2         | 5         | 2         |        |        |          |
| <b>Reasons for Discharge:</b>                 |           |           |           |           |           |           |           |           |           |        |        |          |
| Graduate                                      |           | 1         | 2         | 2         | 0         | 0         | 2         | 0         | 0         |        |        |          |
| Client Disengagement                          |           | 7         | 3         | 1         | 3         | 3         | 0         | 0         | 5         |        |        |          |
| Extended Jail stay (case-by-case basis)       | 3         | 2         | 2         | 4         | 1         | 3         | 2         | 0         | 0         |        |        |          |
| Other Intervening factors                     |           | 3         | 1         | 1         | 3         | 1         | 1         | 3         | 0         |        |        |          |
| <b>End of Month Stats:</b>                    |           |           |           |           |           |           |           |           |           |        |        |          |
| Number of Active FDU clients end of month     | <b>47</b> | <b>44</b> | <b>41</b> | <b>46</b> | <b>42</b> | <b>43</b> | <b>42</b> | <b>46</b> | <b>48</b> |        |        |          |
| Number of Unique Consumers                    | 47        | 48        | 51        | 53        | 51        | 51        | 45        | 50        | 52        |        |        |          |
| # of clients waiting to be released from jail | 9         | 11        | 10        | 8         | 3         | 8         | 3         | 4         | 4         |        |        |          |
| Average Length of stay on FDU (month)         | 6.67      | 6.22      | 5.31      | 4.48      | 4.54      | 4.6       | 5.26      | 5.38      | 5.54      |        |        |          |
| <b>Maximum Census</b>                         | <b>46</b> | <b>46</b> | <b>46</b> | <b>46</b> | <b>46</b> | <b>46</b> | <b>46</b> | <b>46</b> | <b>46</b> |        |        |          |

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

## OCTOBER 2018 Monthly Report

| Dallas County Crisis Services Program | Program Specific and Systems Update   | Summary of NTBHA's Monthly Activities  | Action Items/Concerns   |
|---------------------------------------|---|--|---|
| 1                                     | <b>Adapt Community Solutions (ACS)</b> – Targets member released from jail using ACS to ensure continuity of care   | Conducted case consultations on approximately 21 referrals.  | Streamlined process for referral submission to be implemented |
| 2                                     | <b>Transicare Post Acute Transitional Services (PATS)</b> – Targets high utilizers released from jail with more intensive need to ensure continuity of care   | Participated in PATS/FACT Huddle Calls<br><br>Hospitalization search, benefit standing, and prescription assistance was not provided this month. | Not Applicable  |
| 3                                     | <b>ACT Forensic Diversion Unit (FDU)</b> – Provides ACT services for high utilizers of the legal system.<br><br>Responsible for approving evaluations of FDU referrals and FDU oversight            | Clinical review of cases for appropriate LOC recommendations on 8 FDU referrals, all of which were approved for FDU assessment.                  | Process evaluation to scheduled for November 12, 2018         |
| 4                                     | <b>Caruth Smart Justice</b>   | There were no Smart Justice specific activities completed this month.  | Not Applicable  |
| 5                                     | <b>CSP – Cottages Project</b> – Housing complex of 50 cottages that provides housing, mental health assessments and counseling for clients categorized as high utilizers of MH and judicial systems | 28 candidate cases reviewed.<br><br>Provided utilization data for Selection Committee Meeting held on 10/25/18                                   | Not Applicable  |