

Dallas County Behavioral Health Leadership Team
Thursday, March 10, 2022
9:30am -11:00am
Virtual Meeting via Microsoft Teams

- I. Welcome and Call to Order
 - Review/Approval of February 10, 2022, Meeting Minutes
- II. Introductions
- III. **Presentation:** North Texas Behavioral Health Authority
Title: “Responding to Suicidality and Related Issues”
Presenters: Carol E. Lucky, Chief Executive Officer
Dr. Walter L. Taylor, Chief Strategy Officer
- IV. **Presentation:** Parkland Health
Title: “Parkland Health’s Behavioral Health Services Update”
Presenter: Dr. Fuad Khan, Senior Vice President of Behavioral Health Services.
- V. North Texas Behavioral Health Authority (NTBHA) Update
- VI. Meadows Mental Health Policy Institute (MMHPI) Update
- VII. Dallas County Behavioral Health Housing Workgroup Update
- VIII. 1115 Waiver Crisis Services Project Update
- IX. Legislative Update
- X. Funding Opportunities
 - The Cottages Update
 - SAMHSA Residential Treatment Grant Update
 - Community Courts Grant Update – Public Defender’s Office (PD)
 - Restorative Justice Division Update – District Attorney’s Office (RJD)
- XI. Upcoming Events and Notifications
- XII. Public Comments
- XIII. Adjournment

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

The following reports from BHLT Committees are included for your records: *ACOT, BHSC, PD Mental Health Stats, North Texas Behavioral Health Authority, FUSE and RJD Stats*. Unless action is required, there will be no verbal updates from those committees.



DALLAS COUNTY, TEXAS
Minutes of the Behavioral Health Leadership Team Meeting
Thursday, February 10, 2022
<https://www.dallascounty.org/departments/criminal-justice/bhlt/>

Welcome and Call to Order

Commissioner John Wiley Price called the Behavioral Health Leadership Team (BHLT) meeting to order at 9:30AM, noting that legal notices had been posted and a quorum of the Commissioners Court was present (Commissioners Price, Dr. Daniel, and Koch); therefore. Commissioner John Wiley Price entertained a motion for opening the meeting.

A motion was made by Commissioner Dr. Theresa Daniel for the opening of the meeting and was then seconded by Commissioner J.J. Koch. The motion was unanimously passed by the committee members accepting the request to open the Behavioral Health Leadership Team meeting.

Commissioner Price announced that the meeting was being recorded and those who continued in attendance were consenting to being recorded.

Review/Approval of Minutes

The minutes of the BHLT meeting held on Thursday, January 13, 2022, were included in the meeting packet. Commissioner Price offered an opportunity for the minutes to be reviewed or approved. A motion was made by Commissioner Dr. Theresa Daniel for the January 13, 2022, minutes to stand approved as submitted and was then seconded by Commissioner J.J. Koch. The minutes stood as submitted.

Introductions

Commissioner Price welcomed everyone to the meeting and asked first-time attendees to introduce themselves. First-time attendees included: *Dr. Jim Baker, a child adolescent psychiatrist who has been in the public sector for 30 years and recently returned to the Dallas area to work. *Angelo Pananas introduced himself as the new CEO at Perimeter Behavioral Health in Dallas at Garland.

North Texas Behavioral Health Authority (NTBHA) Update

Carol Lucky, CEO of NTBHA, provided the NTBHA update. Ms. Lucky reported that they had finally settled in at the new NTBHA offices at 8111 LBJ, Suite 900, and visitors were welcomed. Ms. Lucky stated that services continued to be very strong, as they continued to exceed their targets for the last month, serving 24,581 adults and 8,914 children for a total of about 33,500 people. She stated that although it had been a difficult month for NTBHA staff, the providers were doing an incredible job of getting their services out to people and had not missed a beat during the COVID and other issues that had affected them.

The Omicron crisis was very difficult causing Parkland to report that they were the busiest they had ever been in their emergency rooms. NTBHA worked with the Dallas Behavioral Hospital to get a COVID positive unit opened to move people out of Parkland and other hospitals that were otherwise unable to be moved, which was a huge benefit to the community. They were also able to purchase guaranteed beds for clients needing to be in the hospital for mental health care.

Ms. Lucky further stated that NTBHA manned the shelter at Fair Park, giving thanks to the NTBHA staff, Joe Powell, and the MCOT Transicare team for helping to get 24-hour shifts covered during the time of crisis.

Ms. Lucky reported that NTBHA received \$1.4 million for housing through the Temporary Assistance to Needy Families (TANF) funding for people with dependent children, stating that either the person or his/her child(ren) have to have a mental illness, an IDD issue, or a substance use disorder. Referrals could be made to [ccreferrals@ntbha.org](mailto:cereferrals@ntbha.org). Ms. Lucky stated that 22 people had been placed in housing out of jail and that there was still part of the \$5million available to spend on housing clients.

Tenant Based Rental Assistance Program

Dr. Walter Taylor provided the update, stating that funding for 29 households in the amount of \$1.2 million, had been secured, and as more funding becomes available, more applications will be taken. Dr. Taylor added that the Diversity, Equity, and Inclusion Initiative was resuming the training series *Courageous Conversations* with Dr. Gloria Morrow starting in March. March's topic is, "Building the Beloved Community with Cultural Humility." These courses will be offered virtually, twice each month, free of charge with CEU's throughout the year. The registration emails and topic offerings are forthcoming. He further stated that the RDEI Advisory Council had been working closely with NTBHA to help put together a survey for the staff to do self-assessments to measure staff service efforts, as well as a patient satisfaction survey, measuring the quality of service received by the patients.

- Commissioner Price raised a question to Ms. Lucky and Ms. Randolph, as to whether demographics on suicide victims had been distributed to the entire NTBHA team. Ms. Randolph replied that the information was being distributed that day.
- Mr. Ken Medlock thanked the Commissioners for the in-depth suicide data discussion, stating how the information would help him in a real way to help the real people that he serves.
- Commissioner John Wiley Price thanked Mr. Medlock, stating he appreciated his service.

Meadows Mental Health Policy Institute (MMHPI)

Mr. Ron Stretcher provided the update stating that work on opening the Deflection Center was progressing and Parkland was ready with their equipment and new employees, who were assisting with the new COVID surge. He stated that the patient 'intake to discharge' process was going well, noting that NTBHA was a wonderful partner to work with. Mr. Stretcher further stated that more grant funding was received to set up a Critical Time Intervention Team for those clients leaving the Deflection Center who would need intensive services. He further stated there were

issues with fire marshal inspections, allowing Mr. Doug Denton to share the update on that. Mr. Doug Denton stated that all supplies were in and ready to be installed. He further stated that the landscaping and parking lot were complete, but they were waiting for the fire marshal inspection on the alarm system.

Dallas County Behavioral Health Housing Workgroup

Commissioner Dr. Daniel provided the update stating that there had been a Dallas area partnership meeting to prevent homelessness, noting that the number of efforts of individual housing units, the rehab of existing buildings or the complete building were progressing well. Dr. Daniel mentioned the facilities at Beckley, Community First, and the Work Transitional Housing on 52nd Street as examples. She stated that agency partners worked together to assist the homeless community when the temperatures fell below freezing during the month of February.

Dr. Daniel noted that projections for rent increases in 2022 would probably be about 12%, which would be a healthy increase for many of the people they serve who simply cannot afford an increase in their monthly rent. She stated, with the influx of new residents to the Dallas area, the occupancy rate in newly built units is at 98%.

1115 Waiver Crisis Services Project Update

Yordanos Melake provide the update, stating for CSP, the December report for Adapt was on page nine, and the Transicare report was on page 13. As of that date, the DUI 11-DSRIP extension request had not been submitted and there were no updates. The 16.22 Advisory Committee meetings had resumed. She stated that it appeared that all updates were approved by the committee with a few questions to follow up and report on before the March meeting.

Legislative Update

Janie Metzinger, Legislative Coordinator at NTBHA, provided the update, stating that the report was in the packet and had been separated, updated, and simplified for ease of use. Ms. Metzinger stated that she also pulled all bills from the packet that were not moving through congress and will replace them as they are moving. She made mention of a testimony during a hearing that she is summarizing stated that from 2019 to 2020, there had been a 75% increase in drug overdose deaths among Black men.

- Commissioner Dr. Theresa Daniel asked, “In that topic area is there any indication of why the 75% increase? Are there changes that have happened, either in data collection, strength of drugs, or something [else]. Is there any guidance?”

Ms. Metzinger noted that she had not completely read one of the reports which could possibly answer that question, but she believed it might be in part due to the increased amounts of despair, despondency in the COVID shutdowns, people being out of work, people being scared, experiencing lots of loss, etc. She further stated that there were no interim charges yet, but they were expected possibly after the primaries.

Funding Opportunities

●The Cottages Update

Charlene Randolph, Director of Dallas County Criminal Justice Department provided the update, stating census at the Cottages for the month of January was at 42 with four move-ins during the month, ending the month with 45 residents, being at 100% occupancy. She further stated that the Cottages reported three Dallas Housing Authority (DHA) inspections.

●SAMHSA Residential Treatment Grant Update

Teresa Salisbury with the Criminal Justice Department provided the update, stating that the SAMHSA Grant report numbers were on page 32, with one admission for the month of January, for a total of nine admissions for treatment and 10 pending.

●Community Courts Grant Update-Public Defender's Office (PD)

Chief Lynn Richardson with the Dallas County Public Defender's office provided the update stating that there will be a report at the next meeting on South Ellis drug court, adding that the city of Dallas had received funding for a new veteran's court that the PD office will be staffing, adding that those contracts would come before the Commissioner's Court. She was in hopes that the city of Dallas and their veterans court would mirror the success of the Dallas County veteran's court.

Restorative Justice Division-District Attorney's Office (RJD)

Raymond Pierson provided the update stating that the stats were on pages 33 – 35 in the packet. Mr. Pierson announced a new CLE called "The New Conditional Dismissal: How the Pre-trial Diversion Works." He stated that Laura Edmonds, Crystal Garland, Julie Turnbull, and Felicia Carney would be presenters at the event. The event was scheduled for Thursday, February 17, 2022, from 12:00 – 1:00PM.

Upcoming Events and Notifications

- Commissioner Dr. Theresa Daniel announced that early voting started on February 14, 2022, with detailed information posted on the Dallas County website.
- Alyssa Aldrich announced that Preston Looper was no longer with Adapt.
- Dr. Walter Taylor announced that information for the first DEI class, "Building the Beloved Community Through Cultural Humility" had been added to the chat and was available for registration.
- Charlene Randolph announced that Norma Western, CEO of Centro de Mi Salud Behavioral Health Agency officially retired on January 31, 2022.
- Joe Powell announced that February was Black History month and that he was available if anyone needed a presenter.
- Commissioner Price mentioned that the first Black state legislator, Joseph C. Lochridge, was from Dallas and was responsible for the passage of legislation authorizing community halfway houses for recovering mental health patients. Upon his death, Mr. Lochridge was succeeded by Wesley Holmes Jr. Commission Price stated that the Commissioners Court

approved a collaboration between Homeward Bound and Regional Black Contractors Association to create Joseph Lochridge Housing, transitional/second chance housing, which will also offer skills training for formerly incarcerated men

Public Comments

There were no public comments.

Adjournment

Commissioner John Wiley Price thanked and commended the committee for the value of their service to the community, then entertained a motion for adjournment. Commissioner Theresa Daniel so moved and was seconded by Commissioner J. J. Koch.

Dallas Deflects Organizing Committee
February 14, 2022
Meeting Notes

Attendees: Lt. Donovan Collins (DART PD), Dr. Michael Noyse (UNT Dallas), Laura Edmonds (Dallas County Criminal Justice Department), Crystal Garland (Dallas County Criminal Justice Department), Marsha Edwards (Dallas County District Attorney's Office), Lt. Monica Igo (Dallas Police Department), Ron Stretcher (MMHPI), Erica McDaniel (Commissioner Daniel's Office), Dr. Aaron Bartula (UNT Dallas), Doug Denton (Homeward Bound), Kim Nesbitt (Dallas County District Attorney's Office), Kurtis Young (Parkland Hospital), LaShonda Jefferson (Dallas County Criminal Justice Department), Julie Turnbull (Dallas County District Attorney's Office), Kyla Rankin (Parkland Hospital), Claire Crouch (Dallas County District Attorney's Office), Albert Sanchez (Downtown Dallas, Inc.), Michaela Himes (Dallas County Public Defender's Office), Lee Pierson (Dallas County District Attorney's Office), Tzeggabran Kidane (Commissioner Daniel's Office), Dave Hogan (Homeward Bound), Deborah Hill (Dallas County Criminal Justice Department), Dr. Jennifer Gonzalez (MMHPI), and Chad Anderson (NTBHA)

Committee Reports:

Executive Committee

- The Executive Committee has not met and there are no pending items that need to be addressed by the committee.

Facilities:

- Doug Denton reported the Deflection Center passed the fire inspection and this is allowing construction to continue.
- He reviewed pictures of the updated construction, including the updated outdoor area.
- All exterior windows have been installed and they will be tinted for privacy.
- The lockers for client belongings have arrived and furniture should arrive soon. They are predicting they should arrive toward the end of March.
- Once all the construction is complete, a temporarily certificate of occupancy will be issued and then they can apply for a final one that will allow the Deflection Center to open.
- Dave Hogan reported that a large piece of construction equipment was stolen from the property.
- The estimated soft launch date is still being finalized and an update should be provided soon.

Medical:

- Kyla Rankin reported that the Parkland team is ready and is just waiting for the date of the opening to plan accordingly.

NTBHA:

- No updates provided.

Financial (Budget) and Data/Goals and Objectives:

- Marsha Edwards shared the updated Data, Goals, and Objectives document for the group to review. Next steps will be to finalize who will be responsible for the various data and what data sharing agreements will be needed.
- Marsha shared that many of the objectives and data points were mirrored from the reports Harris County developed, but it does need to be assessed if these data points are able to be captured.
- Doug shared that it there should be a distinction between the number of individuals brought to Dallas Deflects and the number of individuals who engage and provided with a treatment intervention. Marsha shared that how this information will be captured. She shared that Harris County made a distinction of the 4-hour mark, of who stays more than this or less than this time period. The group will need to determine what time frame they would like to use.
- Ron Stretcher shared that there will be another meeting on this on February 25th.

Police Procedure and Training:

- Lt. Igo reported that she met with the DPD Public Information Office and they are ready to move forward on the filming of the training video.

- The final script is being evaluated by leadership at DPD and once approved Lt. Igo will work with DPD's PIO to start the filming process.

Marketing:

- Claire Crouch with the DA's Office is working with Julie Turnbull on steps for the opening ceremony. Once an opening date is finalized she will proceed with planning.
- Doug Denton reported that parking is limited at Homeward Bound so identifying how to best transport everyone to the site for the ceremony is something to evaluate and plan around. Dr. Noyes recommended utilizing the parking at UNT Dallas and then shuttling individuals to Homeward Bound.

Connection with Community Partners:

- Dave Hogan reported that they are looking to restart their partnership with the Dallas Connector Project to incorporate a stop at Homeward Bound. This will be an important partnership for Dallas County Deflects, especially in connecting individuals who will be served at the NTBHA Living Room and other services.
- Dave also reported that he worked with the Right Care team regarding a case staffing and the difficulties that can exist with the coordination of care. Dave identified how this will be important to keep in mind when developing the policies and procedures and ensure all the various entities work together appropriately.
- He also reported that Homeward Bound is going to be working with the FUSE program and working with the City of Dallas Sobering Center regarding care and treatment coordination.
- The DART bus stop across from Homeward Bound is currently not operational. Commissioner Garcia and Commissioner Price are assisting with connecting with DART on this issue.

Policies and Procedures:

- Lee Pierson stated that there is nothing new to report on the Policies and Procedures at this time.
- A final policy and procedure document has been developed. Adjustments may be made after the soft launch as needed modifications may be identified.

Other Updates:

- No updates or announcements

The next Dallas County Deflects planning meeting will be held on Monday, March 14th from 2:00-3:00pm via Teams.

Dallas County Administration, 411 Elm Street, 1st Floor, Dallas Texas 75202
February 23, 2022 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; Deborah Hill, DCCJ; Tzegabran Kidane, Dallas County; Steve Abbott, American Red Cross; Erin Moore, Dallas County; Jim Mattingly, Luma; Janie Metzinger, NTBHA; Jari Mema, Catholic Charities; Ikenna Mogbo, Metrocare Services; Keri Stitt, Youth180TX; Eric McCarty, NTBHA; Doug Denton, Homeward Bound; Dave Hogan, Homeward Bound; Joli Robinson, MDHA; Martha Rodriguez, Dallas County; Thomas Lewis, Dallas County HHS; Yordanos Melake, DCCJ; Durga Mothiki, DCCJ; Kimberly Onofre, Sharing Life; Traswell Livingston, AIDS Services of Dallas; Laura Edmonds, DCCJ; Sarah Masih, Salvation Army; Lisa Marshall, City Citizen Homeless Commission; Brooke Etie, DHA; Dr. David Woody, The Bridge; Tom Edwards, Mesquite ISD; Dr. Angie Johnson, American Red Cross

Dr. Daniel opened the meeting and introduced all first-time attendees.

CALL TO ORDER: The minutes were approved without changes.

GOVERNANCE

Dallas Area Partnership to End and Prevent Homelessness:

Dallas Area Partnership meeting cancelled due to bad weather. Report available at next meeting.

Dallas County Homeless Advisory Committee: Tzegabran Kidane, Commissioner Daniel's Office

The Dallas County Homeless Advisory Committee was held on February 21, 2022. Dr. Philip Huang Director of Dallas County Health and Human Services discussed general COVID updates reporting decrease in numbers as it relates to new cases and hospitalizations. There is anticipation in changing from red to orange which has taken effect since that meeting. However, there is still concern in vaccinations due to decreasing numbers.

Ganesh Shivaramaier from HHS reported specifically to Dallas County residents (excluding City of Dallas residents) there were 5,578 eviction cases filed in the Dallas County EHAP service area (which includes residents of Dallas County living outside the City of Dallas), the program provided interventions for 2,658 of those cases and have successfully diverted 314 eviction cases as of 2/18/2022 since the inception of the Eviction Diversion Program sometime in August 2021. The eviction appeal cash bond assistance program has successfully assisted 4 families with the 5th case pending.

It was also reported that the Courts continue to work on getting navigators. There are currently ten courts with only eight navigators staffed and are working to fill two more navigator positions that are bilingual. The housing stability program reports United Way has submitted application and it is being processed so funds are anticipated upon completion of this process. Brief discussion held on the Communities First Project which is specifying the location.

Joli Robinson, MDHA reported continuous work on reorganization and intentional efforts to build out the housing location unit. They are working with a robust team to include the Director of Landlord Engagement, Derek Avery, who started two weeks ago. He is helping to create a strategy that will increase units and manage landlord relationships. Their team also includes the Director of Performance Management to help with technical assistance and support; Director of Data Management and Reporting to help with HMIS data and enrollment;

Director of Housing Initiative to help with the veteran, rapid rehousing work and permanent support of housing work. Discussion held regarding inclement weather and their continuous work with partners.

Federal and State Legislative Update: Janie Metzinger, NTBHA

Janie Metzinger reported there was a hearing held for the Senate HELP Committee which stands for Health, Education, Labor, and Pensions. Discussion was on substance use disorder and mental health concerns that are escalating due to the isolation, increasing depression, and anxiety many are feeling as a result from the pandemic over the last two years. This included topics on how to better address behavior health nationwide and looking at access to care and housing. On the State Level Legislative, interim charges are not expected until after the primaries.

RESOURCES

Shelter Discussions:

Joli Robinson, MDHA reported on inclement weather for the City of Dallas with discussion of whether shelters should be opening earlier than normal intake hours which are between 5pm and 9pm. Due to COVID, capacity can't be increased because people would be at higher risk of exposure. City of Dallas has a process in place where facilities and/or organizations can apply for opening their space to become an inclement weather shelter. There is a contract for COVID testing to be conducted on site and if someone tests positive transportation is provided to an isolation location. If the roads are too bad for transportation off site, facilities must create a unique space for isolation.

Kimberly Onofre, Sharing Life, reported on inclement weather for the City of Mesquite with discussion of opening at 8am for anyone out on the streets wanting to keep warm during the day. Snacks are provided with intake starting earlier between 3pm and 4pm. On-site COVID testing is not provided, however, people are being assigned their own hotel rooms. They had 26 people signed up from last week and already have 19 people on the list from today signed up. As it gets colder, they do expect numbers to increase.

Sarah Masih, Salvation Army, reported on inclement weather with discussion of the Salvation Army centers opening warming shelters in Collin County to include McKinney, Plano, and Garland. They are continuing to do their best in efforts working toward the response to inclement weather.

NTBHA: Eric McCarty

Eric McCarty reported no new updates. He stated they are still experiencing challenges with landlord and unit availability. There are constant and steady approvals with 9 of 32 individuals who have signed leases with contracts in place. However, they are continuing the work to get the approvals for obtaining housing. One-bedroom units are still their largest need. Currently there is \$1.4 million in reserved funding for project.

Housing Navigator: Kimberly Rawls, Dallas County

Report was provided to the group in the meeting packet.

Homeless Jail Dashboard: Kimberly Rawls, Dallas County

Report was provided to the group in the meeting packet.

Housing Authority Report: Thomas Lewis / Brooke Etie

Thomas Lewis, Dallas County Housing Agency, reported emergency housing vouchers for homeless: out of 124, 40 individuals searching, 23 that are leased up and received housing, and 61 vouchers that are open. Mr. Lewis thanked MDHA for hosting landlord meetings at the local library allowing clients interaction. The process is slow but moving along.

Brooke Etie, DHA reported on average in the United States that out of 70,000 emergency housing vouchers allocated, 16.7% were utilized which served close to 12,000 families. Funding is available and progress is being made but just at a slow rate due to the population being served. Out of 490, they have 73 individuals searching and 50 that are leased up and received housing which is great progress. However, there are still challenges with subsidies and payment standards.

Joli Robinson, MDHA commented on the importance of the PIT count and needing volunteers to help capture accurate data needed for funding; link provided in the chat for individuals to sign up.

PROJECTS AND INDUSTRY UPDATES

Meadows Mental Health Policy Institute: Ron Stretcher
Report available at next meeting.

CARES Act/ARPA Funds: Hector Faulk, Dallas County
Report available at next meeting.

Coordinated Access System: Joli Robinson, MDHA
Joli Robinson reported no new updates.

Pretrial Diversion and Mental Health Screening: Laura Edmonds, Dallas County
Laura Edmonds reported that the mental health pretrial process continues to go well. They continue to partner with NTBHA on getting individuals released from jail, linked to the community and community services.

CitySquare: Madeline Reedy, CitySquare
Report was provided to the group in the meeting packet.

Dallas Connector: Daniel Roby, Austin Street
Report available at next meeting.

Homeward Bound: Dave Hogan, Homeward Bound
Doug Denton reported there hasn't been any new outbreaks of COVID and they are maintaining capacity. They have full admission with 8 people allowed to come in. Crisis unit also full with 17 on the unit and 2 waiting to come in; beds are available in Corsicana.

Dave Hogan reported progress with construction of the Dallas County Deflection Center and looking at mid-April for opening. The rooms are in place and the equipment is being moved in.

Metro Dallas Youth Committee: Mayra Fierro; Metro Dallas Youth Committee
Report available at next meeting.

Family Housing: Ellen Magnis, Family Gateway
Report was provided to the group in the meeting packet.

Mattingly Report: Jim Mattingly
Jim Mattingly reported no new updates.

Updates

Jari Mema, Catholic Charities reported St. Jude Park Central construction has had several delays due mainly to plumbing issues. There are 75 people that have been moved in and they're looking at 180-200 units once construction is complete. The Forest Lane property is in good shape and back to 100% occupied.

The meeting was adjourned with words of maintaining the efforts by Dr. Daniel.

Next Meeting: March 23, 2022



Crisis Services Project

CSP Total

DY11 CSP Monthly Report_No Graphs(with LCN)

Last Refresh: 3/4/22 at 9:38:38 AM GMT-06:00

	Past Year Avg	2022-01	Average:	Sum:
Total Service Episodes:	516	475	475	475
Total Unique CID:	415	472	472	472
Total Unique PID:		472	472	472
% Change to DY 9 by CID		80.14%		

Total Encounters by Type:		2022-01	Average:	Sum:
Triage		475	475	475
Care Coordination		435	435	435
F2F Encounter		265	265	265
Sum:		1,175	1,175	1,175

F2F Encounter		2022-01	Average:	Sum:
MHPR Bond		136	136	136
Non-MHPR		129	129	129
Sum:		265	265	265



Crisis Services Project

Frank Crowley
DY11 CSP Monthly Report_No Graphs(with LCN)
Last Refresh: 3/4/22 at 9:38:38 AM GMT-06:00

	2022-01	Average:	Sum:
Service Episodes:	475	475	475

Unique Consumers:	2022-01	Average:	Sum:
By N* ID	35	35	35
By LCN	261	261	261
By Client ID	176	176	176
TOTAL Unique Consumers:	472	472	472
TOTAL Unique Consumers as %:	99.37%		

Unique F2F:	2022-01	Average:	Sum:
By N* ID	16	16	16
By LCN	143	143	143
By Client ID	103	103	103
TOTAL Unique F2F:	262	262	262
TOTAL Unique F2F as %:	98.87%		



Triage 12 w/F2F	215
Recidivism 12-12 w/F2F	6
Recidivism 12-12 w/F2F Percentage	2.79%

Bookins 12 w/PAP	291
Recidivism 12-12 w/PAP	6
Recidivism 12-12 w/PAP Percentage	2.06%

Total F2F and PAP	506
Recidivistic Individuals	12
Recidivism Percentage	2.37%

	January
Year MO	2022/01

Triage w/F2F:

Triage 12 w/F2F	215
Recidivism 12-12	6
Recidivism 12-12%	2.79%

PAP:

Count of PAP	291
PAP Recidivism	6
PAP Recidivism%	2.06%

Total:

Count of F2F & PAP	506
Recidivism F2F& PAP	12
Recidivism%	2.37%

			January	February	March	April	May	June	July	August	September	October	November	December
Baseline	Goal	Year MO	01/2022	02/2022	03/2022	04/2022	05/2022	06/2022	07/2022	08/2022	09/2022	10/2022	11/2022	12/2022
M1-262 Depression with Suicide and Homicide Risk														
731		SRAT And/Or VRAT Rating Count	79											
752		Total of Unique Individuals	80											
97.21%	97.54%	Percentage	98.75%											
M1-263 Psychosocial/developmental Assessment														
679		Number of CSP Encounters	11											
743		NTBHA Psychological Evaluations	11											
91.39%	92.40%	Percentage	100.00%											
M1-265 Housing Assessment for Individuals with Schizophrenia														
375		Identified individuals with housing outcome/ housing assessment	29											
437		Identified individuals with verified schizophrenia visits within 12 month period.	31											
85.81%	87.48%	Percentage	93.55%											

**With CSP as the denominator

Transicare Reporting

Crisis Services Project

		Oct-21	Nov-21	Dec-21	Jan-22	TOTAL
	Beginning Census	42	35	34	34	
	Referrals	7	5	7	7	26
	Admissions					
	Referred Admitted	0	0	2	1	3
	No Admit Client Refusal	0	1	0	1	2
	No Admit Criteria	0	0	0	0	0
	No Admit Structural	0	0	0	0	0
	Pending	7	4	5	5	21
	<i>Prior Pending</i>					
	Pending Admitted	0	0	0	0	0
	No Admit Client Refusal	0	1	0	2	3
	No Admit Criteria	0	0	1	0	1
	No Admit Structural	3	1	0	31	35
	Total Admissions	0	0	2	1	3
	Discharges					
	Success Transfer	3	0	2	0	5
	DC Midterm Disengage	3	1	0	0	4
	DC Rapid Disengage	0	0	0	0	0
	DC Structural	1	0	0	0	1
	Total Discharged	7	1	2	0	10
	Active End Of Month	35	34	34	35	



117th US Congress
Senate Health, Education, Labor and Pensions Committee
Subcommittee on Employment and Workplace Safety
Hearing February 10, 2022

Recruiting, Revitalizing and Diversifying: Examining Health Care Workforce Shortage

Subcommittee Chairs: John Hickenlooper (D-CO)-Chair, Mike Braun (R-IN)-Ranking Member.

Members: Senators Tammy Baldwin(D-WI), Senator Richard Burr (R-NC). Bill Cassidy, M.D. (R-LA), Ben Ray Luján (D-NM), Senator Patty Murray (D-WA), Rand Paul, M.D. (R-KY), Mitt Romney (R-UT), Jacky Rosen (D-NV), Tim Scott (R-SC), Tommy Tuberville (R-AL).

[Link to Hearing](#)

<https://www.help.senate.gov/hearings/recruiting-revitalizing-and-diversifying-examining-the-health-care-workforce-shortage>

Witnesses, Testimony and Links

Margaret Flinter, PhD, APRN-Senior Vice President & Clinical Director, Community Health Center, Inc. Senior Faculty Member and Founder Emeritus, Weitzman Institute
Chair of Board of Directors, National Nurse Practitioner Residency and Fellowship Training Consortium. Middletown, Connecticut.

Testimony

- National Academy of Sciences, Engineering and Medicine has projected that the US will have a shortfall of 130,000 physicians.
- Concerns focus on aging population, chronic illnesses, health disparities.
- Nurse practitioners can provide the foundation for quality primary care.
- There are few ‘entry level’ patients in underserved communities. Many have complex health conditions.
- One-year post-graduate residencies can develop confidence, competence and mastery of full range of urban or rural primary care.
- NPs with residency training are more likely to mirror their patient populations and serve more minority populations with limited English proficiency.
- Psychiatric/mental health NPs are a vital part of a primary care team.
- National Nurse Practitioner Residency and Training Consortium currently has 250 Nurse practitioner residency programs.

Links to written testimony: <https://www.help.senate.gov/imo/media/doc/Flinter1.pdf>

Reynold Verrett, Ph.D -President, Xavier University of Louisiana-New Orleans, Louisiana.

Testimony

- There are 101 accredited historically black colleges and universities (HBCUs), with 300,000 students.
- HBCUs comprise just 3% of all two- and four-year non-profit colleges and universities but enroll 10% of African American undergraduates, 17% of African Americans with bachelor’s degrees, and graduate 24% of African Americans with bachelor’s degrees in science, technology, engineering and mathematics (STEM) fields.
- Costs at HBCUs average 30% lower than other colleges.

- Provided a brief history of Xavier University in New Orleans and its leadership in health professions, including Summer and weekend symposiums for high school students.

Recommendations

1. Double Pell Grant appropriations, allowing more low-income students with aptitude to finish college.
2. Subsidize the first two years of college at HBCUs, especially first-generation college students.
3. Expand Title III by \$5 billion to create or expand programs for high-demand health professions.
4. Expand Health and Human Services (HHS) Centers for Excellence and National Institutes of Health (NIH) Research endowment programs by \$2 billion to build a pipeline of skilled health care workers.
5. Fully fund Health Careers Opportunities Program and similar programs.
6. Develop more major research institutions with R01 status at HBCUs.
7. Stop expecting HBCUs to “do more with less”. Level the playing field, update laboratories.
8. Forgive the balance of HBCU Capital Finance Program debt.
9. Support the recommendations of the United Negro College Fund.

Link to Dr. Verrett’s written testimony: <https://www.help.senate.gov/imo/media/doc/Verret1.pdf>

Norma Quinones, LPN-Nursing Services Manager and National Institute for Medical Assistant Advancement (NIMAA). Site Coordinator for Clinica Family Health, Lafayette, Colorado.

Testimony

Ms. Quinones started her career as a Medical Assistant thirty years ago at Clinica, an integrated family health provider of medical, dental, behavioral health and pharmacy services. She became an LPN, and is now the Nursing Services Manager for Clinica, which has what she terms a ‘grow your own’ approach to training and recruitment of healthcare professionals in all disciplines. Clinica works in collaboration with the National Institute for Medical Assistant Advancement (NIMAA), which boasts rates of 81% to 89% for graduation, successful credentialing, job placement and retention, and uses a distance-learning model.

Recommendations

- Identify career pathways for entry-level personnel.
- Inform entry-level personnel of educational and career steps that will allow them pursue goals.
- Assist employers to develop employee retention and advancement initiatives.
- Establish agreements among educational systems that recognize and map classes toward degrees.
- Funding for non-profit community-based health providers to host students, especially in rural and under-served areas.
- State Eligible Training Provider Lists should include online education and training providers.

Link to Ms. Quinones’ testimony: <https://www.help.senate.gov/imo/media/doc/Quinones1.pdf>

Rachel Grezler, Research Fellow in Economics, Budget and Entitlements, Institute for Economic Freedom and Opportunity-The Heritage Foundation, Washington, D.C.

Testimony

Ms. Grezler stated that the opinions she expressed at the hearing are hers, and do not represent the positions of the Heritage Foundation.

Unprecedented labor shortages in the US.

- Labor shortage of willing workers is affecting every sector of the economy across all job levels.
- Total employment today is 4.1 to 5.3 million jobs below where it would have been without the pandemic.
- “This is the opposite of what was expected at the beginning of the pandemic and is the result of bad policies that have restricted the supply of willing workers while simultaneously pumping large amounts of deficit-financed federal spending into the economy with the effect of increasing the demand for workers”.
- Early in the pandemic, lower wage workers, women who were caregivers and older workers were most likely to leave employment. However, in late Spring of 2021, parents of school-aged children had the highest employment gap, perhaps because of American Rescue Plan Act (ARPA) monthly child payments that did not have a work requirement.
- US job openings in US have remained at record levels despite increased pay and benefits packages offered across nearly every industry.
 - In December 2021, there were 1.7 jobs available for every unemployed worker.
 - In 2021, 47 million workers quit their jobs, requiring employers to replace 14 million more employees than in an average year in the last decade, or approximately 35% of their workers.
 - 49% of businesses had job openings that they were unable to fill in December 2021.
- Inflation has eaten up increased earnings.
 - “Although hourly pay increased by an above-average 4.7 % over the past year...real average earnings (taking into account the effect of inflation) were down 2.4%”
 - When employers have to pay workers more to perform the same jobs, they have to raise their prices, which has contributed to a four-decade high in annual inflation of 7.0 % in December 2021”.

Causes for the Current Labor Shortage

- It does not appear that the pandemic itself reduced employment. Rather some policies enacted in response to it have reduced willingness and capacity to work.
- Compensation is rising.
 - Over the past ten years, average hourly earnings increased 35.3%
 - In the same period, average hourly earnings in healthcare overall rose 32.5%.
 - They rose 34.7% in hospitals and 39.5% in nursing facilities
 - Since February 2020, overall average earnings have increased 9.9%, but 11.6% in health care, 12.4% in hospitals, and 16.1% in nursing facilities.
- Welfare without work policies enacted during the pandemic play a role in weak employment rates.
 - Includes \$600 weekly unemployment bonuses, food stamp increases, Affordable Care Act subsidies, eviction moratorium.
 - Reservation wage (lowest wage that a person will accept a job) increased 26.4% between March 2020 and 2021, but has declined since bonus unemployment benefits ended.
- Federal spending of \$6.6 trillion in deficit-financed spending (equivalent of \$51,600 per household) increased demand for goods and services.
- According to the Federal Reserve’s October 2021 Beige book, vaccine mandates contributed to high turnover, production slowdowns and exacerbated labor problems.

- Employment growth between September 2021 and December 2021 was 60% below total US employment growth at that same time. Overall employment gap for that period was 3.5%, while the health care employment gap was 3.9%, and is likely to increase.

Health Care Labor Shortage

- Shortages of health care workers existed before the pandemic.
- Are expected to increase with aging population.
- Before the pandemic, health care employment was growing faster than overall employment, but still not fast enough to keep up with need.
- Between February 2020 and December 2021, health care employment declined 2.7 % compared to an overall decline of 2.3%

Federal Government's Role in the Health Care Workforce

- Federal government has limited role in supply and licensing of health professionals, which is a function of state government.
- However, Since the 1960s and the advent of Medicare, federal subsidies have become the primary source of GME funding.
- Federal government now spends approximately \$15 billion per year on the Graduate Medical Education (GME) system.
- GME system fails to produce and allocate a sufficient number of doctors to meet US needs.
 - The has been a cap on Medicare-funded residency slots for 25 years.
 - GME funds are directed to the hospital instead of money following the student.
- The Coronavirus Aid, Relief, and Economic Security (CARES) Act and the American Rescue Plan Act (ARPA) invested huge amounts into the health care workforces:
 - \$12.7 billion for home- and community-based services.
 - \$8.5 billion for rural health.
 - \$7 billion for public health.
 - \$1.5 billion for unmet needs and underserved communities.
 - \$250 million for behavioral health.
 - Will take significant time for these benefits to show results in the health care system.
- Veteran's Administration is not gold-standard care, should not be expanded to larger populations.
 - Excessive wait times, long wait lists.
- Federal government has a failed track record for job training programs,
 - Only 32% of participants in Department of labor programs found occupations in the area of their training.
 - 57% said their training did not help them find employment, and graduates of programs were less likely to obtain health insurance or pension benefits. They were more likely to earn several thousand dollars less, more likely to be on food stamps than those who received few services.
 - Study of National Job Corps found that the \$25,000 spent per participant resulted in individuals being less likely to earn a high school diploma, no more likely to attend or complete college than those who received few services and on average, earned only \$22 more per week than their unserved counterparts.

Recommendations

Observations

- COVID protocols make health care services more time-consuming and costly.
 - 88 million Americans live in primary care shortage areas.
 - Federal government has some role to play, but most expansion of health care workforce must rely on removing barriers at the State government level.
 - Federal government can provide greater flexibility and innovation.
1. Ensure well-functioning US labor market.
 - Limit taxes and reduce regulations.
 - Make it easier and less expensive to obtain income-enhancing education and training.
 - Create work-oriented welfare programs that help break cycles of poverty.
 - Eliminate requirements that employees join a union if they don't want to, and don't prohibit federal contractors from hiring independent workers.
 - Clarify the definition of "employee" in federal regulations.
 - Allow parents to use federal child-care subsidies and Head Start funds at the provider of their choice.
 - Adding more spending to the \$30 trillion of US debt will further damage the US labor market.
 2. Remove barriers that restrict workforce
 - Abandon federal vaccine mandates, as they could lead to 70,000 to 136,000 health care workers leaving the industry.
 3. Remove State and Federal barriers
 - Reform the Graduate Medical Education (GME) System.
 - » Some boards originally intended to be safeguards have become monopolistic bottlenecks.
 - » It is difficult for small or rural hospitals to sponsor residency programs.
 - » Consolidate GME financing into a single funding stream based on the cost of training. Have funds follow the resident rather than the training program.
 - » Encourage new and innovative GME programs to break the accreditation monopoly.
 - Allow provisional licensing form medical school graduates who do not receive a residency position.
 - Accelerate visas for International Medical Graduates (IMGs).
 - Streamline entry for experienced medical professionals from abroad.
 - » Remove requirements that are duplicative of already completed training.
 - » Establish reciprocity agreements with other countries.
 - Reduce administrative and regulatory burdens that encroach on the time of doctors and medical professionals including quality-reporting measures, prior authorization, excessive documentation, and frequent recertifications.
 - No reduction of home health workers paychecks by 'dues skimming'. Do not require workers to join a union as a condition to performing a particular job.
 - States are the gatekeepers on healthcare workforce through licensing laws. Reform state licensure laws and accreditation rules that are not public safety protections but only to restrict new entrants into a field.
 - Reform state scope-of-practice laws. Example given was for Advanced Practice Registered Nurses (APRNs), to allow full practice authority for all services and procedures within their training
 - Eliminate State certificate-of-need (CON) laws.

- » CON laws lead to lower quality, reduced access, 11% higher hospital costs, 30% fewer hospitals.
- Expand the use of telemedicine and broadband access.
 - » Can be beneficial to seniors, people with disabilities or others for who travel is difficult.
 - » Provide parity of payments for telehealth and in-person visits.

Links

Gretzler, R. “What is Happening in This Unprecedented U.S. Labor Market? February 2022 Update”. *Heritage Foundation*-February 2022.

<https://www.heritage.org/jobs-and-labor/report/what-happening-unprecedented-us-labor-market-february-2022-update>

Beck, A.J., et al (2021) Investing in a 21st Century Health Workforce: A Call for Accountability.

Health Affairs-September 15, 2021. <https://www.healthaffairs.org/doi/10.1377/forefront.20210913.133585/full/>

Federal Reserve Beige Book-October 2021

<https://www.federalreserve.gov/monetarypolicy/beigebook202110.htm>



Mental Health and Substance Use Disorders: Responding to the Growing Crisis

Senate Health, Education, Labor and Pensions Committee

Chairs: Senator Patty Murray (D-WA)-Chair. Senator Richard Burr (R-NC)-Ranking Member.

Members: Senators Tammy Baldwin(D-WI), Mike Braun (R-IN), Robert Casey, Jr. (D-PA), Bill Cassidy, M.D. (R-LA), Susan Collins (R-ME), John Hickenlooper (D-CO), Tim Kaine (D-VA), Maggie Hassan (D-NH) Ben Ray Lujan (D-NM), Roger Marshall, M.D.(R-KS), Jerry Moran (R-KS), Lisa Murkowski (R-AK), Christopher Murphy (D-CT), Rand Paul, M.D. (R-KY), Mitt Romney (R-UT), Jacky Rosen (D-NV), Bernie Sanders (D-VT), Tim Scott (R-SC), Tommy Tuberville (R-AL).

[Link to Hearing](#)

<https://www.help.senate.gov/hearings/mental-health-and-substance-use-disorders-responding-to-the-growing-crisis>

Witnesses, Testimony and Recommendations

Mitch Prinstein, Ph.D., American Board of Professional Psychology.

Chief Science Officer-American Psychological Association

Testimony

- Only 1 in 7 people with mental health or substance use disorders receive treatment proven to work.
- Shortage of mental health professionals predate the COVID-19 pandemic.
- 2021 saw a 42% increase of self-injury and suicide cases at children's hospitals.
- 10% of children live with someone who has a mental illness.
- There is unequal treatment of mental health as compared to other health.
- Bifurcation of mental health and other health is based on antiquated ideas.
- US mental health system is built for adults in crisis. Science suggests we should give attention to people at risk and help build resilience to prevent crisis.
- Stigma can affect health care professionals, and is a barrier for them in seeking care.
- More than additional hospital beds, we need more community-based and school-based services to keep people from getting to the emergency stage requiring hospitalization.

Recommendations

1. Strengthen the Mental Health Care Workforce. 5000 doctoral level psychology students could serve more people if Medicare reimbursed their services. Most have 700+ hours of independent direct patient care, more than most doctors. They could be mobilized quickly to increase access to care.
2. School and Community-based Partnerships can provide interventions that have multiplier effects.
3. Expand integration of primary care and behavioral health care, but not in a 'one-size-fits-all' model.
4. Congress must enact penalties to enforce parity for people seeking mental health and substance use disorders. *(Please see 2022 Mental Health Parity and Addiction Act Enforcement Report below)*.
5. Allow Community Mental Health Block Grant funds to be used for prevention services for children rather than requiring diagnosis of Serious Emotional Disturbance (SED) first.
6. Streamlining prior authorization system would be beneficial to mental health system to remove barriers.

This document is intended for informational purposes only and is not intended to indicate a position for or against any legislation. If you have questions, please contact Sabrina Conner at sconner@ntbha.org or Janie Metzinger at jmetzinger@ntbha.org.

Mitch Prinstein, Ph.D.—continued

Links

- Link to Dr. Prinstein’s written testimony: <https://www.help.senate.gov/imo/media/doc/Prinstein.pdf>
- Link to 2022 Mental Health Parity and Addiction Act Enforcement Report: <https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/report-to-congress-2022-realizing-parity-reducing-stigma-and-raising-awareness.pdf>

Michelle P. Durham, MD, MPH, FAPA, DFAACAP

Vice Chair of Education, Department of Psychiatry, Clinical Associate Professor of Psychiatry & Pediatrics at Boston Medical Center, Boston University School of Medicine.

Testimony

- Approximately 50% of people with a substance use disorder will develop a mental health disorder and
- Approximately 50% of people with a mental health disorder will develop a substance use disorder.
- The Center for Disease Control estimated that there were 100,306 drug overdose deaths in the 12-month period between April 2020 and April 2021.
 - This is a 28.5 % increase from the 78,056 deaths between April 2019 and April 2020.
- Drug overdose deaths for black men increased from 32.6 per 100,000 deaths to 57.1 per 100,000 between 2019 and 2020, an approximately 75% increase.
- Prior authorizations thwart parity laws and serve as a barrier to care.

Recommendations

1. Access to affordable, low-barrier housing with wrap-around medical services and social supports.
2. Good aftercare plans especially at care transitions where patients can fall through cracks.
3. Supportive communities, including community pillars such as churches into care plans.
4. Reauthorizing funding to support states and localities responding to MH and SUD crises in flexible ways including State Opioid Response Grants, Substance Abuse Prevention and Treatment Block Grants, and Community Mental Health Services Block Grants.

Links

Link to Dr. Durham’s written testimony: <https://www.help.senate.gov/imo/media/doc/Durham.pdf>

Link to CDC National Vital Statistics Rapid Release-Provisional Drug Overdose Death Counts:

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

Sara Goldsby, MSW, MPH

Director-South Carolina Department of Alcohol and Other Drug Abuse Services

Testimony

- 28.3 million Americans battle an alcohol use disorder.
- 31% of admissions for publicly funded treatment were for alcohol as primary disorder.
- 30% of admissions for publicly funded treatment were for heroin or other opiate as primary.
- 11% of admissions for publicly funded treatment were for marijuana use disorder as primary.
- Approximately 75% of overdose deaths involved synthetic opioids and illegally manufactured fentanyl.
- Role of State Alcohol and Drug Agencies include planning, ensuring quality and delivery of evidence-based practices, coordinating with other State agencies, and communicating with local providers and stakeholders.
- 2018 and 2019 overdose deaths were leveling off, but overdose deaths have skyrocketed since then.

Michelle Durham, MD—continued

Recommendations

1. Ensure a strong SAMHSA as the lead federal agency across the federal government on substance use disorder service delivery.
2. Route federal substance use disorder policy and resources through State alcohol and drug agencies.
3. Maximum flexibility for states in administration of Substance Abuse Prevention and Treatment (SAPT) Block Grant, so they can target existing local conditions.
4. Three- to five-year discretionary grants provide predictability and sustainability for States, allow partnerships and systematic planning. Shorter one- and two-year grants make continuity of services more difficult.
5. Any new federal initiatives and funding should complement and enhance the current system, particularly as found in the Comprehensive Addiction and Recovery Act (CARA), 21st Century Cures Act, and the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act).
6. Accelerate efforts to address all substance use disorders, including alcohol and other substances (prescription misuse, heroin, marijuana, methamphetamine, cocaine, etc.) while continuing efforts to address opioid addiction.
7. Address the nation’s SUD workforce crisis including grants to State alcohol and drug agencies.
8. Include SUD programs and strategies in the design and implementation of 988 crisis line and crisis services improvement slated for July 2022.
9. Maintain flexibilities established in the COVID-19 public health emergency for at least a year after the expiration of the emergency. Evaluate policies including allowing:
 - Take-home doses of Methadone for some patients.
 - Initiation of buprenorphine treatment without a face-to-face appointment.
 - Flexibility in communication tools that providers may use for service delivery.
10. Screening, Brief Intervention, Referrals to Treatment (SBIRT) early and often in pregnancy as standard prenatal care.
11. Include mental health and substance use disorder in family wellness support plan.
12. Integrated behavioral health and primary care, also telehealth requires time and funding for cross-training and substantial infrastructure costs.
13. Emergency overdose reversal should be used an intervention and an opportunity to engage the individual into treatment.
14. Deploy naloxone and fentanyl test strips in the community.

Links

Link to Ms. Goldsby’s written testimony: <https://www.help.senate.gov/imo/media/doc/Goldsby1.pdf>

Jennifer D. Lockman, Ph.D-CEO, Centerstone Research Institute

Testimony

- 75% of US counties have severe shortages of mental health providers.
- In 2020, suicide was the 3rd leading cause of death for youth and the 12th leading cause for adults.
- For every suicide death, there are 1.1 million attempts.
- 90% of individuals at risk for suicide interact with health care systems within one year before death.

Jennifer D. Lockman, Ph.D.—continued

- There is one suicide attempt every 27.5 seconds.
- 40-50% of Americans have experienced the death of a loved one to suicide.
- Centerstone was awarded a Zero Suicide SAMHSA grant, through which they have updated their suicide prevention system to include ‘upstream’ questions regarding belongingness, perceived burdensomeness, and acquired capacity for suicide in addition to more direct questions about suicide.
- Crisis follow-up for youth and adults after transition from inpatient facilities has helped link individuals to outpatient care 70-90% of the time (national average is 40%). Ms. Lockman noted that without the SAMHA grant, these services would be unbillable.

Recommendations

- Continue investment in Certified Community Behavioral Health Clinics (CCBHCs).
- Continue Comprehensive Opioid Recovery Center Grants.
- 10% set-aside for mental health crisis systems in the Mental Health Block Grant program.
- \$100 million to establish Mental Health Crisis Response Partnership pilots.
- \$375 million for grants for CCBHCs to provide treatment for people with mental illness.
- Make sure 988 Crisis Line staff is trained with latest evidence-based suicide prevention techniques that help move individuals toward connectedness, wellness and meaningful living.
- Build out entire continuum of crisis services including mobile crisis, Crisis Stabilization Units (CSUs) to divert from emergency departments, Living Room models and peer support.

Links

Link to Dr. Lockman’s written testimony: <https://www.help.senate.gov/imo/media/doc/Lockman1.pdf>

Claire Rhyneer, Mental Health Youth Advocate

Ms. Rhyneer recounted her experiences as a middle school student with depression. She felt confused and uncertain as to whether her experiences were common, how to speak to her parents or how to get help.

- She noted that though she had a loving family, mental health was never discussed at home or school.
- Barriers to care do not discriminate.
- The waitlist for services in Alaska is nine months to a year.
- Student support programs disappeared in the COVID-19 pandemic.
- Thanked the National Alliance on Mental Illness (NAMI) where she served as an intern, and Mental Health Advocacy Through Storytelling (MHATS) which helped her find recovery and wellness.

Recommendations

- Normalize mental health conversations, educate youth, parents, and teachers.
- Educate adults to reduce stigma, so youth are not afraid to speak about symptoms or concerns.
- Support school counselors, social workers in schools,
- Age-appropriate mental health curriculum in health classes.
- You Are Not Alone Clubs that teach suicide prevention in schools.
- Universities should fund wellness programs.
- Behavioral health care should be incorporated into primary care, covered by insurance, and affordable.
- Culturally competent health care workers and diversity among providers.
- Promote early intervention.

Link to Ms. Rhyneer’s written testimony: <https://www.help.senate.gov/imo/media/doc/Rhyneer.pdf>

March 10, 2022

BHLT MEETING

PRESENTATION(S)

&

SUPPLEMENTAL PACKET



Parkland Hospital

Behavioral Health related Measurable Statistics

Fuad Khan, MD, MBA
& BH Team at Parkland

New Pediatric BH Positions

CHNA and Grant PEDI Positions





New Pedi BH positions (CHNA and Grant Pedi Positions):

Clinical- New Positions

Child Psychiatrist	
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Child Psychologist	
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4 MHC	
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Non-Clinical – New Positions

Psych RN	
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Nurse Navigator	
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SR MA	
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Referral Coordinator	
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2.5 MPAs	
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Youth and Family SW	
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Program Manager	
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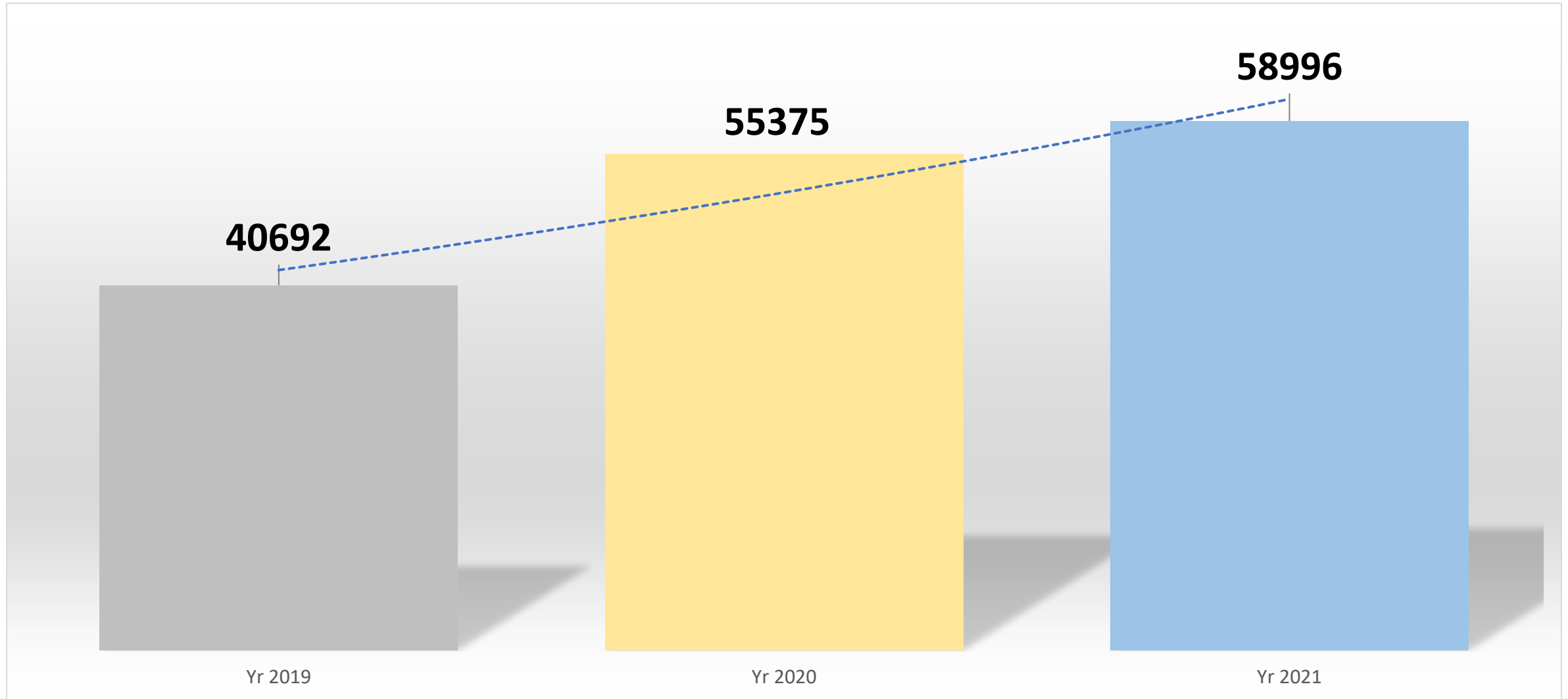
1,434,000

CHNA Investment



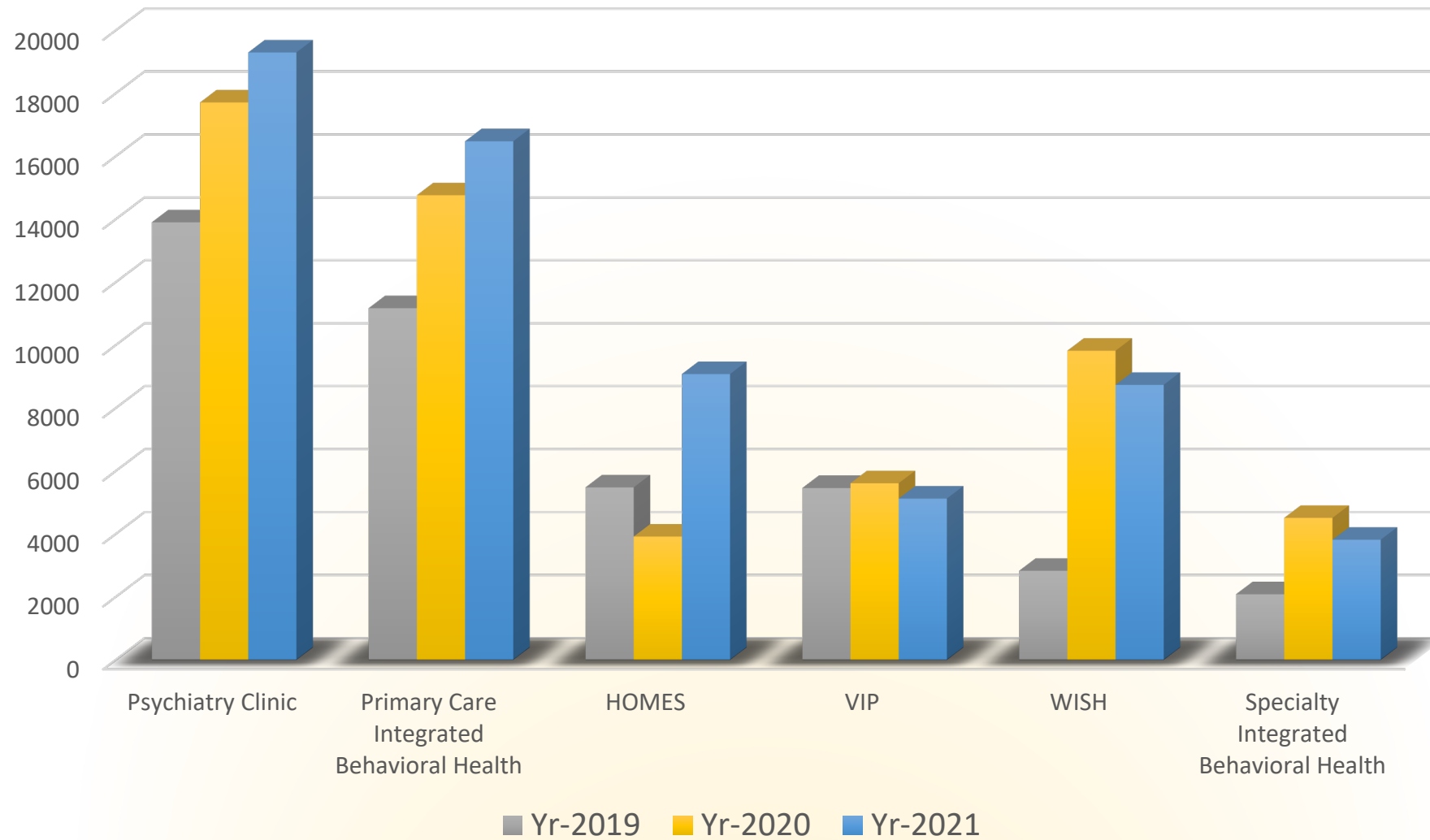
		Investment(\$)
2022	Right Care Program with Five Additional Teams	\$ 2,226,856
2022	Opioid Medication-Assisted Treatment (MAT) COPC & Correctional Health	\$ 1,250,000
	Lakewest Skilled Nursing Facility Behavioral Health Wing	\$ 1,070,000
2022	Behavioral Health APP Providers (Extended Program)	\$ 1,050,000
2021 Forward	Homeward Bound (Deflection Ctr)	\$ 905,000
2021 Forward	Redbird Pediatric Behavioral Health	\$ 550,000
2022	Correctional Health Psychosocial Rehabilitation	\$ 420,000
2021 Forward	COPC Behavioral Health Expansion	\$ 418,784
2021 Forward	Behavioral Health Addiction Specialist	\$ 233,224
	Subtotal	\$ 8,123,864
	Initiatives	
2021 Forward	Red Bird Mall (Facility)	\$ 14,800,000
	Virtual Care Department (Parkland Connect)	\$ 1,262,608
2022	Salvation Army Homeless Living Room	\$ 760,000
	Recuperative Program w/Salvation Army	\$ 100,000

Adult Behavioral Health Encounters Across the System

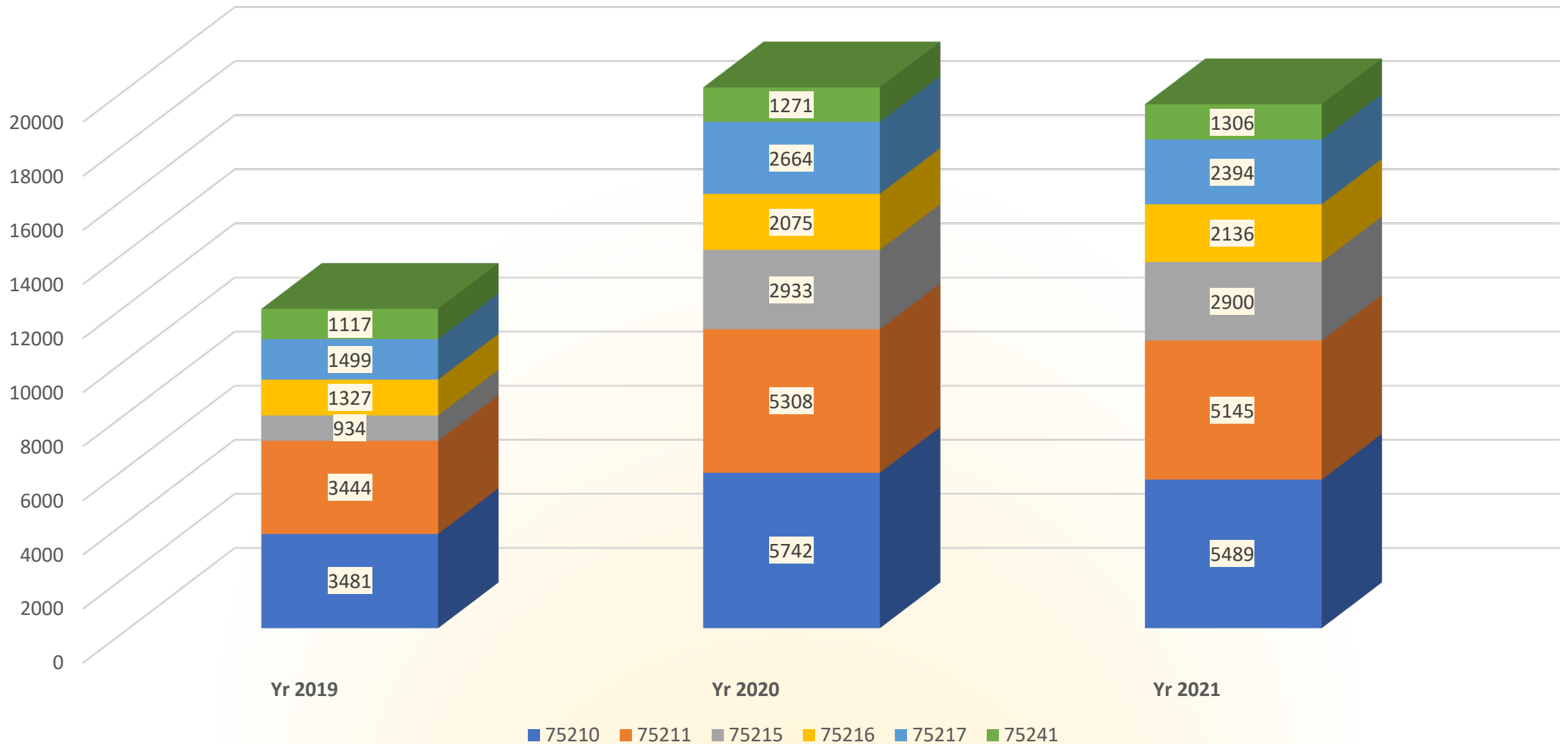




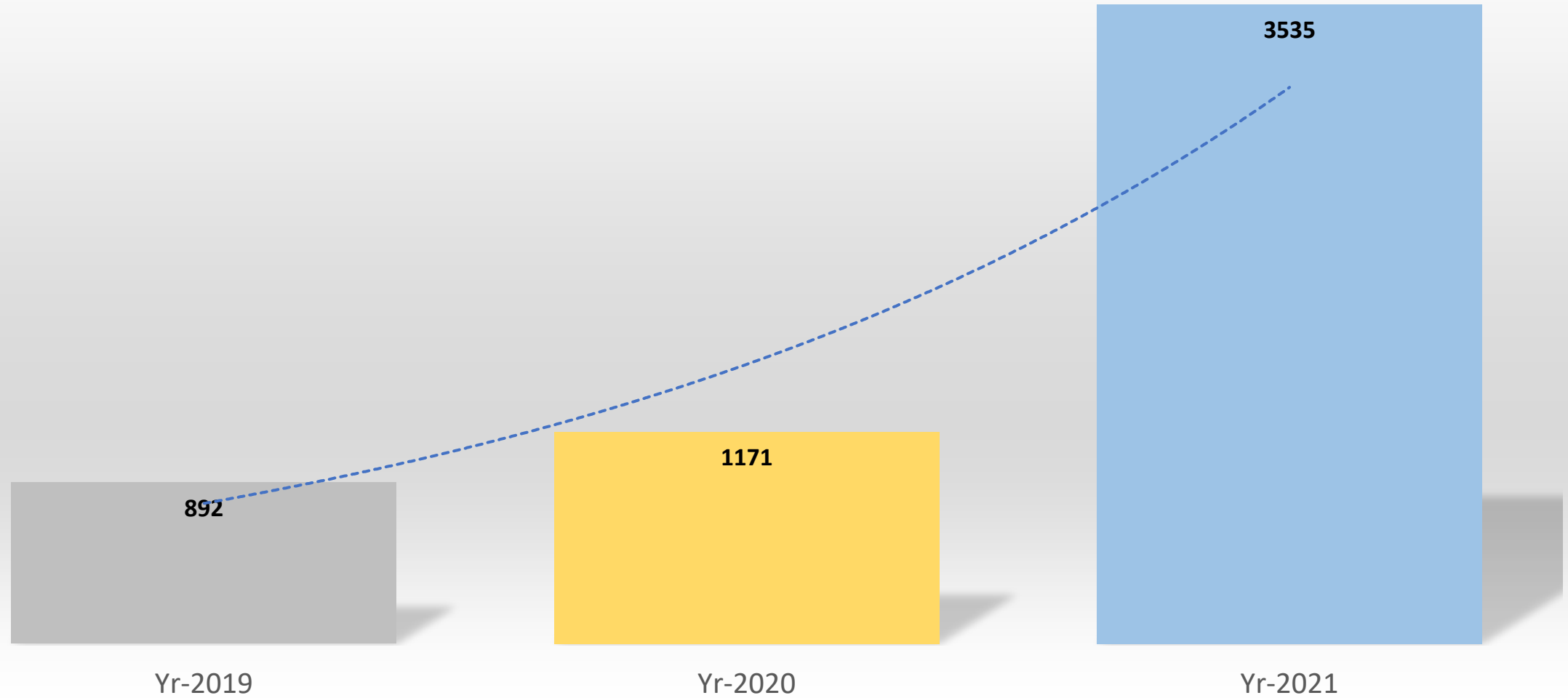
All encounters



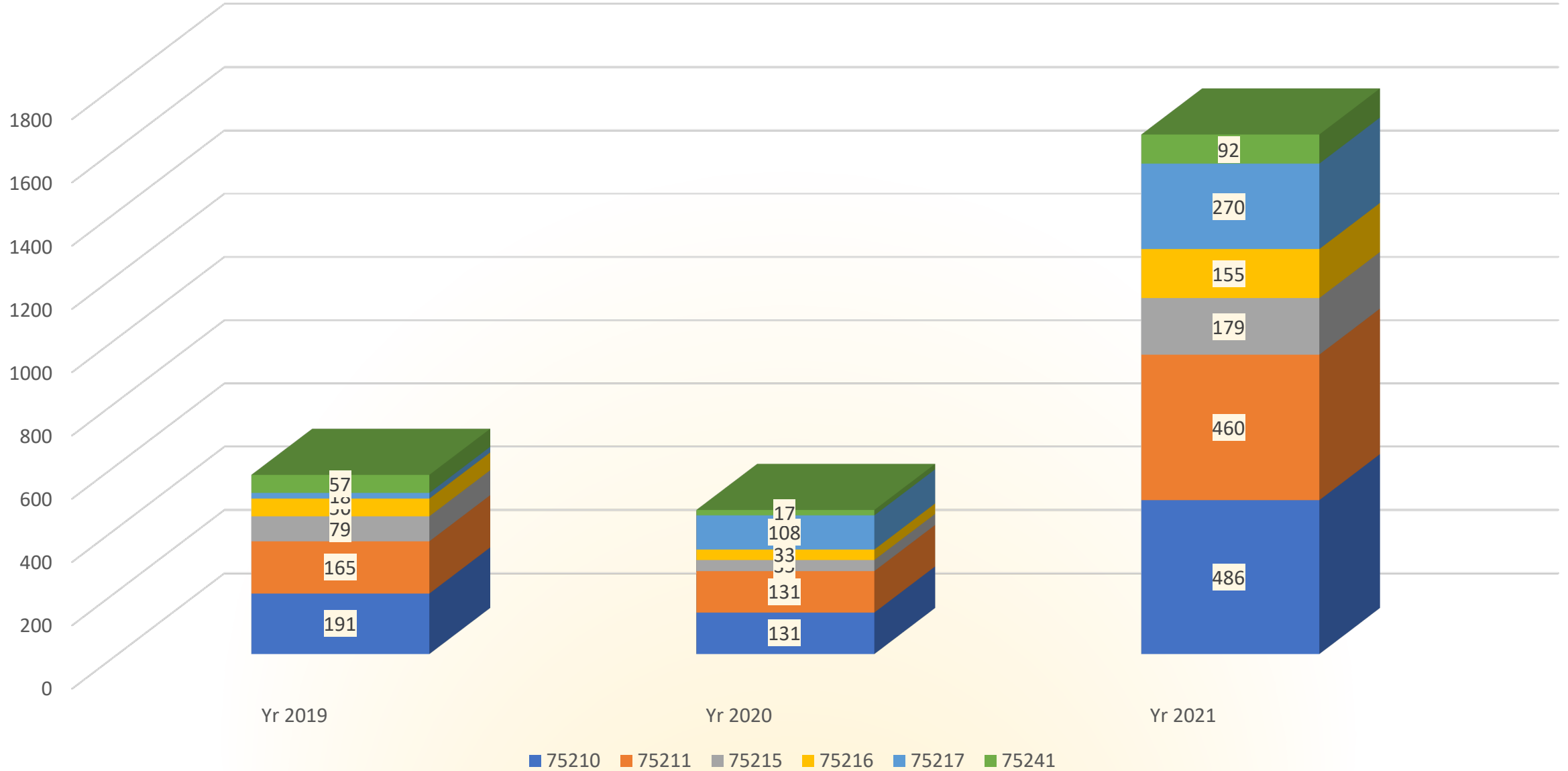
Adult Behavioral Health Encounters Zip Code Breakdown



Child Behavioral Health Services

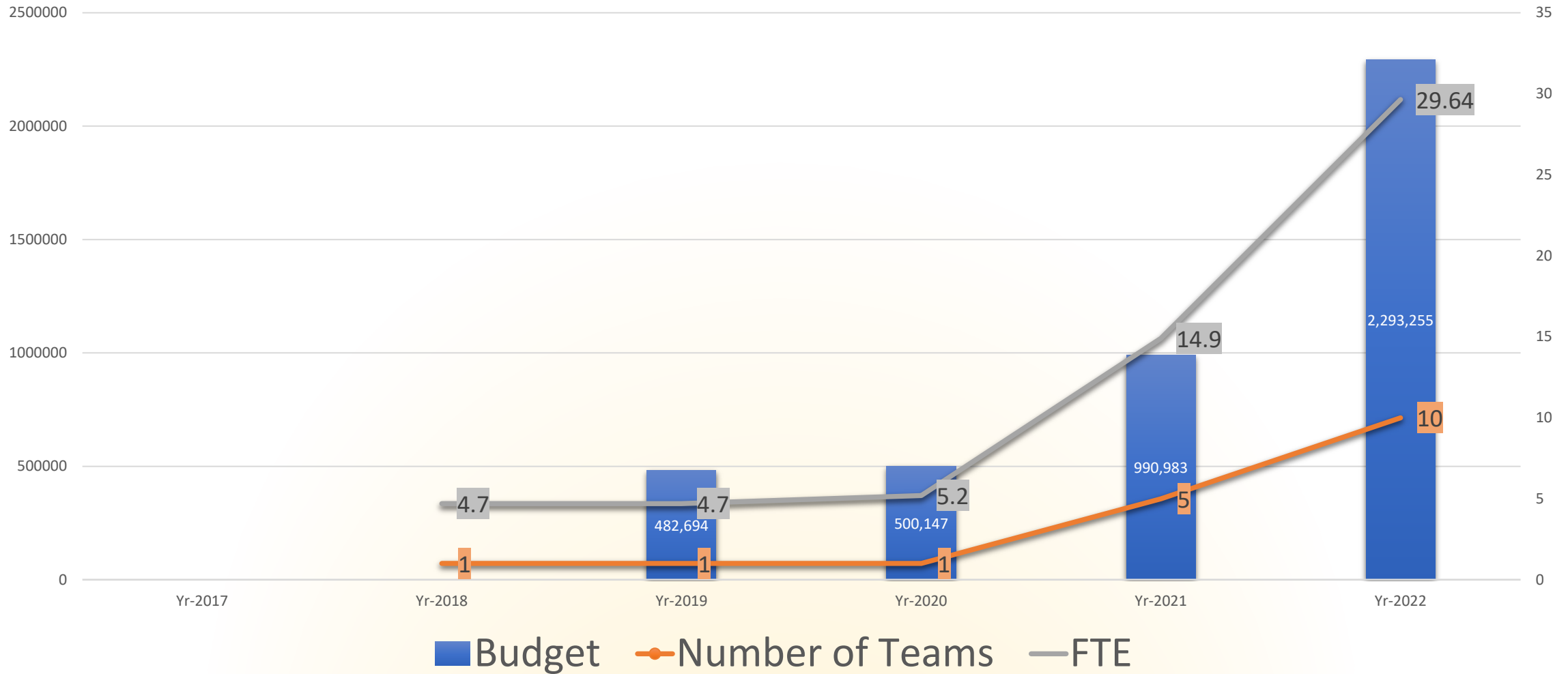


Pediatric Behavioral Health Encounters Zip Code Breakdown



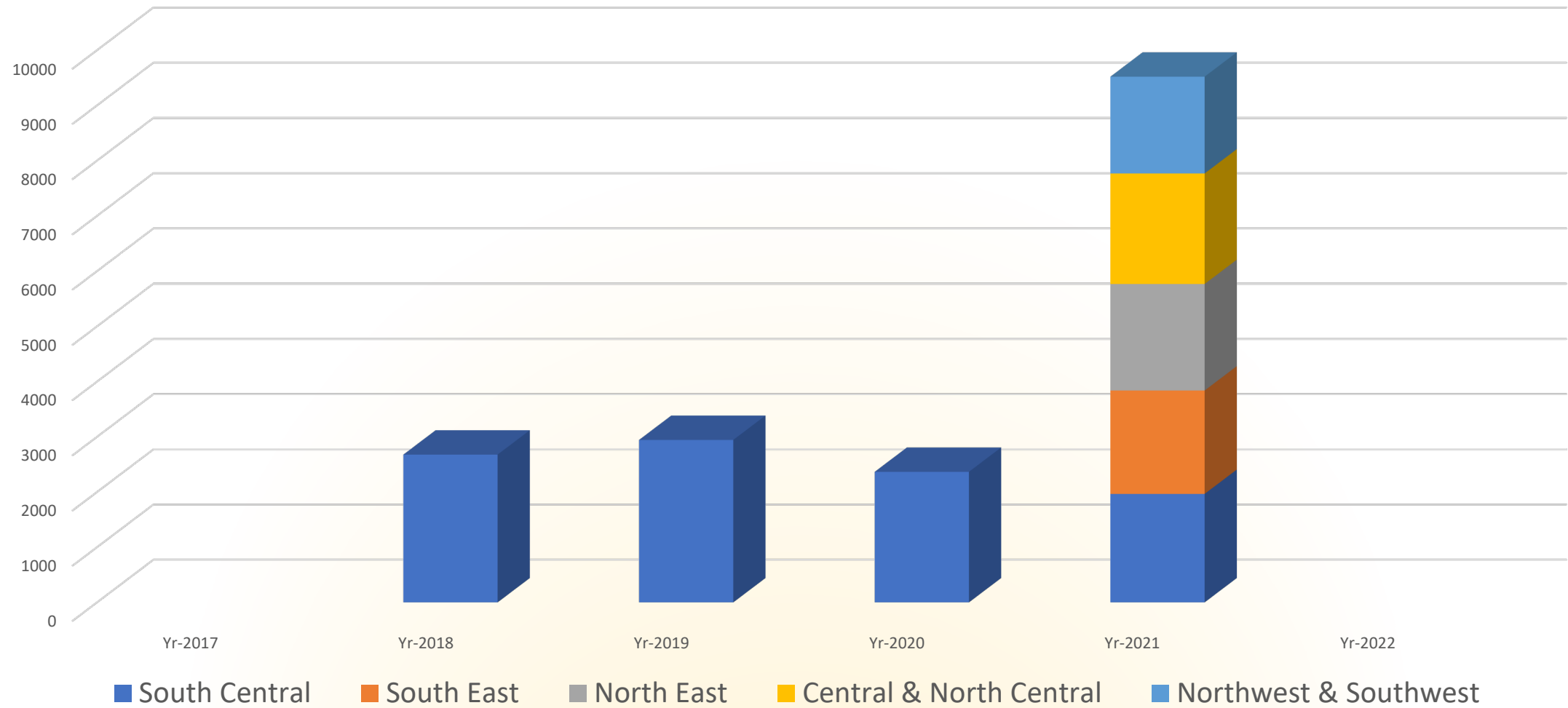


Right Care - Teams, FTEs, Budget





ZIP Breakdown, Right Care Team





Correctional (Behavioral) Health

- Additional Positions
 - One MD
 - One RN
 - One Social Worker
 - One Pharm D
 - 6 Qualified Mental Health Professional staff.
- New Programs
 - Medication Assisted Program
 - Psychosocial Rehabilitation Program

Partnerships

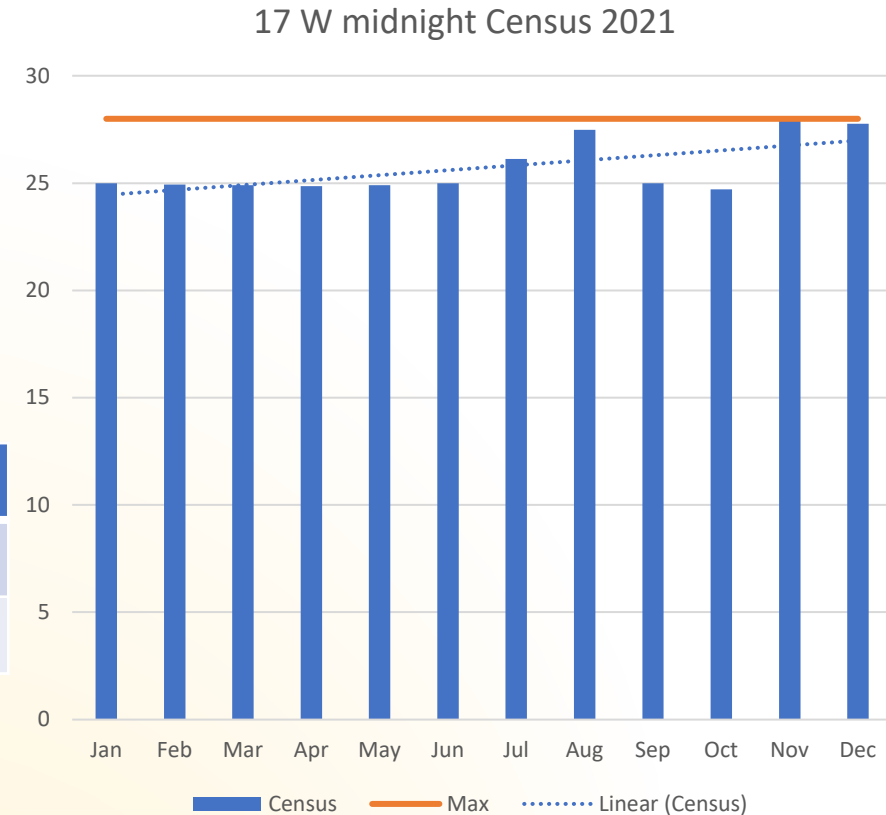
Parkland and NTBHA

NTBHA and Parkland run the PEOU (Extended observation Unit) located at Parkland.

NTBHA supports this project by providing \$4 Million.

Since 2019, Parkland no longer bills NTBHA for unfunded patients admitted to Parkland Psychiatry Inpatient. (Savings to NTBHA @630/patient/day)

Year	2019	2020	2021
Unfunded Bed Days	4695	5032	5602
Savings to NTBHA	\$ 2,957,850	\$ 3,170,160	\$ 3,529,260



Target : Keeping our unit full at 28



Other active initiatives

- Parkland extending EPIC and other IT Services for DCHHS' 15 clinics
 - Has been approved by County Commissioners
- MOUs in Process
 - SABH
 - Child and Family Guidance
 - Centro De Mi Salud
 - IPS
- Trauma Informed Care Project
 - Team selected. Will commence work in April-May

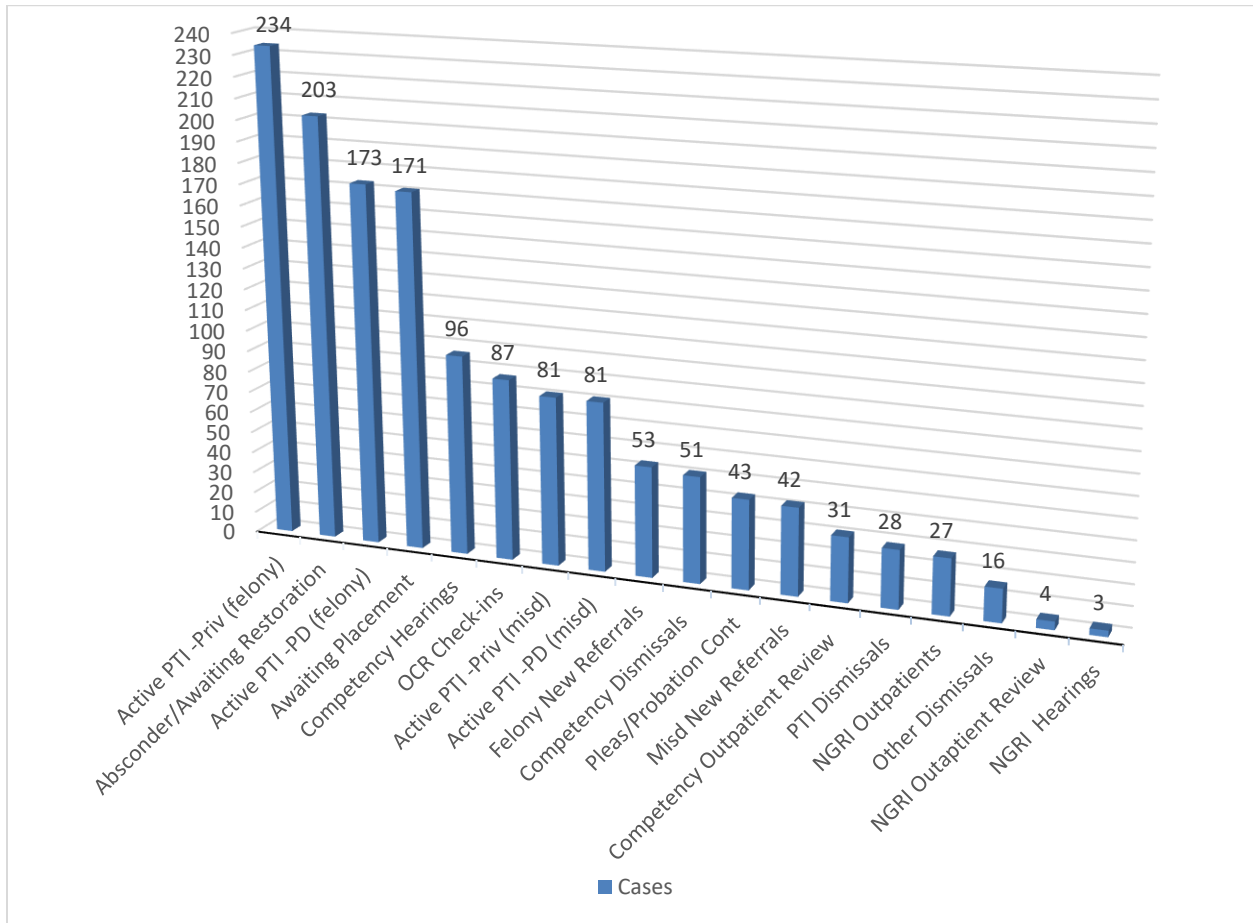




**THANK
YOU**

DISTRICT ATTORNEY'S OFFICE - RESTORATIVE JUSTICE DIVISION UPDATE

DA Criminal Mental Health Division February 2022 Stats:



DA Civil Division, Mental Illness Court February 2022 Stats:

1. **Civil Commitments** (Court Order for Inpatient Temporary Mental Health Services)
 - a. February 2022: 13
 - b. Year to date: 57
2. **Medication Hearings** (Court Order to Administer Psychoactive Medications, while receiving inpatient mental health services)
 - a. February 2022: 14
 - b. Year to date: 57
3. **Dallas County Jail Medication Hearings** (Court Order to Administer Psychoactive Medications for 46B criminal defendants who have been found incompetent to stand trial and are refusing prescribed psychoactive medications)
 - a. February 2022: 1
 - b. Year to date: 2
4. **Jury Trials**
 - a. February 2022: **0 Jury Trials**
 - b. Year to date: **0 Jury Trials**

Monthly Stats Registered Pre-Trial Specialty Courts - February

COURT	# Referrals	# Accepted	# Graduates	# Fail	Total Caseload #
DIVERT	18	1	4	3	69

COURT	# Referrals	# Accepted	# Graduates	# Fail	Total Caseload #
AIM	20	6	3	2	37

COURT	# Referrals	# Accepted	# Graduates	# Fail	Total Caseload #
SET	8	3	0	2	11

COURT	# Referrals	# Accepted	# Graduates	# Fail	Total Caseload #
MHJD	5	0	4	2	19

COURT	# Referrals	# Accepted	# Graduates	# Fail	Total Caseload #
VETERANS	9	1	3	2	31

DA Pre-Trial Intervention (PTI's):

Program	# Pending Referrals	# Accepted	# Graduates	# Fail	Total Caseload #
General PTIs	10	4	1	0	23
Prost PTIs (Misd)	7	1	2	1	8
STAR PTIs (Fel)	4	0	0	0	3

Volunteer Hours Specialty Court ADAs – February

Specialty Court	Prosecutor	Month	Staffing Hrs	Court Hrs	Outside Hrs	Total Hrs
ATLAS	Aja Reed	Feb	3.5	3	2	8.5
DDC	Jamie Young	Feb	3	2	3	8
FEL DWI	Hilary Wright	Feb	1	1	3	5
MISD DWI	Herschel Woods/ by Wright	Feb	1	.5	1	2.5
STAR Post	Jennifer Kachel	Feb	2	1.5	1	4.5
Prost PTIs	Felicia Kerney	Feb	6	5	13	24
DV	Searcey/Corwin	Feb	3	3/2	3	9/2
VETERANS	Geoff Keller	Feb	4	2	2.5	8.5
STAC (Mays)	Andrew Novak	Feb	4	1	.5	5.5
Total			27.5	21	19	86.5

**FUSE DATA FY 2021-2022
12 MONTH**

Category Item	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Total Clients Triaged for FUSE	375	340	356	289	278	292	302	295				
Referral Source												
Jail FUSE Navigator Triage	326	309	321	254	243	267	269	275				
NTBHA Living Room Referral	8	4	6	0	0	0	3	2				
Defense Attorney Referral	11	12	15	7	7	10	6	5				
Shelter/Street FUSE Navigator Referral	15	3	1	15	9	5	12	8				
Other Referral Source	11	7	9	9	14	7	6	0				
Pretrial Referral	4	5	4	4	5	3	6	5				
Client Triage/Referral Outcomes												
Released to Another Program or Agency	9	16	11	8	8	6	5	9				
Referral Banned from Shelter	0	0	0	0	0	1	0	0				
Client Refused to be interviewed or Participate or Interview attempt	14	10	7	3	3	10	6	3				
Client didn't qualify for FUSE	108	89	127	105	128	104	116	28				
Immigration Hold	0	1	0	2	1	2	4	2				
Client report not being Homeless	10	11	4	3	2	4	10	5				
Released (i.e. Posted Bond)	88	72	58	35	32	36	31	136				
Referred by Shelters/Street Outreach	14	5	0	7	2	2	3	6				
FUSE bond denied	2	2	1	2	0	0	5	0				
Pending Client Referrals												
Waiting on info, Waiting on Bond to Post, and pending attorney response	106	115	123	95	87	99	108	95				
In Quarantine/Medical/Interview Pending	6	2	7	4	3	7	0	0				
Shelter Assignment												
Total Released from Jail to FUSE	18	17	18	23	12	21	14	11				
Austin Street Center	3	7	5	4	3	8	8	6				
The Bridge	11	6	3	12	4	7	3	4				
Salvation Army	4	4	7	7	5	6	0	1				
Qualified Referred by Shelters/Street Outreach	8	0	0	2	0	3	3	1				
Other	0	1	3	0	0	0	0	0				
No Response	0	0	0	0	0	0	0	0				
Shelter Connection Rate												
Austin Street Center	1	2	2	3	0	4	8	2				
The Bridge	4	5	1	2	1	4	3	2				
Salvation Army	4	3	2	6	4	5	0	1				
Other	0	0	1	1	0	3	0	1				
No Response	0	0	0	0	0	0	0	0				
Client Abscond/Did Not Connect	9	7	12	12	7	8	2	6				
Housed	2	0	1	1	5	0	0	0				
Housing Priority List or Info sent to MDHA	1	6	3	5	0	8	5	3				

March 10, 2022

**BHLT COMMITTEE
MEETING**

PRESENTATION(S)

&

SUPPLEMENTAL PACKET 2

“Responding to Suicidality and Related Issues”

Carol Lucky, *Chief Executive Officer*

Dr. Walter Taylor, *Chief Strategy Officer*

North Texas Behavioral Authority

National Suicide Data for 2019 & 2020

- **Source of Data: 2019 and 2020 death** records received from state and local health departments and processed by the **National Center for Health Statistics** (agency within the CDC) as of May 19, 2021.
- The provisional number of suicides in 2020 (45,855) was 3% lower than in 2019 (47,511).
- Females in all race and Hispanic-origin groups experienced declines in suicide rates between 2019 and 2020.
- Suicide Rates declined for non-Hispanic white and non-Hispanic Asian males.
- Suicide Rates increased for non-Hispanic black males, Hispanic males, non-Hispanic American Indian males, and non-Hispanic Alaska Native males between 2019 and 2020

(Source: Curtin, Hedegaard, and Ahmad 2021)

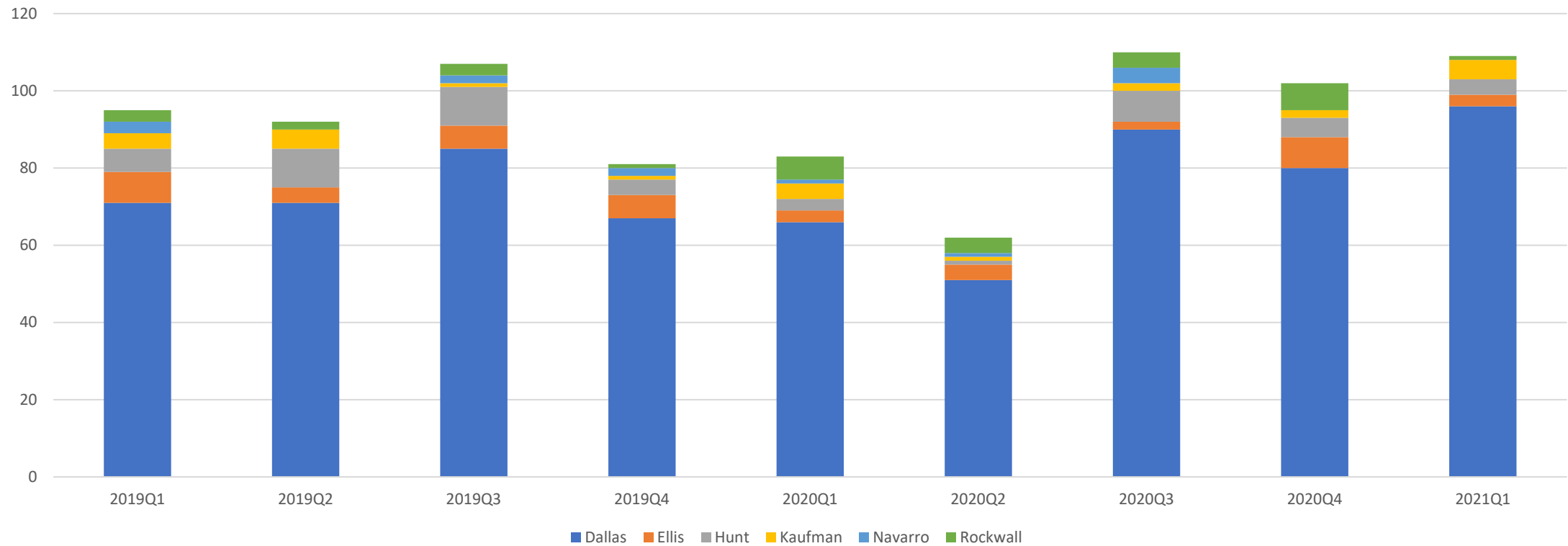
National Suicide Data for 2019 & 2020

- For **black males**, there was a **6% increase** in the **total number** of suicides from **2019 (2,591)** to **2020 (2,645)**. There was a **3% increase** in the **overall rate** of suicides from **2019 (12.5 per 100,000)** to **2020 (12.9 per 100,000)**.
- For **Hispanic males**, there was an **8% increase** in the **total number** of suicides from **2019 (3,445)** to **2020 (3,704)**. There was a **5% increase** in the **overall rate** of suicides from **2019 (11.6 per 100,000)** to **2020 (12.2 per 100,000)**.

(Source: Curtin, Hedegaard, and Ahmad 2021)

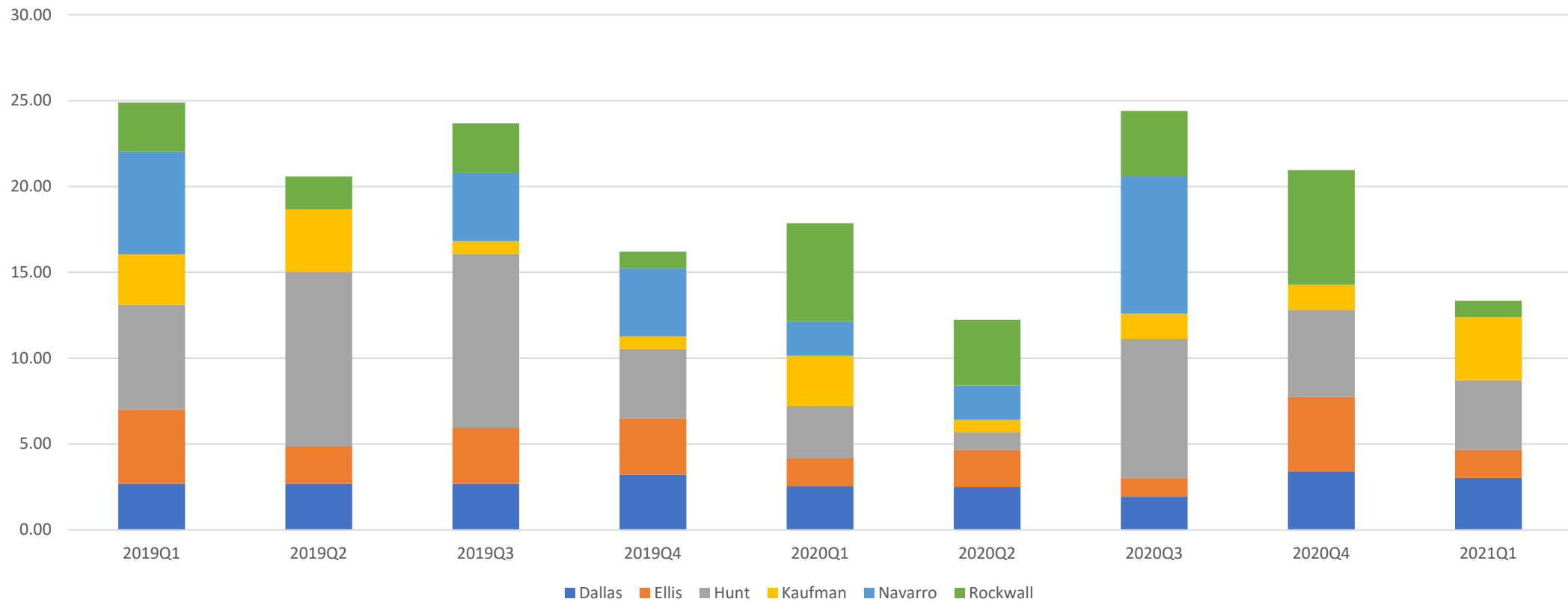
NTBHA Suicide Data for 2019-Q1 2021

ED Encounters with a 'Suicide Attempt' Diagnosis



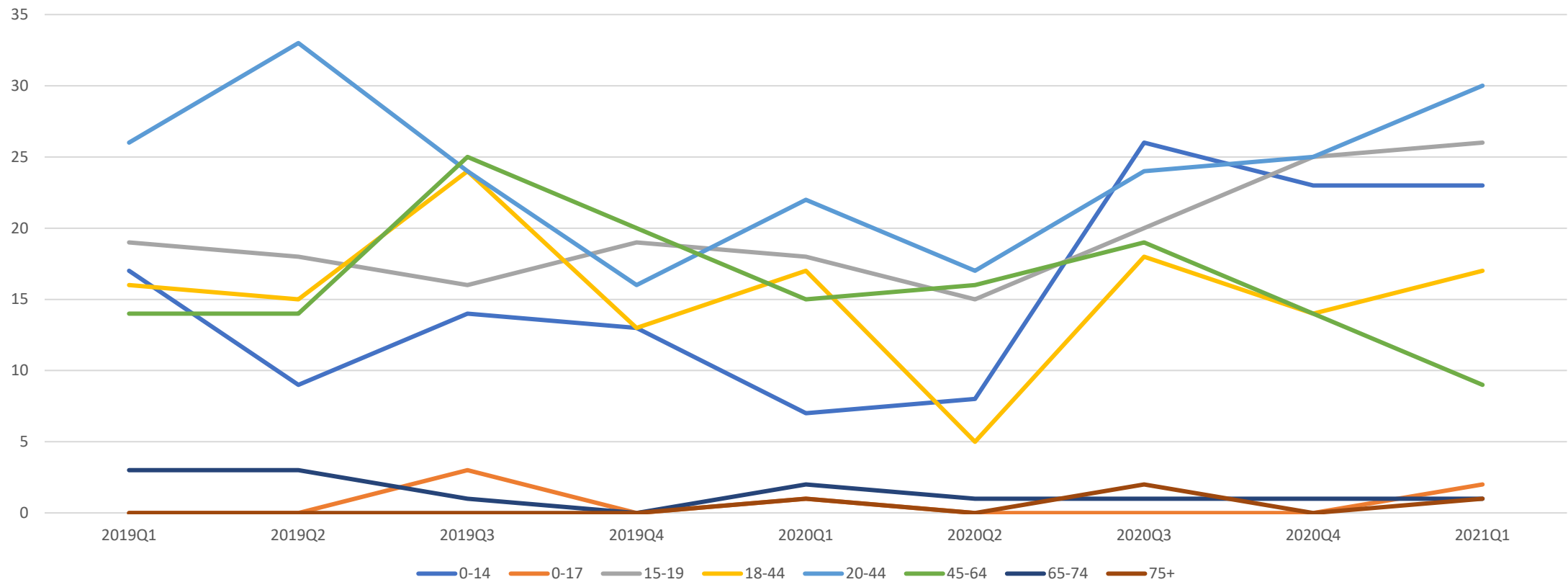
NTBHA Suicide Data for 2019-Q1 2021

ED Suicide Attempts per 100,000 in Population



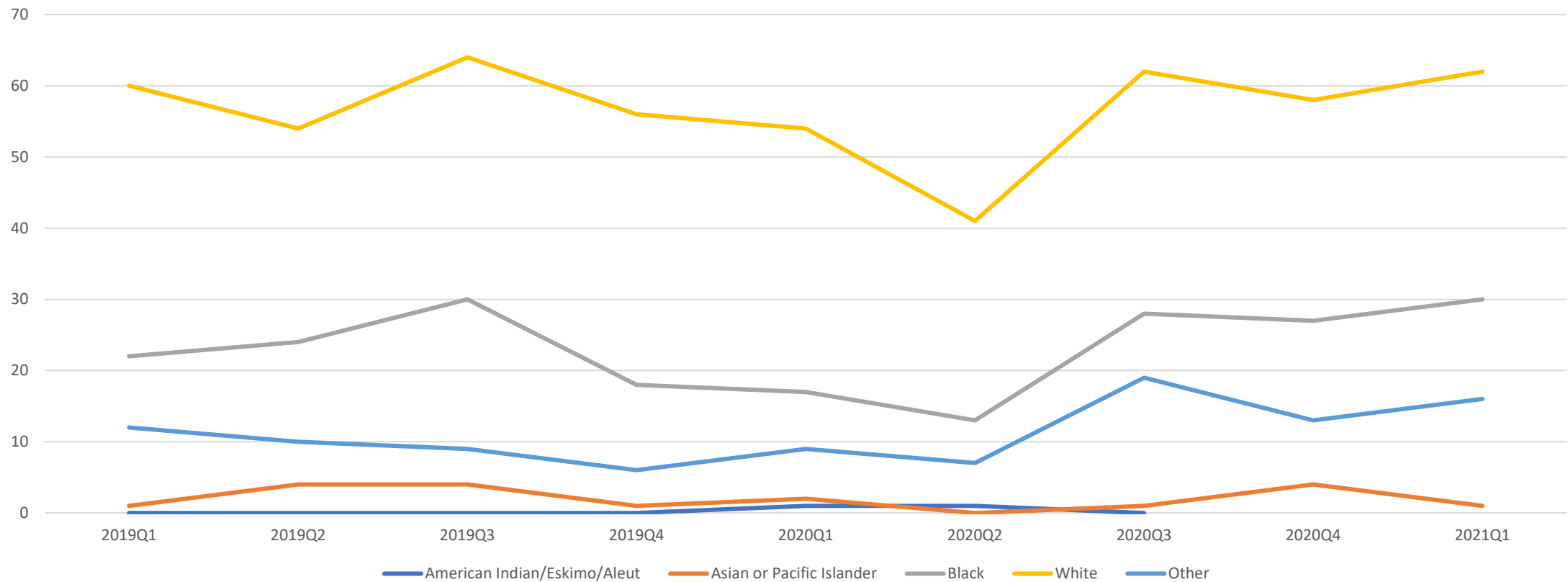
NTBHA Suicide Data for 2019-Q1 2021

Attempts by Age, Showing Trends for Each Group

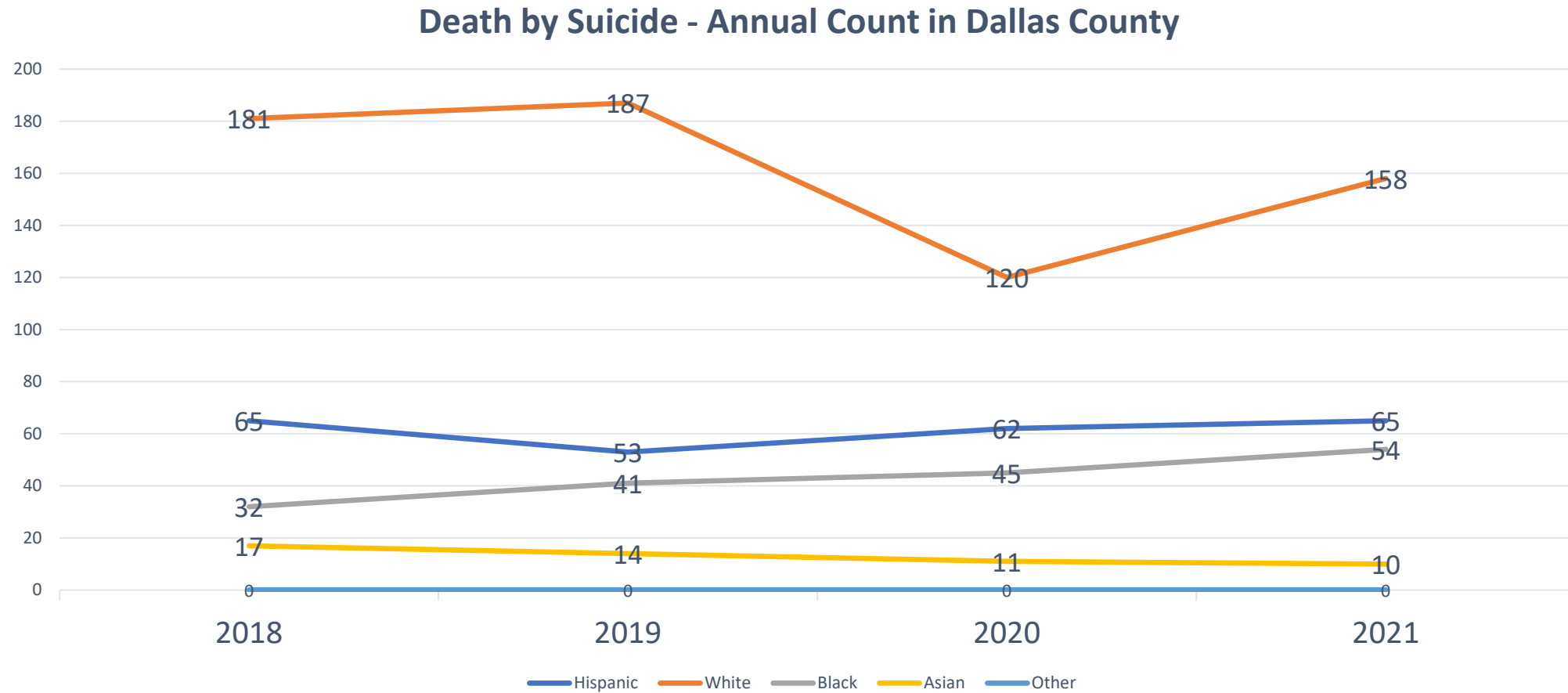


NTBHA Suicide Data for 2019-Q1 2021

ED Attempts, Showing Trends by Race

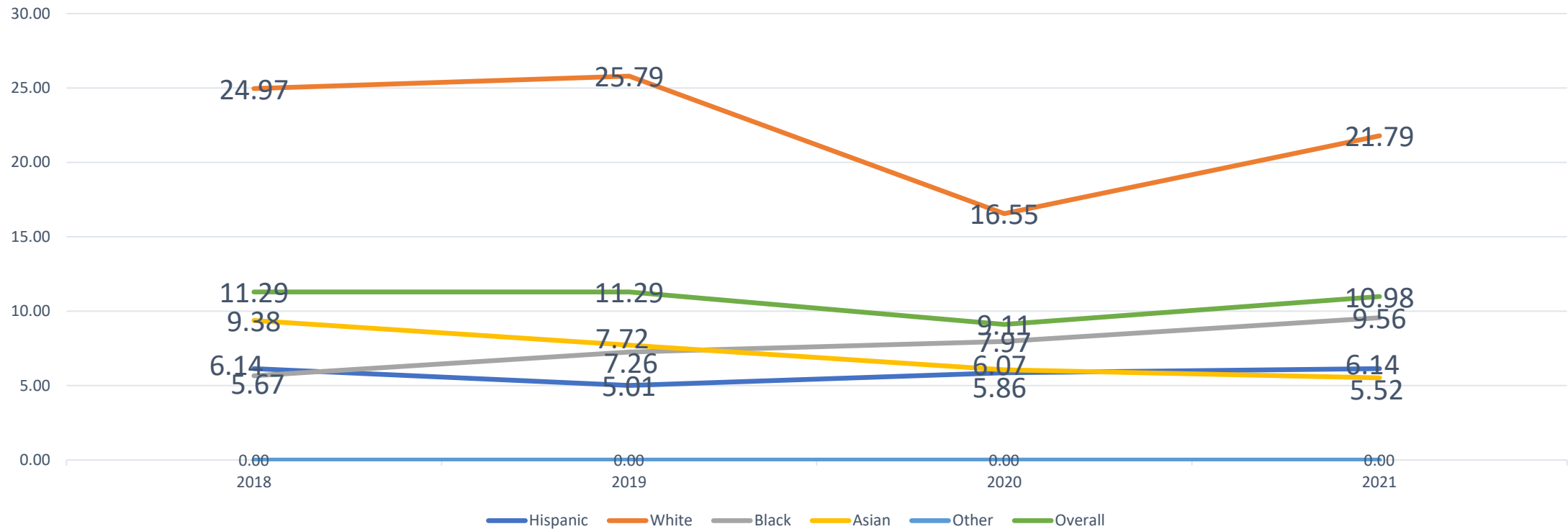


Dallas County Suicide Data for 2018-2021



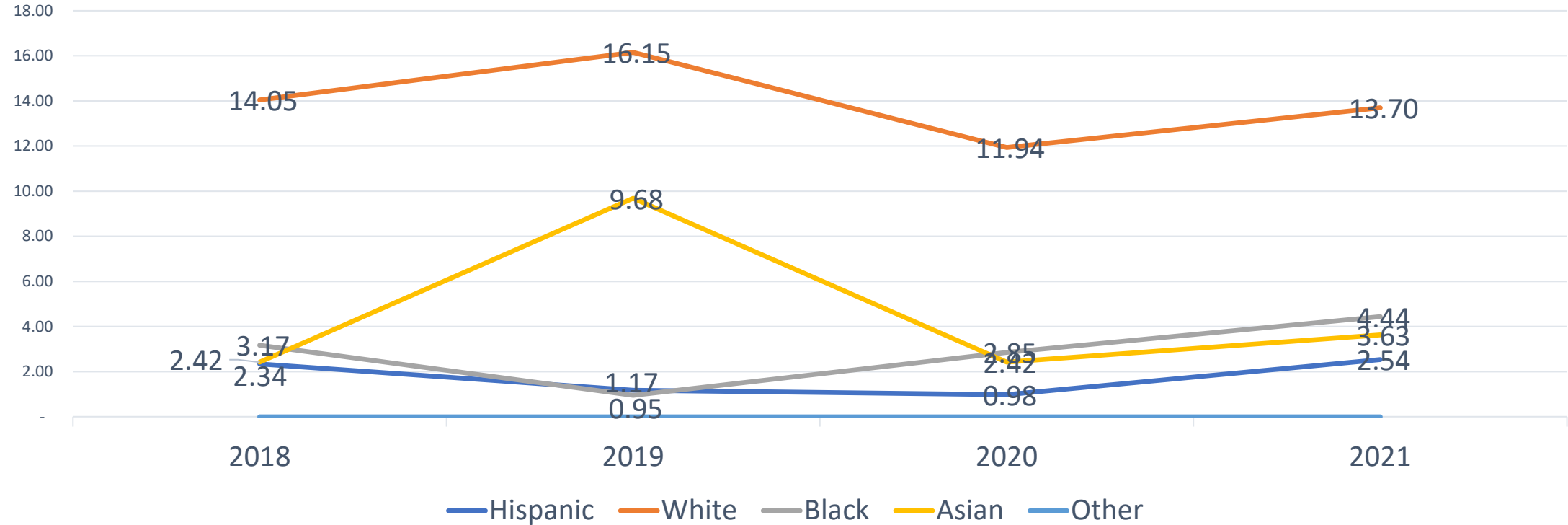
Dallas County Suicide Data for 2018-2021

Suicide Rate per 100,000 by Race In Dallas County

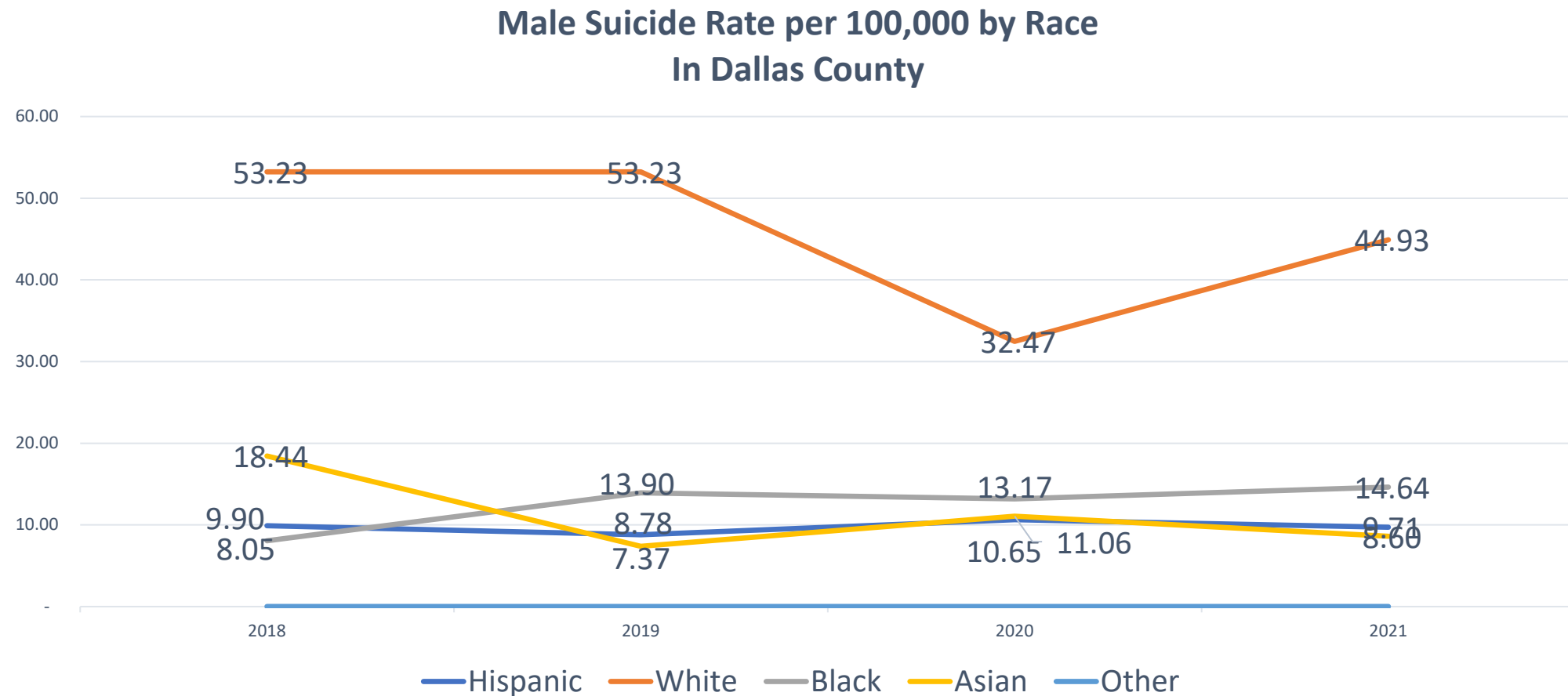


Dallas County Suicide Data for 2018-2021

Female Suicide Rate per 100,000 by Race
In Dallas County

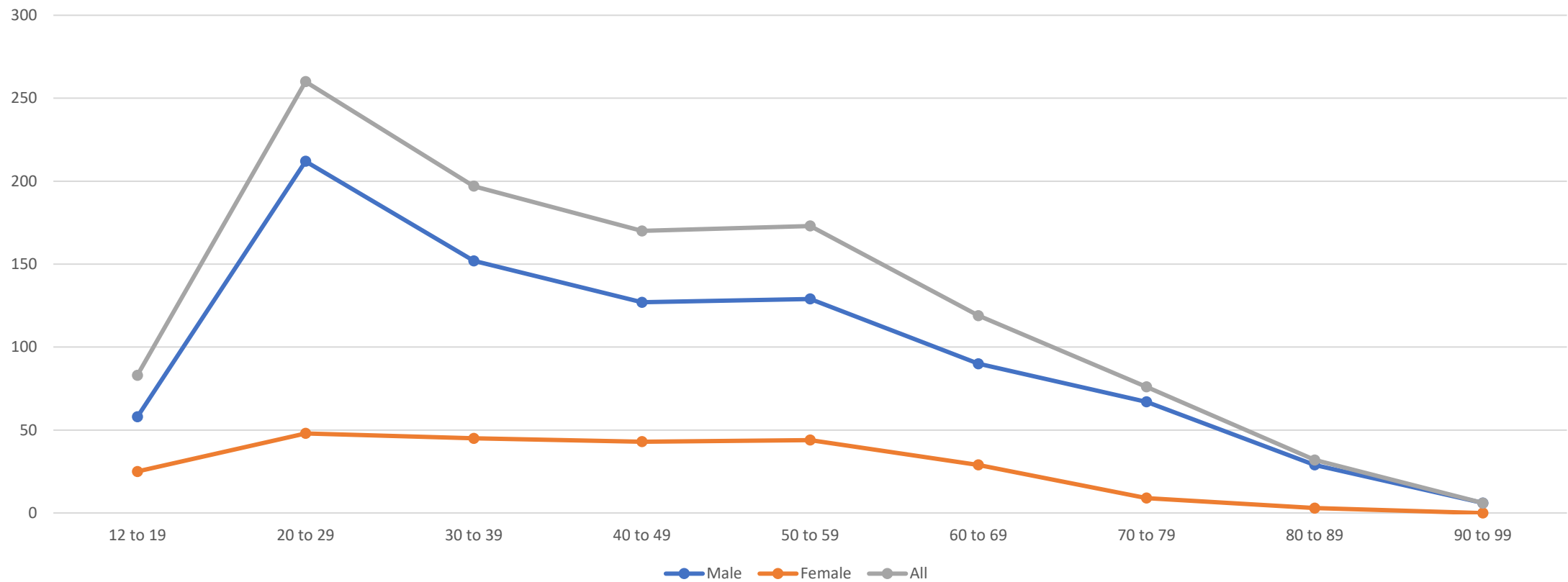


Dallas County Suicide Data for 2018-2021

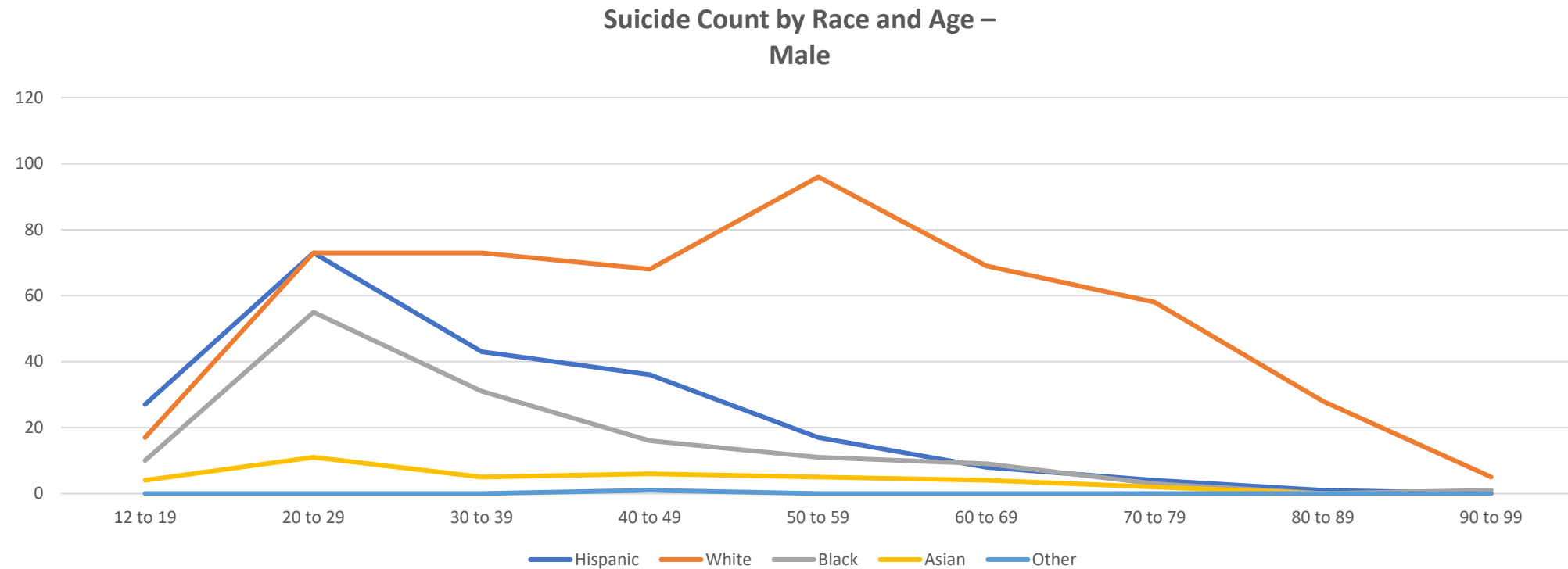


Dallas County Suicide Data for 2018-2021

Suicide Count by Age Range 2018-2021 Combined

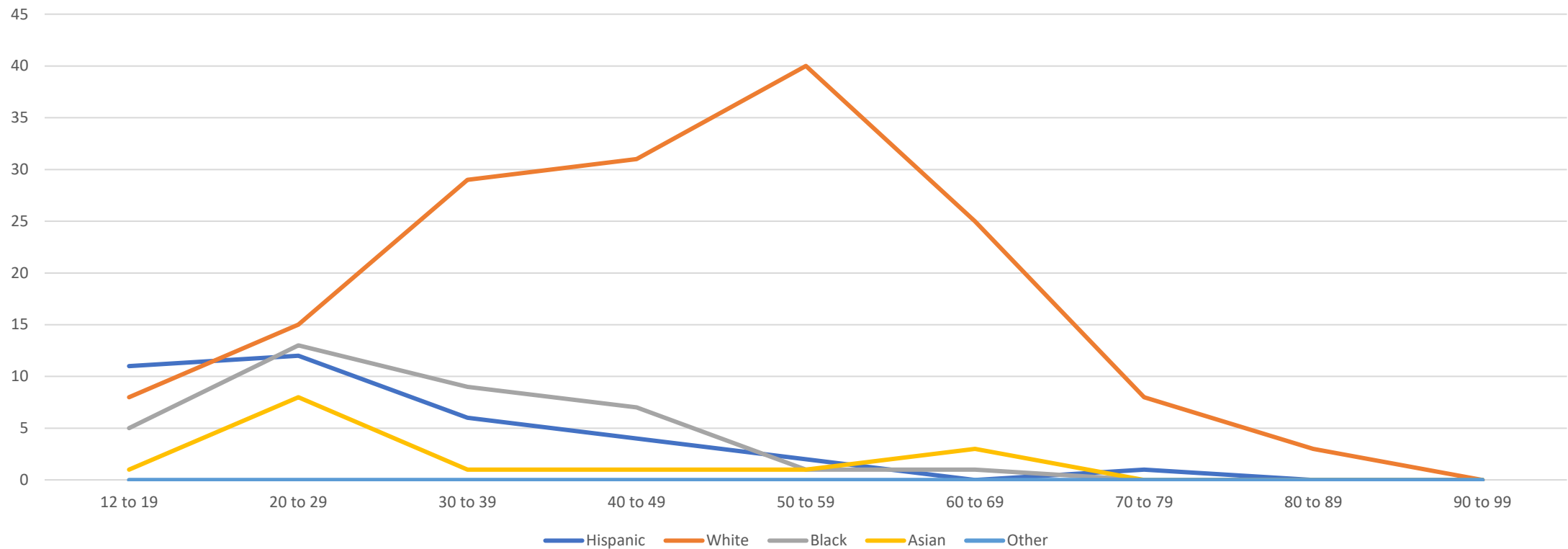


Dallas County Suicide Data for 2018-2021

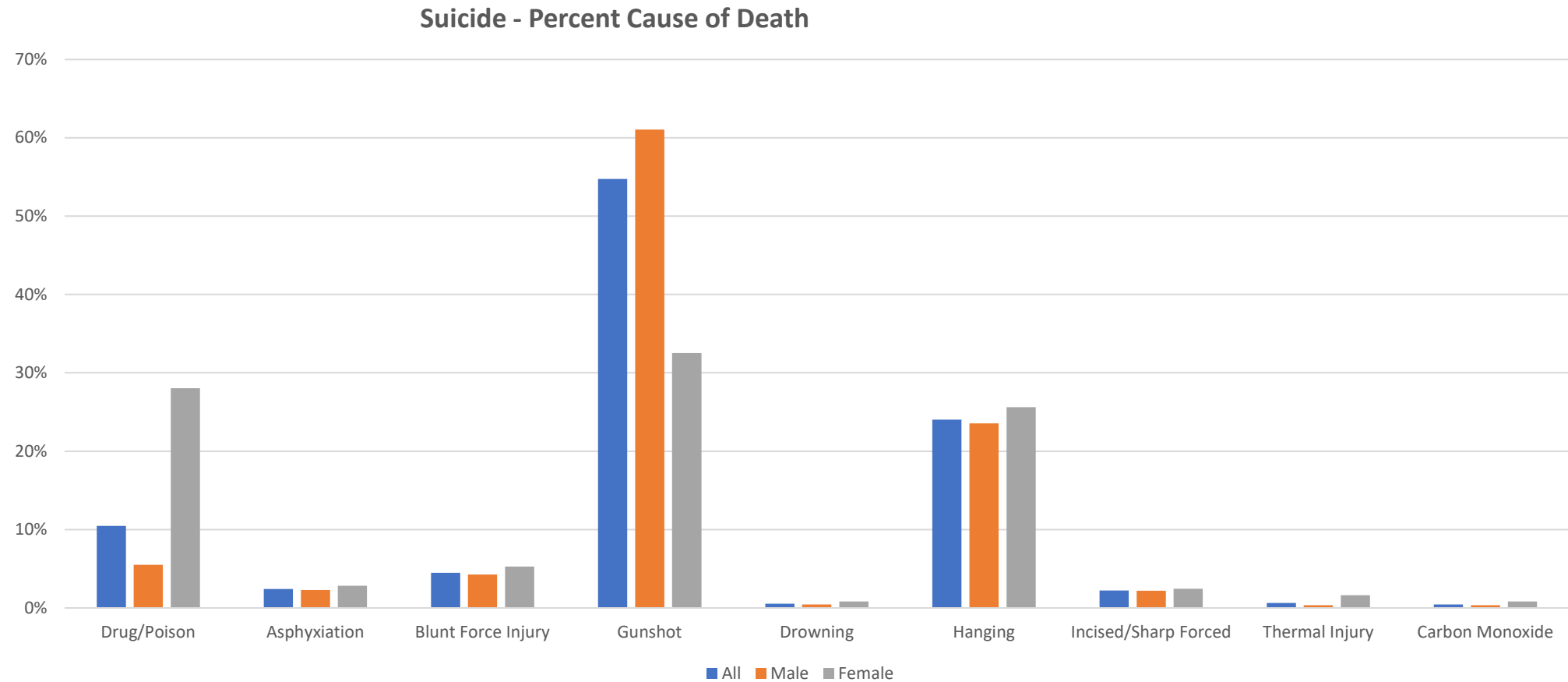


Dallas County Suicide Data for 2018-2021

Suicide Count by Race and Age - Female



Dallas County Suicide Data for 2018-2021



NTBHA Suicide Prevention Actions

- **ASIST Training** – Applied Suicide Intervention Skill Training. ASIST is a 2-day training program that teaches participants how to assist those at risk for suicidal thinking, behavior, attempts, and attempts.
- **Mental Health First Aid Training** - Mental Health First Aid is a course that teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives you the skills you need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.

NTBHA Suicide Prevention Actions

- **CALM – Counseling on Access to Lethal Means** - Reducing access to lethal means, such as firearms and medication, can determine whether a person at risk for suicide lives or dies. This free online course focuses on how to reduce access to the methods people use to kill themselves. It covers how to: (1) identify people who could benefit from lethal means counseling, (2) ask about their access to lethal methods, and (3) work with them—and their families—to reduce access. While this course is primarily designed for mental health professionals, others who work with people at risk for suicide, like social service professionals and health care providers, may also benefit from taking it.
- **AS+K - About Suicide To Save A Life (Basic)** provides participants with an overview of the basic epidemiology of suicide and suicidal behavior, including risk and protective factors. In this one hour e-learning based course, participants are trained to recognize warning signs—behaviors and characteristics that might indicate elevated risk for suicidal behavior—and the initial intervention steps to support a person they think might be at risk for suicide. Please note this course is designed for public health information purposes only and is not designed to assess, screen, diagnose or treat any mental or physical health condition.

NTBHA Suicide Prevention Actions

- Trauma Informed Care – NTBHA’s Trauma Informed Care Initiative seeks to:
- Increase awareness of the impact of trauma, resilience-building strategies and trauma-informed care.
- Implement trauma-informed, resilience-oriented best practices suited to NTBHA and the provider network.
- Embed understanding of trauma and resilience into intake, screening and assessment processes.
- Develop a trauma-informed and resilient workforce.
- Build resilience in the NTBHA and provider workforce through prevention of and response to secondary traumatic stress and compassion fatigue.
- Increase the resilience, engagement and involvement of the people served the NTBHA provider network.
- Create safe environments that avoid re-traumatization and promote resilience.
- Organize, collect, analyze and utilize data to sustain quality improvement.

NTBHA Outreach, Education, and Referral Resources

- SUD Community Health Worker (CHW) program - The substance use disorder community health worker programs allow community health workers and promotor(a) to increase linkage and retention in substance use, mental health and medical services for Texas residents living with substance use disorders. These CHW programs provide non-judgmental, non-coercive provision of services and resources to people who use substances and the communities in which they live to assist them in reducing harm. This includes people who are marginalized or stigmatized, experiencing housing instability or homelessness, injecting substances, live with or are at risk of Hepatitis C Virus or Human Immunodeficiency Virus, and are experiencing greater barriers to entering treatment or recovery services
- Outreach, Screening, Assessment, and Referral (OSAR) - is a service available to all individuals interested in information about substance use services. OSAR can be the starting point for individuals who want help accessing substance use services but are unsure where to begin.

Outreach Efforts this Fiscal Year

1114 People Trained in Mental
Health First Aid

412 Jail Assessments Conducted
Across the Region

3500 Crisis Calls Answered by our
AAS Certified Hotline

7165 Community Health Worker
Contacts in the Community

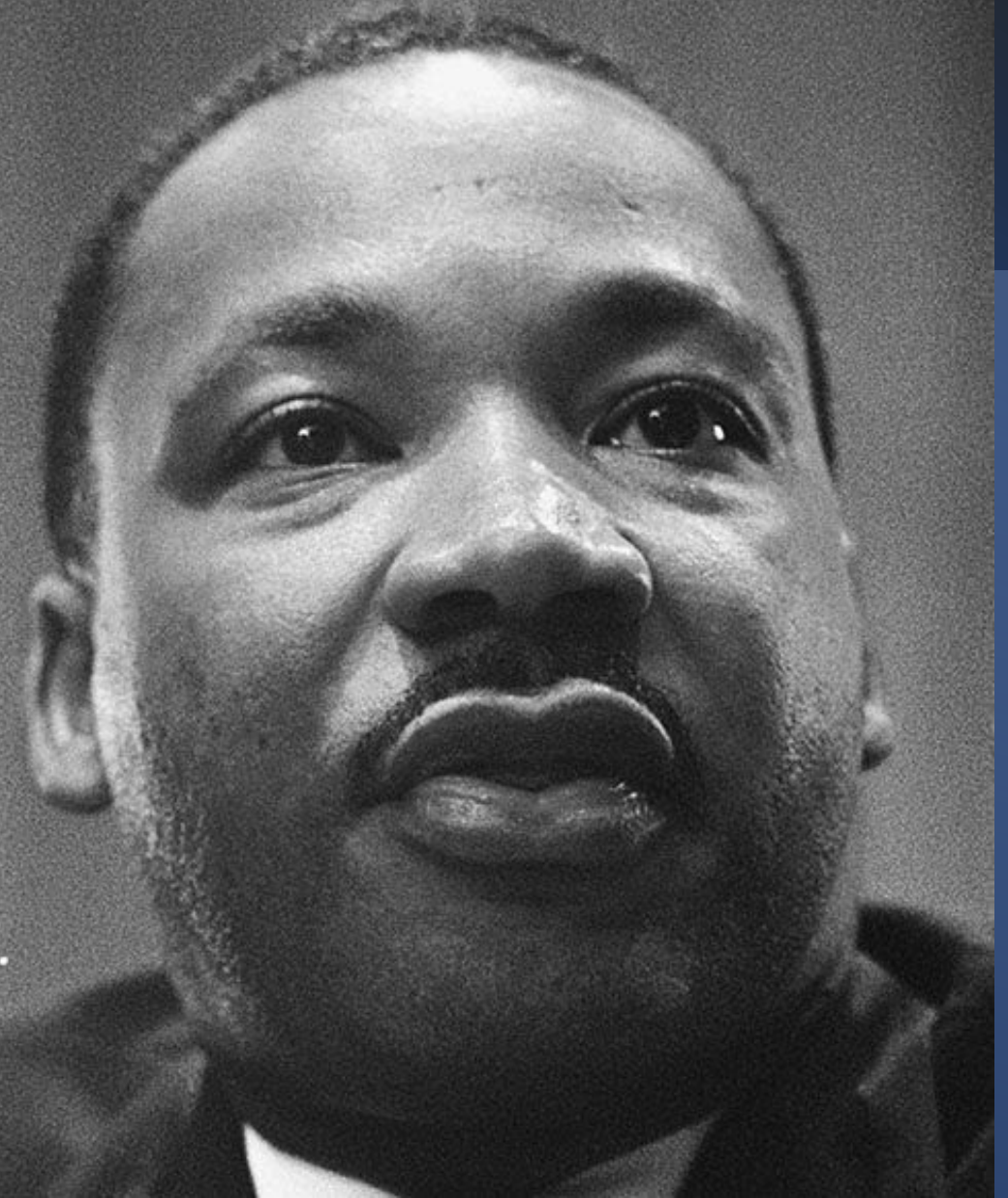
Routine Activities

Each CANS/ANSA assessment includes a section on the risk of suicide.

Each face to face or via telehealth visit includes a risk of harm screening.

“ Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane. ”

DR. MARTIN LUTHER KING, JR.



Concluding Thoughts

- Suicide is a complex, multifaceted public health issue with societal, environmental, interpersonal, biological and psychological components (Curtin et al 2021; Stone et al 2017)
- The COVID-19 pandemic increased many of the risk factors associated with suicidal behavior (adverse mental health conditions, substance misuse, and job or financial stress) (Curtin et al 2021; Czeisler et al 2020; Pew Research Center 2020)
- Suicide has increased among our black and brown brothers nationally and in Dallas County.
- Suicidality is arguably a “wicked problem” (Rittel and Webber 1973) that requires a whole-of-community effort to address.

Concluding Thoughts

- Possible initiatives to address some of the contributing factors of suicidality:

- 1. Adopt a *Health-in-All-Policies*** approach at the policy-making and community level. Encourage “...leaders and policymakers to integrate considerations of health, well-being and equity during the development, implementation and evaluation of all policies and services.” For, “There is an increasing recognition that the environments in which people live, work, learn, and play have a tremendous impact on our health. Re-shaping people’s economic, physical, social, and service environments can help ensure opportunities for health and support healthy behaviors.” (Rudolph et al 2013)

Concluding Thoughts

2. Strengthen Economic Supports – strengthen household financial security. Develop and implement housing stabilization policies.

3. Strengthen access and delivery of behavioral health care – coverage of mental health and substance use disorder services in health insurance policies. Reduce provider shortages in underserved areas.

4. Create protective environments – reduce access to lethal means among persons at risk of suicide. Organizational policies and culture. Community-based policies to reduce excessive alcohol use.

5. Promote connectedness – peer support programs. Community engagement activities.

(Source: Stone, et al 2017)

Concluding Thoughts

6. Teaching coping and problem-solving skills – social-emotional learning programs. Parenting skill and family relationship programs.

7. Identify and support people at risk – Gatekeeper training. Crisis intervention. Treatment for people at risk of suicide and to prevent re-attempts.

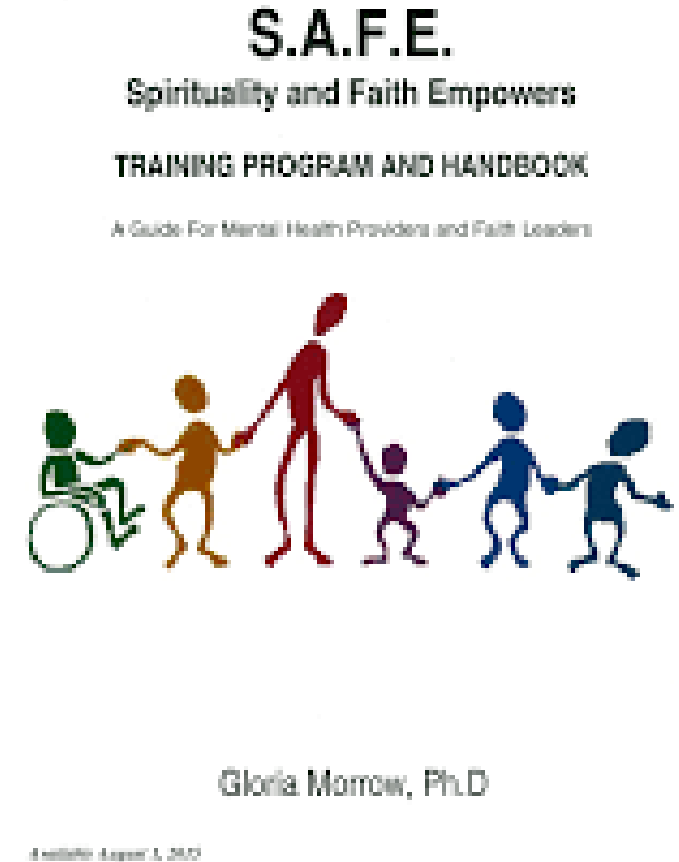
8. Lesson harms and prevent future risk – Postvention. Safe reporting and messaging about suicide.

9. Partner with the faith-based communities for the purpose of education, equipping, and empowerment.

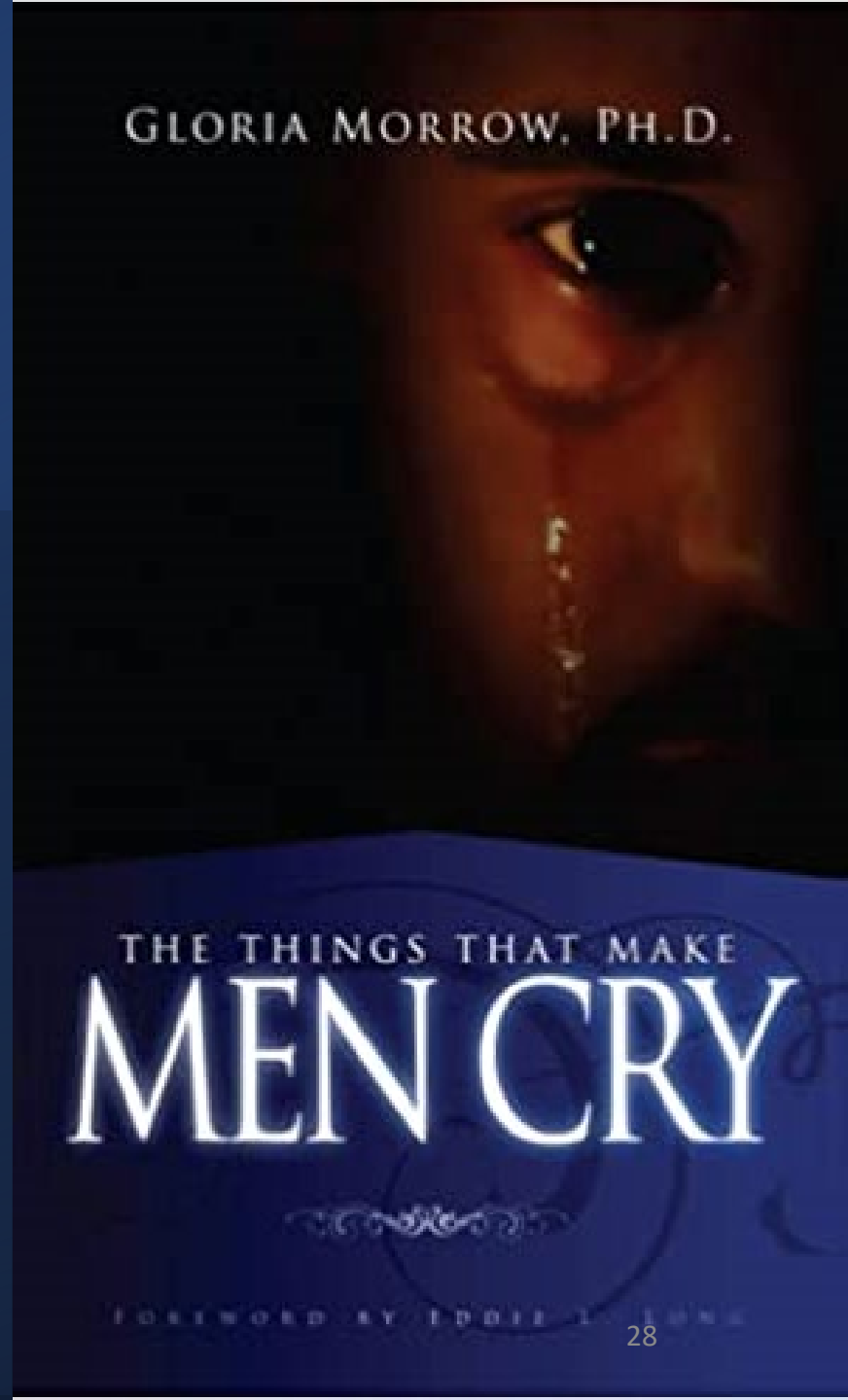
10. Remember, its okay, to not be okay, and to get the help and support that we all need.

(Source: Stone, et al 2017)

S.A.F.E. Training March 31 and April 1, 2022



“The Things that Make
Men Cry”
April 2, 2022



Other Resources

- 24/7 NTBHA Crisis Line 1-866-260-8000 and www.ntbha.org
- COVID-19 Mental Health Crisis Line 1-866-251-7544
- National Suicide Prevention Lifeline 1-800-273-TALK (8255)
www.suicidepreventionlifeline.org
- Film: “I’m Good Bro: Unmasking Black Male Depression”
https://www.youtube.com/watch?v=w_iCaM84HUg

References

- Curtin, S.C., Hedegaard, & Ahmad, F. B. 2021. Provisional numbers and rates of suicide by month and demographic characteristics: United States 2020. *National Vital Statistics Rapid Release*. Report No. 16. November 2021. National Center for Health Statistics, Centers for Disease Control and Prevention.
- Czeisler, M.E., Lane, R.I., Petrosky, E., Wiley, J.F., Christensen, A., Njai, R. et al. Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24-30, 2020. *Morbidity and Mortality Weekly Report* 69 (32): 1049 -57. 2020.
- Pew Research Center, April 2020, “About Half of Lower-Income Americans Report Household Job or Wage Loss Due to COVID-19
- Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. 2013. *Health in all policies: a guide for state and local governments*. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute.
- Stone, D.M., Holland, K.M., Bartholow, B., Crosby, A.E., Davis, S., and Wilkins, N. 2017. Preventing suicide: a technical package of policies, programs, and practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

HARRY INGRAM		FY2022 ATLAS STATISTICS											203rd				
MONTH	BEGINNING # OF PENDING CASES	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TBJ	TBC	PLEAS	REV	GRADUATES	PROBATION MODIFICATIONS	DISMISSALS	OTHERS	TOTAL DISPOSITIONS	ENDING # PENDING CASES **	CURRENT ATLAS PARTICIPANTS	CURRENT PARTICIPANTS IN CUSTODY	FORMER ATLAS PARTICIPANTS	BOND
February	41	0	41	0	0	0	0	1	0	0	0	1	40	20	0	0	20

HARRY INGRAM		FY2022 MISDEMEANOR DIVERT MENTAL HEALTH COURT STATS											CCCAP1/WADE				
MONTH	BEGINNING # OF PENDING CASES	Rediverts	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TBJ	TBC	PLEAS	DISMISSAL	OTHER	TOTAL DISPOSITIONS	ENDING # PENDING CASES **	CURRENT PARTICIPANTS	NUMBER OF GRADUATES	BOND***			
February	24	1	0	25	0	0	2	4	4	10	15	13	4	12			

HARRY INGRAM		FY2022 S.E.T. STATISTICS											291st				
MONTH	BEGINNING # OF PENDING CASES	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TBJ	TBC	PLEAS	REV	GRADUATES	PROBATION MODIFICATIONS	DISMISSALS	OTHERS	TOTAL DISPOSITIONS	ENDING # PENDING CASES **	CURRENT PARTICIPANTS	CURRENT PARTICIPANTS IN CUSTODY	FORMER PARTICIPANTS	BOND
February	36	4	40	0	0	0	0	0	0	0	8	8	32	12	2	0	10

February		FY2022 MHPD STATS														
	BEGINNING # OF PENDING CASES	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TRIALS	PLEAS	COND. DISM.	REVK	REVC	DISMISSALS	INCOMPETENT	REFERRALS	OTHER COUNSEL APPT.	TOTAL CLOSED			
R. Lenox	231	19	250	0	0	6	0	0	2	0	0	1	9			
L. Strather			0										0			

Stats unavailable.

February		FY2022 FELONY COMPETENCY STATISTICS														
MONTH	BEGINNING # OF CASES	NEW CASES THIS MONTH	TBJ	TBC	Alt. Trial Dispos.	PLEAS	REVO-CATIONS	DISMISSALS	PROBATION	COMP. HRG.	EXTENSIONS	CIVIL COMMIT.	MHMR REFERRAL	CONSULTS	OTHER	ENDING # OF PEOPLE IN OCR
M. Harden	196	6	0	0	0	2	3	5	0	8	2	0	0	0	4	12
R. Scott	24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

RANDALL SCOTT		FY2022 MISDEMEANOR COMPETENCY STATISTICS														
MONTH	BEGINNING # OF CASES	NEW CASES THIS MONTH	TBJ	TBC	Alt. Trial Dispos.	PLEAS	REVO-CATIONS	DISMISSALS	PROBATION	COMP. HRG.	EXTENSIONS	CIVIL COMMIT.	MHMR REFERRAL	CONSULTS	OTHER	ENDING # OF PEOPLE IN OCR
February	168	64	0	0	0	1	1	49	0	25	0	1	0	0	0	16

February		MI Court																							
MONTH	TOTAL NEW CASES RECEIVED	NEW CLIENTS AT TERRELL	NEW CLIENTS AT GREEN OAKS	NEW CLIENTS AT MEDICAL CENTER MCKINNEY	NEW CLIENTS AT PARKLAND	NEW CLIENTS AT DALLAS BEHAVIORAL HEALTH	NEW CLIENTS AT GARLAND BEHAVIORAL	NEW CLIENTS AT CLEMENTS (formerly ZALE LIPSHY)	NEW CLIENTS AT HICKORY TRAILS	NEW CLIENTS AT METHO DIST RICHARDSON	NEW CLIENTS AT DALLAS PRESBYTERIAN	NEW CLIENTS AT VA	NEW CLIENTS AT WELLBRI DGE	NEW CLIENTS AT GLEN OAKS	NEW CLIENTS AT TEXOMA	NEW CLIENTS AT PERIMETER BEHAVIORAL HEALTHCARE	NEW CLIENTS AT THR ARLINGTON	MR/MILLWOOD/HAVEN	PROBABLE CAUSE HEARINGS HELD	NO CONTEST COMMIT	CONTESTED COMMIT	FORCED MEDS HEARING IN COURT	MODIFICATION HEARINGS	OUTPATIENT COMMIT	INPATIENT COMMIT
L. Roberts	48	4	0	0	0	0	0	0	0	0	0	0	0	16	0	4	0	24	0	0	5	8	0	0	0
C. Cox	116	0	0	0	89	0	0	9	0	0	17	0	0	0	0	0	0	1	1	0	8	7	0	2	0
K. Nelson	120	0	0	0	0	37	0	0	70	0	0	13	0	0	0	0	0	0	0	0	15	15	0	0	0
R. Black	91	0	50	0	0	0	0	0	0	20	0	0	21	0	0	0	0	0	6	0	0	0	0	0	0

DAN ECKSTEIN		MHPR BOND STATS										
MONTH	INITIAL ELIGIBILITY DAILY LIST (MH FLAGS)	MHPR BOND APPOINTMENTS FROM DAILY LIST (MH FLAGS MINUS THOSE SCREENED-OUT)	MHPR BOND HEARING-BOND GRANTED (# of clients)	MHPR BOND HEARING-BOND DENIED (# of clients)	TOTAL HEARINGS (# of clients)	Total # of Cases	Total # of Felony Cases	# of Felonies Approved	# of Felonies Denied	Total # of Misd. Cases	# of Misd's Approved	# of Misd's Denied
February	1536	193	36	11	47	65	49	30	19	16	13	3