

Dallas County Behavioral Health Leadership Team Thursday, August 8, 2024 9:30am -11:00am In-Person & Virtual Meetings via Microsoft Teams

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- Review/Approval of June 13, 2024, Meeting Minutes
- II. Introductions
- III. North Texas Behavioral Health Authority (NTBHA) Update
- IV. Meadows Mental Health Policy Institute (MMHPI) Update
- V. Dallas County Behavioral Health Housing Workgroup Update
- VI. Dallas County Mental Health Advisory Committee Update
- VII. Legislative Update
- VIII. Funding Opportunities
 - SAMHSA Residential Treatment Grant Update
 - Community Courts Grant Update Public Defender's Office (PD)
 - Restorative Justice Division Update District Attorney's Office (RJD)
 - IX. Upcoming Events and Notifications
 - X. Public Comments
 - XI. Adjournment



DALLAS COUNTY, TEXAS Minutes of the Behavioral Health Leadership Team Meeting Thursday, June 13, 2024

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 9:30 AM. Commissioner Price welcomed everyone and announced that the meeting was being recorded and those who continued in attendance were consenting to being recorded as a part of the open records.

The Commissioners present were Commissioner John Wiley Price and Commissioner Dr. Theresa Daniel. Commissioner Price entertained a motion for opening the meeting. A motion was made and seconded by another participant. The motion was unanimously passed by the committee members.

Review/Approval of Minutes

The minutes of the BHLT meeting held on Thursday, May 9, 2024, were included in the meeting packet. Commissioner Price offered an opportunity for the minutes to be reviewed and approved. The minutes were approved with two requests for correction on the spelling of staff names.

Introductions

Commissioner Price welcomed everyone to the meeting and asked first-time attendees to introduce themselves.

- Rick Remely- Senior Regional Director, Cenikor
- Louis Morris- Life Enhance Behavioral Health Service
- Kaniesha Bailey- Director of Therapeutic Services, Southern Area Behavioral Health

North Texas Behavioral Health Authority (NTBHA) Update

Carol Lucky, NTBHA, provided the update. Ms. Lucky stated NTBHA received their general contract and will receive two million per year. NTBHA also received an additional 17 million dollars for two years to help hospitals with uncompensated care days. Ms. Lucky reported that NTBHA served 25,790 adults and 8,833 children with a total of 34,623 individuals served for the month of May.

Meadows Mental Health Policy Institution (MMHPI)

Ron Stretcher, MMHPI, directed the committee to the packet for the Deflection Center report. Mr. Stretcher acknowledged DART and other partners that have helped maintain engagement.

Dallas County Behavioral Health Housing Workgroup (BHHWG)

Commissioner Dr. Theresa Daniel provided the update. Dr. Daniel reported that the Dallas County Homeless Advisory Committee continues to analyze and review the eviction prevention data and continue to monitor the issues of RSV, Covid-19, and influenza in the shelters. Dr. Daniel noted an increase in jail population which has also shown an increase in book-ins of individuals with mental health issues. Dr. Daniel reported that Housing Forward has had their lowest Point-In-Time count in the last 10 years due to their encampment decommissioning, a process that involves selecting the encampment and bringing housing resources to those individuals.

Dallas County Mental Health Advisory Committee Update

Yordanos Melake, Program Manager, Criminal Justice Department provided the update. Ms. Melake reported for the month of May, there were 3,067 magistrate orders for 16.22 screenings with 2,223 completed, 203 defendants refused screenings and 726 defendants unable to be located. Ms. Melake reported the Mental Health Advisory Committee last met Tuesday June 11 and will continue to meet every other month on the 2nd Tuesday of the month with the next meeting scheduled for August 13.

Legislative Update

Janie Metzinger, directed the committee to the Texas House Interim Charges Related to Behavioral Health within the meeting packet. Ms. Metzinger briefly discussed the Texas House Defense and Veterans Affairs Committee HB671 relating to the veteran's suicide prevention campaign. Ms. Metzinger also mentioned The Texas House Youth and Safety that addresses services currently available to children and families that are either involved with, or at high risk for becoming involved with the foster care and juvenile justice systems. Ms. Metzinger also mentioned that the Texas Senate Health and Human Services Committee plans to address children's mental health, access to health care and health insurance.

Funding Opportunities Updates

• SAMHSA Residential Treatment Grant Update

Marcus Turner, Criminal Justice Department, provided the update. Mr. Turner reported that there were two new SAMHSA admissions to Nexus Recovery Center with an average wait time of 13 days, Homeward Bound had no admissions for the month of May. Mr. Turner reported that that there were three total discharges for the month of May, two successful and one unsuccessful. Lastly, Charlene Randolph, Director, Criminal Justice Department announced Mr. Turner as the new Specialty Courts Program Manager.

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

Paul Blocker, Interim Chief, Public Defender's Office. Mr. Blocker directed the committee to the packet for the PD stats. Mr. Blocker reported the PD's Office participation in the NAMI Walk, the All-Rise Conference and a guided meditation session hosted by Judge Kelly. Mr. Blocker also thanked the PD's Office partners who donated 25 door prizes to the recently rescheduled 530 Day Event. Mr. Blocker also announced that they have onboarded two attorneys into the positions funded by the grant from the Texas Indigent Defense Commission and are looking to onboard two case workers by the end of June. Lastly, Mr. Blocker announced the 2024 Expunction Expo and will begin taking 500 applications on July 8.

Michaela Himes, Public Defender's Office provided an overview of the South Dallas Drug Court and Veterans Treatment Court. Ms. Himes asked the committee to refer veterans who are dealing with traffic tickets and could benefit from community resources. Ms. Himes noted the Veteran's Court has also been able to get individuals connected to most Veteran resources including housing and rental assistance.

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

Julie Turnbull, District Attorney's Office referred to the DA report in the BHLT packet. Ms. Turnbull announced that the DA's office Mental Health Division will be presenting to the Criminal Justice Advisory Board on June 24 and states they will be discussing changes within the division and collaborative initiatives with county stake holders.

Upcoming Events and Notifications

None announced.

Adjournment

Commissioner Price thanked everyone for their service. The meeting was adjourned at 10:38 a.m.

Dallas County Administration, 500 Elm Street, 7th Floor, Dallas Texas 75202 June 26, 2024 Minutes

Mission Statement: The Dallas County Behavioral Health Housing Work Group (DCBHWG), 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 DCBHWG is committed to a data driven decision-making process with a focus on data supported outcomes.

ATTENDEES: Dr. Theresa Daniel, Dallas County Commissioner; Erin Moore, Dallas County; Laura Edmons, DCCJ; Kimberly Rawls, DCCJ; Latoya Jenkins, Dallas County; Tzeggabrhan Kidane, Dallas County; Tom Ervin, Dallas County; Eric McCarty, NTBHA; Janie Metzinger, NTBHA; Lisa Marshall, Fighting Homelessness; Jim Mattingly, LumaCorp; Dustin Perkins, Austin Street Center; Doug Denton, Homeward Bound; Kerrie Stitt, Youth 180; Thomas Lewis, Dallas County HHS; Kimberley Onofre, Mesquite Sharing Life

Dr. Daniel opened the meeting and attendees introduced themselves.

CALL TO ORDER: The minutes were approved with no changes.

GOVERNANCE

<u>Dallas Area Partnership to End and Prevent Homelessness:</u> Commissioner Theresa Daniel, Dallas County No report was given during this meeting and an update will be provided for the next meeting.

Dallas County Homeless Advisory Committee: Erin Moore, Dallas County

Commissioner Daniel reported that the meeting was held on June 17^{th,} and they provided a progress update for their committee. Erin Moore reported that the committee is still reviewing the cost of homelessness in Dallas County through the health economist within Dr. Huang's office. A preliminary power point was created and made available to both Dallas County and the City of Dallas website. Erin also reported that she would reach out to schedule a presentation. The committee will also begin preparing a written report of their Eviction Diversion data monthly for the meeting packet.

Federal and State Legislative Update: Janie Metzinger, NTBHA

Janie Metzinger provided a report for review. There was some discussion on trends with the most current focus being on veterans. Dustin Perkins relayed that federally, there has been a major focus and push to end veteran homelessness. Janie Metzinger reported that the veteran interim hearings were the only hearings that were done at the time of reporting. She stated that veterans had three charges that were related to mental and behavioral health with the last piece of the charges focusing on housing. There was also discussion regarding the Texas Veterans Land Board. There is concern regarding the acquisition of funding because with the increase in land prices, the agency is not able to assist as many veterans as it once could. Texas is home to the largest veteran and female veteran populations in the country with 200,000 of the 1.5 million veterans in Texas being female. The federal Veterans Administration has also created a database that allows state Veteran Administrations to have access to their database. This allows veterans to connect with the Department of Defense medical system and links access to the state once a veteran is discharged to provide a continuity of care. This speaks to the coordination of Housing Forward and the Veterans Administration connecting veterans through the Coordinated Access System (CAS) that is used here in Dallas. Dustin Perkins mentioned that marshalling support and focus for the veteran population was slightly easier because 1. it is the easiest to gain resources for that population 2.tThe political support to house that population is there and 3. it is a relatively small population within the homelessness arena.

RESOURCES

<u>Shelter Discussions:</u> Dustin Perkins, Austin Street Shelter Dustin Perkins will provide an update for the next meeting.

NTBHA: Eric McCarty, NTBHA

Eric McCarty reported that not a lot has changed with their housing programs, due to there not being any funding availability. They were hopeful that funding would become available in June, but no information or movement has been provided for that. They do have \$5.6 million in TBRA funding available for outlying counties and Dallas County residents qualify for the funding, but they are only allowed to live in Addison, DeSoto, Richardson and Rowlett within Dallas County. Otherwise, they would have to live in the outlying counties to use the funding.

Housing Navigator: Kimberly Rawls, Dallas County

Kimberly Rawls reported that she completed the new FUSE data layout, and it is available for view in the packet. She also stated that she is almost close to completing the previous month's information and will hopefully have it for the next meeting. There is one vacancy with the St. Jude project that they are working to get filled.

Kimberly also reported that she met with the Council of State Governments (CSG) technical team for the Housing Services for Homeless Criminal Justice-Involved Clients (HSH-CJC) grant. She stated that she completed all of the corrections for the deliverables that the tech team instructed her to so they can submit them to the Bureau of Justice Assistance (BJA). The tech team serves as the middleman in the grant application process. The tech team made Dallas County aware that it may take more than a year to have deliverables approved with their team. Once they approved them, then they are to be submitted to the BJA for final approval so the funding can be spent. This information was not communicated to the grant recipient organizations in the original grant application and Dallas County along with other grant recipients urged the CSG that if they were to offer this grant again to include the time frame of when things should be approved, and funding could begin to be spent. The CSG stated that if organizational leaders had questions about the process, they can reach out to them for clarification. There was expressed interest in speaking with a representative from the Council of State Governments for more clarification. Kimberly also reported that the Connector is running well on their end.

Homeless Jail Dashboard: Kimberly Rawls, Dallas County

Kimberely stated that the report is available for review in the packet. She stated that the numbers were pretty consistent but did note a slight increase from April to May for the total overall book-ins and that may be attributed to the weather. Jim Mattingly pointed out that according to the graph, it is driven by the number of mental health book-ins. Laura Edmonds stated that she would do some more research on the specifics of the number of mental health book-ins. Laura did mention that the process for how the jail flags a mental health book-in has not changed and is not as nuanced as an in depth assessment. They are assessed when they are booked-in and then if needed, a more in depth assessment would occur if a mental health flag is triggered. There was also some discussion on how SUD may play a role in the assessment as well.

Housing Authority Report: Thomas Lewis, Dallas County HHS

Thomas Lewis reported that they have been issued 100 Housing Choice vouchers by Housing Forward and that at the time of the meeting 43 homeless individuals have been housed, 12 individuals are searching, and they have 45 open vouchers. They are hoping to have all 100 vouchers filled by the end of the year. He also reported that Dallas County submitted a request to HUD to be granted the use of a waiver that allows individuals to be granted a voucher without having their required documentation at that specific time. It does, however, require them to produce their documents within 90 days. HUD granted the waiver. There was a question regarding what happens when if the individual does not provide the documentation to which Mr. Lewis reported that HUD has agreed to not to take their voucher away from them as long as they are in the residence and are abiding by HUD rules and regulations. Mr. Lewis reported that the advantage of having this waiver allows the individual to go out and look for housing and not have to wait for the required document to come in. He stated it also relieves the Housing Navigator from waiting on those documents and holding up the process. He also expressed that no other housing agency has the ability to obtain and use waivers and Dallas County Housing Agency has obtained that access. He reported that Housing Forward has done an initial screening with these particular vouchers and this waiver allows the Dallas County Housing Agency to not be hindered by an individual not having the documents.

ARPA Update: Commissioner Daniel, Dallas County

Commissioner Daniel reported that no new funding is available, but now we are looking at the implementation of funding and Charles Reed will be available next month to provide more insight on the subject.

PROJECTS AND INDUSTRY UPDATES

Housing Forward updates: David Gruber, Housing Forward

David Gruber was unavailable for the meeting and will provide a report at the next meeting. Dustin Perkins did report that at the Housing Forward Assembly meeting they spoke on their permanent supportive housing program, and they showed data from the State of Homelessness Address. He also mentioned that one of their new initiatives for service providers is diversion from street to home and getting those un-housed from the street directly into housing and not having the shelters serve as middlemen. There was discussion about those being unhoused not wanting to go into shelters and they would much rather go into hotels or straight into housing.

Pretrial Diversion and Mental Health Screening: Laura Edmonds, Dallas County

Laura Edmonds provided a report that is available in the meeting packet for review. She stated that the Criminal Justice Department is continuing to work with NTBHA on their jail releases. The 1622 Project of those identified with a suspected mental illness is continuing to go well. In the month of May, there were a little under 2,000 people assessed under that mandate.

Dallas Connector: Dustin Perkins, Austin Street

Dustin Perkins reported that they are still serving a couple thousand riders each month. The bus is always full, and shelters are continuously using them. There is some underutilization of their van services. They are going to keep their current van and working with NTBHA to acquire funding for a new wheelchair accessible van. They are also exploring more ways to utilize their van as it is currently being used by the FUSE program in the morning and being used by the regular population in the afternoon. They are also planning to use it for I.D. restoration appointments and apartment tours. They are hoping to eventually use it as coordinated shelter entry to other shelters for those who have been turned away from other shelters.

Homeward Bound: Doug Denton, Homeward Bound

Doug Denton announced that Dave Hogan will be retiring from the Homeward Bound. He stated that they serviced 42 clients in May with only 3 remaining in police custody. They are projecting to service about 32 clients in June. They have noticed an uptick in the criminal trespass offenses and the officers are responding and bringing them to the Deflection Center. The biggest participating law enforcement agency is DART. There was discussion about DART actually being a shelter for about 200 people who ride the bus at night. DART has reached out to Austin Street to see what can be done. Doug reiterated that they now have a 24/7 operation and can assist some of these people. He also stated that of the people who come into the Deflection Center, 70 percent go into the next phase of care, and many are being reconnected to family. He also stated that at the Deflection Center, if a person comes in and would like to stay in treatment, the Deflection Center can accommodate and help the individual get into treatment.

<u>Youth Housing:</u> Leah Williams, Housing Forward/ Kerri Stitt, Youth 180 Leah Williams was unavailable for the meeting and a report was provided in the packet.

Federal Youth Housing: Josh Cogan, A Way Home

Josh Cogan was unavailable for the meeting and a report was provided in the meeting packet.

Family Housing: Commissioner Theresa Daniel, Dallas County

Commissioner stated that there is a lot to talk about as it relates to family housing and would like to dive into it more next month. She did state that Dallas County is involved with housing projects around the county. We have 14 single family unit projects, 6 multi-family projects, 2 former hotels, and 1 veteran specific housing project that are a few of the 20 housing projects that Dallas County has. A total of 1,663 are in process with 327 units open for future consideration and 345 are slated for permanent supportive housing.

Mattingly Report: Jim Mattingly, Lumacorp

Jim Mattingly will provide an updated report next month. He did, however, report that more apartments are being delivered than are being leased which means more vacancies and availability. The majority of the apartments are being built in high growth markets with some markets being unbalanced with an over-supply of units.

Department of Criminal Justice FY2024 SAMHSA Grant Project FY2028 FY2027 FY2026 FY2025 FY2024 Dec Mar April May July Aug Sept Oct Nov Jan Feb June Total Total Total Total Total Nexus 27 New Admissions Nexus 7.5 10 12 30 15 13 16 13.056 Average Days in Jail from Referral to Admission **Homeward Bound** 0 18 New Admissions **Homeward Bound** 23,444 18 36 36 21 22 19 0 16 43 Average Days in Jail from Referral to Admission **RESIDENTIAL TREATMENT DISCHARGES** Successful ol 0 25 Unsuccessful ol 0 0 **REFERRING SPECIALTY COURTS FY2024** AIM STAR DWI IΙΡ **Number of Referrals by ATLAS** 3 Veterans Competency 12 4-C **Specialty Courts** Legacy Family 4 2 12 DDC MHJD/SET 8 13 **DIVERT STAC**

^{*}Homeward Bound Pending Admission: 0

^{*}Nexus Pending Admission: 0

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MONTH	BEGINNING # OF PENDING CASES	Rediverts	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	ТВЈ	твс	PLEAS	DISMISSAL	OTHER	TOTAL	ENDING # PENDIN G CASES	CURRE	NUMBE R OF GRADU ATES	BON
July	21	0	6	27	0	0	2	2	0	4	23	22	2	2:

HARRY INGF	RAM				F	-Y20	24 AT	LAS ST	ATISTI	CS					203	rd	
MONTH	BEGINNING # OF PENDING CASES	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TBJ	TBC	PLEAS	REV	GRADUATES	PROBATIO N MODIFICA TIONS	DISMISS ALS	OTHERS	TOTAL	#	T ATLAS PARTICIP	CURRENT PARTICIPA NTS IN CUSTODY	FORMER ATLAS PARTICIPA NTS	BOND
July	46	7	53	0	0	0	0	0	0	0	0	0	53	28	0	0	28

HARRY	INGRAM					F۱	/2024	S.E.T. S	TATIS	TICS						291	st
MONTH	BEGINNING # OF PENDING CASES	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	ТВЈ	твс	PLEAS	REV	GRADUATES	PROBATIO N MODIFICA TIONS	DISMISS ALS	OTHERS	TOTAL DISPOSI TIONS	#	Т	CURRENT PARTICIPA NTS IN CUSTODY	FORMER PARTICIPA NTS	BOND
July	58	16	74	0	0	0	0	2	0	0	12	14	60	34	5	0	29

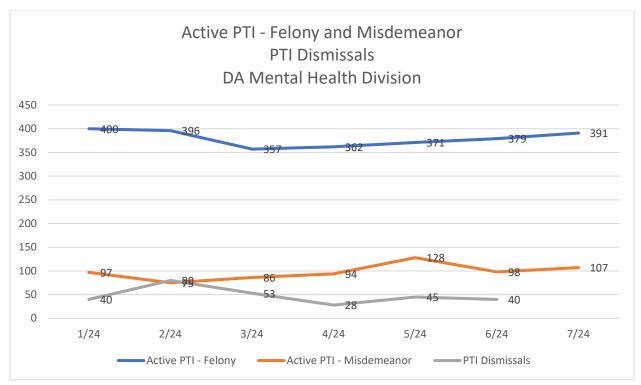
July					FY202	24 MF	IPD ST	ATS					
	BEGINNING # OF PENDING CASES	+NEW CASES RECEIVE D THIS MONTH	=TOTAL CASES	TRIALS	PLEAS	COND DISM.	REVK	REVC	DISMISSAL S	INCOMP ETENT	REFER RALS	OTHER COUNS EL APPT.	TOTAL CLOSED
Lenox	214	14	228	0	23	0	1	0	27	0	0	7	58
Strather	323	12	335	0	4	7	0	0	1	2	0	2	16
Caldwell	0	3	3	0	0	0	0	0	0	0	0	2	2

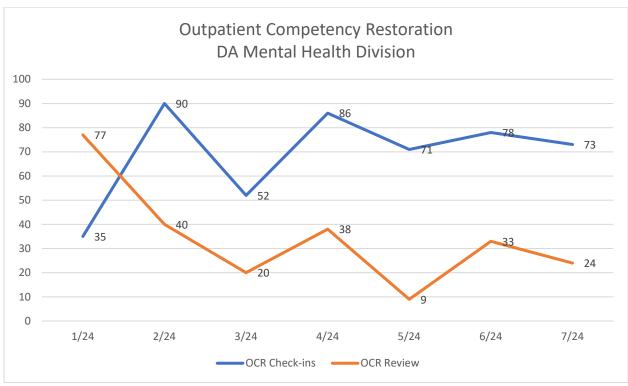
July				FY20	24 FEI	LONY	COM	PETENCY	/ STATI	STICS	3					
MONTH	BEGINNING # OF CASES	NEW CASES THIS MONTH	ТВЈ	твс	Alt. Trial Dispos.	PLEA S	REVO- CATION S	DISMISSALS	PROBATI ON	COMP. HRG.	EXTEN SIONS	CIVIL COMMI T.	MHMR REFER RAL	CONSU LTS	OTHER	ENDING # OF PEOPLE IN OCR
Harden	184	6	0	0	0	3	1	17	1	5	0	0	0	0	2	18
Scott	32	0	32	0	0	0	0	0	0	0	0	1	0	0	0	3
Foster	12	10	0	0	0	0	0	0	0	8	0	0	0	0	0	0

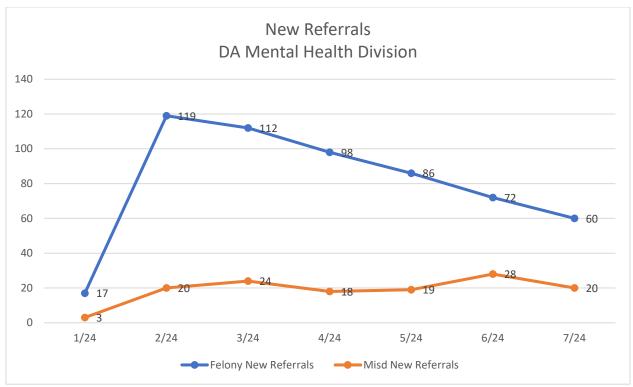
RANDALL S	СОТТ		F	Y2024 I	MISDE	MEA	NOR C	OMPETE	NCY ST	ATIS	TICS					
MONTH	BEGINNING # OF CASES	NEW CASES THIS MONTH	ТВЈ	ТВС	Alt. Trial Dispos.	PLEA S	REVO- CATION S	DISMISSALS	PROBATI ON	COMP. HRG.	EXTEN SIONS	CIVIL COMMI T.	MHMR REFER RAL	CONSU LTS	OTHER	ENDING # OF PEOPLE IN OCR
July	73	61	0	0	0	0	0	44	0	23	0	0	0	0	0	12

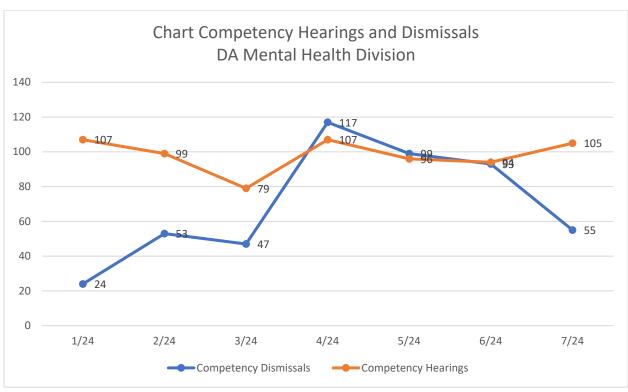
July				MI	Cour	t																			
MONTH	TOTAL NEW CASES RECEIVED	NEW CLIENTS AT TERRELL	NEW CLIENTS AT MEDICAL CENTER MCKINNEY	NEW CLIENTS AT GLEN OAKS	NEW CLIENTS AT TEXOMA	ETER	CLIENTS AT PARKLA	NEW CLIENTS AT CLEMENTS (formerly ZALE LIPSHY)	NEW CLIENTS AT DALLAS PRESBYTE RIAN	NEW CLIENT S AT DALLAS BEHAVI ORAL HEALTH		NEW CLIENT S AT VA		D	NEW CLIENTS AT METHODIS T RICHARDS ON	NEW CLIENTS AT WELLBRID GE	THE	MRM/ MILLW OOD/H	CAUSE HEARI	NO CONTE ST COMMI T	CONTE STED COMMI T	FORCED MEDS HEARIN G IN COURT	FICAT ION	PATIE NT	IN- PATIE NT COMMI T
L. Roberts	98	8	6	35	0	4	0	0	0	45	0	0	0	0	0	0	0	0	0	0	15	23	0	0	0
C. Cox	110	0	0	0	0	0	98	4	8	0	0	0	0	0	0	0	0	0	1	0	9	4	0	0	9
K. Nelson	126	0	0	0	0	0	0	0	0	0	103	23	0	0	0	0	0	0	0	0	9	9	0	0	0
R. Black	109	0	0	0	0	0	0	0	0	0	0	0	55	0	34	20	0	0	3	0	2	2	0	0	0

DAN ECKST	EIN		MHPR BOND	STATS								
	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 HEARING S (# of clients)	Total # of Cases	Total # of Felony Cases	# of Felonie s Approv ed	Felonie	Total # of Misd. Cases	# of Misd's Approved	# of Misd's Denied
MONTH												
July	3008	377	56	35	91	136	99	67	32	37	20	17

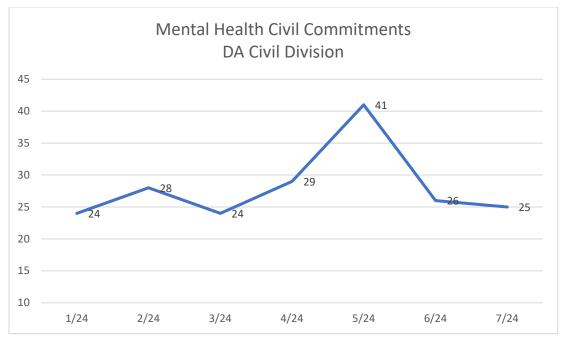


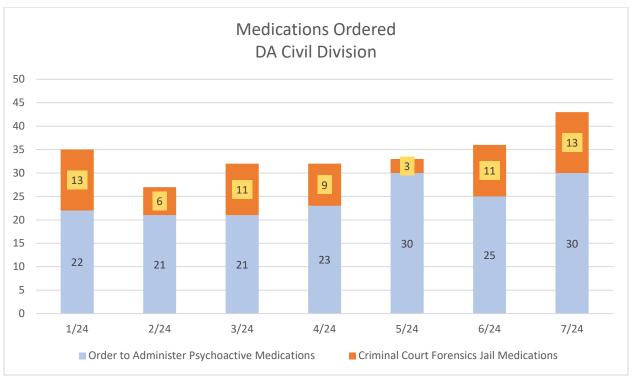




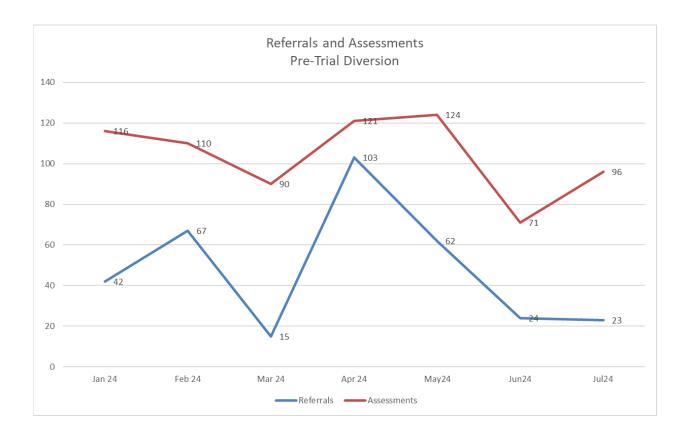


Restorative Justice Division – Mental Health

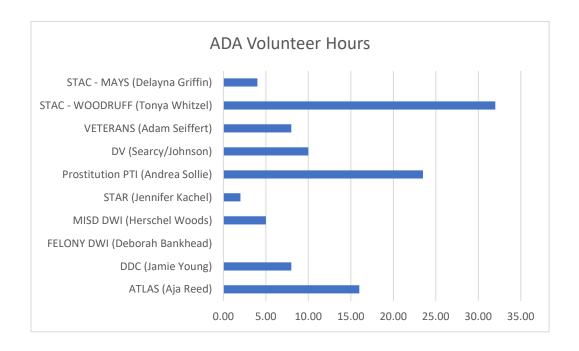


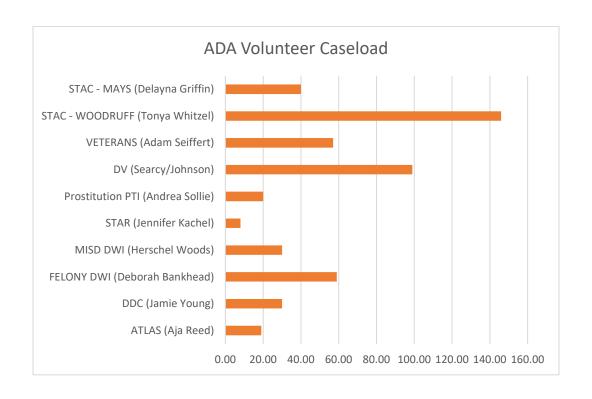


Pre-Trial Diversion

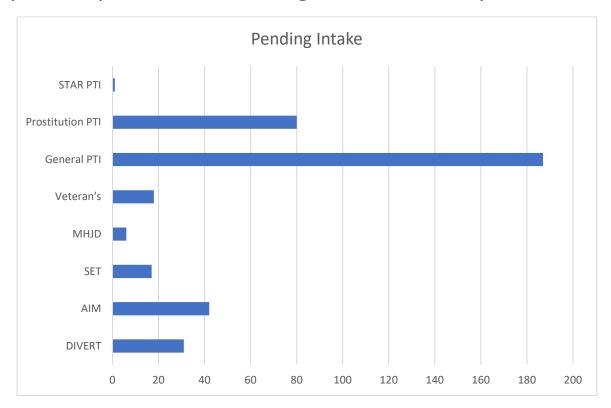


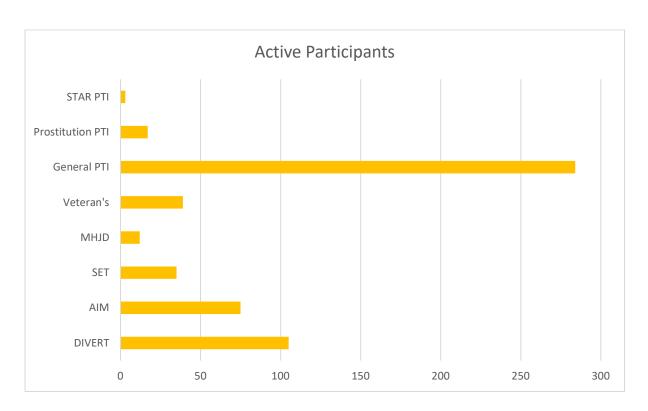
RJD SPECIALTY COURT/PROGRAMS ADA VOLUNTEER HOURS- July 2024





Specialty Court and Programs Monthly Statistics







							COTT	AGES	MON	THLY	PRO	PERT	Y METRICS
52 Units Total (52 Cottages, 1 Containers)						20	24						
32 Office Total (32 Cottages, T Containers)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Notes Comments
Occupancy %	98%	99%	100%	98%	98%	100%	98%	100%	100%	100%	100%	100%	
Start Resident Census	50	50	51	52	52	51	51						
Evictions	0	0	0	0	0	0	0	0	0	0	0	0	
Terminations	1	0	0	0	0	0	0	0	0	0	0	0	
Exit to Permanency	1	0	0	1	0	0	0	0	0	0	0	0	
Move-ins	0	0	0	0	1	0	1	0	0	0	0	0	
Ending Resident Census	50	51	52	51	51	51	52	0	0	0	0	0	
New screenings for waitlist	2	4	2	1	0	0	0	0	0	0	0	0	
DHA Inspections	0	1	1	0	0	0	0	0	0	0	0	0	
Lease Violations Distributed	1	0	1	0	0	0	0	0	0	0	0	0	
Units Ready	1	1	0	0	0	1	0	0	0	0	0	0	
Units Off-Market Vacant	2	1	0	1	1	0	1	0	0	0	0	0	
CITYSQUARE CASE MANAGEMENT													
Residents receiving Case Management Servic	45	47	50	49	47	33	21	0	0	0	0	0	
Residents served by Community	3	1	22	2	4	8	23	0	0	0	0	0	
Nurse CitySquare Clinic	3	4	22	2	4	0	23	0	0	0	U	0	
Residents attending Life-skills Groups	3	16	19	13	21	26	0	0	0	0	0	0	
Residents attending Community Groups	20	19	23	19	29	0	0	0	0	0	0	0	
INCIDENT REPORTS													
Property	0	0	0	0	0	0	0	0	0	0	0	0	
Medical	0	0	0	0	0	0	0	0	0	0	0	0	
Psychiatric	0	1	0	0	0	0	0	0	0	0	0	0	



Dallas County Behavioral Health Leadership Team Thursday, August 8, 2024 Supplemental Packet

Includes:

- Legislative Report
 - 88th Texas Legislature- Interim Hearings: Texas Senate Committee on State Affairs
 - Texas Health & Human Services Commission Report to Legislature- State Hospital & State Supported Living Center Workforce
- Dallas County Deflection Center- August Report



88TH Texas Legislature—Interim Hearings

Texas Senate Committee on State Affairs
Interim Hearing on Delta-8 and Delta-9 Consumable Hemp
May 29, 2024

Senate Committee on State Affairs

Leadership: Senator Bryan Hughes, Chair. Senator Angela Paxton, Vice Chair

Members: Senators Paul Bettencourt, Brian Birdwell, Morgan LaMantia, José Menéndez, Mayes Middleton, Tan Parker, Charles Perry, Charles Schwertner, Judith Zaffirini.

Interim Charge: Examine the sale of intoxicating hemp products in Texas. Make recommendations to further regulate the sale of these products and suggest legislation to stop retailers who market these products to children.

Link to Hearing: https://tlcsenate.granicus.com/MediaPlayer.php?view_id=54&clip_id=18508 Invited Testimony is from 7:41:15 to 9:30:00. Public Testimony is from 9:41:50 to 12:06:10.

Invited Testimony

Timothy Stevenson, Ph.D., Associate Commissioner, Consumer Protection Division, Texas Department of State Health Services (DSHS).

Link to Commissioner Stevenson's PowerPoint presentation:

 $https://www.dshs.texas.gov/sites/default/files/legislative/88^{th}/DSHS-Consumable-Hemp-Program-Presentation-for-SSA-Hearing-05292024.pdf$

History of Consumable Hemp Products in Texas

- 2018-115th US Congress passed HR 2, The Agriculture Improvement Act of 2018, (Public Law 115-334, separated definitions of hemp and marihuana in law, allowed increased production of hemp crops.
- 2019-86th Texas Legislature passed HB 1325 to amend state law to comport with federal law.
 - O Defines hemp as "The plant Cannabis Sativa L. and any part of that plant, including the seeds of the plant and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a Delta-9 tetrahydrocannabinol (THC) concentration of not more than 0.3 percent on a dry weight basis."
 - Directs DSHS to adopt rules and procedures to implement, administer, and enforce sampling, inspection and testing to ensure that Delta-9 THC concentration of hemp plants meets the above definition, sets penalties for violations.
 - Authorized a hemp grower's license, pre- and post-harvest testing, manufacture of non-consumable hemp products other than items for smoking.
 - o Defines "Consumable hemp product" as a food, drug, device or a cosmetic that meets above definition.
- 2020-Rules created by DSHS regulations are in 25 Texas Administrative Code Chapter 300, Subchapters A through F.
- 2021-Random inspection of registered retailers started.

Statewide, there are currently:

- 642 licensed Consumable Hemp Product Manufacturers.
- 3,633 registered Consumable Hemp Product Retailers.
- 7,082 registered Consumable Hemp Product Retail Locations.

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Timothy Stevenson, Ph.D.—continued

Current Statutory and Regulatory Limitations

- 0.3 percent was chosen in the 1970s by the FDA to differentiate between high and low concentrations of THC in hemp plant varieties.
- FDA It has no clinical guidance regarding safety of consumption, addiction, or intoxication patterns, and needs to be studied further.
- Neither state nor federal statute addresses any other variation of THC other than Delta-9.
- Consumable hemp products are regulated as food if they comply with the definition of hemp.
- All other hemp products are considered controlled substances under Texas Controlled Substances Act in Texas Health and Safety Code 481.
- DSHS focuses on manufacturers. Most retailers purchase products that are already packaged.
- Toxicology tests have shown some samples high in heavy metals including lead.
- Clarifying the current statute could resolve problems with enforcement.
- Currently,
 - Below the 0.3 cap, the plant is considered hemp. Violations can lead to an administrative hearing, penalties include a fine or loss of manufacturing or retail license.
 - Above the 0.3 cap, the plant is considered a controlled substance, and the case is referred to law enforcement.

Accidental ingestion trends in Texans under age 19 from Texas Poison Center Network

- 2014 to 2018: 4443 total cases (approximately 3 per day).
- 2019 to 2024 (to date): 9,344 total cases (approximately 4.65 per day). Of those:
 - o 2500 children were 0-5 years.
 - o 891 children were 6-12 years.
 - o 2100 children were 13-19 years.

Robert Emmick, MD-Texas Medical Association, Texas Pediatric Society, Texas Public Health Coalition. Link to Dr. Emmick's written testimony:

https://txpeds.org/Common/Uploaded%20files/Advocacy/2023-2024%20Interim%20Activity/5-29-24%20Sen%20SA%20Delta%208_9%20TMA,%20TPS,%20TPHC%20Testimony.pdf

- Dr. Emmick is an emergency room physician.
 - Texas has seen a dramatic increase in THC-related poison center calls, emergency room visits, and hospital stays.
 - o Three categories of THC-related ER visits:
 - Children/Toddlers-due to accidental ingestion of an adult's consumable THC products. These represent five to ten percent of THC-related visits to the ER.
 - Acute Paranoid Psychosis-due to frequent use and higher THC concentrations, which increase risk of psychosis and dependency.
 - Cannabinoid hyperemesis syndrome-severe abdominal pain, nausea, vomiting requiring hospitalization.



Robert Emmick, MD—continued

Children

- o Are especially at risk of accidental THC consumption and poisoning.
- Consumable THC products are marketed in the form of gummies, candy, chocolate or baked goods in brightly colored, easy-to-open packaging.
- o THC products and packaging have been found littered on elementary school grounds.
- Usually the pediatric patient is a toddler 1-4 years of age who is excessively sleepy or unresponsive, must be transferred to a pediatric hospital, referred to Child Protective Services.
 - Serious effect on neurologic, behavior and respiratory functioning needing respiratory support.
 - Effects can linger for hours, may require ICU admission, intubation, and close monitoring.
 - "If they bring in a patient with a narcotic, I have naloxone. If they bring in a patient with benzodiazepine, I have flumazenil. If they bring in a patient that has had a THC ingestion, all I have is time. There is nothing I can give them to make them come out quicker."
 - Children with THC ingestions often admitted for at least 24 hours to 5 or more days.
 - o THC interferes with the development of young brains.

Acute Paranoid Psychosis

- The likelihood of developing psychosis is higher among younger users of THC products and for people who consume higher concentrations of THC.
- Teenagers and young adults who use THC products without the guidance of their physicians are at higher risk of developing substance use disorders.
- Recent study showed increased paranoid psychosis with THC use between ages 12 to 20. (Please see André J. McDonald et al. in references, which found that cannabis use in adolescence was associated with over 11 times greater risk of psychotic disorder).
- Our focus is not only to protect Texas youth from acute harm and poisoning, but also to protect them from a lifetime of dependency and potential mental health conditions".
- Linkages with THC and nervous system damage
 THC has been associated with paranoid psychosis, mental illness, seizures, injuries sustained
 while intoxicated, respiratory depression with need for intubation, lack of body or airway control.
- Cannabinoid Hyperemesis Syndrome
 - This is the most frequently seen THC-related visit type in the ER.
 - Several family members testified in the public testimony portion.
- Links to THC and risk of neurological harm
 - o Increased risk of paranoid psychosis and other mental illnesses.
 - o Increased risk of seizures and seizure-related injury.
 - o Increased risk of depressed respiration and lack of airway control requiring intubation.
- Adverse interactions with prescription drugs

THC can negatively interact with or reduce effectiveness of prescription medications such as:

- Warfarin/Coumadin: increased bleeding.
- o Central nervous system depressants: (benzodiazepines, barbiturates, sleep medications) or
- Sympathomimetics: (amphetamines, phenylpropanolamine, and cocaine) can result in Somnolence/excessive sleepiness, non-responsiveness.
- o Clozapine and Xylopine: Reduced efficacy of the medications.
- People experiencing symptoms of mental illness sometimes use THC to self-medicate symptoms, which complicates evaluation in the emergency room.

Dr. Robert Emmick—continued

- THC treatments for veterans with PTSD
 - Texas Medical Association supports the Compassionate Use Program
 - Most studies showing benefits of THC are only anecdotal or observational.
 - o Studies should be peer-reviewed, controlled studies that show benefits and risks of THC products.
 - o Several veterans testified regarding their experience with THC to treat PTSD in public testimony.

Recommendations:

- Consumers should be fully informed of all contents of consumable THC products.
- Texas should regulate and require strict labeling of hemp-derived products.
- Minimum age to purchase consumable THC products should be 21 years of age, similar to tobacco.
- Require child-resistant packaging of consumable THC products.
- Prohibit colorful, eye-catching or cartoon figures on packaging attractive to children.
- Require warning labels to keep THC products out of children's reach and locked away.
- Require that all THC products should be labeled including:
 - Total THC concentration

Active ingredients

Pharmaceutical properties

- Accurate warning labels
- Invest in a robust product laboratory testing to include:
 - Compliance with the 0.3% THC limit.
 - Detect contamination with harmful chemicals and heavy metals.
 - Ensure product is accurately portrayed on product packaging.
- Give DSHS jurisdiction over all consumable hemp products to evaluate product safety.
- Establish safety monitoring strategies and research to detect THC-associated adverse health outcomes.
- THC should be considered unsafe for youth, especially without proper research.
- Restrict advertising and sale of THC-related products near schools and playgrounds, and on social media platforms.
- Empower DSHS to provide THC-related education in schools.
- Raise awareness of risks of driving while intoxicated after consuming THC, similar to alcohol.

Major Mark Melson-Texas Department of Public Safety

- There is a lack of clarity in current law regarding baked goods, gummies, vapes, CBD oil, smokeable products made with cannabinoid derivatives.
- DPS oversees Compassionate Use Program (CUP), based on clear legislation and science, and specifies eligibility for CUP. CUP locations must be 1000 feet from schools, other locations with kids.
- There is no roadside field test that can distinguish between types of THC.
- Neither drug-sniffing dogs nor officers can distinguish between legal hemp and illegal marihuana.

Brady Mills-Chief, Texas Department of Public Safety Crime Lab

- Role is to determine if controlled substance is present in evidence gathered in criminal cases.
- Approximately 40% of DUI drug toxicology tests are positive for THC.
- There is no roadside test currently available.
- Changes to definitions have led to different courts interpreting statutes differently, creating uncertainty across the state for crime labs, and inconsistency and gaps between counties.
- There are legal impediments to cannabis testing in current statute.

Chief Brady Mills—continued

Recommendations to clarify statute:

- No isomer or derivative of THC other than 0.3 percent Delta 9, which would include Delta 8.
- There should be quantifiable measures for plants, liquids, oils and edibles.
- Change could lead to a more streamlined testing to test specifically for non-Delta 9, THCs.

Peter Stout, Ph.D.-Director of City of Houston Crime Lab, President of Texas Assn. Crime Lab Directors.

- Federal Farm Act complicated testing and made it much more expensive nationwide, not just Texas.
 - o "It blew us up".
 - o Before, turnaround time for test was 7 days, now it is its about 120 days.
- All forensic laboratories in Texas are underfunded and backlogged.
- The more qualitative the analysis is that is required will help expedite testing.
- Unlike alcohol, THC doesn't volatilize in blood or breath to be able to draw a direct relationship between amount of a drug in the person's system and how impaired the person is behaving, so at present, there is no roadside test for driving while intoxicated with THC.
- Agrees with Senator Perry's statement, "Don't chase the chemistry."

Nico Richardson, CEO, Texas Original Compassionate Cultivation

- Largest compassionate use operator in Texas serving critically ill patients for seven years.
- Intoxicating hemp industry in Texas is offering products that are highly intoxicating, much more potent than allowed in the Compassionate Use Program (CUP) and is dangerously unregulated.
- Intoxicating hemp is nearly identical to medical marihuana.
 - o Intoxicating hemp industry sells smoking and vaping products far above the 0.3 THC threshold by using other intoxicating molecules not listed in the Farm Bill or HB 1325.
 - o Delta 9 THC is Delta 9, whether it is derived from hemp or marihuana.
 - o There are over ten known intoxicating cannabinoids, but only Delta-9 is regulated in Texas.
- Most prevalent product in hemp market is tetrahydrocannabinol acid (THCa) flower, which is the precursor to Delta-9. There are five variants of THCa.
 - Most recent 'loophole molecule' is marketed as hemp but nearly all contains illegal levels of Delta-9 THC.
 - THCa converts to Delta-9 with passage of time (within 15 days) or exposure to heat, so even if it tested legal when it was sent from out-of-state, it is above legal limits by the time it gets here.
- Delta-8 is a chemically-derived compound produced by washing cannabidiol (CBD) with acid to produce a compound nearly identical to Delta-9.
- There are no restrictions on THCa, no restrictions on amount of THCa or Delta 9 that can be sold to consumers, including no restrictions of sale to minors.
- Most intoxicating hemp products are imported from out-of-state and lack accurate testing.
- Texas-grown hemp cannot be sold as a smokable product, but imported hemp can be.
- Texas regulatory agencies have no jurisdiction over out-of-state laboratories, therefore no ability to verify out-of-state test results.
- What is listed on out-of-state certificates of analysis rarely comports to what is actually in the product.
- Retailers only have to produce certificates of analysis upon request by DSHS inspector.
- 27 states have passed statutes regulations banning or severely restricting the sale of intoxicating hemp.
- Vending machines containing THC products can currently be located across from schools.

Nico Richardson—continued

- Current law puts Compassionate Use Program (CUP) providers at a disadvantage, which may result in the economic unviability of the CUP.
 - Access
 - CUP providers may have only one central storage location statewide.
 - Patient must have a prescription and drive to storage location.
 - Hemp Retailers can be located anywhere, including near schools, playgrounds.
 - Consumers can come in and purchase easily with no prescription.
 - Product Formats
 - CUP providers are not allowed to sell all product formats.
 - Percentage-by-weight classification only changes delivery mechanism.
 - Hemp Retailers sell Delta-8 because there is no 0.3 threshold for it, therefore they can sell it in inhalable vapes, which is not allowed for Delta-9.
 - Price
 - CUP products must be grown in highly secure indoor environments.
 - Hemp Retailers purchase from large out-of-state outdoor farms, and products are drop-shipped to retailers in Texas.

Committee Questions and Comments

Senator Bryan Hughes asked for clarification of current licensing and inspection procedures, and the chemistry of THC, Delta-8 and Delta-9

Senator Morgan LaMantia asked about prohibitions regarding proximity to schools and cannabinoid tests.

Senator Jose Menendez asked about the Compassionate Use Program and the efficacy of cannabis for pain relief and PTSD.

Senator Tan Parker asked about available scientific research on the efficacy and risks of THC, neurological links to THC use, and the Compassionate Use Program for veterans.

Senator Angela Paxton asked about ways to regulate the marketing of THC-related consumable products to children.

Senator Charles Perry noted that, as co-author, HB 1325 was originally intended to provide Texas agriculture with an additional fiber crop, and at the time he warned the hemp industry not to "get cute" by manufacturing intoxicating products and making a lot of money at the expense of a lot of people, there would be legislative consequences.

- Current court case is due to the fact that the statute addressed only Delta-9, but did not address Delta-8 or other THC derivatives. Refining the statute to include all THC products could close the loophole.
- Sen. Perry is disappointed but not surprised. Industry actions since passage of the federal Farm Bill and HB 1325 could easily undermine the intent and kill the hemp fiber market.
- Perhaps an expanded Compassionate Use Program (CUP) could be a solution for prescribing and monitoring consumable THC products for those who truly obtain medical benefit.
- Some states (Oregon, Colorado) who legalized marihuana early are now reconsidering.

References Cited in Testimony

US Food and Drug Administration. May 4, 2022.

Five Things to Know about Delta-8 Tetrahydrocannabinol-Delta-8 THC.

https://www.fda.gov/consumers/consumer-updates/5-things-know-about-delta-8-tetrahydrocannabinol-delta-8-thc

André J. McDonald, Paul Kurdyak, Jürgen Rehm, Michael Roerecke, Susan J. Bondy. May 22, 2024. Age-Dependent Association of Cannabis Use with Risk of Psychotic Disorder. Published online by Cambridge University Press.

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Matthew Rossheim Ph.D., HSC School of Public Health, April , 2024. "Research encourages new cannabis legislation to protect consumer safety, especially children". University of North Texas Health Science Center, https://www.untsystem.edu/news/hsc-sph-research-encourages-new-cannabis-legislation-to-protect-consumer-safety-especially-children.php

Texas Department of Public Safety-Compassionate Use Program website.

https://www.dps.texas.gov/section/compassionate-use-program







Texas Health and Human Services Commission Report to the Legislature

State Hospital and State Supported Living Center Workforce

This report is required by House Bill 1, the General Appropriations Act, Article II, Rider 95.

Link to Report: https://www.hhs.texas.gov/sites/default/files/documents/state-hospital-and-sslc-workforce-report-2024.pdf

The Texas HHSC Health and Specialty Care Division (HSCS) that oversees 23 State Hospitals and State Supported Living Centers (SSLCs) employs over 18,500 people in 23 hospitals and SSLCs.

Recruitment Efforts

- Competitive Salaries-New market rates were set for State Hospitals and SSLCs in early 2023.
 Allowable standard is 7 percent above minimum or greater than market salary when necessary in difficult-to-fill positions.
- Training-State Hospitals and SSLCs participate in monthly retention and recruitment training.
- Advertising-newspapers, billboards, banners, radio and television, web-based advertising, national professional journals, association websites, PracticeMatch, CareerArc, Indeed, and ZipRecruiter.
- Applicant Engagement-The HSCS division has:
 - o Developed a form to capture applicant contact information and connect them with state facilities.
 - A QR code connecting interested individuals is on marketing materials.
 - o Recruiters attend job fairs and career events at high schools, colleges, and medical schools.
 - o Employees referring a successfully hired candidate are rewarded with 8 hours leave (up to 32 hours).
- Additional Administrative Efforts
 - o Collaborations with Texas Workforce Commission.
 - o HHSC attorneys assist facilities in hiring foreign graduates for hard-to-fill positions.
 - o Some hard-to-fill positions have been re-classified to increase number of applicants.

Retention Efforts

- Compensation-March 2023 salary increases.
- Workplace Culture
 - Together We Shine initiative focuses on continuous improvement, staff suggestions, training, communication and transparency. A podcast by Deputy Commissioner features employees in the field and individual facilities.
 - Communication and Transparency
 - Interviews with staff to identify reasons staff choose to stay, things that motivate and empower, positive and negative aspects of their jobs.
 - Allows employees to send suggestions and improvement ideas.
 - Allows employees to send kudos to other employees.
 - Staff recognition-Morale boosting monthly newsletters, achievement awards, social events.
 - Wellness-nutrition campaigns, activity challenges, movement breaks, sports competitions.
 - o Pursuit of Hope-Prioritizes staff mental wellness, and trauma-informed care after traumatic events.
 - Career and Leadership Development-Continuing education, leadership, mentoring and training.

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Retention Efforts—continued

- o Continuing Education-Conferences, webinars, Lunch & Learn opportunities, free CEUs for nurses and therapists, information on student loan forgiveness and tuition reimbursement programs.
- Leadership and Mentoring-Providing students with supervision that promotes successful work practices. Providing staff with opportunity to participate in HHSC leadership academies.
- Employee training—Updated orientation training, especially focused on younger residents with more complex histories and needs for behavioral self-management.

Compensation Levels

Market rate increase of Spring 2023 resulted in rapid increase in filled positions, slowed turnover rates by approximately 25 percent.

Turnover and Vacancy Rates

Both State Hospitals and SSLCs showed a correlation between the lowest paygrades and highest turnover.

- Lower paygrades are between 61 of State Hospital and 70 percent of SSLC facility staffs.
- The exception is that is in nursing, which had high turnover rates among RNs and LVNs in both State Hospitals and SSLCs.
- State Hospitals-Had over 20% turnover rates among custodians, drivers, and psychiatric nurse assistants.
- State Supported Living Centers-had over 20% turnover rates among food service workers and direct services providers

Use of Contractors-FY 2024

- State Hospitals-Contracting Costs
 - o 30% for RNs
 - o 26% for psychiatrists
 - o 18% for LVNs
- State Supported Living Centers
 - o 61% for LVNs
 - o 19% for RNs

Continuous Improvement

- Position-Specific Efforts-will focus on direct care positions of direct service providers (DSPs) LVNs, PNAs, RNs, psychiatrists and physicians. Some LVN positions will be reclassified.
- Workplace Culture Improvements-Town hall meetings, employee surveys, monitoring outcomes of new employee orientation revisions and on-the-job training, measures to reduce workplace violence and criminal acts by residents toward staff, including personal vehicle damage.

Conclusion

HHSC has decreased vacancy rates at State Hospitals and SSLCs by over 14.5 percent and the turnover rate by approximately 20 percent.

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2023-24	23-Sep	23-Oct	23-Nov	23-Dec	24-Jan	24-Feb	24-Mar	24-Apr	24-May	24-Jun	24-Jul	24-Aug	TOTAL
TOTAL TRIAGED	24	41	25	32	56	39	41	47	42	31		0	
Referral Source													
Dallas PD													0
SC Div	1	2	2	3	3	2	2	4	2	2	6		29
SW Div	2	3			1	4		2	2	6	5		25
SE Div	2	1	1	1	2	1		1					9
NC Div	1	2	1			1	2			1			8
NE Div	1	1	1		1	1	5	2	1	2	1		16
NW Div		1		1			2	2	2	2	2		12
CEN Div	1	4		2	5	2	1	3	2	1	1		22
Right Care	1					1	1	1	1		1		6
Dallas Marshal - CDC										1			1
College Campus PD	1												1
Great SW Coalition				2	1		4	1	1				9
SE Coalition	2	3		1	3	1	2	4	1		1		18
NTBHA MCOT/CTI	5	11	9	10	19	7	2	8	11	4	17		103
Garland PD				2	1					1	1		5
Irving PD	2	3							2				7
DART PD	3	8	11	9	20	17	19	17	17	11	10		142
Parkland-Baylor PD	2	2		1		2	1	2					10
TRIAGE OUTCOME	24	41	25	32	56	39	41	47	42	31	45	0	
Psych Crisis Residential	1			1							1		3
Detox-Withdrawal Mgmt									1				1
Living Room-NTBHA*		9			2	3	6	1	7	8	1		37
CMHP Services					1								1
ACT Team	3	0		2	1								6
OTHER SUD Services	2	3			1	3		3	3	2	5		22
Shelter													0
Austin Street			2		2		2	1	2	1	1		11
Bridge	1	1		1	1	5	3	4	4	3	1		24
Salvation Army		1	1		1		1	1	1		1		7
Union Gospel Mission		1											1
Other		1			1		2		2				9
Home-Family-Friends	3	4	6	8	15	8	8	11	9	10	20		102
Boarding Home/PSH	2	2	3	2	3	4	3	1	2		1		23
Higher Level of Care													0
Behavioral Health	1	2	1	2	4	1	1		1		2		15
Physical Health	1	4	2	5	6	5	2	6	2	1	1		35
Veterans Administration	2												2
APOWW or Arrest					1								_ 1
LEA Maintained Custody	3			1	2	1		3					11
Still in Service		3	5	4	10	1		1		0	6		32
Refused Services	5	10	5	6	5	8	13	15	5	4	4		80