



Dallas County Behavioral Health Leadership Team
Thursday, September 12, 2024
9:30am -11:00am
In-Person & Virtual Meetings via Microsoft Teams

- I. Welcome and Call to Order
 - Review/Approval of August 8, 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, August 8, 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, June 13, 2024, were included in the meeting packet. Commissioner Price offered an opportunity for the minutes to be reviewed and approved. The minutes were approved as submitted.

Introductions

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

- Ajae Alvarez- NTBHA Public Affairs Specialist
- Guy Bazan- Guest of Commissioner Price

North Texas Behavioral Health Authority (NTBHA) Update

Carol Lucky, NTBHA, provided the update. Ms. Lucky stated the Extended Observation Unit (EOU) at Parkland Hospital will be closing. Parkland Hospital has expressed the need to use this area for emergency room services and more acute care. Ms. Lucky stated NTBHA received funding from the state and have put out an RFP for expansion services and funding for the purchase of a facility for step down services. Ms. Lucky reported the child crisis respite program did not get a revised budget in time for this fiscal year, but funding could be used for additional staffing. Ms. Lucky reports that NTBHA has received an additional five million dollars for medication assisted treatment (MAT) services; two million for this year, two million next year and one million for last year, all the providers should be receiving notice soon. NTBHA has also received a \$338, 000 grant for disaster services.

Chad Anderson, NTBHA, provided an update on the Jail Based Competency Restoration (JBCR) program. Mr. Anderson stated that HHSC stopped by for a site visit and met with stakeholders regarding the JBCR program. HHSC identified items that were needed to become compliant with the Texas Administrative Code (TAC). NTBHA plans to have ongoing meetings with Parkland and Dallas County stakeholders on HHSC requirements for JBCR. Lastly, Mr. Anderson reported that NTBHA and HHSC will begin working on implementing the Forensic Support Services (FSS), a pilot program that will aim to reduce the wait in the jail for competency clients.

Meadows Mental Health Policy Institution (MMHPI)

Ron Stretcher, MMHPI- No update provided during this meeting.

Dallas County Behavioral Health Housing Workgroup (BHHWG)

Commissioner Dr. Theresa Daniel, provided the update. Dr. Daniel reported that the Dallas County Homeless Advisory Committee met on August 8 and discussed the grant on housing services for homeless justice involved clients by Kimberly Rawls. Dr. Daniel reported that the homeless jail dashboard shows an increase in jail population and an increase in the mental health population.

Dallas County Mental Health Advisory Committee Update

Yordanos Melake, Program Manager, Criminal Justice Department provided the update. Ms. Melake reported for the month of July, there were 3,328 magistrate orders for 16.22 screenings with 2,454 completed, 208 defendants refused screenings and 723 defendants unable to be located. Ms. Melake reported the Mental Health Advisory Committee will continue to meet every other month on the 2nd Tuesday of the month, with the next meeting scheduled for August 13. Ms. Melake announced that the Criminal Justice Department will extend their contract for services with Adapt Community Solutions into FY25 for 16.22 mental health interviews.

Legislative Update

Janie Metzinger, directed the committee to the Texas Senate Committee on State Affairs Interim Hearing on Delta-8 and Delta-9 Consumable Hemp and the accidental ingestion trends in Texans under 19 years old that has increased from three per day to over four per day. Ms. Metzinger also directed the committee to the Texas Health and Human Services Commission report to the Legislature regarding state hospital and state supported living center workforce and their recruitment and retention efforts.

Funding Opportunities Updates

• SAMHSA Residential Treatment Grant Update

Marcus Turner, Criminal Justice Department, provided the update. Mr. Turner reported that the SAMHSA grant has surpassed their goals of 35 clients served, with 58% of clients served being female and 42% being male and the median age being 35. Mr. Turner recognized STAC court as the highest performing court and the Mental Health Jail Diversion coming in second. Mr. Turner thanked SAMHSA partners, Meadows Mental Health Policy Institute, Homeward Bound, Nexus Recovery and Recovery Communities of Culture.

- **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 has received their funding for the City of Dallas Veteran's Court. Mr. Blocker also announced that they have filled the attorney and social worker positions funded by the grant from the Texas Indigent Defense Commission to aid in competency efforts.

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

Julie Turnbull, District Attorney's Office referred to the DA report in the BHLT packet.

Upcoming Events and Notifications

- **Alyssa Aldrich**, Adapt Community Solutions- The heights of Ellis County, hosting *The Power of We* Luncheon in October to expand services to Ellis County.
- **Dr. Morgan Medlock, MD**, Southern Area Behavioral Health Clinic (SABHC)- Will be sponsoring a school supply giveaway. Please email, Engagement@sabhc.org to be connected. Dr. Medlock also announced that the SABHC Intensive Outpatient Program (IOP) for youth ages 12-17 is staffed by an addiction and child psychiatrist, the sessions are now hybrid and transportation assistance is provided if needed.
- **Patrick LeBlanc**, Bridging the Gap foundation- 2nd annual walk will be held September 21. Starting point will be at the Ron Kirk Pedestrian Bridge.

Adjournment

Commissioner Price thanked everyone for their service. The meeting was adjourned at 10:35 a.m.

DALLAS COUNTY DEFLECTION CENTER

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	45	53	476
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				1	10
NC Div	1	2	1			1	2			1			8
NE Div	1	1	1		1	1	5	2	1	2	1	2	18
NW Div		1		1			2	2	2	2	2		12
CEN Div	1	4		2	5	2	1	3	2	1	1	3	25
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			2	11
SE Coalition	2	3		1	3	1	2	4	1		1	2	20
NTBHA MCOT/CTI	5	11	9	10	19	7	2	8	11	4	17	21	124
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	22	164
Parkland-Baylor PD	2	2		1		2	1	2					10
TRIAGE OUTCOME	24	41	25	32	56	39	41	47	42	31	45	53	
Psych Crisis Residential	1			1							1		3
Detox-Withdrawal Mgmt									1			1	2
Living Room-NTBHA*		9			2	3	6	1	7	8	1	1	38
CMHP Services					1								1
ACT Team	3	0		2	1								6
OTHER SUD Services	2	3			1	3		3	3	2	5	2	24
Shelter													0
Austin Street			2		2		2	1	2	1	1	7	18
Bridge	1	1		1	1	5	3	4	4	3	1	3	27
Salvation Army		1	1		1		1	1	1		1	1	8
Union Gospel Mission		1										1	2
Other		1			1		2		2	2	1	3	12
Home-Family-Friends	3	4	6	8	15	8	8	11	9	10	20	15	117
Boarding Home/PSH	2	2	3	2	3	4	3	1	2		1	2	25
Higher Level of Care													0
Behavioral Health	1	2	1	2	4	1	1		1		3	4	20
Physical Health	1	4	2	5	6	5	2	6	2	1	1	3	38
Veterans Administration	2												2
APOW/W or Arrest					1								1
LEA Maintained Custody	3			1	2	1		3	1				11
Still in Service		3	5	4	10	1		1	2	0	5	5	36
Refused Services	5	10	5	6	5	8	13	15	5	4	4	5	85

Dallas County Administration, 500 Elm Street, 7th Floor, Dallas Texas 75202

August 28, 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; Jennifer Corona, DCCJ; Latoya Jenkins, Dallas County; Tzeggabhran Kidane, Dallas County; Ellen Magnis, Family Gateway; Kendall Brown, Family Gateway; Dustin Perkins, Austin Street Center; Doug Denton, Homeward Bound; Kerrie Stitt, Youth 180; Thomas Lewis, Dallas County HHS; Ikenna Mogbo, Metrocare; Traswell Livingston, AIDS Services of Dallas; Taylor Hurtado, AIDS Services of Dallas

Dr. Daniel opened the meeting with some discussion about the state of homelessness in Dallas County and attendees introduced themselves.

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

GOVERNANCE

Dallas Area Partnership to End and Prevent Homelessness: Commissioner Theresa Daniel, Dallas County & Ellen Magnis, Family Gateway

Commissioner Daniel reported that the Partnership is in the middle of providing services that each agency is mandated to do. Ellen Magnis stated that she presented to the Partnership, and that post pandemic families are not faring well. She stated that there are a high number of families are being evicted and living in cars. Ellen reported that in 2019, 738 families came to them for assistance from living in their cars and this year 1241 made requests. In 2019, 218 families were pending evictions and last year, there were 709. A few of the reasons for this are, 1. lack of advocacy for the child tax credit, which failed in Congress, 2. emergency housing vouchers were given out during Covid specifically to families that were experiencing homelessness and now housing choice vouchers are given on a lottery system, and 3. a lack of using the TANF funds in various ways that may include housing in some way. More research needs to be done on that front to see if the funds can be used here in Texas. Nationally, family homelessness is on the rise, but there has been a decline in the Dallas area in family homelessness because of major push in diversion resources. Last year 1,100 families were diverted from eviction which had proved to be much more cost effective.

Dallas County Homeless Advisory Committee: Erin Moore, Dallas County

Erin Moore reported that the committee has a new eviction data update. Since July 2024, 46,000 eviction cases have been filed, 13,000 have had interventions by navigators, and 2,600 eviction diversions cases are in progress or completed. Funding is running out for the program, but there are two options available. One is to continue using navigators within the courts and add five permanent staff from Dallas County which will assist 240 households for three months. The other is to take the navigators out of the court system and put them in HHS which would cost about \$600,000.00 and help 48 households for up to 3 months. This would be a less impactful but more sustainable model. There was discussion about the amount of eviction prevention that is happening and the cost of preventing eviction is less than sheltering and rehousing a client. There was also discussion about acquiring land for affordable housing and the permitting issues that come with that. They also discussed the youth housing issues of those aging out of foster care.

Discussions were had about developers and landlords benefitting from both the rental of units and the evictions of people from units, but overall, the upper housing market is saturated with units and has caused overall rental prices to decrease. The imbalance of income and housing prices is impacting the market. There was a question of how many total rental units

are in the Dallas County area and it was determined according to RealPage there are 1,038,656 in the area with proportionally fewer in the less expensive range.

Federal and State Legislative Update: Janie Metzinger, NTBHA

Janie Metzinger was not available for the meeting, but it was reported that she was at the groundbreaking of the replacement facility for Terrell State Hospital in Terrell.

Ikenna Mogbo reported that at the last biennium, the legislature gave a \$100 million toward behavioral health capital programs. Metrocare applied through NTBHA for \$5.25 million to build 35 or 40 units of multifamily housing for women with children. NTBHA applied for \$1.5 million for a crisis residential facility. The state has tentatively awarded them the funding and now they are waiting on correspondence from the HHSC to determine when they will receive the funds. Metrocare has to match funds. There is an opportunity that Metrocare can apply for the capital program through HUD which will award 26 communities with up to \$7 million dollars. Only one award will be given per community. They are applying to that program as well and if given this award, they will use these dollars to match the state funding for their capital program.

There was discussion regarding “ground up” building and the cost that are associated with building. Ikenna Mogbo discussed that land is the new commodity that everyone is vying for. Even though the cost of land has greatly risen, it is the commodity that is needed to assist with the housing issues.

Mr. Lewis spoke and encouraged everyone to continue to do their part in the process. Housing and homelessness is a struggle and he implored that if everyone can continue to do their fair share in doing their best, we collectively can make a dent in the fight.

Commissioner Daniel questioned if there are other communities around the country that are making great strides in eradicating the issue. Ellen Magnis answered and said some communities are experiencing less homelessness because their economies are not booming like Dallas and because of that, housing is more affordable.

Dustin Perkins reported that vouchers make housing affordable. He also stated that he did an analysis this week looking at the 50th percentile of one bedroom rents in the Dallas area versus 50th percentile area median income according to HUD and what the change is. Since 2016 nationally, rents have gone up 106% for one bedrooms. In the same length of time, incomes have only gone up 54%. He also reported that he found that for every 100 people over 120% area median income, there are 120 available units, but for people at 30% area median income, there are only 30 units for every 100 people at that rate. Child Poverty Action Lab said this area needs 33,600 more units of affordable housing. They can either be built or used from existing stock, but only 7% of area landlords are taking housing vouchers. With this being the case, the housing market is not geared towards what people can pay.

Traswell Livingston stated that there are some best practices that are happening across the country in other counties that we may need to look into. Some of those include, rent caps, regulatory suggestions that incentivize affordable housing, re-purposing commercial retail spaces, and tax abatements. He also suggested that we may incentivize those developers to make a percentage of their units affordable. He expressed there may need to be more advocating for infrastructure systems and planning within the cities that can also be looked into. He stated that there is a real need to conscientiously look into of the environment, community and equity within the areas to make the red tape and zoning issues less restrictive. Dustin Perkins stated that looking into the discrimination practices and policies also would make an impactful difference. He stated that maybe looking into “dormitory” style housing where a 2-4 bedroom unit is broken up into a “shared housing” unit may also be an option. He believes that we need to look into more innovative ways to make housing affordable, not only by government subsidy. We can start to look outside the box and think of making units available for those in need.

Commissioner Daniel asked what the group can do to try to rectify some of these issues. Dallas County invested \$75 million dollars in 20 housing projects around the county. She also suggested writing correspondence to the cities to map out some of the issues that the area is experiencing. Dustin suggested doing a brief or “legislative road map” of the ideas expressed that would have an impact on the housing market. Doug Denton stated that this road map hits every level of city, county,

and state government and we might need to pinpoint a specific focused area. Ikenna Mogbo pointed out that the Dallas Housing Coalition is doing a lot of this work already. He suggested collaborating with them may be the way to go because they are a grass roots operation that have involved the citizens and maybe some of the elected officials will be more open to hearing their constituents' concerns. Commissioner stated that a next plan of action may be to speak with Brian Toney of the Dallas Housing Coalition and HUD's Special Advisor Rachel Wilson to see where we are and what else can be done. She also asked if some of the organizations within the workgroup could write a summary of the current work they are doing that is making impact. Dustin reiterated that if we could make the market "behave" and lower rent amounts then more funding could go towards behavioral programming. Doug also stated that we can speak with other counties and see what innovative ways they are addressing some of these issues and how we can look into integrating some of those policies.

Jennifer Corona reported for the Criminal Justice Department and stated that FUSE report is found on page 5 of the meeting packet. They are waiting on the final deliverables for the CSG grant which should be coming within the next couple of weeks and she will keep everyone posted on that. She also reported that the Dallas Connector is running well on our end, and they are continuing to work with Austin Street.

She also reported on the Homeless Jail Dashboard and the report is available in the packet for review. All of the numbers have been consistent with a slight increase from June and July of the overall book-ins. The bottom of page 3 reflects the average length of stay for those who identify as homeless or unsheltered.

She provided the Pre-trial Diversion report that is available in the meeting packet for review. She stated that the Criminal Justice Department worked with NTBHA to release 85 people from jail. The vendor Adapt is performing the assessments for the 1622 Project. In the month of July, there were 2,453 people assessed. The first time felony offender charged with nonviolent crimes mandated 87 people be referred for diversion and 95 assessments were completed.

***Due to the length of the meeting, the regular reports on Resources and Projects and Industry Updates will be provided at the next meeting.**

The meeting was adjourned with words of motivation by staying engaged and informed by Dr. Daniel.

Next Meeting: September 25, 2024



88th Texas Legislature—Interim Hearing
Texas House Select Committee on Youth Health and Safety
Interim Hearing on Behavioral Health for At-Risk Youth
July 31, 2024

Texas House Select Committee on Youth Health and Safety

Leadership: Representative Senfronia Thompson, Chair, Representative Lacey Hull, Vice Chair

Members: Representatives Steve Allison, Giovanni Capriglione, Harold V. Dutton, Jr., Ann Johnson, Tracy O. King, Brooks Langraf, J.M. Lozano.

Interim Charge #2: Behavioral Health Services for At-Risk Youth

- Evaluate programs and services currently available to children and families that are either involved with, or at a high risk of becoming involved with the foster care and juvenile justice systems.
- Study the current barriers for accessing community-based behavioral health services for children with intense behavioral health needs,
 - with an emphasis on ensuring that parents do not have to give up custody of children to gain access to services.

Health and Human Services Commission

HHSC PowerPoint Presentation: <https://www.hhs.texas.gov/sites/default/files/documents/presentation-to-house-youth-health-safety.pdf>

Trina Ita-Deputy Executive Commissioner, Behavioral Health Services

Behavioral Health Services

- Residential Treatment Center Project-Intensive mental health care in residential facilities. Please see map on Presentation page 14.
 - Allows parents to maintain legal authority of child, avoiding relinquishment.
 - 15 sites received 249 referrals and made 41 placements.
 - Average length of stay (ALOS) is about 6 months.
 - Approximately 105 families referred to **LBHA/LMHA** for community-based services
- YES Waiver
 - Served approximately 2,700 youth, with a total of 3,591 slots available.
 - 312 youth served had DFPS involvement (180 reserved capacity slots for DFPS-involved youth.
 - YES results in a 48% decrease in use of crisis services.
- Youth Crisis Outreach Teams-Please see map on Presentation page 15.
 - 8 teams total. 3 prioritize DFPS-involved youth.
 - Connects families to community-based services and 90 days of support.
- Multi Systemic Therapy (MST) Please see map on Presentation Page 16.
 - Treats youth with antisocial behavior and justice system involvement.
 - Is available 24-7-365, delivered in the community or at home.
 - 16 providers have a total of 22 teams statewide.
 - **NTBHA** has teams in Garland and Mesquite in Dallas County, and in Ellis and Kaufman Counties.
- System Navigators-Please see map on Presentation page 18.
 - 6 pilot **LBHA/LMHAs** statewide including **NTBHA** statewide to connect families to care.
 - In-reach into HHSC agencies and LBHA/LMHA system to inform them of all services available.
 - Out-reach to child-serving agencies to inform of HHSC, **LBHA/LMHAs**.

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 at jmetzinger@ntbha.org

- Children’s Crisis Respite—Please see map on Presentation page 17.
 - Piloted about five years ago in Tarrant County.
 - For children in crisis who do not meet inpatient criteria, but need respite care before returning home.
 - 5 sites served 77 children in FY 2023, 4 more preparing to be implemented.
 - 48% decrease in crisis episodes after respite.
- Other New or Expanded Services
 - 555 additional Purchased Psychiatric Beds (PPB) in community hospitals.
 - Includes 20 beds for children in DFPS custody.
 - Is a resource for DFPS for Children Without Placement (CWOP).
 - 16 new beds for youth at Uvalde Behavioral Health Center.
 - Coordinated Specialty Care for First Episode of Psychosis expanded (Map on Presentation page 19).
 - Provides a multi-disciplinary approach in 32 LBHA/LMHAs similar to an ACT Team, that offers psychiatric, employment and educational support to help young people experiencing psychosis for the first time to regain stability quickly and avoid disruptions in their lives.

Valerie Mayes, Deputy State Medicaid Director, Medicaid and CHIP Services

Medicaid

- Is a program using state and federal funds to provide health and long-term care services for children, pregnant women, seniors, and people with disabilities who have low incomes.
- Most Texans on Medicaid access care through a Medicaid Managed Care Organization (MCO).

Children’s Health Insurance Program (CHIP)

- Is for children in families who make too much to be eligible for Medicaid, but who do not have access to private health insurance.
- Both programs provide an array of behavioral health services.

In-Lieu-of Services under Medicaid—Phase One

- Allows Medicaid Managed Care Organizations (MCOs) to offer some services that allow the person to have intensive services but reside at home, which have not traditionally been offered under Medicaid:
 - Partial Hospitalization—20- to 40- hour day hospital program.
 - Intensive Outpatient Programs—10- to 20- hours of intensive outpatient care per week.
 - Coordinated Specialty Care—Newly available services at LBHA/LMHAs that have not historically been available through Medicaid, such as family education and support services.
- Both the MCO and the individual must agree to In-Lieu-of Services.

Medicaid Turning Point Program in STAR Health

- STAR health is a Medicaid Managed Care program for children and youth in DFPS services including:
 - Children under 18 in DFPS conservatorship or in the Adoption Assistance or Permanency Care Assistance programs.
 - Youth 21 years of age and younger in voluntary extended foster care.
 - Youth 20 years of age or younger who meet qualifications as Former Foster Care Children (FFCC).
- Turning Point is a psychiatric hospital diversion program and a crisis intervention program including:
 - 24-Hour crisis information line
 - Counseling
 - Mental health assessment
 - Referrals to additional services and resources
- Children’s Mental Health Strategic Plan—Due December 1, to address:
 - Description of services and providers.
 - Funding and Provider Reimbursement
 - Gaps in care
 - Data specific to children
 - Workforce
 - Expenditure information

Nationally and internationally there has been an increase in behavioral health needs in youth.

- Suicidal behaviors, emergency room visits, major depressive episodes have increased.

Demographics of CPS

- DFPS is designed to serve children who are victims of abuse and neglect.
- Children with behavioral health needs don't tend to have co-morbid physical problems.
 - ADHD, conduct disorders are most common.
 - Children tend to be involved with multiple state and county systems, (DFPS, Juvenile Justice, etc.)
 - Services must be coordinated with families.
- 16,000 kids in DFPS care statewide.
 - 90% are in home-based settings (kinship homes or foster homes).
 - 10% are in residential (institutional) settings.

Removal for Refusal to Accept Parental Responsibility (RAPR)

- Most are voluntary relinquishment of custody due to inability to manage child's behavior at home.
- Sometimes parents feel unequipped to take the child back to the home after a psychiatric hospitalization, particularly if there are other children in the home.
- Most RAPR removals are due to need for behavioral health and IDD services.
- RAPR removals have been declining due to higher standards for removal.
- DFPS works more with families to find resources and other family support to prevent relinquishment.
- Kids who come through RAPR have high levels of need.
 - DFPS doesn't have any more tools in their toolbox than the HHSC behavioral health system.
 - DFPS is not designed to be an alternative behavioral health system, and policies should not intentionally or unintentionally drive kids in behavioral health crisis to DFPS.
 - 50% of DFPS kids have need for emotional or mental health services.
 - 80% of children relinquished through RAPR have behavioral health needs.
 - Overall DFPS average number of days in care is 430 days.
 - Children removed due to RAPR are in DFPS care for 862 days.
 - 4.6% of all removals were due to RAPR in FY 2023.
 - Family reunification is the goal in 36% of DFPS cases, but it is only the goal for only 22% of children relinquished through RAPR.
 - Average age of going into DFPS custody is 5 years old overall, but the average age of RAPR is 13.

Children Without Placements (CWOP)

- In the past year, there were 766 children without placement.
- 39% of children in the CWOP category were removed due to RAPR.
- Placement can be difficult to find due to complex trauma and mental health needs.
- Costs an average of \$1700 per night if licensed or kinship placement can't be found.

Stephanie Muth—continued

Recommendations

Children and families should have:

- Full continuum of behavioral health services.
- Post-psychiatric inpatient and outpatient step-down services.
- Intensive home-based care.
- Provider availability.
- Crisis and respite services.
- Relinquishment prevention programs.
- Behavioral health services for youth with dual diagnosis.

Texas Child Mental Health Care Consortium (TCMHCC)

Laurel L. Williams, DO, Director of Residency and Medical Director

Rachel Jew, Senior Program Manager

Texas Child Mental Health Care Consortium TCMHCC <https://tcmhcc.utsystem.edu/>

- Child Psychiatry Access Network (CPAN) <https://tcmhcc.utsystem.edu/child-psychiatry-access-network-cpan/>
- Perinatal Psychiatry Access Network (PeriPan) <https://tcmhcc.utsystem.edu/perinatal-psychiatry-access-network-peripan/>
- Texas Child Health Access Through Telemedicine (TCHAT) <https://tcmhcc.utsystem.edu/tchat/>
- Resources for Parents <https://tcmhcc.utsystem.edu/resources-tag/for-parents/>
- Resources for Schools <https://tcmhcc.utsystem.edu/resources-tag/for-parents/>

Meadows Mental Health Policy Institute

Andy Keller, Ph.D., CEO

<https://mmhpi.org/policy/texas-house-select-committee-on-youth-health-safety/>

<https://mmhpi.org/wp-content/uploads/2024/08/House-Select-Committee-July-2024.pdf>

Recommendations

- Fully fund the Child Psychiatry Access Network (CPAN, please see above).
- Partner CPAN psychiatrists with pediatricians to expand the Collaborative Care Model, an effective integration of primary care and psychiatric care.
- Add Collaborative Care Model as a benefit for Texas Employees Retirement System and Teachers Retirement System. Dr. Keller estimates that this should have no fiscal note.
- Continue Pediatric Collaborative Care in the Texas Mental Health Care Consortium.
- Address workforce shortages by increasing funding to Texas community colleges to train and certify workers for entry level positions in behavioral health, such as the Midland College funding last session.
- Fully fund the Texas Child Health Access Through Telemedicine (TCHAT, please see above) to expand coverage from 75% of Texas children to 90% by 2025.
- Expand Multi Systemic Therapy (MST) for at-risk youth to 20 to 30 additional MST teams through competitive procurement open to nonprofit and governmental entities. Dr. Keller noted that NTBHA piloted an MST team, now has three teams, recommends an increase to twelve teams for NTBHA region
- Authorize Medicaid reimbursement for MST.
- Fund a version of MST specifically developed for DFPS.
- Fund 10-15 additional Youth Crisis Outreach Teams (YCOTs) through competitive procurement and allow applicants to define narrower catchment areas.

Texans Care for Children

<https://txchildren.org/mental-health-services-to-keep-kids-with-their-families-and-out-of-foster-care/>

Recommendations:

- Increase reimbursement rates for YES waiver services.
- Allow Medicaid reimbursement for Family Partner Support Services and Youth Peer Support Services.
- Sustain the Texas Family First Pilots.
- Expand the availability of evidence-based family preservation services.
- Broaden criteria for federal matching funds for evidence-based services.

Children's Mental Health Strategic Planning Committees

Jenny Goode—Betty Hardwick Center

Susan Garnett—Tarrant County MHMR

Recommendations:

- Modernize the Texas Resilience and Recovery (TRR) utilization management practices to make better use of newer evidence-based practices.
- Strengthen Medicaid Managed Care Organizations' (MCOs) engagement and coordination of services for kids with complex needs.
- Expand the partnerships with Regional Education Service Centers.
- Increase YES Waiver rates.
- Expand YCOT, MST, Coordinated Specialty Care statewide.
- Make Family Partner Services as a Medicaid benefit.
- Address workforce shortages.





Texas Behavioral Health Advisory Committee

Annual Report

July 2024

The Behavioral Health Advisory Committee (BHAC) is established in [Texas Administrative Code 351.807](#). BHAC is required by federal law for state planning on federal Mental Health Block Grant (MHBG) funding. Its purpose is to make recommendations, with stakeholder input, to the Health and Human Services Commission regarding the allocation and adequacy of services and programs related to mental health and substance use disorders. The representation on the BHAC is specified by the above statute, and is made up of 19 voting members appointed by the HHSC Executive Commissioner.

The report notes that progress has been made on some of these recommendations, but have not been fully implemented.

Link to Report: <https://www.hhs.texas.gov/sites/default/files/documents/behavioral-health-advisory-fy23-report.pdf>

Recommendations:

1. Revise the licensing requirements for facilities in which substance use treatment may occur to expand the ability to provide school- and community-based treatment services, increasing access to substance use treatment and recovery services and supports for students.
2. Expand HHSCs Supportive Housing Rental Assistance to **all 39 LBHA/LMHAs**.
3. Expand Housing and Community-Based Services-Adult Mental Health (HCBS-AMH) to include services for homeless individuals.
4. Improve legislative reporting on local boarding home ordinances to better understand their impact on housing options for persons who are disabled by behavioral health issues. Findings will inform policy changes.
5. Build capacity for quality mental health services and trauma-informed care for individuals with Intellectual and Developmental Disabilities (IDD).
6. Support the development of recovery community organizations (RCOs) in rural and small metropolitan areas in Texas.
7. Create (or improve an existing) early childhood developmental screening web platform and data portal, utilizing the ASQ®-3 and the ASQ®:SE-2 developmental screening tools and early childhood development and referral resources.
8. Implement a state policy that Child Care Licensing and the Texas Rising Star Quality Rating and Improvement System require childcare and education centers to offer developmental screening for all children in their care who meet the age requirement.
9. Expand the eligibility for peer support services to youth and young adults under the age of 21.

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 at jmetzinger@ntbha.org

10. Include Parent/Family Peer Support, provided by Certified Family Partners, Certified Family Peer Support Providers or Certified Family Specialists, as determined by the state certification entity as a covered service under the Medicaid State Plan to caregivers of children with emotional disturbances.
11. HHSC should work collaboratively with stakeholders to identify and approve additional family skills training materials for use as rehab billable services for families of children and youth.
 - Develop a workgroup.
 - Adopt a procedure by which recommended materials will be reviewed, approved, and adopted for use, including updates to Utilization Management (UM) guidelines.
12. Approve the Preparing Adolescents and Youth for Adulthood (PAYA) curriculum for use by certified family partners as a rehab billable service to the families of adolescents transitioning to adult mental health services.
 - HHSC should develop a UM "decision tree" specifically for PAYA training material that provides direction as to when the use of certain skills training materials may be appropriate.
 - Make every effort to identify, educate and inform providers of these expanded services.
13. Provide training through Centralized Training by Dr. Russell Barkley and his associates on the use of Barkley's Defiant Child/Teen and ensure fidelity by making this training opportunity available to all Certified Family Partners and some **LBHA/LMHA** Staff.
 - HHSC should develop a UM "decision tree" specifically for Barkley's Defiant Child/Defiant Teen skills training material that provides direction as to when the use of certain skills training materials may be appropriate.
 - Make every effort to identify, educate and inform providers of these expanded services.
14. Review and provide immediate approval of the Families Thrive curriculum for training and use by Certified Family Partners.
 - Make use of Families Thrive an approved rehab billable service.
 - HHSC should develop a UM "decision tree" specifically for Families Thrive skills training material that provides direction as to when the use of certain skills training materials may be appropriate.
 - Make every effort to identify, educate and inform providers of these expanded services.
15. Establish a dedicated Housing Coordinator at each **LBHA/LMHA** that will implement the requirements laid out in the HHSC Performance Contract. Add the following requirements to be added to the Performance Contract for **LBHA/LMHAs**:
 - The Housing Coordinator of each **LBHA/LMHA** shall establish a landlord outreach and engagement program to strengthen partnerships with local landlords and increase opportunities to house people with serious mental illness and/or co-occurring SUD or IDD conditions.
 - The Housing Coordinator shall report quarterly on the activities throughout the year in a report template to be developed by HHSC.

16. Increase funding for the Supporting Healthy Relationships (SHR) program to each **LMHA** by increasing GR investment in the program to a further \$6 million per fiscal year.
 - At the end of every fiscal year, collapse all unspent funds into a statewide pot of funding available to **LBHA/LMHAs** with illustrated need for more SHR funding.
 - Add reporting for SHR to include amount of funds expended, the timeline for funds expended, and how they were expended.
17. HHSC should provide special focus on notifying people with lived experience of mental health issues as they roll out their efforts to reach Medicaid recipients.
 - Include language on the Medicaid website that will minimize adverse reactions/fear response.
 - Make sure all communication is trauma-informed in a way to avoid eliciting a traumatic stress response.
 - HHSC should work collaboratively with organizations that have initiatives to reach people on Medicaid, especially those who work with people with lived experience of mental health issues and support them by providing up-to-date and accurate information as the initiative moves forward.
18. HHSC should encourage/ask **LBHA/LMHAs** to have a point person responsible for educating staff about this to get the word out to everyone that is served.
 - Have point person included in information disseminated to collaborating organizations.
 - HHSC should put specific language on its Medicaid website about mental health.
 - Have all materials produced by HHSC about the unwinding of Medicaid include a QR code that directs people to up-to-date information.
 - Have information disseminated in different formats to accommodate various learning styles.



Department of Criminal Justice

FY2024 SAMHSA Grant Project

	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	FY2028 Total	FY2027 Total	FY2026 Total	FY2025 Total	FY2024 Total
Nexus New Admissions	0	2	2	1	1	3	6	2	5	5	0						27
Nexus Average Days in Jail from Referral to Admission		7.5	10	6	12	30	15	13	8	16	0						11.75
Homeward Bound New Admissions	0	3	2	2	2	1	5	0	2	1	0						18
Homeward Bound Average Days in Jail from Referral to Admission		18	36	36	21	22	19	0	16	43	0						21.1
RESIDENTIAL TREATMENT DISCHARGES																	
Successful	0	0	1	3	4	1	6	2	6	2	6						31
Unsuccessful	0	0	1	0	0	1	3	1	2	1	0						9
REFERRING SPECIALTY COURTS FY2024																	
Number of Referrals by Specialty Courts		AIM		7				DWI						STAR		1	
		ATLAS		3				IIP						Veterans			
		Competency		12				Legacy Family		4				4-C			
		DDC		2				MHJD/SET		12							
		DIVERT		8				STAC		13							

*Homeward Bound Pending Admission: 7

*Nexus Pending Admission: 1

Public Defender's Office Stats

KRIST CALDWELL FY2024 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 DISPO SITION S	ENDING # PENDIN G CASES **	CURRE NT PARTICI PANTS	NUMBE R OF GRADU ATES	BOND *
August	22	0	0	22	0	0	0	0	2	2	20	18	0	17

HARRY INGRAM FY2024 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 PARTICIPANTS	CURRENT PARTICIPANTS IN CUSTODY	FORMER PARTICIPANTS	BOND
August	53	5	58	0	0	0	0	0	0	0	2	2	56	29	0	0	29

HARRY INGRAM FY2024 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
August	60	1	61	0	0	0	0	1	0	0	0	1	60	34	5	0	29

August FY2024 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
Lenox	170	22	192	0	11	0	1	1	33	2	0	8	56
Strather	319	23	342	0	2	5	0	0	2	2	0	7	18
Caldwell	1	44	45	0	0	0	0	0	0	0	0	10	10

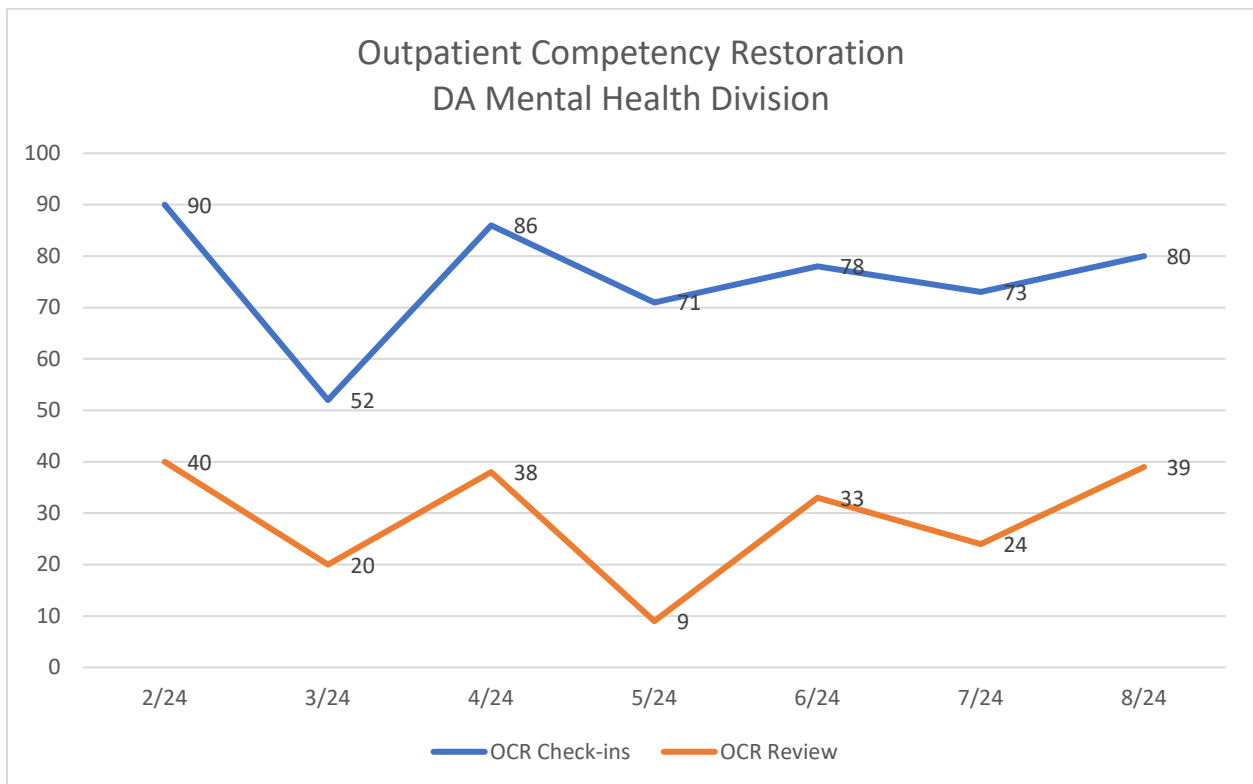
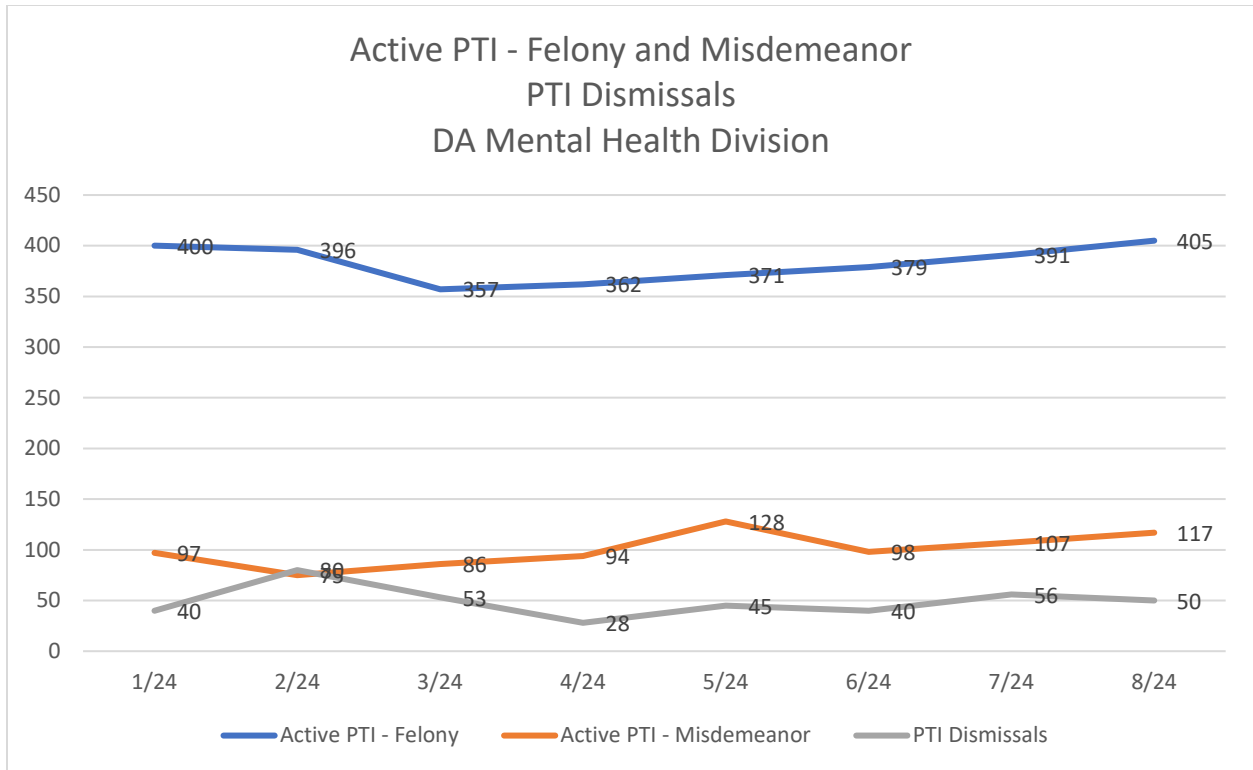
August	FY2024 FELONY COMPETENCY STATISTICS															
MONTH	BEGINNING # OF CASES	NEW CASES THIS MONTH	TBJ	TBC	Alt. Trial Dispos.	PLEA S	REVO- CATION S	DISMISSALS	PROBATI ON	COMP. HRG.	EXTEN SIONS	CIVIL COMMIT .	MHMR REFER RAL	CONSUL TS	OTHER	ENDING OF PEOPLE IN OCR
Harden	166	18	0	0	0	2	1	8	0	6	5	0	0	0	1	17
Scott	31	2	0	0	0	0	0	1	0	2	0	0	0	0	0	5
Foster	22	11	0	0	0	0	3	0	0	11	0	0	0	0	2	0

FY2024 MISDEMEANOR COMPETENCY STATISTICS																
RANDALL SCOTT																
MONTH	BEGINNING # OF CASES	NEW CASES THIS MONTH	TBJ	TBC	Alt. Trial Dispos.	PLEA S	REVO- CATION S	DISMISSALS	PROBATI ON	COMP. HRG.	EXTEN SIONS	CIVIL COMMIT .	MHMR REFER RAL	CONSU LTS	OTHER	ENDING OF PEOPLE IN OCR
August	105	53	0	0	1	0	0	68	0	21	0	5	0	0	0	13

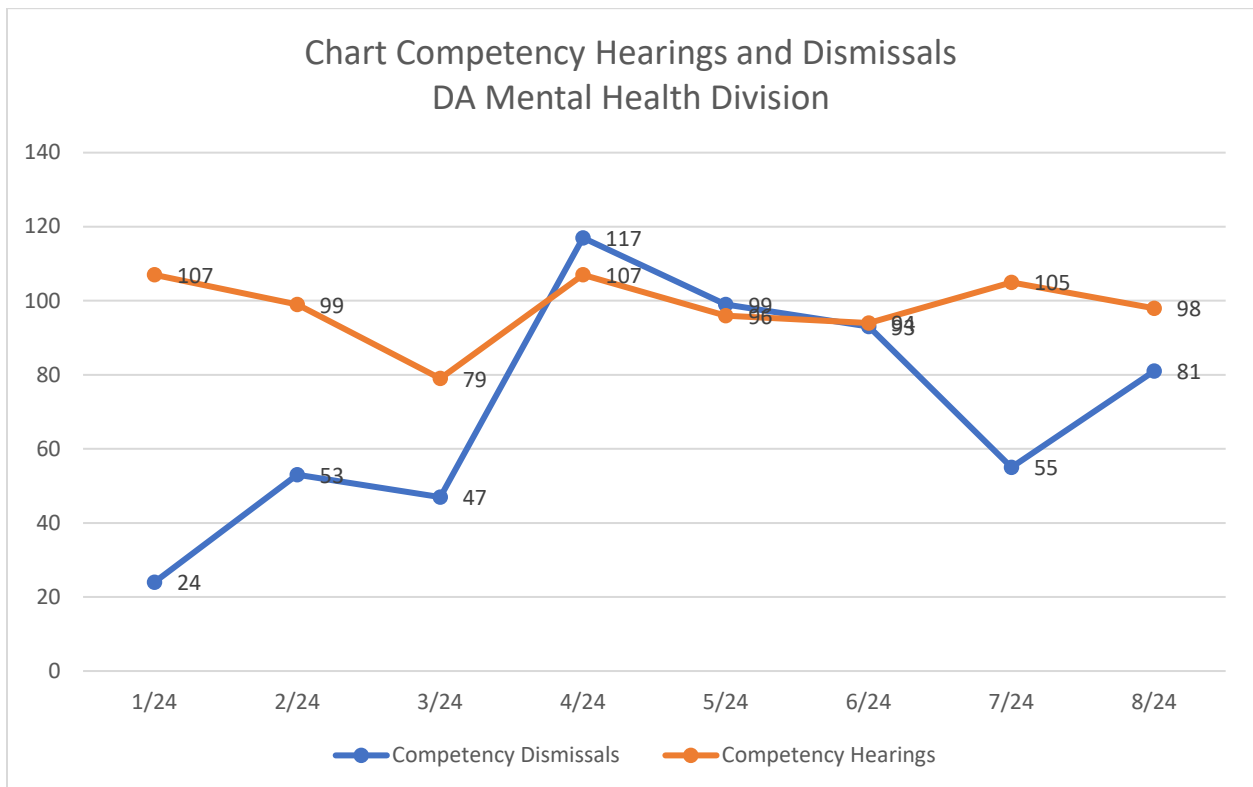
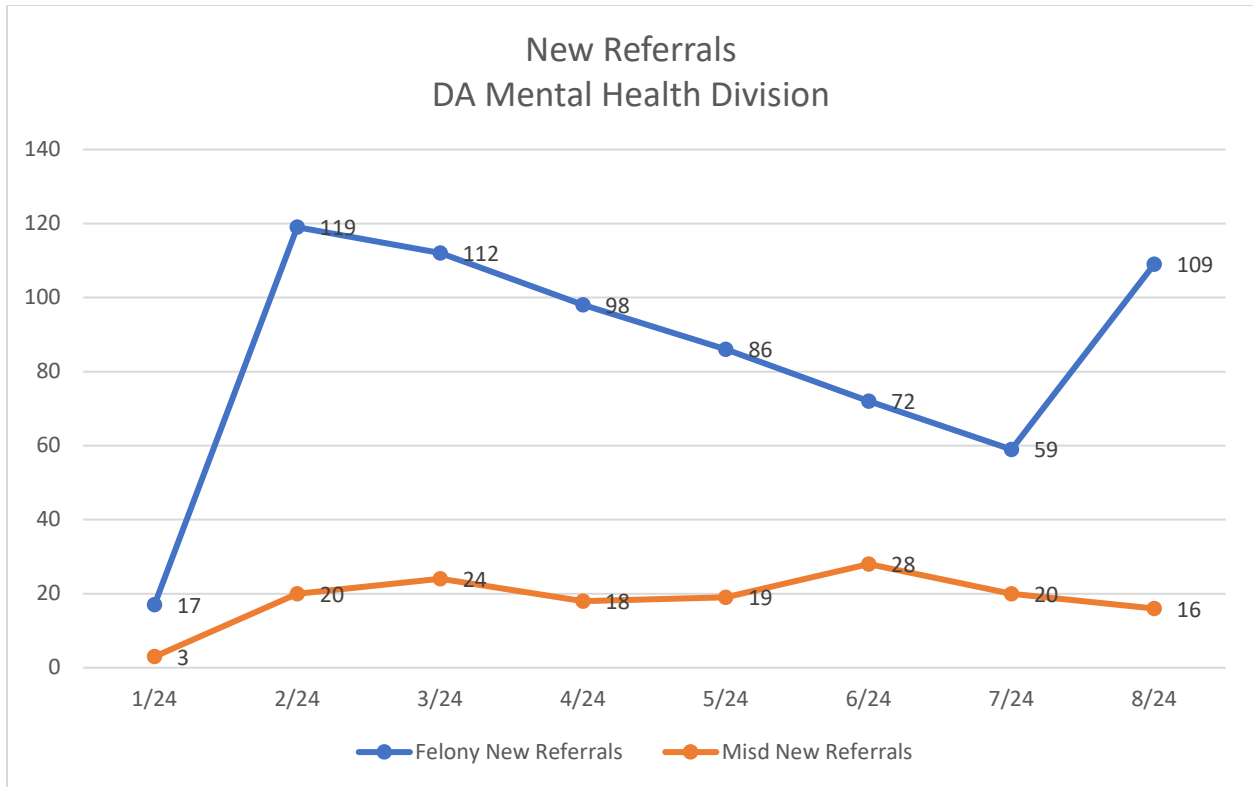
August MI Court																									
MONTH	TOTAL NEW CASES RECEIVED	NEW CLIENTS AT TERRELL	NEW CLIENTS AT MEDICAL CENTER MCKINNEY	NEW CLIENTS AT GLEN OAKS	NEW CLIENTS AT TEXOMA	NEW CLIENTS AT PERIMETER BEHAVIORAL HEALTH CARE	NEW CLIENTS AT PARKLAND	NEW CLIENTS AT CLEMENTS (formerly ZALE LIPSHY)	NEW CLIENTS AT DALLAS PRESBYTERIAN	NEW CLIENTS AT DALLAS BEHAVIORAL HEALTH	NEW CLIENTS AT HICKORY TRAILS	NEW CLIENTS AT VA	NEW CLIENTS AT GREEN OAKS	NEW CLIENTS AT GARLAND BEHAVIORAL	NEW CLIENTS AT METHODIST RICHARDSON	NEW CLIENTS AT WELLBRIDGE	NEW CLIENTS AT THRAPLINGTON	MRM/MILLWOOD/HAVEN	PROBABLE CAUSE HEARINGS HELD	NO CONTEST COMMIT	CONTESTED COMMIT	FORCED MEDS HEARING IN COURT	MODIFICATION HEARINGS	OUTPATIENT COMMIT	INPATIENT COMMIT
L. Roberts	130	9	10	24	2	35	0	0	0	50	0	0	0	0	0	0	0	0	0	0	12	18	0	0	0
C. Cox	120	0	0	0	0	0	0	103	4	13	0	0	0	0	0	0	0	0	1	1	7	3	0	0	7
K. Nelson	94	0	0	0	0	0	0	0	0	0	79	15	0	0	0	0	0	0	0	0	12	12	0	0	0
R. Black	115	0	0	0	0	0	0	0	0	0	0	0	58	0	50	7	0	0	5	0	6	6	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 HEARING S (# of clients)	Total # of Cases	Total # of Felony Cases	# of Felonies Approve d	# of Felonie s Denied	Total # of Misd. Cases	# of Misd's Approved	# of Misd's Denied
August	3012	316	51	31	82	115	80	46	34	35	23	12

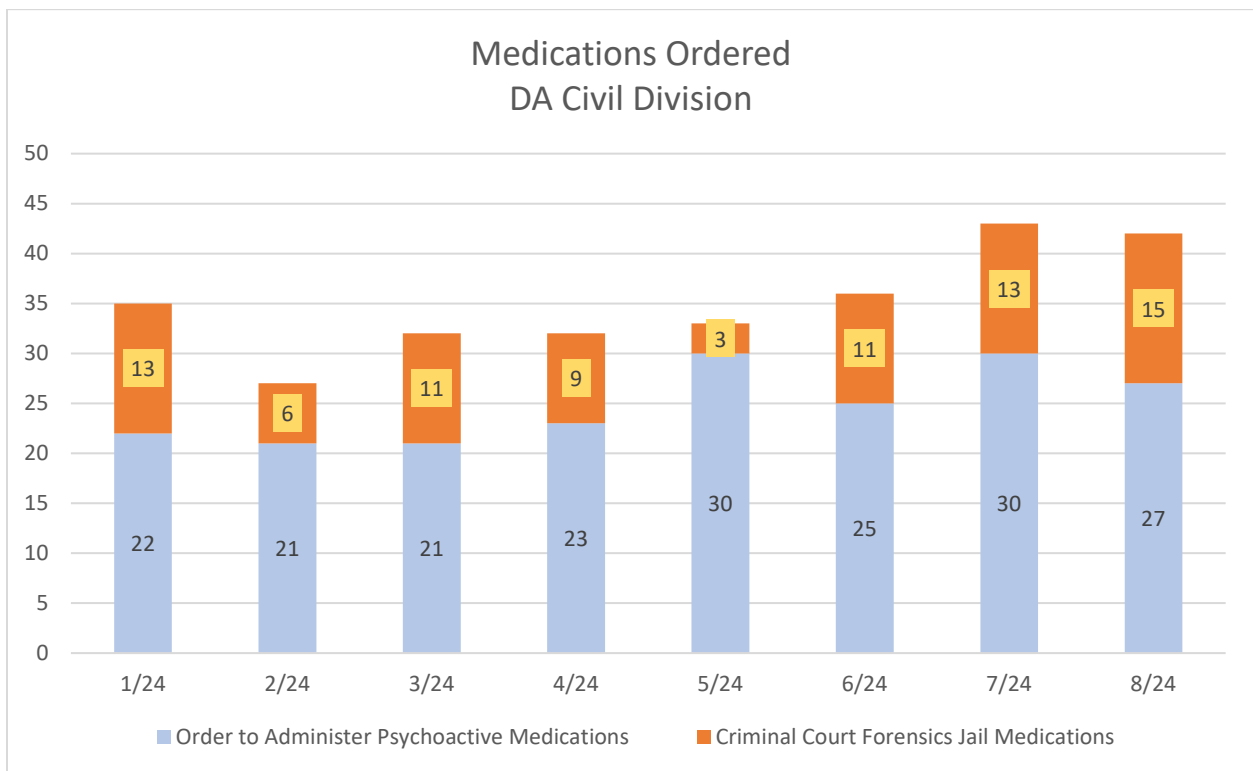
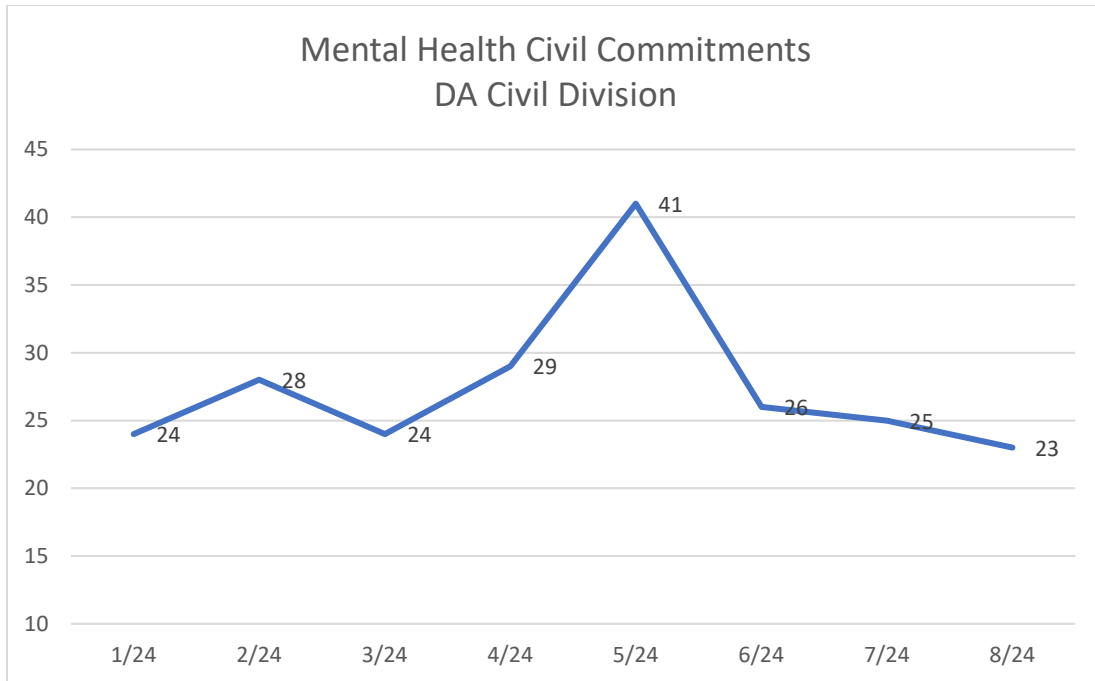
Restorative Justice Division – Mental Health



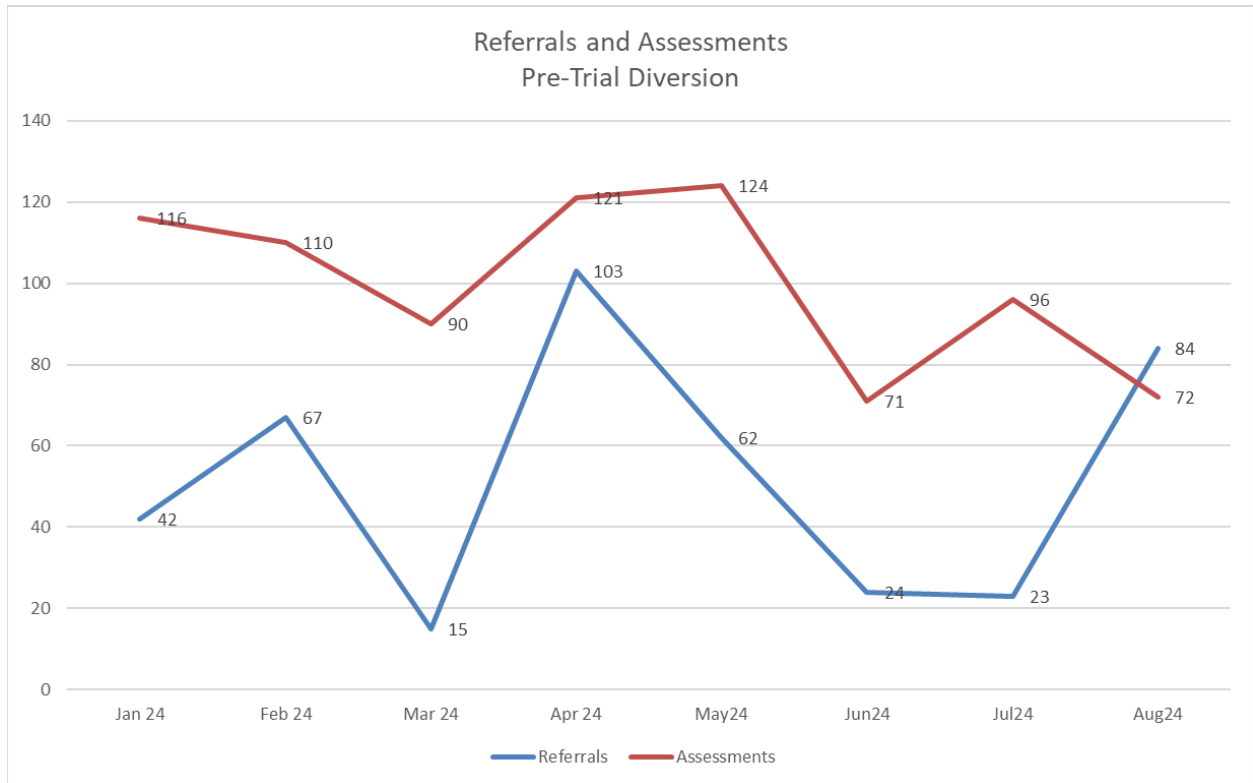
Restorative Justice Division – Mental Health



Restorative Justice Division – Mental Health

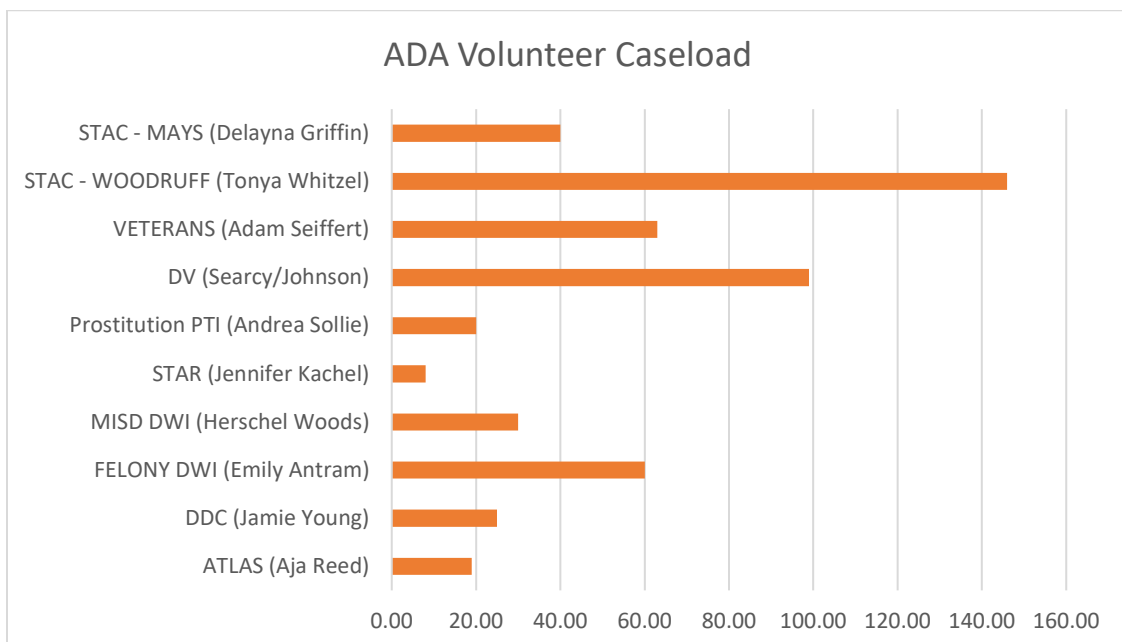
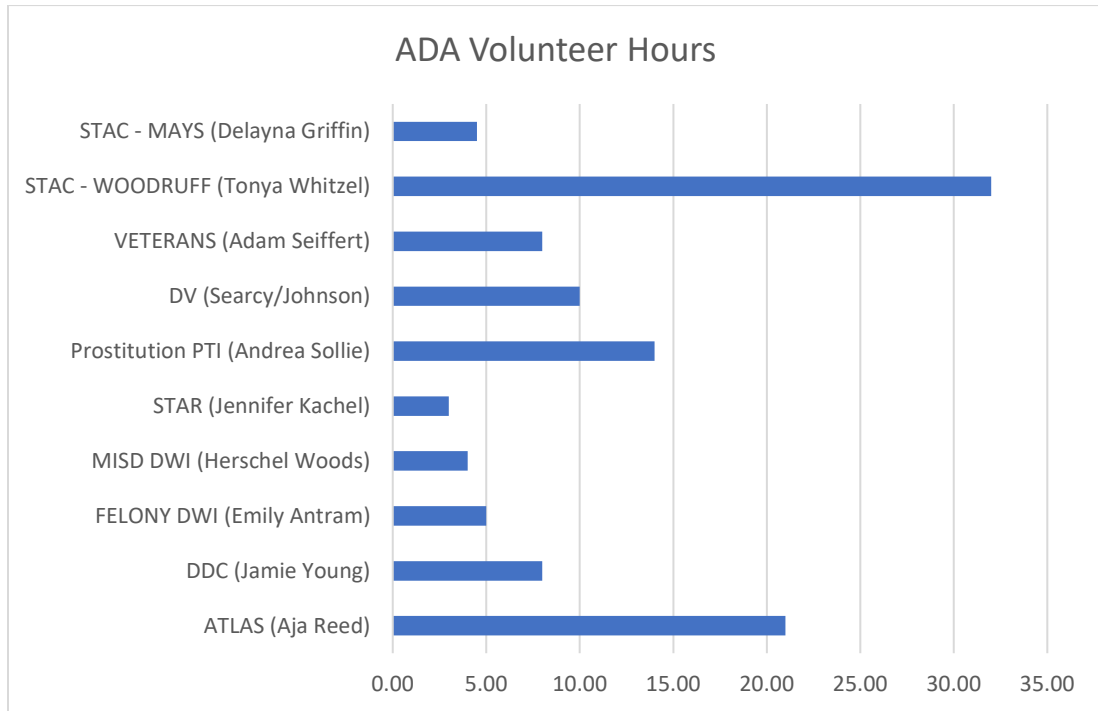


Pre-Trial Diversion



RJD SPECIALTY COURT/PROGRAMS

ADA VOLUNTEER HOURS-AUGUST 2024



Specialty Court and Programs Monthly Statistics

