



DALLAS COUNTY
Criminal Justice Department

Behavioral Health Steering Committee

Thursday, May 19, 2016

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***Action Items**



**Behavioral Health Steering Committee
Thursday February 18th, 2016**

Meeting called to order at 8:35am

The meeting was called to order by Lynn Richardson, Chief Public Defender. Lynn Richardson asked for any adjustments or corrections to the minutes and asked for a motion to approve the minutes as recorded. Angie Byrd made a motion to approve the minutes, John Carlough seconded the motion and the committee approved the minutes as recorded.

Presentation: Texas Hope Literacy

Mia Green the Executive Director presented information on their program. Texas Hope Literacy is a re-entry program that started in Dallas 20 years ago, by Lucy Smith who had two sons that were incarcerated. Texas Hope Literacy is unique in that they provide services inside and outside the jail. They will have 2 pods in Kays Tower for men and women to be served; the re-entry works starts from the inside of the jail to the outside. Once they are released they are transported for food, services and clothing, and are mainly volunteer staffed. They have a focus on spirituality, and look at recidivism, mental health, empowerment and the readiness to change. For more information please visit the website. <http://www.texashopeliteracy.com/>, or call 972-514-1520.

Caruth Update

Brittany Lash reported the progress of the Caruth Smart Justice Initiative. The group has completed phase 1, which was to assess current capacities and resources, the group is now in phase 2 the planning phase. In June, with the assistance of stakeholders they will submit a community plan for the transformation of Dallas County Criminal Justice System to the Caruth Foundation in the hopes of receiving a 5 year implementation grant. Please refer to the attached PowerPoint for more information. If you are interested in learning more about the initiative or have additional information, please contact Blash@texasstateofmind.org.

SAMHSA Grant

Christina Gonzales stated SAMHSA grant funding has placed 4 women in treatment at Nexus, and an additional 2 have been approved and are waiting transportation. The RSAT coordinator position has been posted and interviews will start on March 4, with a decision by March 5. The next milestone will be the creation of a peer advisory committee and for the original Project Team to meet again to review the intake process.

530 Sub-Committee

Christina Gonzales provided an update on the 530 Sub-Committee, which met briefly last week to approve fund requests. The 530 subcommittee approved the following requests for funding and the BHSC will need to approve:

530 Requests

- DIVERT- Keta Dickerson requested \$3,700.30 for travel to the annual TADCP Conference in San Antonio, Keta referenced the required 530 fund request paperwork included in the meeting packet. This amount will pay for Judge Burns, Judge Autry and PD Hank Judin.
- STAC- Judge Mays requested \$3,635.70 for travel to the annual TADCP Conference in San Antonio,

Judge Mays referenced the required 530 fund request paperwork included in the meeting packet. This amount will pay for Judge Lewis, Judge Mays and PD Gail Dawson.

- OCR - Keta Dickerson requested \$3,700.30 for travel to the annual TADCP Conference in San Antonio, Keta referenced the required 530 fund request paperwork included in the meeting packet. This amount will pay for Judge Skemp, PD Malcom Harden.

Lynn Richardson made a motion to approve all three requests; John Carlough seconded the motion, and the committee approved the use of 530 funds.

BHLT & CSP Update

Charlene Randolph highlighted BHLT is focused on the Northstar redesign, she will provide more information as it comes out. BHLT approved using CSP funding of approximately \$459,585 for an additional FDU Unit at the Cottages of Hickory Crossing. Mrs. Randolph is still waiting to hear from CMS if the 1115 waiver funds will be renewed. Mrs. Randolph will share the outcome with the committee once she knows more information. *(pg. 11-15, February packet)*

Jail Reports

Hospital Movement- Brandy Coty reported the following numbers for the month of January, 24 people were taken to the hospital and 12 were returned. This brought the number of those waiting for a hospital bed to 72 at the end of January. *(pg. 16, February packet)*

Pregnant Women in Jail- Shenna Oriabure reported for the month of January; 26 pregnant women in jail; 2 have been sentenced, 8 have upcoming court dates and 5 are without a court date. *(pg. 17, February packet)*

Veterans Report – Shenna Oriabure stated reports are showing that veterans are under-reporting their veteran status in jail. This has been noted by other counties as a reoccurring trend. For the month of January there were 43 individuals that reported being a veteran that were matched in the VRSS system, 65 individuals that self-reported being a veteran and did not have a match; and 159 individuals that did not self-report as a veteran; however they showed to be a veteran in VRSS. *(pg. 18 & 19, February packet)*

NorthSTAR Intakes - Christina Gonzales reported a total of 5,839 jail book-ins during the month of January. Of those bookins, 1,436 were NorthSTAR matches (25%). *(pg. 20, February packet)*

Homeless Report – Christina Gonzales reported that the trend of decreasing arrests and days in jail has continued through December 2015. After reviewing the information, individuals with a mental illness tend to make up the majority of the homeless population in the jail. In addition to the information provided, a comparison on the average amount of days in jail per attorney type was presented as well. *(pg. 21 & 22, February packet)*

Public Defender Report

Information was provided as a handout on page 23 of the February packet. Roger Lenox has returned, after just having twins so his numbers are a little different than most. *(pg. 23, February packet)*

District Attorney Report

Lee Pierson provided the District Attorney's report; this is the first time they are reporting to the committee. Mr. Pierson stated going further they will work with Ms. Gonzales to make some changes to the report in order to incorporate some additional information. *(pg. 24, February packet)*

Provider Reports

The Bridge – Jay Meaders reports there was an increase in the housing referred number to 46, this is increasingly higher than it has been in the past, and the average over the past 12 months has been 36. Mr. Meaders wanted to emphasize the difference between Jail Release (general) those individuals that are coming straight from the jail w/o being in a court program, versus the Judicial Re-Entry group, individuals released from the jail but are in a program such as STAC. *(pg. 25, February packet)*

Metrocare - Crystal Garland directed the committee to review the information on page 26 of the February packet. Overall, many of the courts maintained the census from the previous months. The Probation ICM program ended the month with 71 clients, Atlas ended at 15, Post-DDRTC at 36, STAC at 22, PRIDE at 3, MHJD at 27 and DDRTC ended at 50. *(pg. 26, February packet)*

IPS Report - Enrique Morris reports IPS is still working to restructure, in order to obtain a 501c designation and is hoping this will be completed by the end of the 1st quarter of 2016. Reviewing pg. 1, the specialty court admission and discharge rate has decreased; however, this decrease may be due to the reduction in the amount of participants in the STAC program. The diagram on pg. 1 captures the progression rate of their clients; 61% advancing in their treatment and in court, 26% have been retained at their current level and 13% were elevated. *(pg. 27-29, February packet)*

Problem Solving Courts

Outpatient Competency Restoration- Brandy Coty reported for the month of January that 6 cases were added to misdemeanor OCR and 1 successfully graduated. On the felony side, 4 cases were added, OCR ended the month with a total of 44 participants in misdemeanor and felony OCR combined. *(pg. 30, February packet)*

DIVERT- Keta Dickerson reported for the month of January that DIVERT had 10 new admissions, 8 unsuccessful discharges and 12 graduates. *(pg. 31, February packet)*

Specialty Courts CSCD

Serena McNair reported the following numbers for the Probation Department: ATLAS ended with 30, DDC ended with 39, PRIDE ended with 4, MH ended with 62, and STAR ended with 15 for a total of 150. Currently the Probation Department is working with Judge Mays to better count participants in her court and next month they will start reporting numbers for STAC. *(pg. 32-35, February packet)*

Announcements

Laura Edmonds was introduced as the new Mental Health Jail Diversion Manager in the Criminal Justice Department. Mrs. Edmonds is familiar with much of the work in the specialty courts, her first day will be February 29th, 2016.

Adjourn

The meeting was adjourned at 10:40am. The next meeting will be held on May 19th, 2016.

Meadows Mental Health Policy Institute

Caruth Smart Justice Planning Grant

Community Stakeholder Project Status Update – May 2016

The Caruth Smart Justice Planning Grant has completed the Phase I assessment report and submitted it to the W.W. Caruth, Jr. Foundation at the Communities Foundation of Texas. Please see attached summary report. The Phase II plan is in development at this time. We plan to present an outline of the implementation plan at the June BHLT and NTBHA meetings (Andy Keller will present the plan).

Intercept 1 (Law Enforcement)

The Smart Justice team returned to all Dallas Police Department (DPD) division stations in April and presented Intercept 1 findings. In partnership with the Caruth Police Institute, Dallas Police Department (DPD), and Dallas Fire and Rescue (DFR), we are drafting a plan based on assessment findings and current research informed policing practices. MMHPI is be hosting a technical assistance trip to Colorado Springs this month with members from DPD and DFR leadership to learn more about a nationally recognized interdisciplinary response team. MMHPI will be meeting with hospital and crisis providers in May to update them on planning.

Intercept 2 (Initial Detention/Initial Court Hearings)/ Intercept 3 (Jails/Courts) / Intercept 4 (Re-Entry)

In April, Ron Stretcher with Dallas County Criminal Justice, Dr. Tony Fabelo with The Council of State Governments Justice Center, and Dr. Andy Keller with Meadows Mental Health Policy Institute represented Dallas County at the national Stepping Up Summit in Washington, DC. Also in April, Michael Laughlin with Dallas County Criminal Justice, with technical assistance from Lila Oschatz with The Justice Center, convened work groups to address the three primary gaps in Intercepts 2-4:

- Screening and identification of individuals with mental illness at book-in,
- Assessment of risk and notification of magistrate to determine bond options, and
- Pre-Trial supervision and mental health personal recognizance bond.

While implementation plans will not be finalized until June, interim plans will be incorporated into the June BHLT and NTBHA community presentations.

Intercept 5 (Community Corrections and Services)

In April community providers were asked to provide written proposals their organization or agency could implement to address gaps and expand capacity for needs identified in the Phase I findings, and nine proposals were received from nine providers. The MMHPI team and partners have reviewed the submissions and developed a draft plan incorporating all inptu

received. MMHPI will host meetings with the providers to formalize plans in May. These meetings will address three primary areas of need:

- Intensive Services (ACT/FACT/Super Utilizer Programs) and Step-Downs,
- Supported Housing, and
- Substance Use Services.

MMHPI also engaged housing expert Ann Denton to assist in compiling the housing component of the plan. She is working closely with Ron Stretcher and Commissioner Daniel's housing committee and should complete incorporation of their input and best practice recommendations in May.

Information Sharing

A definitive understanding has been reached between Parkland and Dallas County, and Dr. John Petrila and Dr. Jacqui Stephens hope to finalize that in writing in May. Additional input in March and April have escalated potential real time data sharing opportunities between emergency rooms, EMS, and law enforcement, and meetings to vet a potential plan will be completed in May. Recommendations will be incorporated into the June BHLT and NTBHA presentations.



THE DALLAS COUNTY SMART JUSTICE PLANNING PROJECT: An Overview of Phase One System Assessment Findings

Problem

The toll of mental illness is staggering across the nation and in Texas. About 20 percent of people in local jails across the country are estimated to have a “recent history” of a mental health condition,¹ almost three-quarters of whom also have substance use disorders. Once incarcerated, people with mental illnesses tend to stay longer in jail and upon release are at a higher risk of returning to incarceration than those without these illnesses.²

Counties in Texas report that 20 to 25 percent of their average daily jail populations have a diagnosed mental illness.³ On any given day, between 12,000 and 16,000 people with mental illnesses are in jail in Texas, at a cost of over \$450 million dollars a year to incarcerate them.⁴ In Dallas County alone, estimated housing and booking costs for people with mental illnesses were approximately \$40 million in 2013. Medication and other treatment services provided to people with mental illnesses while incarcerated cost an additional \$7 million.⁵

National and State Momentum to Address This Problem

Whether in Dallas County, at the state level in Texas, or in counties across the United States, there is near universal agreement that counties and states need to work in partnership to effectively reduce the number of people with mental illnesses in jail. The Meadows Mental Health Policy Institute (MMHPI) is a nonprofit organization established in 2013 to provide nonpartisan policy research and development to improve mental health services in Texas. MMHPI analyzes and evaluates public policy through evidence-based research and data-driven assessment. Through its Smart Justice division, the Institute is

working with counties across Texas to devise strategies to reduce the number of people with mental illnesses in Texas jails.⁶

Nationally, The Council of State Governments (CSG) Justice Center, the American Psychiatric Association Foundation, and the National Association of Counties established the Stepping Up Initiative to work with state and local governments to reduce the number of people with mental illnesses in jail. In response to a national call to action issued in 2015, more than 250 counties, including Dallas County, have passed resolutions committing themselves to a series of steps to reduce the number of people with mental illnesses in jail.⁷ MMHPI has partnered with the CSG Justice Center and its Austin, TX-based research team to provide data analysis and expert guidance to Texas counties participating in its Smart Justice work.⁸

W.W. Caruth, Jr. Foundation Smart Justice Planning Grant

With support from the W.W. Caruth, Jr. Foundation at the Communities Foundation of Texas, in 2015, MMHPI launched a county-wide planning project to identify strategies to improve outcomes for people with mental illnesses within the Dallas County justice system. The goal of this planning effort was to develop a comprehensive plan to eventually eliminate the use of the county jail to house people with mental illnesses who do not otherwise need to be incarcerated by engaging local partners in a rapid and results-oriented planning process. Central to that process was data-driven planning to develop specific implementation strategies for transforming the Dallas criminal justice system to better identify, assess, and divert people with mental illness from the justice system. The project also included an evaluation of law enforcement responses to people with mental illnesses and the identification of gaps that need to be addressed in community-based mental health services to prevent

entry into the system. The primary objective of the project is to improve public safety by developing a comprehensive multi-year plan to reduce and eventually eliminate the use of the Dallas County Jail for treating people who primarily have psychiatric needs. The project has two phases: Phase One assembled facts to inform the plan. In Phase Two, project partners the CSG Justice Center, Dallas County, the Caruth Police Institute, Parkland Health & Hospital System (Parkland), and the Parkland Center for Clinical Innovation will work together with stakeholders from across the country to draft the plan.

The Caruth Smart Justice Planning Grant calls for pulling together key stakeholders to produce a business and sustainability plan based on the assessment findings. Dallas County commissioners, along with other key county leaders, including judges, the sheriff, the district attorney, and the public defender, as well as the leadership of Parkland Health & Hospital System, have made improved outcomes for people with mental illness in the county and in the justice system a top priority. On July 7, 2015, Dallas County Commissioners unanimously passed a resolution in support of the Stepping Up Initiative. County leadership committed to developing a plan, with measurable outcomes, to reduce the number of people with mental illnesses in jail and improve community-based treatment options. The Caruth Smart Justice Planning Grant has supported key Stepping Up activities, allowing Dallas to benefit from a complete justice system assessment.

Phase One: Methodology

The research team conducted an in-depth analysis of case-level criminal justice data of the more than 100,000 people booked into the Dallas County Jail between 2011 and 2014. These records were matched with the Texas Department of Public Safety (DPS) Computerized Criminal History (CCH) system, which provides criminal history information (e.g., including information about prior arrests and sentencing) for people booked into jail.

Through this match, researchers calculated recidivism rates for people released from the jail.⁹ Researchers drew on this and other data that correlate with risk of rearrest (e.g., age at first arrest, current age, type of offense) to develop a “risk proxy” that estimated the risk of re-arrest that each person booked into the jail presented. This risk proxy made it possible to present like comparisons among different sub-populations.

The research team also matched those individuals booked into the county jail with the database maintained by NorthSTAR, which manages the publicly funded mental health and substance abuse services for people living in its service area. The data did not have specific mental health diagnoses or treatment information, making it possible only to “flag” people booked into jail who had a prior contact with the publicly funded behavioral health care system, but not differentiating them from people who had received services for substance abuse only. As a result, the findings below that draw on the

The Project Team

The project team is led by Dr. Andy Keller, MMHPI President and Chief Executive Officer, working with Project Manager, Brittany Lash. Criminal justice and mental health system expertise were provided B.J. Wagner, Director of Smart Justice, and Dr. Jacqueline Stephens, Director of System Transformation. Dr. Michele Guzmán, Senior Director of Evaluation, and Dr. Jim Zahniser, Director of Evaluation Design, led the evaluation team, which included Kendal Tolle, Evaluation Project Manager, and Jesse Sieger-Walls, Analyst and Consultant. The Caruth Police Institute, under the leadership of Executive Director Dr. Melinda Schlager, provided expertise in involving law enforcement agencies across the county as part of the MMHPI team. John Petrila, JD, provided critical guidance regarding cross-systems information sharing.

The research team is led by Dr. Tony Fabelo, CSG Justice Center Director of Research and Senior Fellow at MMHPI. The research team includes Jessica Tyler, Research Manager, and Dr. Becky Cohen, Senior Research Associate, from the CSG Justice Center’s Austin, TX office; and Lila Oshatz, LMSW-AP, Justice Transformational Services Facilitator.

The Dallas County team is led by Ron Stretcher, Director of the Dallas County Criminal Justice Department, working with Deputy Director Leah Gamble, Smart Justice Jail Diversion Project Manager Michael Laughlin, Pretrial Manager Duane Steele, and Jail Population Coordinator Etho Pugh.

NorthSTAR data do not describe these individuals as people with mental illnesses but instead as people with prior contact with the publicly funded behavioral health care system or people with the “NorthSTAR flag.”

In addition to the quantitative analyses described above, the project team conducted numerous in-person meetings over a six-month period. MMHPI conducted 58 focus groups with over 400 law enforcement officers from the county, representing all participating municipalities in the county, and

shifts (including day, night and overnight shifts), and met with mental health care providers, to determine system process and capacity gaps. The CSG Justice Center and MMHPI teams conducted justice system process reviews involving dozens of jail, judicial, and county officials to determine opportunities to improve the ability to screen, assess, and divert people with mental illnesses once they enter the justice system.

This report summarizes the results of the analyses conducted pursuant to Phase One of this project.

Phase One: Findings

I. Super-utilizers

A small subset of adults with behavioral health needs in Dallas are “super-utilizers” of mental health services; due to their extreme and inadequately managed treatment needs, they are repeatedly incarcerated and frequently use local emergency rooms, hospitals, homeless services, and other intensive supports.

- Based on a rigorous application of epidemiological estimates to the Dallas population and analysis of mental health and jail utilization data, more than 6,000 people in Dallas (nearly 4,000 of whom live in poverty) are “super-utilizers” of services.
- Approximately three out of four people released from the jail who have had prior contact with the publicly funded behavioral health care system who have also been assessed as being at a high risk of offending are reincarcerated in the jail within three years of their release.
- On a typical day at the Dallas County Jail, half of the people incarcerated who have had prior contact with the county’s publicly funded behavioral health care system have experienced four or more bookings in the jail during the preceding four years.

II. Demand for and availability of community-based and inpatient behavioral health care services

A. There is a large number of people with serious mental illnesses and/or substance use disorders in Dallas County, and many of these people live below the poverty level.

- Epidemiological data adjusted for Dallas County demographics suggest that there are approximately 155,000 people who have serious behavioral health needs living in Dallas, inclusive of people with severe cases of addiction and substance use. Most of these people also live in poverty.¹⁰
 - Among this group, there are more than 88,000 adults with serious mental illness (SMI) and an overlapping group of 81,000 people with substance use disorders who meet the state’s definition of the “priority population” eligible for substance use treatment services.¹¹
- B. Dallas has some critical service gaps in the community that should be addressed to improve services, particularly for people with serious mental illnesses.*
- There is community-based behavioral health care service capacity, but a number of gaps and barriers were identified, most notably, intensive community-based programs for “super-utilizers.” There is also insufficient mobile crisis support, gaps in the availability of various evidence-based programs, such as supported housing and employment services, and the cultural competence and geographic coverage of community-based programs are also insufficient.
 - Dallas County does have notable community-based programs, including several Assertive Community Treatment (ACT) teams and two intensive teams for people with SMI who are involved with the criminal justice system. Relative to the large numbers of “super-utilizers” who need ACT or Forensic ACT level of care, the availability of intensive programs is insufficient to

meet the need. Fewer than one in five “super-utilizers” with low to moderate forensic needs and fewer than one in ten “super-utilizers” with high forensic needs have access to adequately intensive supports. Permanent supported housing gaps compound this lack of treatment capacity.

- Specialty inpatient beds at state hospital facilities are at times in short supply compared with demand, but acute psychiatric inpatient beds are generally available. Inpatient stays are used only for brief stabilization, so when a number of stakeholders cited a “lack of beds” as a system criticism, they were primarily referring to a lack of longer-term, intensive treatment capacity and housing options post-discharge.
- People charged with a misdemeanor who were subsequently ordered to a state hospital for competency restoration waited in Dallas County Jail from 39 to 60 days (average of 45 days) before being transferred to the hospital. People charged with a felony waited between 50 and 87 (average of 64 days) before being transferred to the state hospital.

III. Contact with local law enforcement

A. A significant number of people with serious behavioral health needs come into contact with the justice system, straining law enforcement resources.

- Law enforcement officers are the primary first responders for people experiencing a mental health crisis and they are the primary providers of emergent detentions of people who are experiencing a mental health crisis.
- Texas is one of just a few states that do not empower physicians or other health care providers to emergently detain people who pose an imminent risk to themselves and others.
- From 2012 through 2015, the number of mental health calls for service (also known as “46 calls”) increased by 18 percent, from 10,319 to 12,141; those same calls with a request for an ambulance (a “46A call”) increased by 59 percent, from 2,176 to 3,452 during the same period.¹²
- The Dallas Police Department policies currently require that four officers and a supervisor respond to all 46 calls.

B. Law enforcement officers who attempt to connect people with mental illnesses to behavioral health care services report numerous challenges.

- The most common and significant concern that law enforcement officers raised was time spent driving someone with a mental illness to a treatment facility and the time spent waiting at the treatment facility (typically an emergency room) before the person is admitted for treatment.
- A second barrier was frustration with the treatment system, based on the perception that after law enforcement officers left someone in the care of the emergency room, those people were subsequently discharged to the community within hours or days, so that law enforcement found themselves responding to more calls involving the same individual.
- There are more than 20 municipal police departments spread across Dallas County. Law enforcement officers and treatment providers explained that many of these departments have policies and procedures for responding to people with mental illnesses that are distinct from the policies and procedures that police officers working for the City of Dallas use.
- Law enforcement officers expressed concern about the liability they incur when they respond to a mental health call for service and the officer is unable to connect that person to a treatment provider. Transporting that person to jail is perceived to be the option that creates the least liability for these officers.
- Law enforcement officers also described the need for more training and improved approaches to information sharing. For example, when dispatched on a mental health call for service, officers do not have access to the person’s call history during the call response.
- Mental health care providers also described an interest in receiving training on approaches to treatment that address criminogenic risk factors that contribute to the likelihood someone will reoffend. These providers were also apprehensive about sharing any information about a person’s prior involvement in the behavioral health care system because of confidentiality laws.

C. Law enforcement officers find it easier to take a person in need of acute psychiatric care to a municipal jail than to transport the person to a psychiatric facility.

- There are 25 detention sites spread across Dallas County that offer ready access to the jail. In contrast, there are only three hospitals designated as primary psychiatric diversion drop-off sites for law enforcement.
- Just one of the three psychiatric diversion drop-off sites is located in the southern section of Dallas County, and it serves youth only.

IV. Jail

A. The Dallas County Jail acts as the main treatment provider for people with mental illnesses who are involved with the criminal justice system.

- Parkland, which provides health care services to people booked into the Dallas County Jail, reported that more than 26,000 unduplicated people received psychiatric medications at the jail in 2015. In the same year, approximately 21 percent of the jail population—or 1,221 of the 5,685 people housed in the jail on any given day—received mental health treatment from Parkland.

- Approximately 25 percent of all people booked into jail in 2015 (16,986 of the 69,185 bookings) had prior contact with the behavioral health system managed by NorthSTAR.

B. Following their arrest, people who have had prior contact with the publicly funded behavioral health care system stay in jail longer than people who have not had contact with the system.

- Although the average monthly population in the Dallas County Jail was considerably lower in 2014 (6,086) than it was in 1994 (8,884), the number of people in jail awaiting trial nearly doubled, from 2,307 in 1994 to 4,182 in 2014. [See Figure 1]
- Of the large urban counties in Texas, Dallas has the highest rate of pretrial detention.
- People released from jail while still awaiting trial had a comparable risk of recidivism regardless of whether they had prior contact with the behavioral health care system. But it typically took longer for someone who had prior contact with the system to be released from jail than someone who had not had prior contact with the system. For example, 59 percent of people with no prior contact with the system were released from jail

Figure 1. Average Monthly Jail Population by Status, 1992–2014

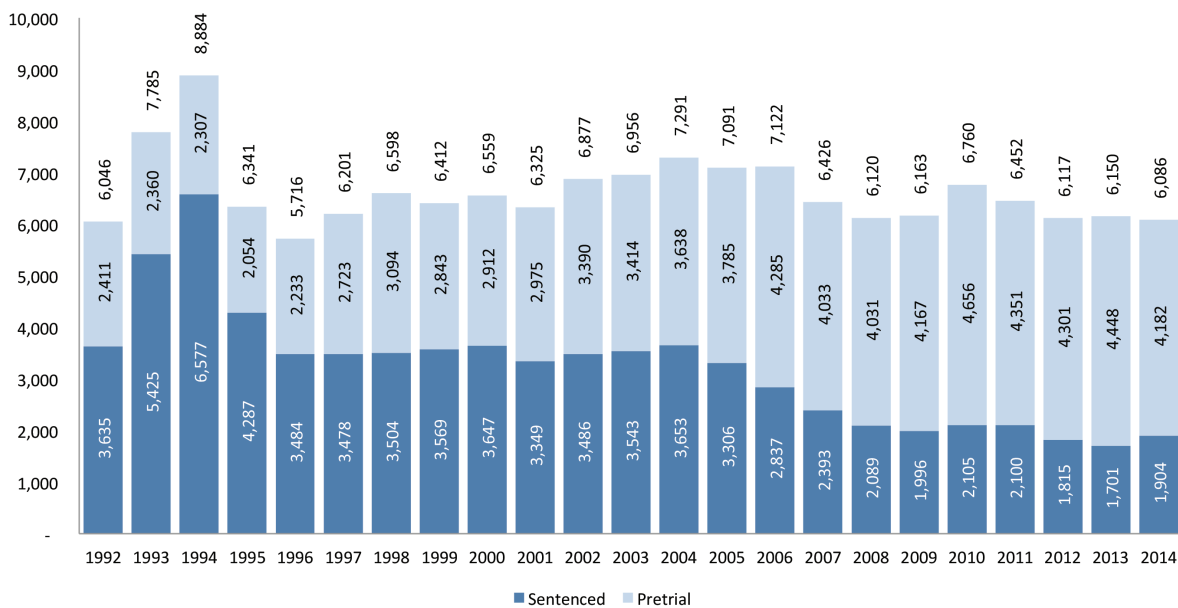
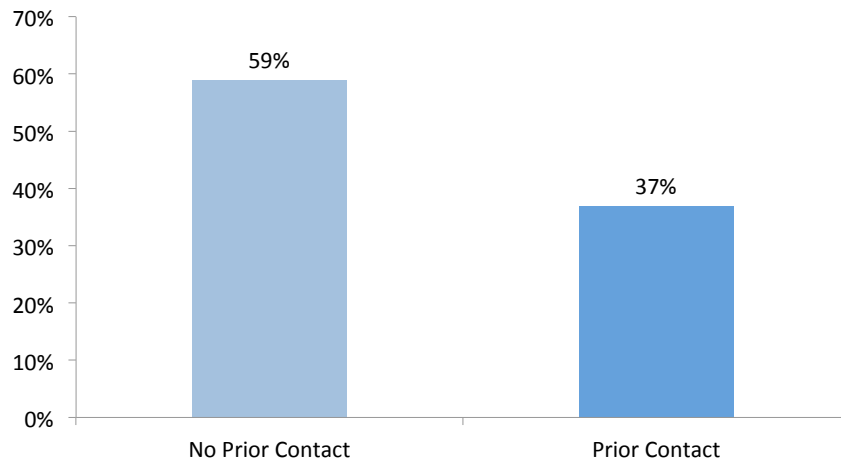


Figure 2. Percentage of Pretrial Releases within 24 hours, by Contact with the Behavioral Health System



within 24 hours of being booked into jail, as opposed to 37 percent of people who had prior contact with the system; 21 percent of those with prior contact stayed in jail longer than a week compared to 13 percent without prior contact.¹³ [See Figure 2]

- State law enacted in 1993 requires that when someone booked into jail screens positive for mental illness, that person must also receive a mental health assessment. This law also requires the results of that assessment be presented in a timely way to the magistrate, who, upon determining that the person does not present a risk to public safety, should facilitate the release of that person from jail to community-based treatment. In Dallas County, however, as is the case in many other counties across the state, mental health assessment information collected at the jail by medical staff is generally not shared with the magistrate.

C. Dallas County does not have a method to supervise people with mental illnesses on pretrial release to monitor their compliance with treatment requirements.

- People with behavioral health needs released from the jail while awaiting trial are typically required to call in twice a month to confirm their compliance with conditions of their release. There is no process in place

to supervise these defendants in the community or to ensure their connection to treatment.

D. Recidivism rates for people released from jail who have had contact with the publicly funded behavioral health care system are considerably higher than people who have not had contact with this system.

- The three-year rearrest rate for people without prior contact with the behavioral health system was 43 percent, compared to 58 percent for those who had contact with the system.
- Among adults who were at low risk of reoffending, 11 percent who had not had a prior contact with the behavioral health care system were rearrested within one year of release, compared to 19 percent of those who did have prior contact with that system. [See Figure 3]
- Of people classified as medium risk of reoffending who had not had contact with the behavioral health care system, 23 percent were rearrested within one year of release, compared to 33 percent for who did have prior contact with that system; and of people classified as high risk of reoffending, 38 percent who had not had contact with the behavioral health care system were rearrested versus 50 percent who did have prior contact with that system.¹⁴ [See Figure 3]

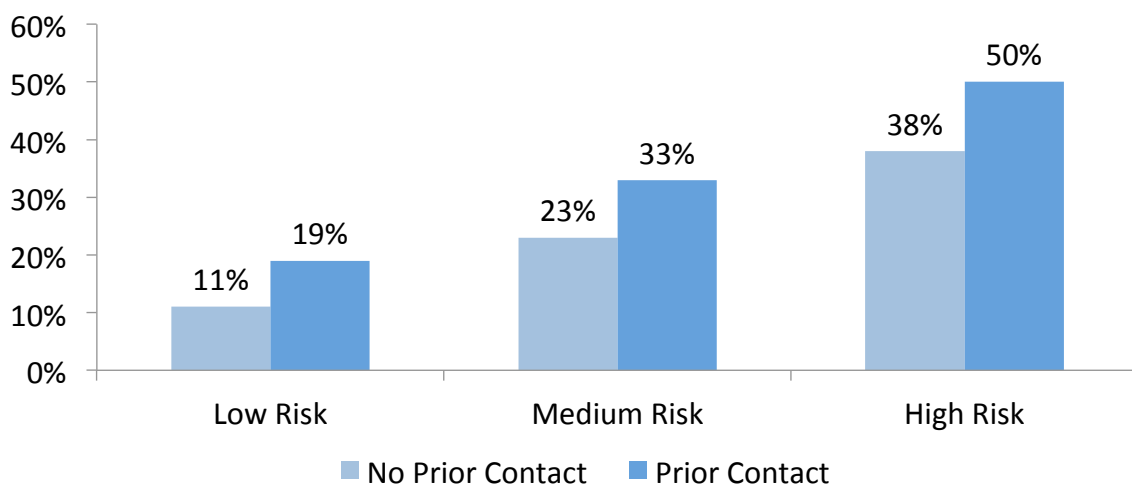
E. Dallas County leadership has taken steps to connect more people booked into jail to community-based treatment, but the impact of these efforts on recidivism has not yet been measured.

- Dallas County has taken various steps, including assigning dedicated prosecutors and defense attorneys, establishing specialty courts, using federal funds to improve linkages between the jail and community programs, and a launching a countywide reentry initiative.
- Dallas County has leveraged federal funds through the 1115 Medicaid Transformation waiver to establish the Crisis Services Project. This project utilizes innovative data systems and a network of service providers to: identify people with a history of receiving behavioral health services upon jail admission, provide clinical assessments, develop individual treatment plans, and coordinate release to the community with a warm hand-off to a community-based service provider. The Crisis Services Project also provides transitional housing, intensive community-based services,

and extended substance use treatment. The project served 5,529 defendants in FY2015.

- A key component of the Crisis Services Project is a Post Acute Transition Services program operated by Transicare. This transition program begins with the engagement of people with mental health needs while they are still in jail, facilitates connection with community-based treatment, and follows them until stable in the community. Numbers served are small, however, with Transicare serving 349 people in FY2015, including 62 people discharged from the state hospital system directly into the community (instead of returning to jail).
- Dallas has funded prosecutors in the District Attorney's office and defense attorneys and case managers in the Public Defender's office who are dedicated to defendants with behavioral health needs. There is not enough dedicated staff to serve this population, and improved processes are needed to identify defendants who require a specialized attorney and to involve those attorneys from the start of the case.

Figure 3. One-Year Rearrest Rate for Jail Releases, by Risk Proxy and Contact with the Behavioral Health System



Phase Two: Next Steps

The next steps of the W.W. Caruth, Jr. Smart Justice Planning Grant project are in progress. MMHPI is working in coordination with the Caruth Police Institute (CPI), Dallas Police Department's mental health response leadership team, the Dallas Fire-Rescue Department, and the North Texas Behavioral Health Authority and its providers to address the law enforcement findings and develop policy and training recommendations, integrated with current CPI and Dallas Police Department efforts to address officers' call times, public safety, core training, and ongoing policy development.

In addition, Dallas County leaders have established three work groups, each chaired by a judge and each assigned a staff lead to support and assist the judge. These workgroups are already designing improvements in screening, assessment, and pretrial supervision protocols that respond to findings resulting from the analyses described in this report.

MMHPI is also engaging community behavioral health care

providers through the North Texas Behavioral Health Authority to develop detailed implementation plans to address each gap that the analyses highlighted in this report as part of Phase Two of the planning grant. These plans include recommendations for increased intensive service capacity to serve "super-utilizers" and strategies to finance additional services to improve the diversion of people with behavioral health needs before they are arrested and connection to services after someone is released from jail.

By state mandate, the present public mental health managed care carve-out is to be replaced by a new model by January 1, 2017. The new model provides a unique opportunity to not only assist Dallas in the design of a more effective service-delivery system but also to provide the momentum to improve jail diversion efforts for people with mental illnesses.

A comprehensive system improvement plan should be ready for review by early summer of 2016. This action plan will incorporate input from key stakeholders and be presented to the W.W. Caruth, Jr. Foundation at the Communities Foundation of Texas for their review.

Endnotes

1. Lauren E. Glaze and Doris J. James, *Bureau of Justice Statistics Special Report: Mental Health Problems of Prison and Jail Inmates* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, 2006). Accessed March 5, 2013, bjs.ojp.usdoj.gov/content/pub/pdf/mhppji.pdf. See more at: nami.org/Learn-More/Mental-Health-By-the-Numbers#srhash.alwE9l0D.dpuf.
2. "The Stepping Up Initiative: The Problem," The Council of State Governments Justice Center, accessed March 8, 2016, stepuptogether.org/the-problem.
3. *Analysis of Mental Health Services for Persons Released from Jail in 2013 and 2014* (Bexar County) (New York: The Council of State Governments Justice Center, 2015); *Quantitative Review of Jail Population Dynamics and Mental Health Population Trends (Dallas)* (New York: The Council of State Governments Justice Center, 2015).
4. The Meadows Mental Health Policy Institute and Texas Conference of Urban Counties, *Texas Mental Health Landscape* (Dallas, TX: Texas State of Mind, 2014). Accessed March 8, 2016, legis.state.tx.us/tlodocs/84R/handouts/C2102015031210301/c24567b7-a36c-4ab8-b8d4-70defc116a2a.PDF.
5. The Meadows Mental Health Policy Institute, "Texas Mental Health Index Project, Interim Report on County Data" (unpublished report, 2015).
6. Meadows Mental Health Policy Institute, "Focus: Smart Justice," accessed March 8, 2016, texasstateofmind.org/focus/smart-justice/.
7. "Stepping Up Initiative," The Council of State Governments Justice Center, accessed March 8, 2016, csjusticecenter.org/mental-health/country-improvement-project/stepping-up/.
8. "About the Justice Center," The Council of State Governments Justice Center, accessed March 8, 2016, csjusticecenter.org/about-jc/.
9. In calculating recidivism rates for this population, researchers used a uniform recidivism measure that has been used to study recidivism in Texas since the early 1990s and is presently used in the Uniform Five-County Recidivism Measure Project that the CSG Justice Center is leading in Texas.
10. C. Holzer, H. Nguyen, and J. Holzer, *Texas County-Level Estimates of the Prevalence of Severe Mental Health Need in 2012*, (Dallas, TX: Meadows Mental Health Policy Institute, 2015).
11. *Ibid.*
12. H. Cotner, Dallas Police Department, personal communication with author, January 14, 2016.
13. People released on personal recognizance or commercial bond who had prior contact with the behavioral health care system were at notably higher risk of recidivism than people without contact with that system. Council of State Government Justice Center, *Quantitative Review of Jail Population Dynamics and Mental Health Population Trends* (Dallas), November 23, 2015. Note that recidivism is calculated out of first jail releases for the year, which is the established methodology for the project.
14. *Quantitative Review of Jail Population Dynamics and Mental Health Population Trends (Dallas)* (New York: The Council of State Governments Justice Center, 2015). Note that recidivism is calculated out of first jail releases for the year, which is the established methodology for the project.



Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails, which is sponsored by the National Association of Counties, the American Psychiatric Association Foundation, and The Council of State Governments Justice Center, calls on counties across the country to reduce the prevalence of people with mental illnesses being held in county jails.



W.W. CARUTH, JR.
FOUNDATION
at Communities Foundation of Texas

JUSTICE CENTER
THE COUNCIL OF STATE GOVERNMENTS



Parkland



CARUTH POLICE
INSTITUTE
Page 14





Behavioral Health Steering Committee

530 Fund Sub-Committee

Minutes for April 13, 2016

Laura Edmonds called the meeting to order at 9:36am and asked for a motion to approve the minutes. Leah Gamble made a motion to accept the minutes as recorded, Ruth Kaiser seconded the motion and the minutes were accepted as recorded by the group.

530 Fund Balance

An update of the 530 Fund Balance was provided, currently the balance for the Felony account (4020) is \$59,499.13; the Misdemeanor account (4031) is \$70,972.27, for a total of \$130,471.40. Laura Edmonds noted the Mental Health Coordinator's salary, Pride Graduation, and TADCP travel were expensed in March. Laura noted there will be additional TADCP expenses recorded in the month of April. Laura presented a 530 Fund Monthly Expenses report for the period of November 2015-March 2016.

Policy and Procedure

Laura Edmonds opened the floor for discussion regarding creation of 530 Fund Policy and Procedure. Serena McNair suggested the manual include clarification and definition of the 530 sub-committee. The clarification would include detailing the committee definition, voting rights, attendance, as well as other relevant information. Serena also requested the information germane to specialty courts be delivered in an inclusive manner with equal notice given to all specialty courts. Lynn Richardson suggested the new policy address the frequency funds can be used by the same individual for training. Lynn also suggested fund requestors be required to report other sources of funding when requesting 530 funds. Lynn further expounded that if funds are dispersed there should be a standard procedure for reporting and verification. Laura requested committee members email her with additional ideas to include in the policy and procedure manual.

Bus Passes

Laura Edmonds began a discussion on how to equitably distribute bus passes in an organized method to specialty courts. Laura proposed distributing bus passes by percentage based on the number of participants in each specialty court. Committee members stated the distribution percentage should also take into account if the court obtains bus passes through other sources. Committee members recommended Laura make inquiries as to how each specialty court currently distributes and logs bus passes. From the collected information an informed decision

and draft procedure for bus passes (purchased by 530 funds) can be created and later brought for a vote.

General Comments

Lynn Richardson suggested a 530 Fund presentation be made at the Judges' Meeting. Judge Mays recommended the creation of a repository of information for all specialty courts and specialty dockets to include function, eligibility requirements, and other pertinent information. The committee members' opined 530 fund information should be sent in a clear, uniform matter with applicable deadlines.

Adjourn

The meeting was adjourned at 10:25am and will reconvene on 5/11/16 @9:30am.



	Past Year Avg	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	Average:	Sum:
Total Service Episodes:	631	829	780	750	725	745	739	761.33	4,568
Total Unique Consumers:	461	810	728	661	614	589	551	658.83	3,953
% Change to DY 4		175.70%	157.92%	143.38%	133.19%	127.77%	119.52%		

<u>Total Encounters by Type:</u>		2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	Average:	Sum:
Triage		829	780	750	725	745	739	761.33	4,568
Care Coordination		3,140	2,973	3,669	3,872	3,519	3,662	3,472.5	20,835
F2F Encounter		284	267	330	299	284	287	291.83	1,751
Sum:		4,253	4,020	4,749	4,896	4,548	4,688	4,525.67	27,154



	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	Average:	Sum:
Service Episodes:	829	780	750	725	745	739	761.33	4,568

<u>Unique Consumers:</u>	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	Average:	Sum:
By N* ID	761	664	594	558	554	487	603	3,618
By Client ID	49	64	67	56	35	64	55.83	335
TOTAL Unique Consumers:	810	728	661	614	589	551	658.83	3,953
TOTAL Unique Consumers as %:	97.71%	93.33%	88.13%	84.69%	79.06%	74.56%		

<u>Unique F2F:</u>	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	Average:	Sum:
By N* ID	235	201	202	195	177	165	195.83	1,175
By Client ID	17	15	23	17	11	24	17.83	107
TOTAL Unique F2F:	252	216	225	212	188	189	183.14	1,282
TOTAL Unique F2F as %:	88.73%	80.90%	68.18%	70.90%	66.20%	65.85%		

	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	Average:	Sum:
F2F Percentages:	34.26%	34.23%	44.00%	41.24%	38.12%	38.84%	38.45%	230.69%



Crisis Services Project

Frank Crowley
 CSP Monthly Report DY5_No Graphs
 Last Refresh: 4/14/16 at 2:39:57 PM GMT-05:00

<u>Encounters by Type:</u>	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	Average:	Sum:
Triage	829	780	750	725	745	739	761.33	4,568
Care Coordination	3,140	2,973	3,669	3,872	3,519	3,662	3,472.5	20,835
F2F Encounter	284	267	330	299	284	287	291.83	1,751
TOTAL Encounters:	4,253	4,020	4,749	4,896	4,548	4,688	4,525.67	27,154

<u>Female:</u>	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	Average:	Sum:
Black	121	119	96	90	95	89	101.67	610
Hispanic	38	34	18	24	28	19	26.83	161
Other	1	1		1	1		1	4
Unknown	2	1	5		2	3	2.6	13
White	84	65	65	62	44	53	62.17	373
TOTAL Female:	246	220	184	177	170	164	193.5	1,161

<u>Male:</u>	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03	Average:	Sum:
Black	345	278	310	261	257	225	279.33	1,676
Hispanic	75	79	52	50	50	54	60	360
Other	4	4		4	4	2	3.6	18
Unknown	5	5	5	4	5	5	4.83	29
White	135	142	110	118	103	100	118	708
TOTAL Male:	564	508	477	437	419	386	465.17	2,791

Triage 12	3,970
Recidivism 12-12	643
Recidivism 12-12%	16.20%

Triage 6	3,970
Recidivism 6-6	643
Recidivism 6-6%	16.20%

Triage 6	3,970
Recidivism 6-12	643
Recidivism 6-12%	16.20%

	October	November	December	January	February	March	April	May	June	July	August	September
Triage 12-12	810	1539	2201	2822	3413	3970						
Recidivism 12-12	19	72	174	304	461	643						
Recidivism 12-12%	2.35%	4.68%	7.91%	10.77%	13.51%	16.20%						
Triages 6-6	810	1539	2201	2822	3413	3970						
Recidivism 6-6	19	72	174	304	461	643						
Recidivism 6-6%	2.35%	4.68%	7.91%	10.77%	13.51%	16.20%						
Triage 6-12	810	1539	2201	2822	3413	3970						
Recidivism 6-12	19	72	174	304	461	643						
Recidivism 6-12%	2.35%	4.68%	7.91%	10.77%	13.51%	16.20%						

**Transicare Reporting
Crisis Services Project**

		2015-09	2015-10	2015-11	2015-12	2015-1	2015-2	2015-3
1	Beginning Census	62	61	63	68	76	86	79
2	REFERRALS	33	39	29	26	33	40	45
3	Admissions							
4	Referred Admitted	9	14	13	17	18	21	22
5	No Admit Client Refusal	1	2	0	0	2	3	3
6	No Admit Criteria	15	8	5	0	5	1	4
7	No Admit Structural	3	3	4	2	4	0	11
8	Pending	5	11	7	7	4	15	5
9	<i>PRIOR PENDING</i>							
10	Pending Admitted	3	2	9	3	5	5	10
11	No Admit Client Refusal	1	0	3	0	0	1	4
12	No Admit Criteria	6	2	2	0	0	0	0
13	No Admit Structural	0	0	0	0	1	0	0
14								
15	Total Admissions	12	16	22	20	23	26	32
16								
17	Discharges							
18	Success Transfer	1	0	5	3	3	13	3
19	DC Midterm Disengage	4	6	6	2	7	6	2
20	DC Rapid Disengage	1	1	2	3	0	0	1
21	DC Structural	7	7	4	4	3	14	8
22	Total Discharged	13	14	17	12	13	33	14
23	Active End Of Month	61	63	68	76	86	79	97
24								
25	Outcome Data							
26	<i>Terrell State Hospital Linkages</i>							
27	≤7 Connect To Prescriber	4	3	2	4	5	3	4
28	≤30 Connect To Prescriber	0	0	0	0	0	0	0
29	Missed Metric	0	0	0	1	1	1	1
30	Total Released	4	3	2	5	6	4	5
31								
32	Cummulative ≤7 Connect %	80.6%	100.0%	100.0%	90.0%	87.5%	85.0%	84.0%
33	Cummulative ≤30 Connect %	87.1%	100.0%	100.0%	90.0%	87.5%	85.0%	84.0%
34	Missed Metric	12.9%	0.0%	0.0%	10.0%	12.5%	15.0%	16.0%
35	<i>Unduplicated Served</i>							
36	Monthly Unduplicated	91	89	81	84	99	102	114
37	DSRIP YTD Unduplicated Served	349	89	114	166	201	227	278
38								
39	<i>Encounter Data</i>							
40	F2F Encounter	407	388	335	411	467	595	598
41	Care Coord	163	174	143	184	154	135	163
42	Total	570	562	478	595	621	730	761

Forensic Diversion Unit (FDU) Report

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Beginning Census	49	45	46	46	48	
Number of Referrals Received from CSP	6	8	6	10	8	
Adapt	6	7	6	10	8	
Metrocare	0	0	0	0	0	
Transicare	0	1	0	0	0	
Number of Admissions	5	7	5	7	7	
Number Discharged	10	6	9	5	6	
Number not admitted due to:						
Client qualifies for ACT	0	0	0	0	0	
Client qualifies for other programs	0	0	0	0	0	
Client didn't meet level of need required	0	0	0	0	0	
Other reasons	1	1	1	3	1	
Average Service Utilization:						
Average hours seen	11.26	10.22	9.87	11.87	10.22	
Encounter Breakdown:						
Face to Face	578	602	532	608	683	
Service Coordination	71	68	73	80	74	
Number of clients accessing:						
Emergency Room (medical)	0	0	0	0	0	
23-hour observation (psych)	0	0	1	0	1	
Inpatient (med/ psych)	1	1	2	0	0	
Jail book-in	0	2	1	0	1	
Reasons for Discharge:						
Graduate	0	0	3	0	1	
Client Disengagement	1	1	0	1	1	
Extended Jail stay (case-by-case basis)	6	5	6	1	2	
Other Intervening factors	3	0	0	3	2	
End of Month Stats:						
Number of Active FDU clients end of month	45	46	42	48	49	
Number of Unique Consumers	2	2	3	2	2	
# of clients waiting to be released from jail	5	6	4	7	8	
Average Length of stay on FDU (month)	12.62	12.22	12.14	12.4	12.1	
Maximum Census	46	46	46	46	46	

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

APRIL 2016 Monthly Report

Dallas County Crisis Services Program	Program Specific and Systems Update	Summary of VO's Monthly Activities	Numeric Outcomes Reporting
1	Adapt Community Solutions (ACS) - Targets members released from jail using ACS to ensure continuity of care.	Conducted case consultations on approximately 10 cases this month and supported ACT linkage when requested	
2	Transicare Post Acute Transitional Services (PATS) - Targets high utilizers released from jail with more intensive need to ensure continuity of care.	Available for case consults/clinical support for Transicare Post-Acute Transitional Services (PATS)-Clinical Rounds Updated Flags-add/discharges Monthly reconciliation Supported 7-day after-care appts. (1-ICR/11 jail discharges)	Flags in system - VO outcomes reports in progress.
3	After-care Extension IOP/SOP (SUD) - Provides extension of SUD supportive services when VO's IOP/SOP benefits have been completed and exhausted	Review of clients for benefit exhaustion Completed Review IPS billing January and February 2016. Facilitated Clinical discussions with VO Clinical Manager, VO Director, and IPS regarding criteria for clients to obtain an additional extension of services.	Not Applicable
4	ACT FDU - Provides ACT for high utilizers of the legal system-Responsible for approving evaluations of FDU referrals. FDU-Oversight	Clinical Review of cases for appropriate LOC/recommendations on 14 FDU referrals Reviewed 6 TX plans and consulted with 1115 Adapt Medical Director for psychiatric oversight	Not Applicable
5	CSP-Cottages Project	Reviewed MH HX on 27 consumers to support appropriate H-risk referrals to program.	Not Applicable

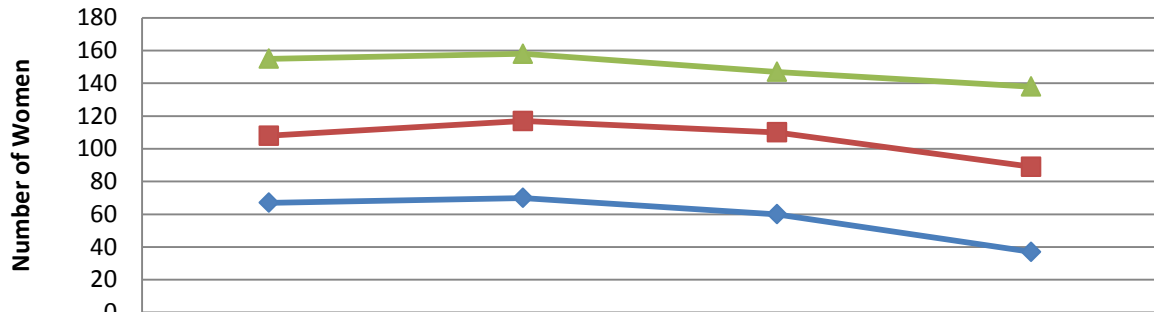
Jail Competency Stats 2016

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals
Active													
New Evals - Incompetent	46	64	64	45									219
Waiting for the hospital - End of month	72	86	89	93	0	0	0	58	0	0	0	0	
Less than 30 days	22	45	37	41									
30 to 60 days	31	15	31	27									
Greater than 60 days	19	26	21	25									
Returned to jail from the hospital	12	21	22	16	0	0	0	0	0	0	0	0	71
Felony	10	18	18	13									
Average length of stay (days)	359	119	101	125									
Misdemeanor	2	3	4	3									
Average length of stay (days)	80	89	58	68									
Previous return legal case pending	21	23	23	24	0	0	0	0	0	0	0	0	91
30 to 60 days	4	4	8	8									
61 to 120 days	5	7	5	8									
121 to 180 days	6	5	5	3									
181 days or longer	6	7	5	5									
Closed													
New Evals - Competent	31	45	42	34									152
Admitted to the state hospital	24	30	26	38	0	0	0	0	0	0	0	0	118
Felony -- Maximum Secure Facility	3	9	5	7									
Average wait (days)	52	140	168	181*									
Felony -- Non-Maximum Secure Facility	11	14	10	13									
Average wait (days)	80	62	61	70									
Misdemeanor	10	7	11	18									
Average wait (days)	71	59	56	63									
Hospital Return Legal Case Resolved	7	8	17	14	0	0	0	0	0	0	0	0	46
Felony	7	7	14	9									
Average length of stay (days)	52	98	72	38									
Misdemeanor	0	1	3	5									
Average length of stay (days)	0	6	8	7									
Case dismissed at the hospital	5	5	5	6	0	0	0	0	0	0	0	0	10
Felony	0	0	0	1									
Misdemeanor	5	5	5	5									

* Average wait for Maximum Secure Facility is calculated for males waiting. The wait for a female bed averages between 20 to 30 days

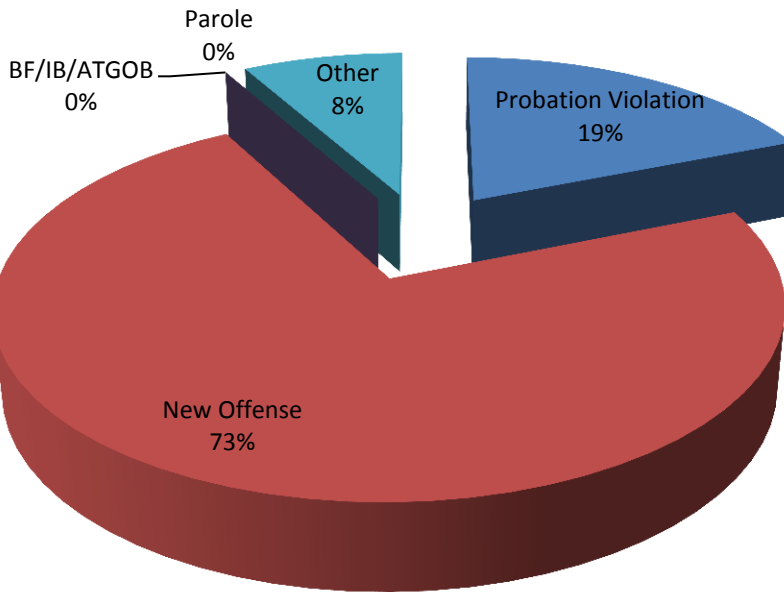
	April 2013	April 2014	April 2015	April 2016
In Jail (atleast one day in month-not total at end of the month)	39	49	52	37
Probation Violations	13	11	12	7
New offenses	25	32	36	27
BF/IB/ATGOB only				-
Parole Violations only	-	1	1	-
Other reason in jail	1	5	3	3
Released Since Last Month	17	11	19	19
Released to SAFPF	3	-	1	-
Released to Nexus Recovery	-	-	1	-
Released to state hospital	-	-	2	1
Released to other treatment	-	1	-	3
Released to TDCJ (ID or SJ)	1	1	3	2
Released on Probation	4	2	2	3
Released on bond	6	2	7	3
Released to Other Agencies	1	2	1	1
Released for other Reasons	2	3	2	6
New Cases Since Last in Month	19	22	20	6
Emails To Court Coordinators for settings	5	2	-	-
Email Notifications to Probation	1	4	5	1
Email Notifications to TDCJ desk (Sgt. Temple)	3	5	2	2
Pregnant Patient Interviews for Referral Purposes	-	-	-	-
Nexus Notifications	-	-	-	-

Pregnant Women in Jail

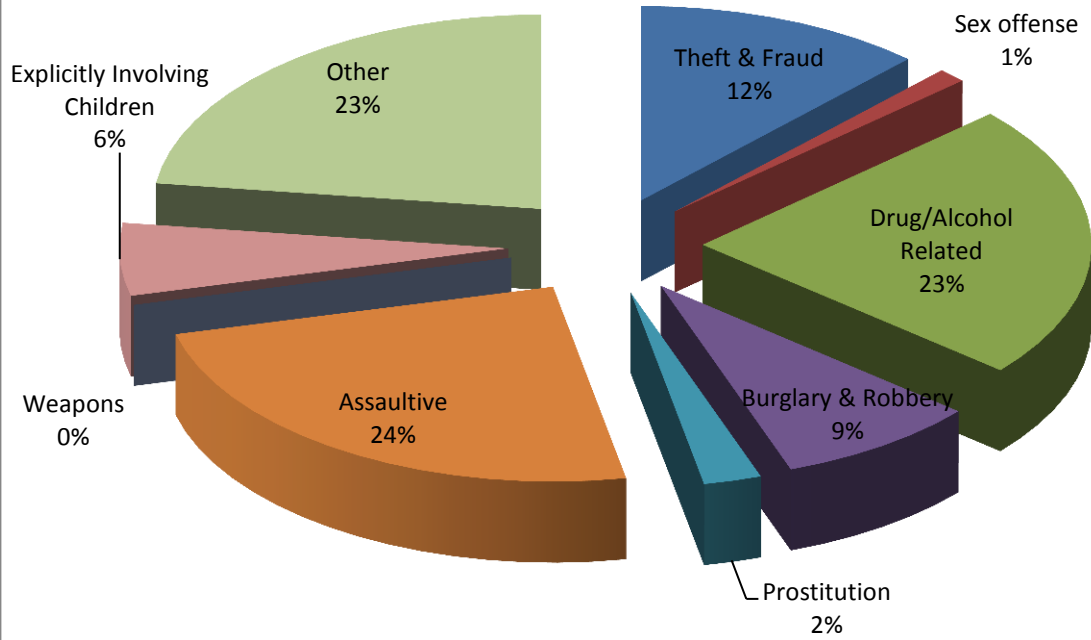


	Jan	Feb	March	April
2014	47	41	37	49
2015	41	47	50	52
2016	67	70	60	37

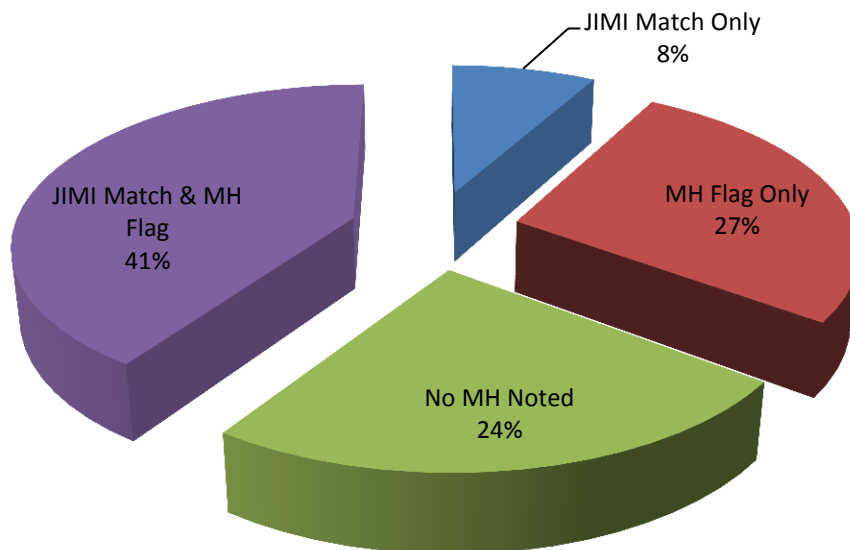
Reason in Jail



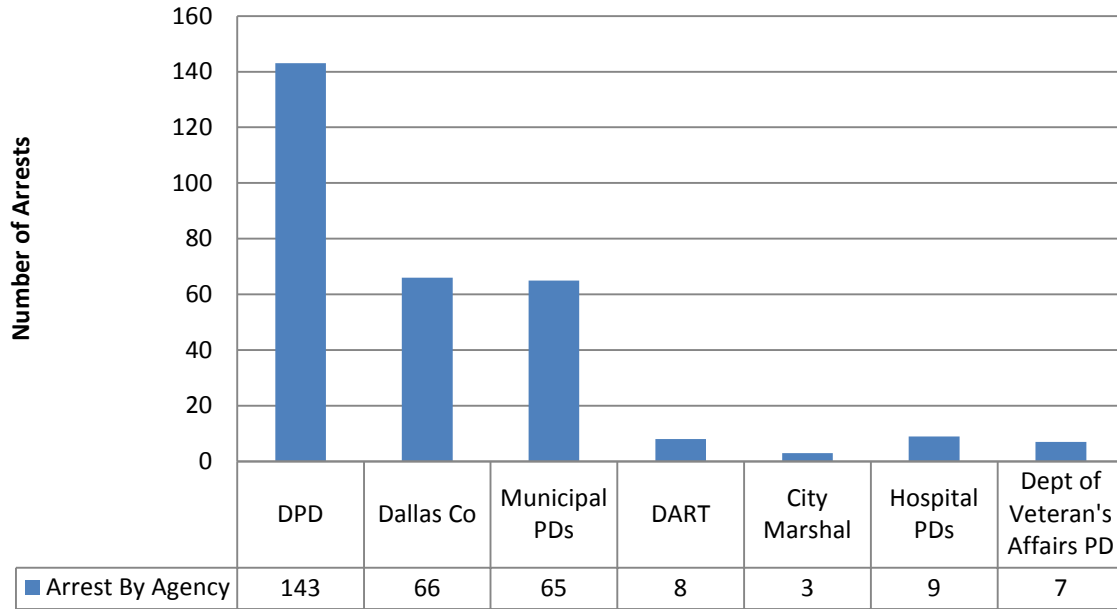
Type of Offense



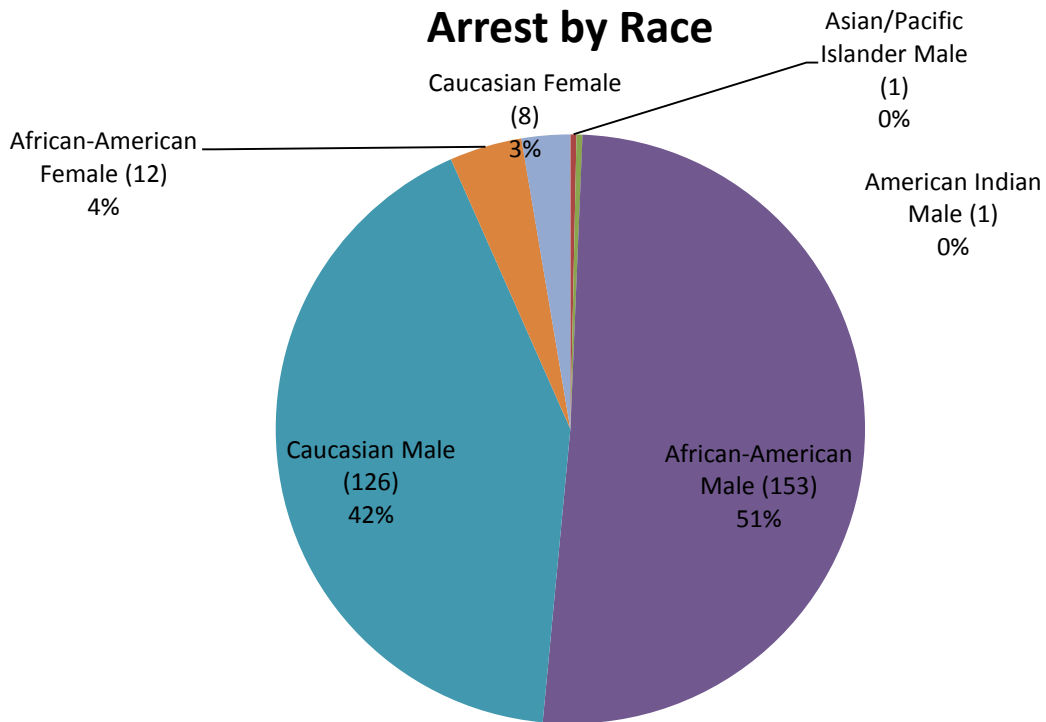
Mental Health Concerns



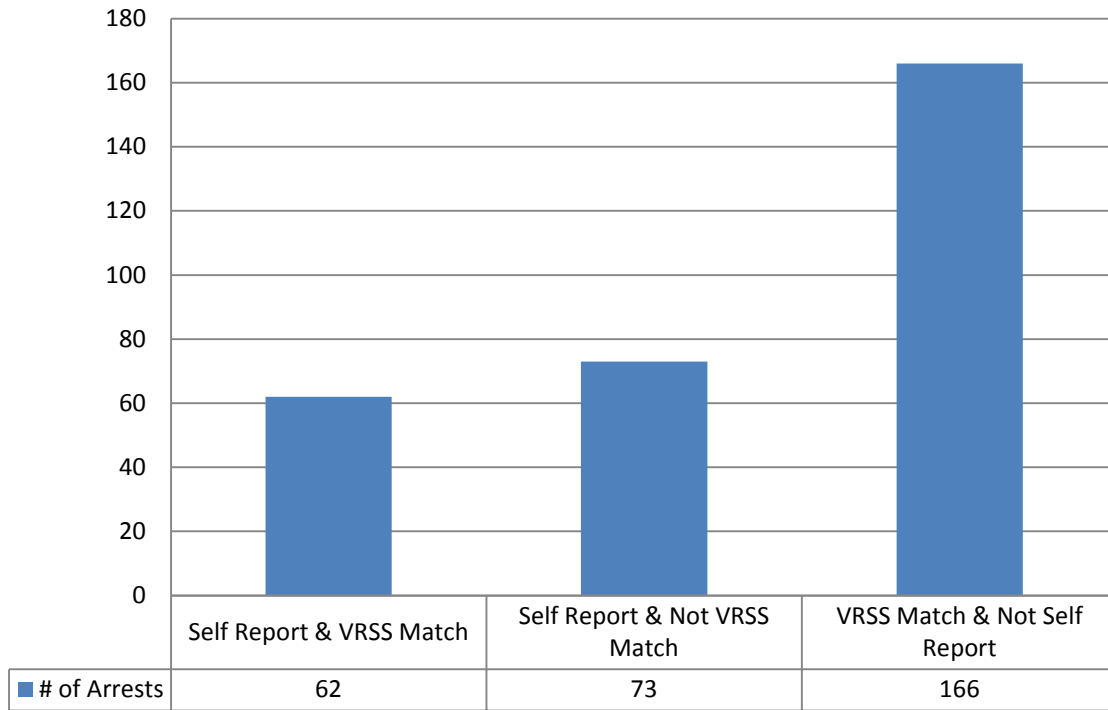
Arrest By Agency



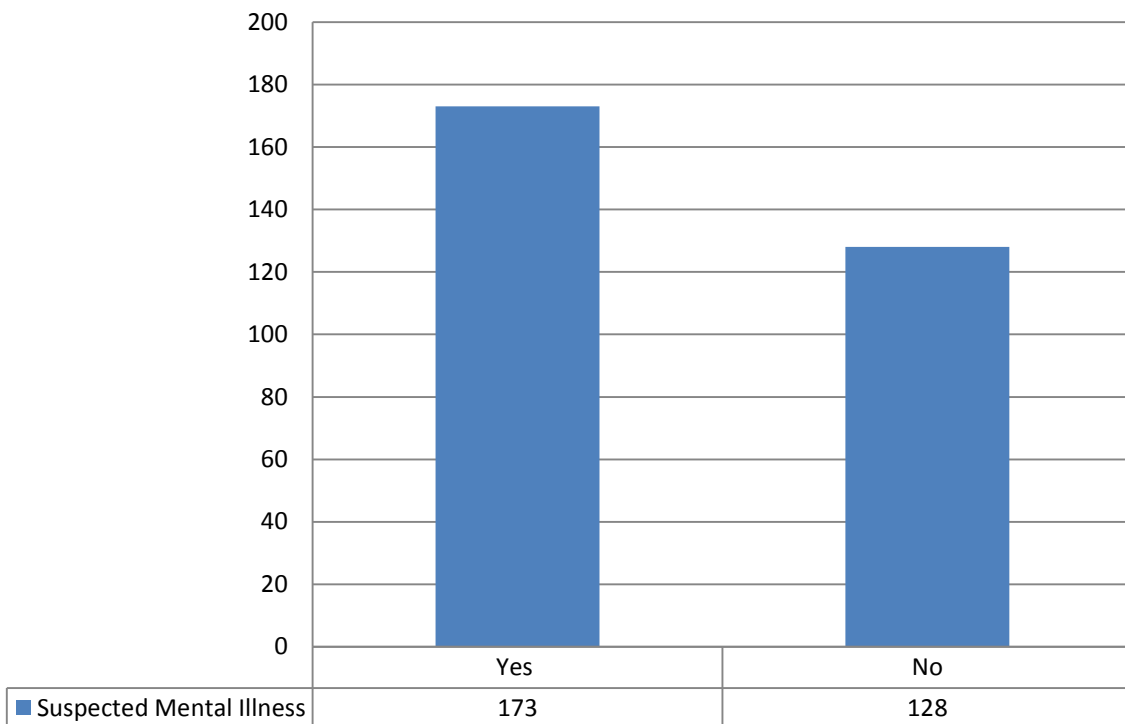
Arrest by Race



Reporting



Suspected Mental Illness



Monthly NorthSTAR Intakes

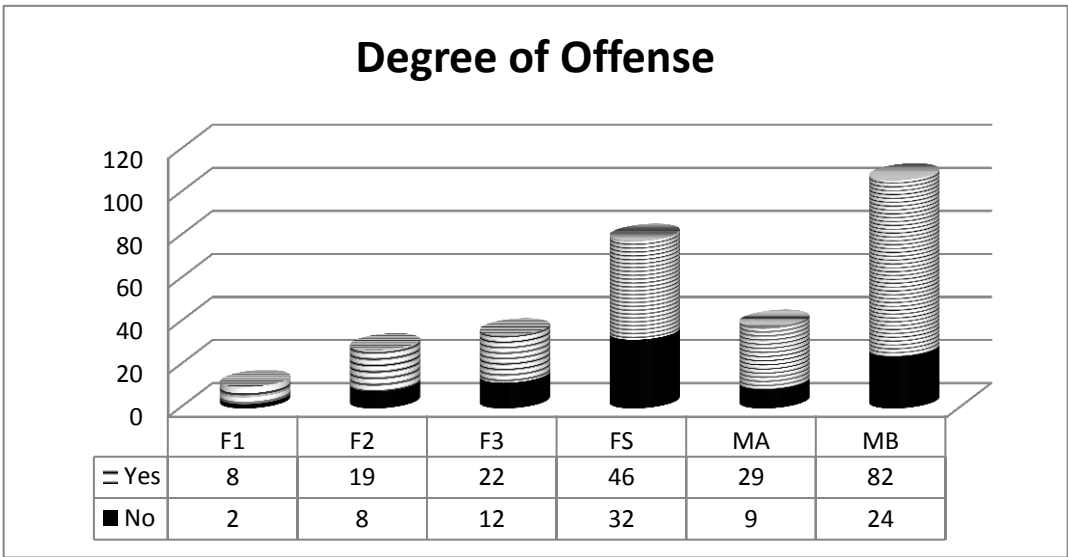
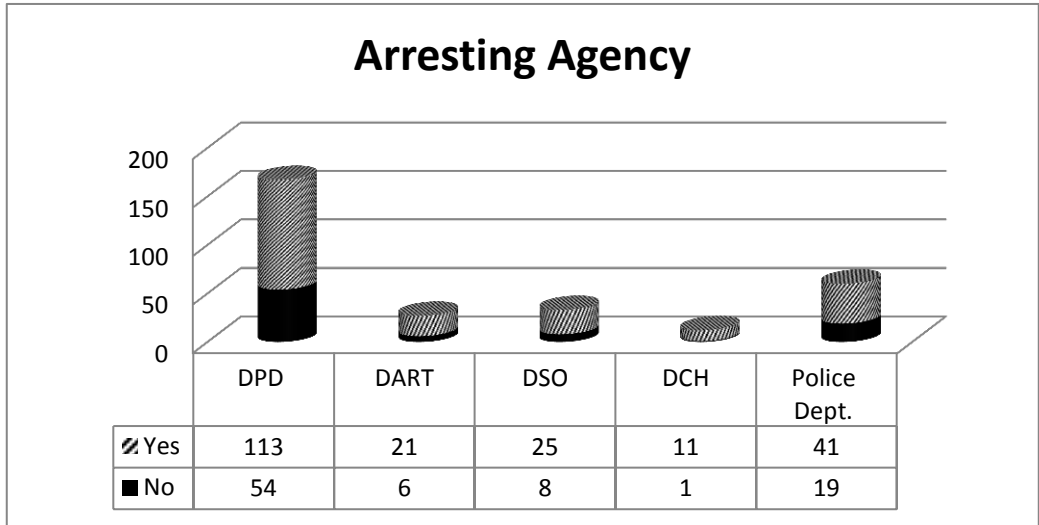
Month-Year	Total inmates booked into the jail with a NorthStar match	Book in Totals for the month	% of people with a NorthStar match booked into the jail
2007 Total	6501	93413	7%
2008 Total	8200	99580	8%
2009 Total	10636	98407	11%
2010 Total	12994	96245	14%
2011 Total	15810	90429	17%
2012 Total	17036	83524	20%
2013 Total	17762	81010	22%
2014 Total	16919	73168	23%
Jan-15	1433	5941	24%
Feb-15	1228	5164	24%
Mar-15	1546	5979	26%
Apr-15	1587	6350	25%
May-15	1505	5901	26%
Jun-15	1440	5848	25%
Jul-15	1537	6357	24%
Aug-15	1480	6103	24%
Sep-15	1360	5697	24%
Oct-15	1391	5713	24%
Nov-15	1194	5042	24%
Dec-15	1297	5090	25%
2015 Total	16998	69185	25%
Jan-16	1436	5839	25%
2016 Total	1436	5839	25%

Multi-Bookin NorthSTAR Tracking

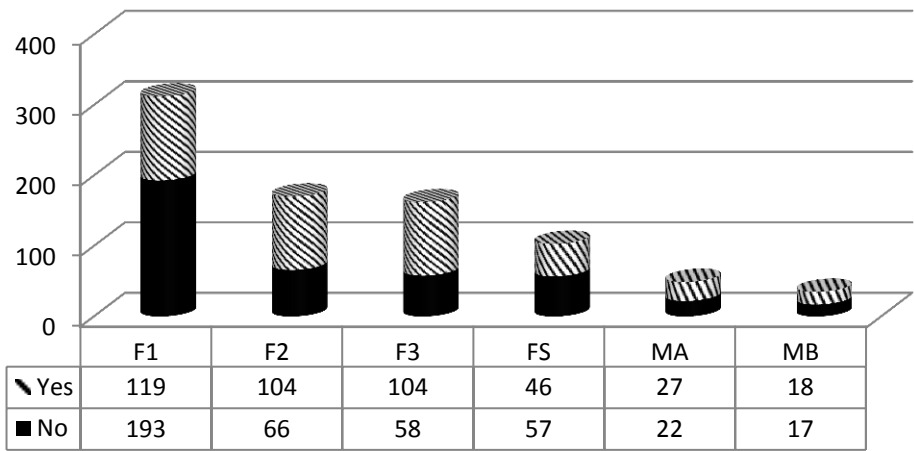
2016	# Times Booked In	# Unique Clients
	Bookins 4	2
	Bookins 3	4
	Bookins 2	62
	Bookins 1	1419
Total		1487
As of 2/3/16		

Unique Individuals
 Days In Jail
 Average Number of Days in Jail

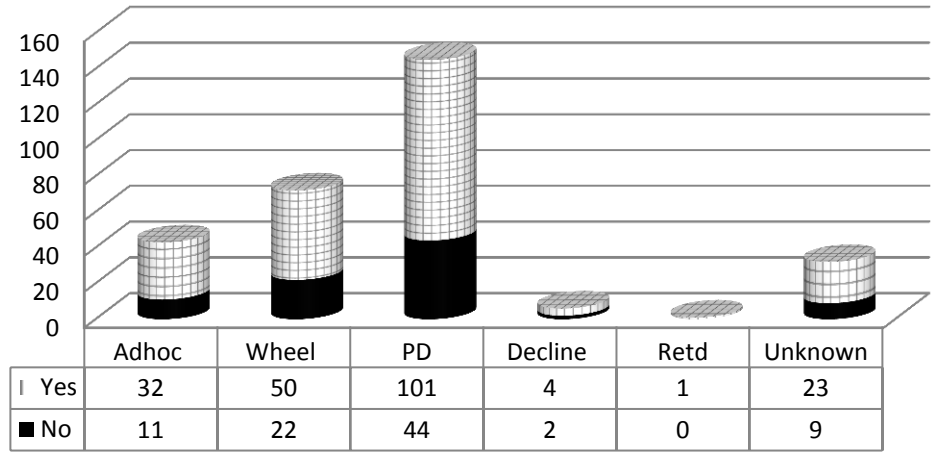
2016
 295
 13,026
 43.56



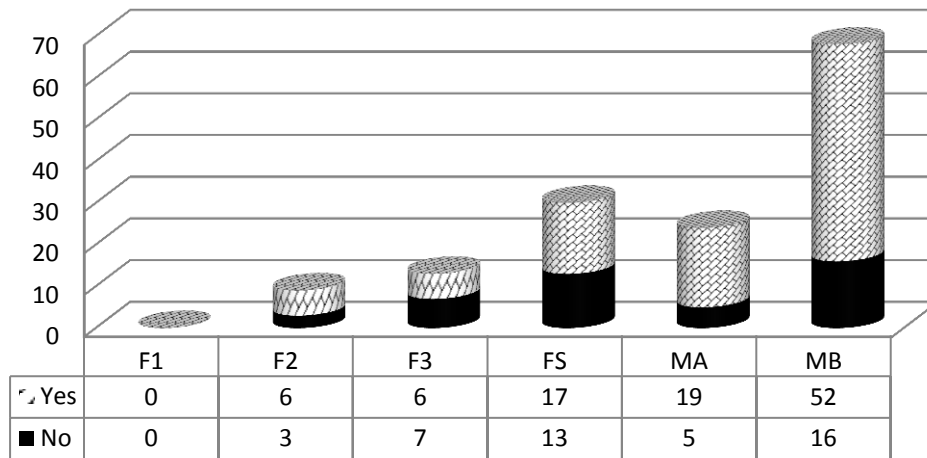
Avg. Days in Jail



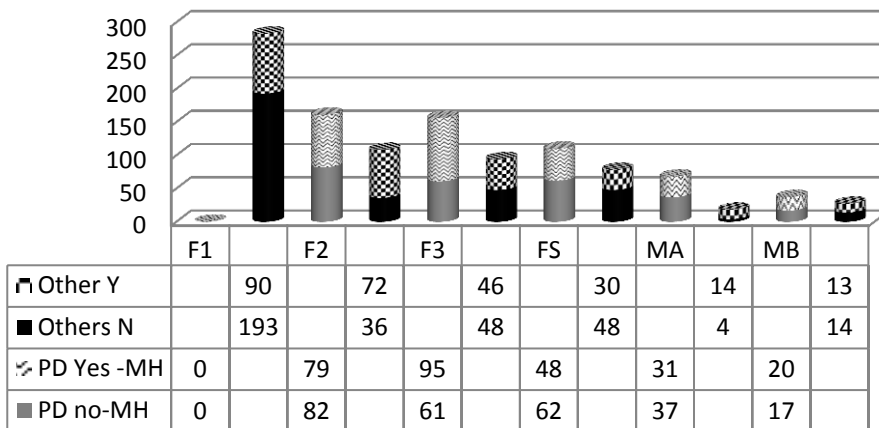
Attorney Type



PD Degree of Offense



Avg. Days in Jail Attorney Type



HARRY INGRAM		FY2016 ATLAS STATISTICS										203/HAWTHORNE					
MONTH	BEGINNING # OF PENDING CASES	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TBJ	TBC	PLEAS	REV	GRADUATES	PROBATION MODIFICATIONS	DISMISSALS	OTHERS	TOTAL DISPOSITIONS	ENDING # PENDING CASES **	CURRENT ATLAS PARTICIPANTS	CURRENT PARTICIPANTS IN CUSTODY	FORMER ATLAS PARTICIPANTS	BOND
April	77	1	78	0	0	0	0	0	0	2	0	3	77	27	3	0	24

HARRY INGRAM		FY2016 MISDEMEANOR MENTAL HEALTH COURT STATS										CCCAP1/WADE		
MONTH	BEGINNING # OF PENDING CASES	Rediverts	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TBJ	TBC	PLEAS	DISMISSAL	OTHER	TOTAL DISPOSITIONS	ENDING # PENDING CASES **	CURRENT PARTICIPANTS	NUMBER OF GRADUATES	BOND***
April	116	0	6	122	0	0	1	5	8	14	108	30	3	30

April 2015		FY2016 MHPD STATS										
MONTH	BEGINNING # OF PENDING CASES	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TRIALS	PLEAS	COND. DISM.	REVO-CATION	DISMISSALS	INCOMPETENT	REFERRALS	OTHER COUNSEL APPT.	TOTAL CLOSED
R. LENOX	202	28	230	0	2	7	0	2	0	0	9	20
L. TAYLOR	274	14	288	0	13	9	3	4	5	0	5	48

MALCOM HARDEN		FY2016 FELONY COMPETENCY STATISTICS														
MONTH	BEGINNING # OF CASES	NEW CASES THIS MONTH	TBJ	TBC	Alt. Trial Dispos.	PLEAS	REVO-CATION S	DISMISSALS	PROBATION	COMP. HRG.	EXTENSIONS	CIVIL COMMIT.	MHMR REFERRAL	CONSULTS	OTHER	ENDING # OF PEOPLE IN OCR
April	75	21	0	0	0	0	0	2	0	9	3	0	0	0	0	15

MALCOM HARDEN		FY2016 MISDEMEANOR COMPETENCY STATISTICS														
MONTH	BEGINNING # OF CASES	NEW CASES THIS MONTH	TBJ	TBC	Alt. Trial Dispos.	PLEAS	REVO-CATION S	DISMISSALS	PROBATION	COMP. HRG.	EXTENSIONS	CIVIL COMMIT.	MHMR REFERRAL	CONSULTS	OTHER	ENDING # OF PEOPLE IN OCR
April	37	22	0	0	0	0	0	20	0	10	2	6	0	0	3	21

April 2015		MI Court												
MONTH	TOTAL NEW CASES RECEIVED	NEW CLIENTS AT GREEN OAKS	NEW CLIENTS AT MEDICAL CENTER MCKINNEY	NEW CLIENTS AT PARKLAND	NEW CLIENTS AT DALLAS BEHAVIORAL HEALTH	NEW CLIENTS AT HICKORY TRAILS	NEW CLIENTS AT ZALE LIPSHY	NEW CLIENTS AT SUNDANCE BEHAVIORAL HEALTHCARE	NEW CLIENTS AT OCEANS BEHAVIORAL HOSPITAL	PROBABLE CAUSE HEARINGS HELD	NO CONTEST COMMIT	CONTESTED COMMIT	FORCED MEDS HEARING IN COURT	
L. ROBERTS	209	198	0	0	0	1	4	6	0	6	0	8	8	
L. TAYLOR	31	0	0	20	5	1	5	0	0	0	0	0	0	
J. LEA	16	31	0	7	8	1	4	0	0	6	0	4	4	

RANDA BLACK		MI COURT						
MONTH	NEW CLIENTS	PROBABLE CAUSE HEARINGS HELD	NO CONTEST COMMIT TO TSH	CONTESTED COMMIT TO TSH	RECOMMENDATIONS	MEDICATION HEARINGS	OUTPATIENT	JURY TRIAL
April	61	6	6	14	5	18	0	0

Personal Stats - Felony Cases Only

Prosecutor		Hire Date																Court	
Lee Pierson		7/11/2011																MENTAL HEALTH	
2016 Term	Jury Leads*	Jury Picks	Non-Jury Trials	Pleas	Dism	CD-Priv.	CD-P.D.	CD check-in	OCR check-in	Ref. SET	SET	SET	NGRI-IP	NGRI-OP	Comp Hear	Traffic	Total Dispos	List Pending Cases Assigned to you	
January				7	4	1	3			6	2						11	App'd	Unapp'd
February				9	6	2	2			4	1	2	1				15		
March				6	3	0	3			3	2						9		150
January Term Total				22	13												35		
April				9	5	3	2			2							14		
May																			
June																			
April Term Total																			
July																			
August																			
September																			
July Term Total																			
October																			
November																			
December																			
October Term Total																			
Y-T-D Total																			

Please Note: *Do Not Include Picks In Total Dispositions - Do Not Include Sanity Trials in Leads

List 2014 Jury Trials

Defendant	Offense	Verdict													Trial Date	Sentence

Personal Stats - Felony Cases Only

Prosecutor		Hire Date															Court	
John Carlough		12/20/2010															MENTAL HEALTH	
20__ Term	Jury Leads*	Jury Picks	Non-Jury Trials	Pleas	Dism	CD-Priv.	CD-P.D.	CD check-in	OCR check-in	Ref. SET	SET	NGRI-IP	NGRI-OP	Comp Hear	MHJD	Total Dispos	List Pending Cases Assigned to you	
January	0	0	0	0	7	1	47	52	0	0	7	0	0	0	42	7	App'd	Unapp'd
February	0	0	0	0	6	0	54	55	0	0	4	0	0	0	38	6		
March	0	0	0	0	5	0	56	61	0	0	5	0	0	0	35	5		
January Term Total	0	0	0	0	18	1	157	168	0	0	16	0	0	0	105	18	117	12
April	0	0	0	0	8	0	55	60	0	0	4	0	0	0	35	8		
May	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
June	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
April Term Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
July	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
August	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
September	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
July Term Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
October	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
November	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
December	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
October Term Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Y-T-D Total	0	0	0	0	18	1	157	168	0	0	16	0	0	0	105	18	117	12

Please Note: *Do Not Include Picks In Total Dispositions - Do Not Include Sanity Trials in Leads

List 2016 Jury Trials

Defendant	Offense	Verdict													Trial Date	Sentence

Personal Stats - Felony Cases Only

Prosecutor		Hire Date																Court	
Cresta Garland		12/20/2010																MENTAL HEALTH	
20__ Term	Jury Leads*	Jury Picks	Non-Jury Trials	Pleas	Dism	CD-Priv.	CD-P.D.	CD check-in	OCR check-in	Ref. SET	SET	NGRI-IP	NGRI-OP	Comp Hear	Traffic	Total Dispos	List Pending Cases Assigned to you		
January	0	0	0	3	2	0	0	12	0	11	0	0	0	0	0	5	App'd	Unapp'd	
February	0	0	0	3	1	0	0	11	0	3	0	0	0	0	0				
March	0	0	0	8	3	0	0	14	0	5	0	0	0	0	0				
January Term Total	0	0	0	14	6	0	0	14	0	19	0	0	0	0	0	0	105	12	
April	3	0	0	9	3	0	0	16	0	3	0	0	0	0	0				
May	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
June	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
April Term Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
July	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
August	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
September	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
July Term Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
October	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
November	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
December	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
October Term Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Y-T-D Total	0	0	0	3	2	0	0	12	0	11	0	0	0	0	0	0			

Please Note: *Do Not Include Picks In Total Dispositions - Do Not Include Sanity Trials in Leads

List 2016 Jury Trials

Defendant	Offense	Verdict													Trial Date	Sentence

Personal Stats - Felony Cases Only

Prosecutor		Hire Date															Co
Kendall McKimney		2/11/2013															MENTAL
2016 Term	Jury Leads*	Jury Picks	Non-Jury Trials	Pleas	Dism	CD-Priv.	CD-P.D.	CD check-in	OCR check-in	Ref. SET	SET Acpt	NGRI-IP Hear	OP check-in	Comp Hear	Total Dispos	List Pending Cases Assigned to you	
January					1	3		12	27			3	2	51	1	App'd	Unapp'd
February				1	2	3		10	39			4	2	70	3		
March					3	1		9	38	1	1	3	2	55	3	402	
January Term Total				1	6	7		31	104	1	1	10	6	176	7		
April					8	1		7	31			5	7	82	8		
May																	
June																	
April Term Total																	
July																	
August																	
September																	
July Term Total																	
October																	
November																	
December																	
October Term Total																	
Y-T-D Total	0	0	0	1	14	8	0	38	135	1		15	13	258	15		

Please Note: *Do Not Include Picks In Total Dispositions - Do Not Include Sanity Trials in Leads

List 2014 Jury Trials

Defendant	Offense	Verdict													Trial Date	Sent

Personal Stats - Felony Cases Only

Prosecutor		Hire Date															Court	
Shelley Fox		10/6/2005															MENTAL HEALTH	
2015 Term	Jury Leads*	Jury Picks	Non-Jury Trials	Pleas	Dism	CD-Priv.	CD-P.D.	CD check-in	OCR check-in	Ref. SET	SET Acpt	NGRI-IP Hear	OP check-in	Comp Hear	Total Dispos	List Pending Cases Assigned to you		
January			1	5	1		1			12	0		1		8	App'd	Unapp'd	
February				9			1			3					10			
March				14	1		4			17					19			
January Term Total			1	28	2		6			32					37	215		
April				12	1		4											
May																		
June																		
April Term Total																		
July																		
August																		
September																		
July Term Total																		
October																		
November																		
December																		
October Term Total																		
Y-T-D Total	0	0	1	28	2		6			32			1		37			

Please Note: *Do Not Include Picks In Total Dispositions - Do Not Include Sanity Trials in Leads

List 2014 Jury Trials

Defendant	Offense	Verdict											Trial Date	Sentence

Personal Stats - Misd Cases Only

Prosecutor		Hire Date															Court	
Tonya G. Whitzel		1/12/2015															MENTAL HEALTH	
2016 Term	Jury Leads*	Jury Picks	Non-Jury Trials	Pleas	Dism	CD-Priv.	CD-P.D.	CD check-in	OCR check-in	JIMI BOT Evals	NGRI-IP	NGRI-OP	Comp Hear	Traffic	Total Dispos	List Pending Cases Assigned to you		
January				4	14			1	41					17	0	18	App'd	
February				3	12			1	32					13	950	15		
March				1	16			1	41					18	841	17		125
January Term Total				8	42			1	114					48	1791	50		125
April				4	17			1	55					15	945	21		
May																		
June																		130
April Term Total																		
July																		
August																		
September																		
July Term Total																		
October																		
November																		
December																		
October Term Total																		
Y-T-D Total																		

Please Note: *Do Not Include Picks In Total Dispositions - Do Not Include Sanity Trials in Leads

List 2014 Jury Trials

Defendant	Offense	Verdict												Trial Date	Sentence

The Bridge	2015	2015	2015	2015	2015	2015	2015	2015	2015	2015	2016	2016	2016	2016	
	Apr.	May	June	July	August	Sep.	Oct.	Nov.	Dec	Jan	Feb.	Mar.	Apr.	AVG.	
Bridge Emergency Shelter	291	289	282	292	311	314	307	298	286	316	309	329	292	301.2308	
Bridge Transitional Shelter	107	112	112	105	111	114	119	114	104	113	118	116	114	112.2308	
Direct Referrals to Other Shelters	610	645	710	706	713	709	531	534	529	671	541	520	527	611.2308	
Care Management	902	867	915	954	905	1221	1177	1135	1034	1137	1035	1044	1052	1029.077	
Job Ready (Workforce)	86	100	111	113	99	118	125	118	122	92	59	63	58	97.23077	
Job Placements (Workforce)	34	28	34	29	23	34	30	27	25	18	23	19	42	28.15385	
Housing Placements	31	26	32	20	30	26	28	32	26	45	39	32	47	31.84615	
Metrocare Mental Health Serv.	359	368	420	418	400	393	425	395	389	400	340	387	348	387.8462	
Metrocare Chemical Dep. Serv.	80	51	43	46	99	78	73	65	71	59	349	398	256	128.3077	
Parkland Clinic*	932	777	820	748	821	705	829	720	721	727	805	795	760	781.5385	
VA Services	36	28	38	23	26	18	20	7	11	20	11	23	14	21.15385	
Judicial Re-Entry	5	7	12	6	5	3	6	4	10	4	3	4	5	5.692308	
Jail Release (General)	27	24	23	24	34	22	22	15	19	28	18	16	16	22.15385	
Triage Assessments*	509	515	602	544	581	556	475	465	448	497	430	416	424	497.0769	

Each category represents *unduplicated guests*, not totals served.

*exception - Parkland Clinic and Triage Assessment numbers are for totals served.

NAME OF MHMR PROGRAM: Metrocare Services
PROGRAM: SNOP

MONTH OF REPORT:04_2016

DATE SUBMITTED: 5/12/2016

	ATLAS	Post-DDRTC	STAC	Misd.	PRIDE	DDRTC	PROBATION ICM	PAROLE ICM
1. Number of Offenders served at the beginning of the month:	13	22	15	15	2	46	64	88
2. Number of Referrals received:	3	7	4	8	2	12	5	4
3. Number of Assessments:	3	7	4	8	2	5	5	4
4. Number of Admissions:	3	5	2	8	2	5	5	4
5. Average length of stay by months:	2.3	1.31	2.93	1.8	1.9		4.08	6.09
5. a. Average hours served:	6.83	4.16	3.77	5.63	3.73		4.23	2.94
6. Services Utilized:	0	0	0	0	0	11	0	1
6. a. Visits to ER (medical)	0	0	0	0	0	6	0	0
6. b. 23-hour Observation (psych)	0	0	0	0	0	3	0	1
6. c. Inpatient Stay (med/psych)	0	0	0	0	0	2	0	0
6. d. Jail days less than 30 days:						0		
7. Number of Discharges:	0	2	2	4	0	4	3	5
7. a. Terminations (jail more than 30days)	0	3	0		2	0	1	0
7. b. Warrants/Suspension: (medical d.c.; abscond)	0	0	0		0	1	0	0
7. c. Graduates	0	0	0		2	3	1	2
8. Number of Offenders served at the end of month:	16	24	17	19	4	47	66	87
9. Total served in the month:	16	29	19	27	4	51	66	87
10. Number of Offenders on the waiting list:	0	0	0	0	0	14	0	0
11. Minimum/Maximum Census per FTE allocation	20-25	30-38	30-38	30-38	10-12	60	100-125	100-125
12. % of FTE Assigned	1	1.5	1.5	1.5	0.5		5	5
13. Vacancy(s)	0	0	0	0	0	0	0	1

Each FTE covers 20-25



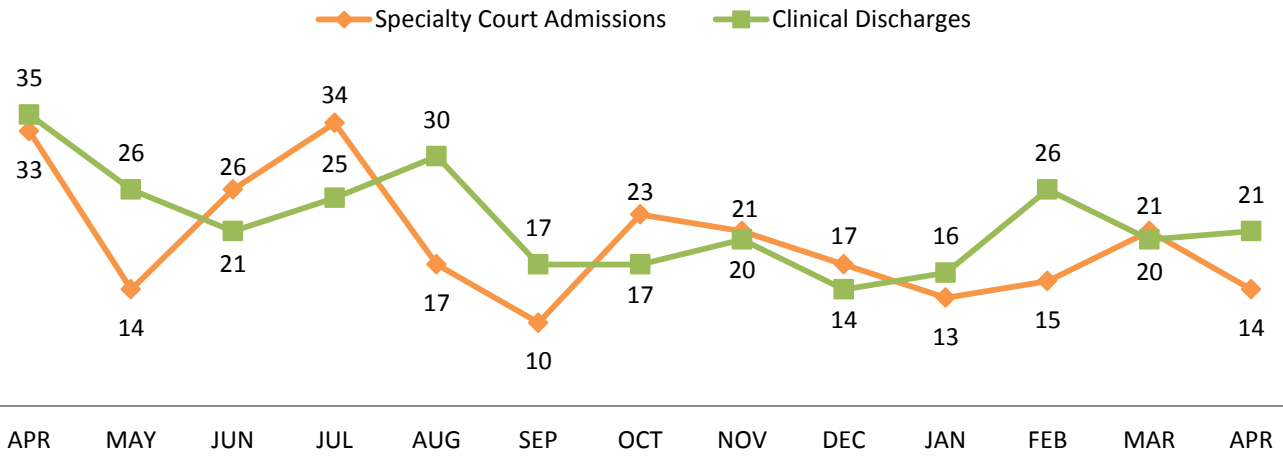
I P S

The Intersection of Research & Practice

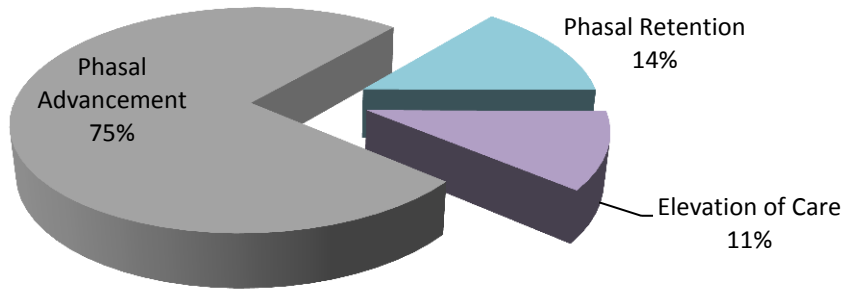
APR-2016 | BHSC Brief Report



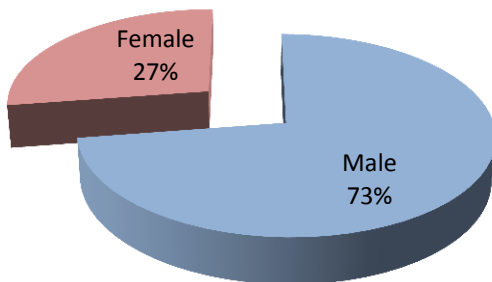
Specialty Court Admission / Discharge Trend



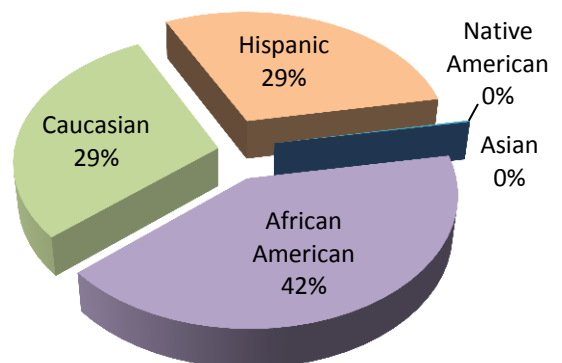
APR16 Spec. Crt. Treatment Program Progression Rate



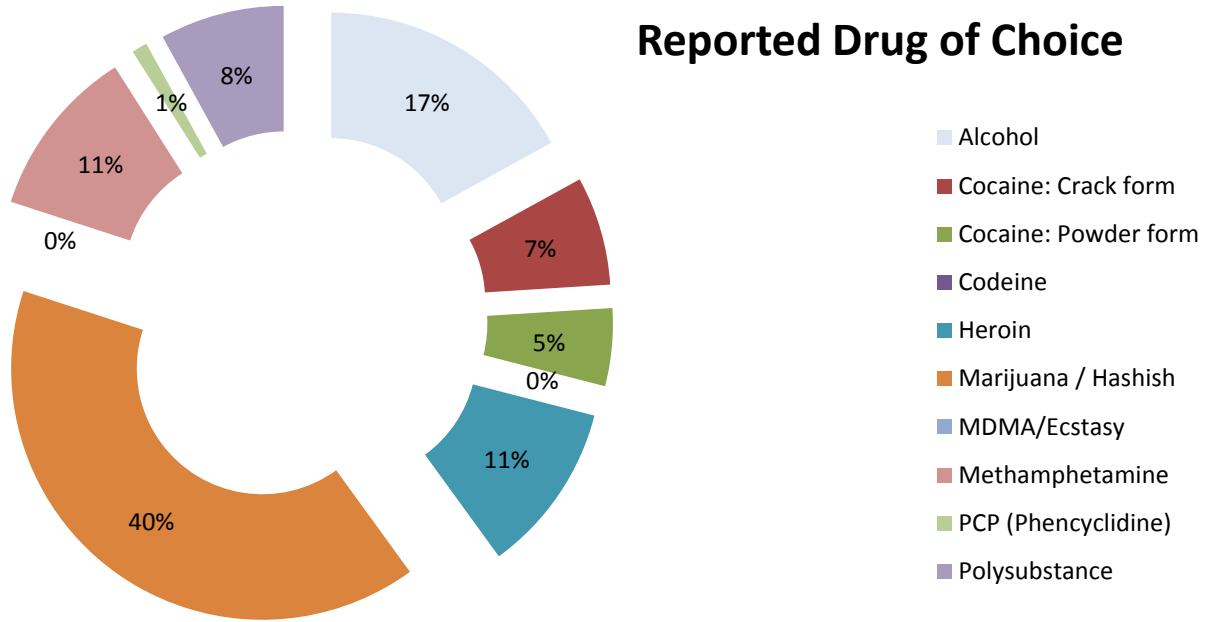
APR16 Spec. Crt. Gender Distribution



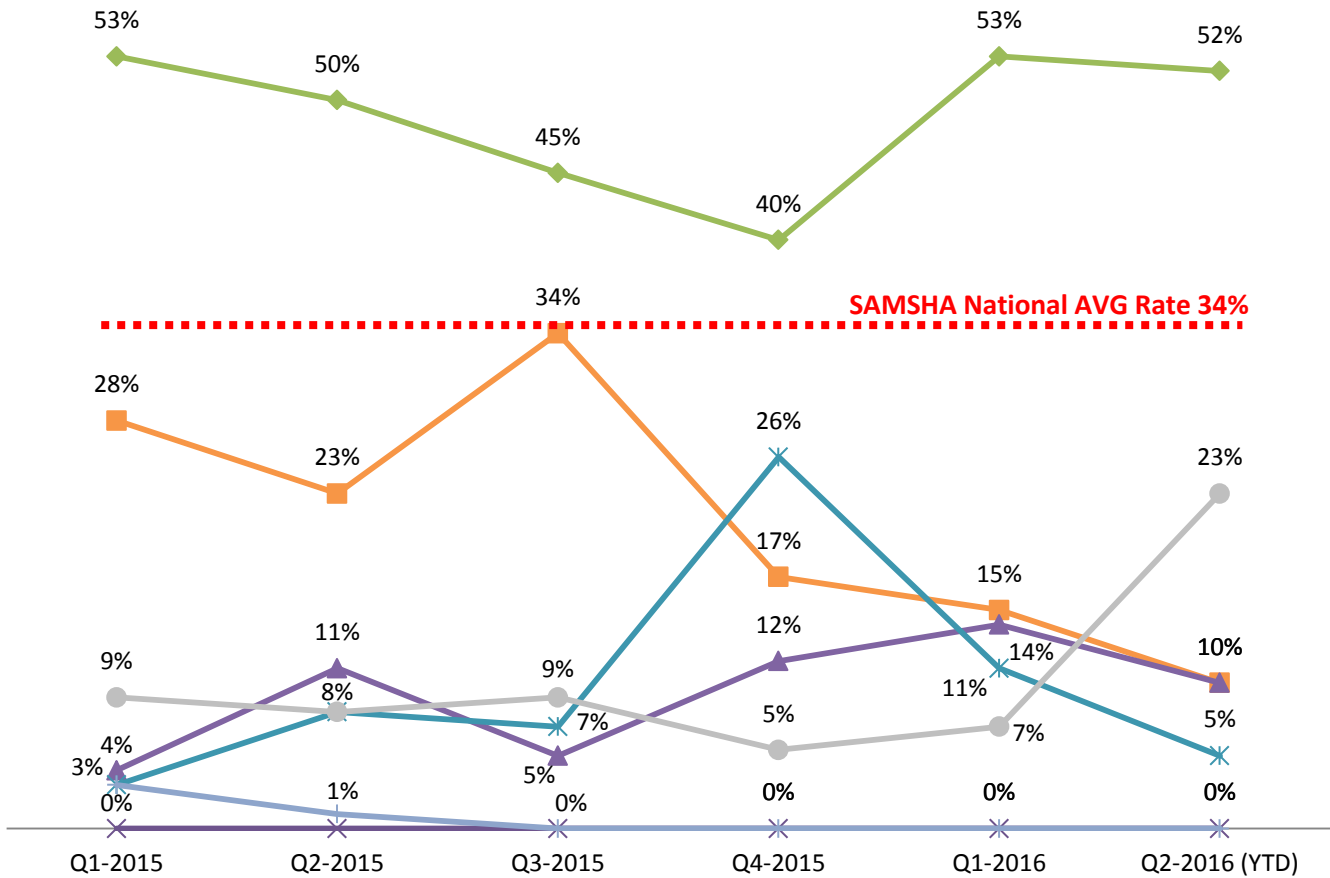
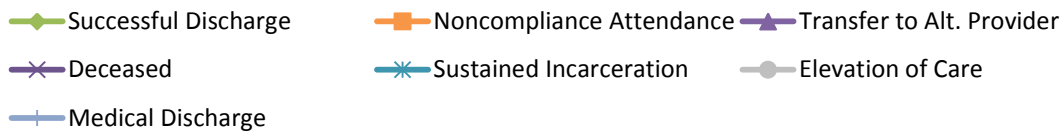
APR16 Spec. Crt. Ethnic Distribution



Reported Drug of Choice



Outcome Distribution Trend



Outpatient Competency Restoration Monthly Totals													
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Beginning of Month	42	44	43	44	46	46	0	0	0	0	0	0	
<u>Misdemeanor</u>	22	22	20	23	21								
Placed in OCR	6	5	10	3									24
Homeless @ admit	2	2	5	2									11
Dispo	6	7	7	5	0	0	0	0	0	0	0	0	25
Outpatient to Inpatient	2	0	0	3									5
Abscond	2	1	2	1									6
Restored and Dismissed	1	5	5	0									11
Dismissed	1	1	0	1									3
<u>Felony</u>	20	22	23	21	25								
Placed in OCR	4	5	2	7									18
Homeless @ admit	2	2	2	4									10
Dispo	2	4	4	3	0	0	0	0	0	0	0	0	13
Outpatient to Inpatient	0	0	3	2									5
Abscond	2	1	0	0									3
Restored and Dismissed	0	2	1	1									4
Dismissed	0	1	0	0									1
End of Month	44	43	44	46	46	0	0	0	0	0	0	0	223

DIVERT COURT MAY 2016 STATS

FY16	Start of Month	New admissions	DA Opt-out	Unsuccessful discharge	Graduates	End of Month
Sept. 15	163	7	0	2	19	149
Oct. 15	149	16	0	4	4	157
Nov. 15	157	11	0	3	0	165
Dec. 15	165	5	1	2	12	155
Jan. 16	155	10	1	8	12	144
Feb. 16	144	21		0	10	153
Mar. 16	153	13	0	2	9	155
Apr. 16	155	14		3	6	160
May. 16						
Jun. 16						
Jul. 16						
Aug. 16						
total		97	2	24	72	

As of May 12, 2016 at full capacity and can no longer accept referrals.

FY15*	Start of Month	New admissions	DA Opt-out	Unsuccessful discharge	Graduates	End of Month
Total		44		16	20	
Ave. Per Month		3.66666667		1.33333333	1.66666667	

FY16	Start of Month	New admissions	DA Opt-out	Unsuccessful discharge	Graduates	End of Month
Sept. 15	31	11	0	3	0	39
Oct. 15	39	5	0	5	0	39
Nov. 15	39	5	0	1	9	34
Dec. 15	34	1	0	3	0	32
Jan. 16	32	7	0	0	0	39
Feb. 16	39	8	0	1	13	33
Mar. 16	33	10	0	2	0	41
Apr. 16	41	1	0	2	0	40
May-16						
Jun. 16						
Jul. 16						
Aug. 16						

* Denotes that numbers are slightly lower due to missing data.

FY15	Start of Month	New admissions	DA Opt-out	Unsuccessful discharge	Graduates	End of Month
Total		81		43	64	
Ave. Per Month		6.75		3.58333333	5.33333333	

FY16	Start of Month	New admissions	DA Opt-out	Unsuccessful discharge	Graduates	End of Month
Sept. 15	52	9	0	3	3	55
Oct. 15	55	10	0	1	2	62
Nov. 15	62	7	0	3	1	65
Dec. 15	65	4	0	3	3	63
Jan. 16	63	5	0	6	0	62
Feb. 16	62	9	0	3	8	60
Mar. 16	60	8	0	6	4	58
Apr. 16	58	6	0	1	4	59
May-16						
Jun. 16						
Jul. 16						
Aug. 16						

FY15*	Start of Month	New admissions	DA Opt-out	Unsuccessful discharge	Graduates	End of Month
Total		29		22	9	
Ave. Per Month		2.41666667		1.83333333	0.75	

FY16	Start of Month	New admissions	DA Opt-out	Unsuccessful discharge	Graduates	End of Month
Sept. 15	22	5	0	2	0	25
Oct. 15	25	5	0	2	6	22
Nov. 15	22	2	0	0	0	24
Dec. 15	24	4	0	0	0	28
Jan. 16	28	5	0	3	0	30
Feb. 16	30	4	0	0	3	31
Mar. 16	31	3	0	6	0	28
Apr. 16	28	2	0	1	0	29
May-16						
Jun. 16						
Jul. 16						
Aug. 16						

* Denotes that numbers are slightly lower due to missing data.

* FY15	Start of Month	New admissions	DA Opt-out	Unsuccessful discharge	Graduates	End of Month
Total		12		8	9	
Ave. Per Month		1		0.66666667	0.75	

FY16	Start of Month	New admissions	DA Opt-out	Unsuccessful discharge	Graduates	End of Month
Sept. 15	18	2	0	3	3	14
Oct. 15	14	0	0	2	0	12
Nov. 15	12	1	0	0	0	13
Dec. 15	13	3	0	1	0	15
Jan. 16	15	5	0	1	4	15
Feb. 16	15	2	0	3	0	14
Mar. 16	14	2	0	1	0	15
Apr. 16	15	0	0	0	0	15
May-16						
Jun. 16						
Jul. 16						
Aug. 16						

* Denotes slightly lower numbers due to incomplete data.

FY16	Start of Month	New Admissions	MH Current Clients	Unsuccessful discharges	Graduates	End of Month
Sep. 15	208	15	24	13	8	202
Oct. 15	202	20	24	1	0	221
Nov. 15	221	19	23	5	19	216
Dec. 15	216	19	22	0	0	235
Jan. 16	235	19	27	0	0	254
Feb. 16	254	16	22	3	30	237
Mar. 16	237	14	26	0	7	244
Apr. 16	244	2	29	4	0	242
May. 16						
Jun. 16						
Jul. 16						
Aug. 16						