Introductions

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Mission Statement
To provide independent, non-partisan, and trusted policy and program guidance that creates systemic changes so all Texans can obtain effective, efficient behavioral health care when and where they need it.

Vision
We envision Texas to be the national leader in treating people with mental health needs.
RAPID INTEGRATED GROUP HEALTHCARE TEAM (RIGHT CARE)
The five-year plan will leverage a total of more than $120 million in state, local, federal, and private system resources.

The grant was funded at $7 million over three years, plus matching funds from the Parkland Foundation, Dallas County, City of Dallas, and state funds under SB 292.

In year one, funding was $3.5 million. In years two and three, funding is $1.75 million for each year.
Transformational Change and the Sequential Intercept Model

This implementation forwards a broad, inspiring, and overarching reform within the Dallas County law enforcement, criminal justice, and health systems.

- **Intercept 1**: Law Enforcement
- **Intercept 2**: Initial Detention and Initial Court Hearing
- **Intercept 3**: Jail and Courts
- **Intercept 4**: Continuity of Care from Jail
- **Intercept 5**: Community-Based and Forensic-Focused Treatment
Free-Up Law Enforcement
Focus more on public safety rather than mental health service delivery by diverting people in need to treatment at the outset.

Diversion and Continuity of Care from Jail to Community
Improve jail screening and court supervision options.

Reduce Dallas County’s High Recidivism Rates Through Community-Based and Forensic Services
For people with mental illness released from jail.
RIGHT CARE TEAM AND COMMUNITY PROVIDERS
Rapid Integrated Group Healthcare Team (RIGHT Care)

A multidisciplinary team capable of immediate response

Available 16 hours a day, 7 days per week
RIGHT Care Team Objectives

- Comprehensive on-site services
- Continuity of care
- Prevention and intervention
- Reduce law enforcement involvement in BH calls
- Allow law enforcement to focus on public safety
RIGHT Care Team

Dallas Fire-Rescue Department: Paramedic

Dallas Police Department: Law Enforcement Officer

Parkland Hospital: Mental Health Clinicians
RIGHT Care Community Partners
RIGHT Care Team Roles

**Law Enforcement**
- Scene security and assessing for victimization
- Addressing law enforcement issues

**Paramedic**
- Field assessment: physical exam and vitals
- Assess need for medical transport

**Clinician**
- Mental health evaluation
- Assess on-going needs and link to services
911 Dispatch Clinician

- Works directly with 911 Call Center staff
- Identifies appropriate resources
- Assists officers in the field
Implementation

**RIGHT Care Team:**
- Law Enforcement
- Paramedic
- Clinician

January 2018: The RIGHT Care Team fully deployed in the South Central patrol division

- Mental Health Clinician within 911 Call Center

April 2018: The 911 Dispatch Clinician rolls out and begins assisting with mental health calls for all patrol divisions
Goals: Moving Forward

Divert more than half of 911 MH calls to the RIGHT Care Team

Reduce at least 1,000 first-time misdemeanor bookings for persons with mental illness
DATA ANALYSIS
MMHPI conducted a preliminary analysis on call data provided by the Dallas Police Department, Parkland Hospital, and Dallas Fire-Rescue of the first 120 days of deployment. This analysis provides a snapshot of the team’s productivity, which has yielded favorable outcomes.

**Total Interactions**
- **Calls for Service & Referrals**: 553
- **Follow Ups**: 121
- **Total**: 674
911 Calls in the South Central Patrol District
41% of Interactions Resulted in Linkages with Care

Only 3% of Interactions Resulted in Arrest

Previous Warrants: 14
New Offense: 8

Taken to Outpatient Clinic: 56
Taken to Psychiatric Facility: 26
Taken to Medical/Surgery Hospital: 34
Connected to Housing Resources: 31
Returned Home or to a Family Member’s Home: 10
Connected to ACT: 8
Connected with Other Resources and Referrals: 113

Only 3% of Interactions Resulted in Arrest

Previous Warrants: 14
New Offense: 8
# Time Returned To Patrol

<table>
<thead>
<tr>
<th>Total</th>
<th>46 Calls</th>
<th>46A Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D751 and D752</strong> Time Spent Per Call</td>
<td>74 Minutes</td>
<td>79 Minutes</td>
</tr>
<tr>
<td>1H 14M</td>
<td>1H 19M</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Total Number of Calls Released</strong></td>
<td>61</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>=</td>
<td>=</td>
</tr>
<tr>
<td><strong>Redeployed to Field (Saved Officer Time)</strong></td>
<td>75 Hours 23 Minutes</td>
<td>73 Hours 20 Minutes</td>
</tr>
</tbody>
</table>

* D751/752 are DPD RIGHT Care Unit Identifiers
** Regular patrol unit releases call to RIGHT Care

2 Weeks

Amount of FTE time following 61 calls that DPD has effectively regained
ASSERTIVE COMMUNITY TREATMENT
Overview: Assertive Community Treatment (ACT)

- An evidence-based practice (EBP) for adults with severe and persistent mental illness (SPMI)
- Multidisciplinary team shares caseload
- Services primarily provided in vivo
- Capacity for multiple contacts/intensive services 24/7
Overview: Assertive Community Treatment (ACT)

Integrates other evidence-based practices; not just case management.

Person-centered, recovery-oriented practices balanced with therapeutic limit-setting strategies when needed.
## Typical ACT Team Staffing

<table>
<thead>
<tr>
<th>Position</th>
<th>Full Team (serves 80-100)</th>
<th>Half Team (serves 42-50)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Leader</td>
<td>1 FTE</td>
<td>1 FTE</td>
</tr>
<tr>
<td>Psychiatric Care Provider/Prescriber</td>
<td>16 hours per 50 consumers</td>
<td>16 hours per 50 consumers</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>3 FTE</td>
<td>1.5 - 2 FTE</td>
</tr>
<tr>
<td>Peer Specialist</td>
<td>1 FTE</td>
<td>1 FTE</td>
</tr>
<tr>
<td>MA-level Clinicians*</td>
<td>4 FTE</td>
<td>2 FTE</td>
</tr>
<tr>
<td>BA-level CMs*</td>
<td>1 – 3 FTE</td>
<td>1.5 – 2.5 FTE</td>
</tr>
<tr>
<td>*Substance Abuse Specialist</td>
<td>1 FTE</td>
<td>1 FTE</td>
</tr>
<tr>
<td>*Vocational Specialist</td>
<td>1 FTE</td>
<td>1 FTE</td>
</tr>
<tr>
<td>Program Assistant</td>
<td>1 – 1.5 FTE</td>
<td>1 FTE</td>
</tr>
</tbody>
</table>
INSTRUMENTS
Dartmouth Assertive Community Treatment Scale (DACTS)

Older fidelity standard: Dartmouth Assertive Community Treatment Scale (DACTS)

No ACT program manual at the time
  • Doesn’t match up with National ACT Standards

• Measurement Gaps
Tool for Measurement of Assertive Community Treatment (TMACT)

- Establishes a “high bar” for fidelity (M-DV et al., 2011)
- Clarifies the very important role ACT has in a service system – serving the highest need people
- Emphasis on embedded Evidence-Based Practices (EBPs)
- A whole sub-scale on Person Centered Planning/Practice
- Developed with Quality Improvement/Program Enhancement in mind (some teams assess themselves)
- More detailed guidance on how to assess and score
- Comprehensive methodology
Primary Aims of TMACT Authors

- Better assess processes consistent with high fidelity ACT
- Improve reliability and validity of assessment
- Create more nuanced measure of ACT
- Enhance capacity for performance improvement
Overview of TMACT

• 47 items; 5-point anchored scales

• 6 sub-scales:
  1. Operations & Structure (OS): 12 items
  2. Core Team (CT): 7 items
  3. Specialist Team (ST): 8 items
  4. Core Practices (CP): 8 items
  5. Evidence-Based Practices (EP): 8 items
  6. Person-Centered Planning Practices (PP): 4 items
DACTS vs TMACT

TMACT & DACTS in WA: Baseline – 18mo
(Bars = std. dev; only 18mo not significantly different)
Higher TMACT scores were associated with:

- Fewer state hospital days per month
- Fewer local hospital days for high users
- Fewer crisis stabilization unit days

Note: WA teams generally had high fidelity and little variability, so findings are conservative estimates.

(Cuddeback et al., 2013)
Texas ACT: Current State

Fee-for-service vs. outcome driven reimbursement

Generally lacking trauma informed, person-centered, recovery oriented treatments (DBT, CPT, CBT-P)

Need for Integrated Health Care

Thursday March 15, 2017 Health and Human Services Commission issued a broadcast supporting the conversion from DACTS to TMACT
High Fidelity ACT

**Fidelity** - degree of exactness with which something is copied or reproduced

Study comparing team rated high in recovery orientation to team rated low in recovery orientation

- Peer Specialists
- Illness Management Services
- Strengths-Based
- Collaborative Decision Making

(Morse et al., 2016)
Recovery isn’t a prescription: Person-Centered Care

Engagement: Person first, patient eventually.

Person-centered..., no seriously.

No such thing as one size fits all. Treatment should be tailored.

Recovery is personal. And it’s far from perfect.
High Fidelity ACT and the Community Care System

- Responsibility for Crisis Services (CP6), etc. *ACT is a comprehensive* (and expensive) program that emphasizes integrated services and the ongoing relationship of the team to the person

- 24-hour responsibility for directly responding to crises

- Assess for hospitalization need, consult with hospital, coordinate throughout stay, visitation throughout stay

- Assessing readiness for discharge

- Coordinating dispositional placement (i.e., housing), discharge medications/services
RISK NEED RESPONSIVITY BASICS
Principles of Effective Interventions

- **Risk Principle (Who)—Higher risk offenders**
- **Need Principle (What)—Criminogenic needs**
- **Treatment Principle (How)—Use behavioral approaches**
- **Specific Responsivity (How)—Matching**
Criminogenic Needs

- Criminogenic needs are characteristics, traits, problems, or issues of an individual that directly relate to the individual's likelihood to re-offend.

- These break down into two categories: static and dynamic.
The Central 8 Criminogenic Needs

- History of Antisocial Behavior
- Antisocial Personality Pattern
- Antisocial Cognition
- Antisocial Associates and/or Support System
- Family/Marital Circumstances
- School/Work
- Leisure/Recreation
- Substance Abuse
The Risk Principle

- Target those offenders with a higher probability of recidivism.
- Provide most intensive treatment to higher risk offenders.
- Intensive treatment for lower risk offenders can *increase* recidivism.
The Risk Principle

- Assessment should be done as early on in the CJ process as possible.
- Assessment should be conducted using a validated standard risk and need assessment.
- Sentences, supervision, and treatment referrals should be based on that assessment.
- Intensive programs should be targeting *high risk offenders* for most intensive services.