

**Behavioral Health Advisory Committee  
Recommendation  
August 16, 2024**

**Advisory Committee:**

Behavioral Health Advisory Committee/ Peer and Family Partner Subcommittee

**Advisory Committee Charge-Vision-Mission:**

The purpose of the committee is to provide customer/consumer and stakeholder input to the Health and Human Services system in the form of recommendations regarding the allocation and adequacy of behavioral health services and programs within the State of Texas. The BHAC considers and makes recommendations to the HHS Executive Commissioner consistent with the committee's purpose.

**Advisory Committee Contact:**

**Name:** Anna H. Gray

**Email Address:** *The email address will be included when submitted to the Executive Council*

**Name:** Elizabeth Henry

**Email Address:** *The email address will be included when submitted to the Executive Council*

**Please provide the critical need that will be addressed, or problem solved.**

Currently, several of the HHSC initiatives have pilots or specific peer-related requirements or components. For example, currently, the Rural Mental Health Team is providing a learning community for peers in 10 LMHA/LBHAs, HHSC Medicaid is following up on a BHAC recommendation to make Certified Family Partner services Medicaid billable, and the Be Well Texas initiative has RSS grants that include peer specialist services.

**Please provide background and/or justification for the recommendation.**

These initiatives are not coordinated in a centralized manner for the state, resulting in overlapping initiatives and duplication of effort. Peer-provided

services are underfunded, and the demand is high. Texas does not have the luxury of not coordinating the efforts so as to build synergistic results as opposed to duplicated efforts in individual silos.

**Please provide description of recommendation.**

Recommendation: The Peer and Support Recovery Section remain centralized and working together as a unit. Coordinate all peer-related activities through the Peer Support and Recovery Section of HHSC as a "Clearinghouse." Efforts to create the Clearinghouse should include:

- Inform the Peer Recovery and Support Section of any initiatives or funding being provided related to peer support services
- Task the Peer Recovery and Support Section with evaluating the initiatives and supporting communication and sharing of information across initiatives
- Include HHSC Medicaid consulting with the Peer Recovery and Support Section when any kind of peer support services are being reviewed and evaluated for Medicaid billing codes and for rate hearings.
  - o Note: The Peer Support and Recovery Section has subject matter experts who can inform the process for developing billing codes and recommendations pertaining to reimbursement rates.

Provide sufficient funding to support the Peer Recovery and Support Section in fulfilling all of the aforementioned coordination and communication duties.

**How would the recommendation resolve the above-stated problem?**

This will ensure that baseline data and information/reports are shared with any HHSC initiative when looking at implementing programs that include peer specialists or when developing funding or funding opportunities that include or are related to peer support services. It also ensures that subject matter experts who know what is going on in the field can inform what is needed and where lessons learned from earlier efforts can be used to further subsequent efforts.

Having the Peer Support and Recovery Section be a clearinghouse for all HHSC peer support-related initiatives will improve the efficacy and effectiveness of new efforts, as well as ensure that the tax dollars used dare further the well-being of Texans instead of duplicating efforts.

**How is the recommendation related to the Advisory Committee charge?**

The purpose of the committee is to provide customer/consumer and stakeholder input to the Health and Human Services system in the form of recommendations regarding the allocation and adequacy of behavioral health services and programs within the State of Texas. This recommendation fulfills this charge.

**Is legislative action needed?**

No

**Are there anticipated or estimated costs associated with the recommendation?**

Possibly the cost of a dedicated staff member in the Peer Recovery and Support Section.

**What other impacts are anticipated?**

Better coordinated efforts to provide the very best peer support services possible. Peer support services result in better recovery outcomes for the people of Texas who deal with behavioral health issues.

**What is the anticipated impact on HHS consumers/clients?**

Increased access to peer support services and a higher probability of achieving growth in their recovery journey. For many this will include minimizing the number of services they need, as well as remaining or entering the workforce and moving forward in their lives.

**What is the timeline for implementation?**

As soon as possible.

**Please describe any cross-system issues that the recommendation may impact.**

This may add useful information for the HHSC Coordinating Council.

**Please describe any anticipated support or opposition.**

There is support for the theory behind the recommendation. In practice, there is opposition because it requires networking and communication between HHSC components. Also, the Medicaid section tends to work in isolation.

**Please describe if any Advisory Committee member has background or expertise related to the recommendation?**

Anna H. Gray, BHAC Member, Co-Chair of the Peer and Family Partner Subcommittee

**Are there any other additional areas of interest or concern related to the recommendation that needs to be considered?**

No.

***“This recommendation was prepared by members of the BHAC Peer and Family subcommittee. The opinions and suggestions expressed in this recommendation are the members’ own and do not reflect the views of the Texas Health and Human Services Commission Executive Council or the Texas Health and Human Services Commission.”***

DRAFT

**Behavioral Health Advisory Committee  
Recommendation  
August 16, 2024**

**Advisory Committee:**

Behavioral Health Advisory Committee / Peer and Family Partner Subcommittee

**Advisory Committee Charge-Vision-Mission:**

Provide program and policy recommendations to the BHAC and HHS that address gaps in support services in the behavioral health service delivery system specific to Peer and Family Partner services in Texas.

**Advisory Committee Contact**

**Name:** Anna Gray

**Email Address:** *The email address will be included when submitted to the Executive Council*

**Name:** Elizabeth Henry

**Email Address:** *The email address will be included when submitted to the Executive Council*

**Critical needs that will be addressed or problem solved.**

Texas has struggled to keep up with the mental health and substance-use challenges that have grown since 2020.

- **Substance Use:** From 2011 to 2021, the age-adjusted death-rate from drug overdose increased by 66%, with 2,770 opioid deaths in Texas in 2021.
- **Suicide:** In 2022, Texas led the nation in suicide deaths at 4,368<sup>1</sup>.
- **Mental Illness:** In a 2023 analysis, the Kaiser Family Foundation found that 36.8% of Texans reported symptoms of anxiety and/or depressive disorder.

<sup>1</sup> <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>

Peer and Recovery Organizations (PROs), defined as not-for-profit organizations led and operated by people with lived experience of recovery from mental illness or substance use conditions, can be instrumental in supporting all three of these issues. Unfortunately, Texas has been unable to create enough of these programs.

## Background and/or justification for the recommendation.

There are three primary drivers that impact HHS operations:

- 95% of counties do not have access to a PRO to support their Certified Community Behavioral Health Center (CCBHC)
- PROs support 5 of the 14 gaps identified in the Texas Statewide Behavioral Health Strategic Plan
- Peer Support has been identified as a recommendation to reduce justice-involvement for Texans with mental illness

### **Driver 1: 95% of counties don't have a PRO to support Texas CCBHCs**

Texas HHSC launched the Texas Certified Community Behavioral Health Clinic (T-CCBHC) initiative in 2016. The T-CCBHC initiative aligns the goals of CCBHCs within the current Medicaid and behavioral health environment in Texas and demonstrates a commitment to using CCBHCs as a best practice for service delivery in behavioral health settings.

As of July 2022, **all Texas counties** are served by at least one T-CCBHC. All local mental health authorities and local behavioral health authorities are certified as T-CCBHCs. However, only **12** counties have access to a Peer and Recovery Organization (PRO). This means that **95.28%** of counties do not have access to this type of support, including only **two** rural counties.

Peer services, as provided by PROs, are a critical component of CCBHC's services. As part of implementing the model, CCBHCs must provide supports in nine service areas. One of those areas is "Peer Supports and Family/Caregiver Supports."

Per the Substance Abuse and Mental Health Service Administration (SAMHSA), CCBHCs must "engage also with other community partners, especially those who also work with people receiving services from the CCBHC and populations that historically are not engaging with health services, such as: {...} Organizations operated by people with lived experience of mental health and substance use conditions; {...} Peer-run and operated service providers.<sup>2</sup>"

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<sup>2</sup> <https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>

SAMHSA also recommends that, as part of the continuum of care, care coordination partnerships should include: “Procedures and services, such as peer recovery specialist/coaches, to help individuals successfully transition from ED or hospital to CCBHC and community care to ensure continuity of services and to minimize the time between discharge and follow up.”<sup>3</sup>

### **Driver 2: Gaps in the Statewide Behavioral Health Strategic Plan**

The Statewide Behavioral Strategic Plan identified 14 gaps. The recommendation to expand Peer and Recovery Organizations (PROs) would help close five of these gaps:

- Gap 1: Access to Appropriate Behavioral Health Services
- Gap 6: Access to timely treatment services
- Gap 7: Implementation of evidence-based practices
- Gap 8: Use of Peer Services
- Gap 13: Behavioral health workforce shortage

While each Peer and Recovery Organization operates in a way that reflects the needs and resources of their community, they commonly implement evidence-based practices, participate in the process to train new Peer Specialists, and build partner networks that make them a desirable place to refer people across the continuum of care.

### **Driver 3: Peers have been identified as a strategy for reductions in justice involvement for adults with mental illness**

In 2021, as part of the creation process for the *Texas Strategic Plan for Diversion, Community Integration, and Forensic Services*, HHSC collaborated on multiple listening sessions, surveys, strategic planning sessions, and a statewide summit. Through this work, several Peer-focused recommendations were identified. These include: “It is important to develop diversion programming inclusive of people with mental illness and/or those who have been affected by the criminal justice system. Expanding peer services was identified as a priority across regions.”<sup>4</sup>

Additionally, a top-ranked strategic priority during the process was to “Embed peer support specialists across the intercepts (i.e., in crisis services and hospital emergency departments, conducting jail-in reach and assisting

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<sup>3</sup> <https://www.samhsa.gov/sites/default/files/ccbhc-compliance-checklist.pdf>

<sup>4</sup> Texas Statewide Behavioral Health Strategic Plan, Fiscal Years 2022-2026, Page 332, <https://www.hhs.texas.gov/sites/default/files/documents/hb1-statewide-behavioral-health-idd-plan.pdf>

with reentry).” Additionally, it was recommended that there be “additional funding for peer support services and appropriate compensation.”<sup>5</sup>

Peer and Recovery Organizations would allow HHSC to help fulfill the needs of all three of these drivers.

### **Recommendation description**

The Behavioral Health Advisory Council (BHAC) recommends that the Health and Human Services Commission establish a formal definition, fidelity standard, and funding mechanisms for the expansion, support, and coordination of Peer and Recovery Organizations (PROs).

### **Recommendation will resolve the above-stated problems**

Texas HHSC creating a formal definition, fidelity standard, and funding mechanisms for the expansion and support of PROs will increase their distribution in Texas and will make this cost-effective and scalable service-model available to many of the Texans who otherwise do not have access to services.

Funding centralized coordination would allow for the effective creation of programs, especially in rural or frontier areas that are likely to have individuals with lived recovery experience, but few mental health or substance-use focused clinicians. Establishing PROs can help connect those experiences to training and capacity-building so individuals can deliver services in their own communities to the Advisory Committee charge

The committee is charged with making recommendations to HHSC to improve access to appropriate mental health and substance use services for Texans.

### **Legislative Action**

While the recommendation can be implemented by HHSC without a legislative directive, there is an opportunity to:

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<sup>5</sup> *ibid*, 328



- Establish PROs as a provider type in statute, which would allow for additional funding mechanisms and opportunities. Just as HB1486 established a Texas Medicaid service type, a PRO statute would establish a provider type. This would be a key step towards PROs becoming a provider type for Medicaid billable peer services.
- Submit a legislative appropriations request (LAR) linked to PROs that meet fidelity standards

### **Anticipated or Estimated Costs**

- Part-time support for HHSC Peer and Recovery Unit to oversee the program
- Funding for a centralized coordination program for PROs
- Funding for PROs which can be scaled-up over time

### **Other Anticipated Impacts**

With these new organizations, LMHAs/LBHAs will have increased access to more robust partnership options. PROs can support individuals discharged from LMHAs/LBHAs to support their long-term recovery needs in the community.

### **Anticipated Impact on HHS Consumer/Clients**

By effectively connecting people experiencing mental illness or substance use disorder with PROs, it is anticipated that recovery outcomes would improve, and recidivism would decrease for this population of HHS consumers/clients.

### **Implementation activities and timeline**

Begin implementation in FY 2025 and fully implement by FY 2026.

### **Cross-system issues**

HHS has become a national leader in the implementation of Peer Services. Additionally, within Texas, other agencies are implementing Peer Services. Most notably, the Veterans Administration (VA) utilizes Peer Specialists, most of whom are trained by PROs. Additionally, the Texas Workforce Commission (TWC) is working to create pathways to contract with PROs to

provide services to individuals seeking employment. Increasing the number of PROs would amplify the pool of providers that can serve these clients.

### **Anticipate support or opposition**

- Potential opposition: None anticipated.
- Potential support: Peer and Recovery Organizations, members of the Texas Peer workforce, and individuals in recovery.

### **Advisory Committee member background and related expertise**

All present on the committee have expertise in these areas.

### **Additional areas of interest or related concern to be considered**

**Are there any other additional areas of interest or concern related to the recommendation that needs to be considered?**

No.

***“This recommendation was prepared by members of the BHAC Peer and Family subcommittee. The opinions and suggestions expressed in this recommendation are the members’ own and do not reflect the views of the Texas Health and Human Services Commission Executive Council or the Texas Health and Human Services Commission.”***

**Behavioral Health Advisory Committee  
Recommendation  
August 16, 2024**

**Advisory Committee:**

Behavioral Health Advisory Committee/ Children and Youth Behavioral Health Subcommittee (CYBHS)

Recommendations:

1. The Child and Youth Behavioral Health Subcommittee recommends that the Texas Health and Human Services Commission establish a staff position to provide subject matter expertise and state leadership for early childhood mental health, focused on birth through age five. Since responsibility to respond to mental health concerns for this age group is distributed across multiple agencies and systems, this position should be housed within the Office of Mental Health Coordination and be a member of the Texas Early Learning Council. The Early Childhood Behavioral Health Lead should be responsible for oversight of early childhood behavioral health promotion, prevention, and intervention activities in the state and provide leadership to the development of coordinated systems of care for young children and their families across health, behavioral health, education, child care, and child welfare systems.
2. The Child and Youth Behavioral Health Subcommittee recommends that the Texas Health and Human Services Commission conduct a study to identify the availability of evidence-based early childhood mental health interventions provided within the Local Mental Health or Behavioral Health Authorities (LMHA/LBHAs) for children 3-5 years old and Early Childhood Intervention (ECI) for children 0-3 years old, provider qualifications and available professional development in these interventions, and recommendations for ensuring access to high quality mental health care for young children (birth through age 5) who experience mental health challenges.

**Behavioral Health Advisory Committee  
Recommendation  
August 16, 2024**

**Advisory Committee:** Behavioral Health Advisory Committee/Access to Care and Community Engagement

**Advisory Committee Charge-Vision-Mission:**

Provide program and policy recommendations to the BHAC and HHS that address gaps in access to behavioral health services and improvements in community engagement in Texas.

**Advisory Committee Contact**

*Name:* Jolene Rasmussen

***Email Address:*** The email address will be included when submitted to the Executive Council

**Please provide the critical need that will be addressed or problem solved.**

The subcommittee cannot make informed recommendations when the data on existing programs is not readily available.

**Please provide background and/or justification for the recommendation.**

Various program areas have presented at the BHAC, but there are more programs than time available on the agendas in any given year. Basic information should include program description, eligibility, geographic locations, whether statewide implementation is feasible, cost, numbers of individuals served and any outcomes that are collected and evaluated. Only through data-driven discussions can the committee identify gaps and make targeted, actionable recommendations.

**Please provide description of recommendation.**

Behavioral health programs in a spreadsheet format that is updated annually. They are making a formal recommendation and requesting that the spreadsheet be made available to the BHAC and updated annually. Most of the information requested is already contained within program briefs. The initial request is more labor intensive, but annual updates require less HHSC staff time. The subcommittee cannot make informed recommendations when the information is not readily available. Various programs have presented at the BHAC, but there are more programs than time available on the agendas at any given year. Basic information to include program description, eligibility, geographic location, whether statewide implementation is feasible, cost, number of individuals served, and any outcomes that are collected and evaluated should be included in the spreadsheet. Only through data-driven

discussions can the committee identify gaps and make targeted, actionable recommendations.

**How would the recommendation resolve the above-stated problem?**

Having the requested data available would level-set knowledge of existing programs. Only through data-driven discussions can the committee identify gaps and make targeted, actionable recommendations.

**How is the recommendation related to the Advisory Committee charge?**

Only through data-driven discussions can the committee identify gaps and make targeted, actionable recommendations.

**Is legislative action needed?**

No.

**Are there anticipated or estimated costs associated with the recommendation?**

Most of the information requested is already contained within program briefs. The initial request is more labor intensive but annual updates would require less staff time.

**What other impacts are anticipated?**

None at this time.

**What is the anticipated impact on HHS consumers/clients?**

HHS consumers/clients benefit from an effective subcommittee acting on current data to address service gaps.

**What is the timeline for implementation?**

The data should be provided annually, and initial report should be provided prior to December 31, 2024.

**Please describe any cross-system issues that the recommendation may impact.**

None identified.

**Please describe any anticipated support or opposition.**

None.

**Please describe if any Advisory Committee member has background or expertise related to the recommendation.**

All committee members have expertise in addressing behavioral health issues and can identify gaps when current programs are documented.

**Are there any other additional areas of interest or concern related to**

**the recommendation that need to be considered?**

No.

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*Name: Jolene Rasmussen*

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**Please provide the critical need that will be addressed or problem solved.**

Users of the HHSC website are often referred to 211 or 211texas.org for access to state and local health and human services, including mental health and substance use services, yet the information is inaccurate or incomplete and the site is difficult to navigate.

**Please provide background and/or justification for the recommendation.**

Communities, providers and individuals should easily identify behavioral health resources in their communities. The agency has the ability to ensure this resource is robust, meeting the needs of the Texans while also supporting HHSC efforts to improve collaboration within communities and between providers.

**Please provide description of recommendation.**

It is the 211 texas.org or 211, the phone number. HHSC is responsible for having a resource that is available to communities and providers when they are looking for and trying to access resources related to mental health and substance use and some of those medical drivers of health, such as utilities, housing, transportation, and food. In their evaluation of the website, they encountered numerous challenges. The recommendation is that HHSC should prioritize the evaluation of 211 texas.org and 211 phone number, specifically addressing accuracy, functionality, and ease of use. HHSC could convene a workgroup of users to identify priorities for addressing challenges when accessing this platform. Based on the results of the evaluation and workgroup

feedback, the scope of work can be modified for the current contractor, or a new procurement could be initiated.

- They found that users of the HHSC website are often referred to 211 or 211.texas.org for access to state and local health and human services, including mental health and substance use services. Often, the information is inaccurate and incomplete, and the site is very difficult to navigate. The platform should allow for ready identification and assistance in referrals for nonmedical drivers of health for housing, utilities, food, and transportation.
- Community providers and individuals should easily identify behavioral health resources in their communities. The agency has the ability to ensure this resource is robust, meeting the needs of Texans while supporting HHSC efforts to improve collaboration within communities and between providers.
- They were not suggesting a change or fiscal note to it.
- It was recommended to add accessibility to make the website accessible to people who are blind.

**How would the recommendation resolve the above-stated problem?**

Having an up-to-date and accurate reference for behavioral health services increases access to necessary services for all Texans.

**How is the recommendation related to the Advisory Committee charge?**

Accessibility to accurate information available to individuals and providers in the communities where they live is critical for overall access to services.

**Is legislative action needed?**

No.

**Are there anticipated or estimated costs associated with the recommendation?**

Based on results of the evaluation, and workgroup feedback, the scope of work could be modified for the current contractor, or a new procurement could be initiated.

**What other impacts are anticipated?**

None at this time.

**What is the anticipated impact on HHS consumers/clients?**

HHS consumers/clients benefit from readily available resources to address behavioral health conditions and the platform should allow ready identification of assistance and referrals for non-medical drivers of health such as housing, utilities, food and transportation.



**What is the timeline for implementation?**

Work should begin within fiscal year 2025.

**Please describe any cross-system issues that the recommendation may impact.**

None identified.

**Please describe any anticipated support or opposition.**

None.

**Please describe if any Advisory Committee member has background or expertise related to the recommendation?**

All committee members have expertise addressing behavioral health issues and can identify challenges when navigating data platforms.

**Are there any other additional areas of interest or concern related to the recommendation that needs to be considered?**

No.

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**Advisory Committee Contact**

*Name:* Jolene Rasmussen

***Email Address:*** The email address will be included when submitted to the Executive Council.

**Please provide the critical need that will be addressed or problem solved.**

Affordable housing continues to be a noted challenge in Texas. There are federal programs such as Housing First and HUD housing. While many areas of HHS are working to address this issue, the Access and Community Engagement Subcommittee will focus on housing for individuals with substance use disorders who due to public housing restrictions may face greater challenges.

**Please provide background and/or justification for the recommendation.**

Recovery housing includes transitional housing after substance use treatment that supports an individual's recovery while assisting with employment, connecting with ongoing mental health and/or physical health conditions as they work towards financial independence. **SAMSHA Best Practices for Recovery Housing, 2023** describes the levels of recovery housing and associated best practices.

HB 299: Voluntary Recovery Housing Accreditation requires HHSC to adopt minimum standards for accreditation as a recovery house established by the National Alliance for Recovery Residences and the Oxford House Incorporated and ensures the use of best practices. Effective September 1, 2025, a recovery house must be accredited to receive state funding. The House Bill provides consistency and a path forward to ensure this is a valuable resource in Texas.

**Please provide description of recommendation.**

Affordable housing continues to be a noted challenge in Texas. There are federal programs such as Housing First and HUD Housing. While many areas of HHS are working to address this issue, the Access Community Engagement

Subcommittee will focus on housing for individuals with substance use disorders who, due to public housing restrictions, may face greater challenges. HHSC has identified homeless individuals as a priority population for substance use disorder services. HHSC-funded contracts include providing stable housing after treatment as an outcome that is tracked. However, affordable housing is not available in many communities. Resources vary by community and are impacted by numerous economic factors. Recovery housing includes transitional housing after substance use treatment that supports an individual's recovery while assisting with employment and connecting with ongoing mental health and or physical health conditions as they work towards financial independence. SAMSHA Best Practices for Recovery Housing, published in 2023, describes the levels of recovery housing and associated best practices.

In the last Legislative session, HB299 was passed, which is the voluntary recovery housing accreditation that requires HHSC to adopt minimum standards for accreditation as a recovery house established by the National Alliances for Recovery Residency and Oxford House Inc. and ensures the use of best practices. Effective September 1, 2025, a recovery house must be accredited to receive state funding. The House bill provides consistency and a path forward to ensure that this is a valuable resource in Texas. HHSC should evaluate the return on investment for increasing the availability of recovery housing including sober living homes, compared to cost for individuals that relapse when they do not have stable housing. Due to limited funding resources should be focus on programs in areas with highest level of success while breaking the cycle of relapse and readmission to residential treatment settings.

**How would the recommendation resolve the above-stated problem?**

Due to limited funding, resources should be focused on programs and areas with the highest level of success while breaking the cycle of relapse and readmissions to residential treatment settings.

**How is the recommendation related to the Advisory Committee charge?**

The Access to Care and Community Engagement acknowledges that non-medical drivers of health, including lack of stable housing, greatly affects an individual's ability to access care and address behavioral health issues/concerns

**Is legislative action needed?**

No.

**Are there anticipated or estimated costs associated with the recommendation?**

Cost savings would offset any costs for analyses.

**What other impacts are anticipated?**

None at this time.

**What is the anticipated impact on HHS consumers/clients?**

HHS consumers/clients can access affordable housing options to support overall health including behavioral health by maintaining/improving positive health outcomes while breaking the cycle of relapse and readmissions to residential treatment settings.

**What is the timeline for implementation?**

Analyses should be conducted so results can inform the next mental health and substance use block grant application.

**Please describe any cross-system issues that the recommendation may impact.**

None identified.

**Please describe any anticipated support or opposition.**

Community members may have some concerns/opposition depending on where housing units are located.

**Please describe if any Advisory Committee member has background or expertise related to the recommendation?**

Joe C. Fuentes, Jr., MBA has over 20 years of experience in developing and implementing various housing-related services including PSH, RRH, TH, and HOPWA funded services. Additionally, all committee members have expertise addressing behavioral health issues limited housing options.

**Are there any other additional areas of interest or concern related to the recommendation that needs to be considered?**

No.

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