



**Behavioral Health  
Advisory Committee  
Fiscal Year 2023  
Annual Report**

**As Required by  
Title 1, Part 15, Texas  
Administrative Code, Section  
351.807**

**Behavioral Health Advisory  
Committee  
November 2023**

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## **Disclaimer**

The recommendations within this report were not authored by and do not reflect the views and opinions of the Texas Health and Human Services system, its component agencies, or staff.

## Executive Summary

The Behavioral Health Advisory Committee (BHAC) was established in accordance with the State's obligation under 42 U.S.C. §300x-3<sup>1</sup> and is governed by Texas Administrative Code, Section 351.807.<sup>2</sup> The BHAC is required to make recommendations to the Health and Human Services Commission (HHSC) concerning the allocation and adequacy of mental health and substance use disorder services and programs within Texas. The BHAC will continue as long as the federal law requires it remains in effect.

During fiscal year (FY) 2023, the BHAC approved a multi-layered recommendation related to the unwinding of Medicaid. The committee also provided feedback on the FY 2022-2023 Combined Mental Health Block Grant Application Behavioral Health Assessment Plan for the Substance Abuse Prevention and Treatment and Community Mental Health Services Block Grants (MHBG).

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<sup>1</sup> [42 U.S.C. §300x-3, State mental health planning council](#)

<sup>2</sup> [Title 1, Texas Administrative Code, Section 351.807](#)

## Introduction

Title 1, Texas Administrative Code, Section 351.807 requires the BHAC to submit an annual report to the Texas Legislature of any policy recommendations made to the Executive Commissioner. The committee provides recommendations regarding the adequacy of behavioral health services and programs within Texas as described below:

- Promotion of cross-agency coordination, state/local and public/private partnerships in the funding and delivery of behavioral health services;
- Promotion of data-driven decision making;
- Prevention of behavioral health issues and the promotion of behavioral health wellness;
- Integration of mental health and substance use disorder services in prevention, intervention, treatment, recovery, and support service;
- Integration of behavioral health and support services with physical health service delivery;
- Access to behavioral health and support services in urban and rural areas of the state;
- Access to behavioral health and support services for special populations;
- Rules, policies, programs, initiatives, and grant proposals/awards for behavioral health services; and
- State plan for comprehensive community mental health services for certain individuals.

The committee established several subcommittees to develop recommendations. One subcommittee under the BHAC umbrella was included in a federal grant application approved by the Substance Abuse and Mental Health Services Administration (SAMHSA). As a result, this subcommittee serves as the oversight body for the grant and for the Texas System of Care (TxSOC).

This report provides a summary of the BHAC's work during FY 2023.

## Background

The BHAC was established in accordance with the State's obligation under 42 U.S.C. §300x-3 and is governed by Title 1, Texas Administrative Code, Section 351.807, that requires states to establish a mental health planning and advisory council as requirement to receive federal MHBG funding. The main functions of the BHAC are to meet federal requirements as part of the mental health planning council and to provide recommendations to the HHSC related to provision of the mental health and substance use disorder services.

The federal purpose requires the committee to:

- Review the joint MHBG and Substance Use Prevention, Treatment, and Recovery Services Block Grant Plan and make recommendations;
- Advocate for adults and children with substance use disorders, serious mental illness, serious emotional disturbance, and other individuals with substance use issues, mental health conditions, or emotional problems; and
- Monitor, review, and evaluate, not less than once a year, the allocation and adequacy of behavioral health services within the state.

In alignment with the federal requirements, BHAC provides HHSC with provider, consumer, and stakeholder input in the form of recommendations.

Federal public law specifies the membership requirements for the committee, including representatives of community-based mental health system, adults with serious mental illness who are receiving or have received services, and families of such adults or families of children with severe emotional disturbance. Although not federally required, the committee includes representatives with lived experience with substance use disorders, as well as representatives from substance use prevention, intervention, and treatment providers. The BHAC is composed of 19 voting members appointed by the HHSC Executive Commissioner. [Appendix A](#) includes a list of BHAC members during FY 2023.

## **BHAC Subcommittee Activities for FY 2023**

The BHAC accomplishes most of its work at the subcommittee level. Subcommittees are created by the BHAC, unless legislative mandated or required by a grant, to address issues related to behavioral health. Unless otherwise noted in statute or in grant requirements, members of subcommittees are required to be members of the BHAC. However, the BHAC and HHSC allow for subcommittees to invite subject matter experts to participate on subcommittees as needed to accomplish their tasks.

The following information highlights the work of some of the BHAC subcommittees during FY 2023.

### **Access to Care and Community Engagement**

The Access and Community Engagement subcommittee was established by the BHAC in FY 2021. The focus of the subcommittee is to evaluate access as defined by the ability of an individual to access mental health and substance use services at the right time and in the right place. Community engagement includes engagement of stakeholders, providers, and individuals within a community. The goal from these focus areas is to provide recommendations to HHSC to improve access and community engagement.

During monthly meetings, the subcommittee invited HHSC staff to discuss current agency initiatives and programs. Throughout these discussions, subcommittee members had the opportunity to ask questions and provide informal comments. The subcommittee will continue to implement these informal processes to provide timely feedback to HHSC.

The subcommittee identified several opportunities for HHSC to increase access to services and improve community engagement.

- Continuing current HHSC efforts to address barriers for individuals with co-occurring mental health and substance use conditions. Support work of the integrated team to facilitate agency changes.
- Utilizing the success of the [Turn To](#) media campaign when implementing future media campaigns.

- Leveraging 988 to increase public awareness for crisis and suicide prevention.
- Increasing efforts to support community engagement when planning and implementing new initiatives and programs.
- Ensuring alignment of statewide and federal initiatives to address social determinants of health, or in Texas often referred to as non-medical drivers of health (NMDOH) as related to access to care.
- Improving accuracy and completeness of [211Texas.org](https://www.211Texas.org) and [mentalhealthtx.org](https://www.mentalhealthtx.org) websites.
- Continuing to maximize potential of Certified Community Behavioral Health Clinics (CCBHC) model of care.

During FY 2024, the subcommittee will expand their evaluation of access to services to include differentiation of pilots, targeted programs, and statewide initiatives as well as the corresponding outcome metrics. The subcommittee will provide feedback and/or recommendations to:

- Identify service gaps using data and summary of existing programs. Explore all aspects of community engagement to address local needs and gaps in available services.
- Identify applicability of expanding pilot programs to statewide initiatives or targeted programs by evaluating applicability to a broader population and resource limitations.
- Explore and expand community engagement opportunities provided by HHSC.
- Continue focus on lack of capacity for mental health and substance use services.
- Evaluate other areas as identified by the subcommittee.

## **Children and Youth Behavioral Health**

The Child and Youth Behavioral Health subcommittee (CYBHS) assists the BHAC in its role as the primary advisory voice to HHSC for issues related to mental health and substance use for Texans by providing recommendations on child and youth behavioral health topics. The CYBHS also retains the advisory functions for



the TxSOC<sup>c</sup> and serves as the advisory body to HHSC and other child-serving agencies in support of the statewide implementation of local systems of coordinated care for children and youth with serious mental health challenges and their families. The TxSOC serves as the framework for children’s behavioral health in Texas, aiming for all Texas children and youth to have access to high-quality mental health care that is family-driven, youth-guided, community-based, culturally grounded, and sustainable. Each meeting included a standing agenda time to hear directly from families, caregivers, and/or former youth on their experiences in accessing services from multiple agencies and systems. All CYBHS subcommittee meetings are subject to the Texas Open Meetings Act and are recorded and posted to the Texas System of Care website.<sup>d</sup>

Meeting quarterly during FY 2023, CYBHS focused on receiving information from, and engaging in dialogue with, multiple children’s mental health system stakeholders. Presentations to the subcommittee included: Student Mental Health and School District Support in Texas: A Look at the Data; Children’s State Hospital and Crisis Care Needs; Department of Family and Protective Services Update on Clinical Coordinators and Community Liaisons; Legislative Updates; Overview of CRCG Report; and YES Waiver and Children’s Mental Health updates. The subcommittee provided informal comments and recommendations during its standing meetings to representatives of the Health and Human Services Commission, the Texas Education Agency, the Department of Family and Protective Services, and the Texas Juvenile Justice Department. In addition, the Texas Institute for Excellence in Mental Health facilitated discussions during CYBHS meetings to help identify key needs and opportunities in children’s mental health.

While recognizing several advances made in FY 2023 towards building out a continuum of effective children’s mental health services, discussions within CYBHS point to continuing challenges faced by families and caregivers in accessing services that meet the needs of children with serious mental health concerns. Behavioral health workforce challenges play a significant role in many of the barriers identified by the subcommittee.

Across multiple subcommittee discussions, several critical gaps and challenges emerged:

- Lack of services in rural areas of Texas.

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<sup>c</sup> TxSOC Framework as outlined in the Texas Government Code 351.251

<sup>d</sup> <https://txsystemofcare.org/about/children-and-youth-behavioral-health-subcommittee/>

- Lack of services for children and youth with dual mental health and intellectual or developmental disability diagnosis, especially when they experience a crisis.
- Mental health workforce that is not equipped to work with children and youth with co-occurring autism or intellectual or developmental disabilities.
- Workforce shortages leading to children and youth not being able to access services when they are needed.
- Provider paperwork and billing requirements contributing to less time serving children and youth, workforce turnover, workforce shortages.
- Kids being “downgraded” to lower service levels than what they have been assessed as needing due to a lack of resources and specialized staff within Local Mental Health and Behavioral Health Authorities (LMHA/LBHA).
- Inexperienced staff are serving children with the highest level of needs due to workforce retention and staff turnover issues.

Opportunities to address gaps and challenges discussed by the subcommittee include:

- Ensure families and caregivers have access to the type and intensity of services that match their children’s level of need.
  - Increase the capacity of LMHAs/LBHAs to deliver core children’s mental health services. Identify and address barriers that contribute to children not being provided timely access to services they are assessed as needing and provided by a workforce that has the time and resources needed to deliver those services effectively.
  - Sustain and expand new specialty services being piloted or offered in a few regions of the state (such as children’s crisis respite services, children’s mobile crisis outreach teams, system navigators, and multisystemic therapy teams).
  - Provide families with access to more specific interventions and mental health providers who are training in serving kids with co-occurring mental health and intellectual and developmental disabilities (IDD), including autism spectrum disorder (ASD). Provide crisis respite services to young

children and kids with ASD and other IDD's experiencing a mental health crisis.

- Increase the availability of youth and family peer support services. Grow the network of certified peer providers who are trained to serve youth and families; promote the use of youth and family peer support services across settings (Example: incorporating youth peer support services into children's crisis respite services; expand the use of certified family partners in school settings).
- Provide cross-systems professional development to support children's mental health. Increase awareness among schools, juvenile justice departments, and court officials about the range of services that families may have access to, such as YES Waiver program services, children's crisis respite, and family peer support services.
- Invest in proactive interventions/strategies that delivered outside of the children's mental health service delivery system, such as increasing access to health care for adults caring for children and addressing violent crimes.

The CYBHS is involved in the following activities:

- Having a CYBHS representative serve on the Statewide Behavioral Health Coordinating Council's subcommittee charged with developing a Children's Mental Health Strategic Plan (CMHSP), pursuant to 2024-25 General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023 (Article IX, Section 10.04).
- Assisting in the update to the System of Care Strategic Plan established in Texas Government Code Section 531.251.
- Serving as the oversight body for System of Care (SOC) cooperative agreements and grants awarded by SAMHSA to HHSC. Beginning in 2011, HHSC was awarded a two-year cooperative agreement for SOC statewide expansion planning by SAMHSA and subsequently received three four-year cooperative agreements for SOC implementation. The current grant, federal FY 2022-2025, focuses on embedding school-based mental health teams in three communities across the state to enhance local systems of care. HHSC contracted with three Local Mental Health Authorities to implement this expansion work: Integral Care in Travis County, Emergence Health Network

in El Paso County, and Pecan Valley Centers covering six North Texas counties.

- Planning for the biennial System of Care/Community Resource Coordination Group conference that was held in July 2023.
- Supporting the leadership development of families and caregivers with lived experience in raising and caring for children/youth with serious emotional disturbance through ongoing engagement with the Texas Family Voice Network (TxFVN), a diverse collaboration of family members, community members, state agency representatives, family run organizations and other stakeholder groups, united to provide one common voice to promote successful outcomes for children’s mental and behavioral health.

## **Peer and Family Partner Services**

The Peer and Family Partner subcommittee was established by the BHAC in FY 2021. The purpose of the subcommittee is to educate, enhance, and expand the use of peer and family partner services through intentional conversations and strategic goals for system change. This subcommittee addresses the identified behavioral health service gap highlighted in the HHSC Behavioral Health Strategic Plans that span FYs 2022-2026. This gap has increased significantly due to the overall workforce shortage precipitated by the COVID-19 pandemic and the requirement for peer and family partner services in Texas Certified Community Behavioral Health Clinics (T-CCBHCs). All 39 LMHAs/LBHAs have been certified by HHSC as CCBHCs. Additionally, other organizations have qualified, totaling 43 CCBHC-certified organizations ensuring the demand for peer services will continue to grow.

In fulfilling its purpose, the subcommittee has focused on the following issues:

- Promoting peer and family partner services in Texas.
- Ensuring competitive compensation to attract and retain a well-qualified workforce.
- Promoting continued paid training and development opportunities for peers and family partners so they can be informed of developments in their professions.
- Promoting recovery services in all mental health and substance use programs in the state. Recovery is possible and trauma sensitive, strength based,

healing environments are requisite in achieving the state's goal to have recovery be the outcome of Texas behavioral health services.

- Ensuring fidelity to peer run program practices.
- Promoting the development of peer run programs.
- Addressing the specific peer and family partners needs of rural communities.
- Reducing barriers to full peer integration in services.

In previous committee reports, the subcommittee put forward the following recommendations which are under review, or in process:

- Allow peer support services to be Medicaid billable for people 16 years of age and older. Currently, these services are only available for people 21 and over. In addition to the support of the full BHAC for this recommendation, the subcommittee Co-Chair put forward a Topic Nomination to Medicaid and CHIP Services to address this recommendation administratively. It is currently in review.
- Allow Medicaid reimbursement rate for peer services to be increased to a rate that makes peer services cost effective. This resulted in Medicaid Provider Finance increasing the rate about twice as much as they had originally proposed.
- There was a series of four recommendations that outlined additional training curriculum for family partners to use when serving families. This also included a recommendation for coordination between the HHSC Children's Behavioral Health Unit, the Evidence Based Practice Unit and the Peer and Recovery Services Policy and Planning Unit to better equip and utilize family partners and ensure support for continued professional development.

Throughout the year the subcommittee received updates from HHSC Peer Support and Recovery.

Medicaid gave updates on the two topic nominations. The topic nomination addressing the recommendation to extend peer support billable services to people 16 years of age and up, as opposed to the current 21 years of age and up, continues to move through the policy development process for further consideration as a benefit. Depending on the complexity of the changes and feedback from the public comment period, the process could take more than 18 months.

The subcommittee also put forward a topic nomination to make Certified Family Partner Services a benefit in Texas Medicaid. This nomination also continues to move through the policy development process for further consideration as a benefit. For this proposed new benefit, a separate billing procedure code will be required. Therefore, if approved, the policy development process will include presentation of the billing procedure code at a rate hearing.

The subcommittee received updates throughout the 88th Legislative Session on bills pertaining to peer support and related behavioral health issues. The subcommittee was especially interested in the IDD Peer Specialist bills, House Bill (H.B.) 4702 Senate Bill 2191; and the Peer Directed Organization bill, H.B. 1397. Both bills were directly related to the goals of the subcommittee for this year. Neither bill passed.

In April 2023, the subcommittee discussed concerns about the impact of the unwinding of Medicaid on people with lived experience of mental health issues, and people with lived experience of substance use issues, and people who experience both challenges. Many people with these experiences received Medicaid because of qualifying for Social Security Insurance (SSI). The challenges people face in initially qualifying for SSI make it alarming to think that they may lose their benefits. They also do not make a distinction between the monetary benefit of SSI and their Medicaid benefit, making the possibility of losing one affect the other. For many, this threat is re-traumatizing and life-threatening, resulting in additional distress and the resulting effects of traumatic stress responses, which are a significant threat to recovery.

The subcommittee drafted a recommendation to the BHAC, which was passed by the full committee on August 4, 2023. At the time of the development and publishing of the report, some aspects of the recommendations were already addressed<sup>e</sup>. The recommendations are as follows:

- Recommend HHSC provide special focus on notifying people with lived experience of mental health issues as they roll out their efforts to reach Medicaid recipients. Include language on the Medicaid website that will minimize adverse reactions or fear response. Make sure all communication is trauma informed in a way to avoid eliciting a traumatic stress response.
- Recommend HHSC work collaboratively with organizations that have initiatives to reach people on Medicaid, especially those who work with people with lived experience of mental health issues and support them by

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<sup>e</sup> [Recommendation status in Appendix B.](#)

providing up-to-date and accurate information as the initiative moves forward. Example organizations include, but not limited to:

- Every Texan
  - Texas Council of Community Centers
  - Hogg Foundation
  - Prosumers International
  - Texans Care for Children
  - Sick of It Texas
  - Clubhouses
  - Recovery Community Organizations
  - Consumer Operated Services Programs
- Recommend HHSC encourage LMHAs and LBHAs to have a point person responsible for educating staff about this to get the word out to everyone that is served. Have point person be included in information disseminated to collaborating organizations.
  - Recommend HHSC add specific language on the Medicaid website about mental health (ex: "If you are on Medicaid because of mental health concerns know that this includes you.")
  - Recommend having all the material that is produced by HHSC about the unwinding of Medicaid include a QR code that directs people to up to date information.
  - Recommend having information disseminated in different formats to accommodate various learning styles.

This needed coordination is now more important than ever given the numerous denials that resulted from technical issues and lack of capacity at HHSC. This continues to be an urgent issue as people are facing losing their benefits.

The areas of emphasis that the subcommittee has chosen for FY 2024 include:

- Investigating mortality rate of people with lived experience compared to general population and minimizing the mortality impact. Comparing what other states are doing.
- HHSC requires organizations that receive funds for peer support services to only serve clients by peer specialists with the same lived experience to maintain fidelity of services. General mental health and substance use disorder is not based on diagnosis. Peer providers only provide peer support in areas they primarily identify with; if a peer provider is asked to work in an

area, they do not primarily identify with they must receive support from a peer provider or supervisor who does identify with that area of experience.

- Peer organizations defined. A formalized definition that establishes who delivers their services, how they are governed. Nothing about us without us, Texas peers must be involved in this process.
- Ensure full integration of peer in CCBHCs and the use of peers in supporting people with dual concerns, such as mental health issues and substance use, mental health issues and intellectual or developmental disabilities, substance use and intellectual and developmental disabilities, and the intersectional space of all three lived experiences.
- Promote development of peer-run programs.
- Address peer and family partner needs of rural communities.
- Reduce barriers to full peer integration in services.
- Promote consistency and fidelity regarding supervision and leadership in peer services.
- Broadening the work of family partners.

## Policy and Rules

Given that many of the responsibilities of the Policy and Rules subcommittee overlap with the general responsibilities of the whole BHAC a recommendation was made to the BHAC to convert the Policy and Rules subcommittee into an ad hoc subcommittee, called to meet when necessary to fulfill the work of the BHAC. The subcommittee will convene to review the BHAC Bylaws as required by BHAC policy.

The subcommittee will also convene to address any questions or issues of policy and rule change or new rule development that arise or are brought to the subcommittee by HHSC staff.

The subcommittee convened on January 27, 2023, for the following business:

### **Presentation on the Mental Health Community Services Crisis Hotline Rule Project**

HHSC provided a timeline for the rule project: it was presented at the Executive Council meeting on February 16, 2023, and was posted for 31 days for public comment. The rules became effective in July 2023. The rule change only affects one section of Chapter 301 Subchapter G because of one urgent issue but the entire subchapter will eventually be amended.



HHSC staff reviewed the *Crisis Hotline Rule Amendment* document, which is an overview of the rule project. The amendment will broaden the rules for recruiting and expand applicant pools for LMHAs and LBHAs so that people who will otherwise not qualify as a qualified mental health professional-community service (QMHP-CS) will qualify if they are trained in conducting crisis screenings through the crisis hotline. The purpose is to allow staff members trained in crisis screening to conduct potential crisis calls rather than relying on only staff members who are credentialed as a QMHP-CS. It will also increase employment opportunities and help reduce wait times. External stakeholders were not involved in the development of the rule as it is in an expedited project. However, there will be opportunity for public comment.

It was clarified that there will be no hand off, those trained will take the call and resolve it, not pass it on to a QMHP-CS. It was also mentioned that the expedited rule is a result of hotline providers also providers for the Lifeline hotline, creating challenges and vacancies for the crisis hotline and 988. Hotlines will continue to work with law enforcement, but 988 is the only hotline for the general public and people don't have to identify themselves.

The subcommittee requested to see the curriculum that will be used to train staff.

## Recommendations

In an effort to prevent people from losing coverage during the pandemic, the federal government did not allow states to take anyone off Medicaid for three years. During that time, the periodic reviews of people who were already on Medicaid were suspended. New people who would normally only qualify for limited Medicaid were allowed to stay on, because of this mandate from the federal government. The federal government announced that states could begin the process of doing the reviews and to remove those who no longer qualified for this entitlement. The states have a year to complete this process, letters to recipients are to go out starting April 1, 2023, and end April 1, 2024. Texas has 5.6 million people to contact within this 1-year timeline and to review those they contact to see if they still qualify. If a person doesn't respond to the envelope, they will be dropped from the Medicaid rolls and must reapply.

When it comes to adults with a mental health diagnosis and the resulting challenges, there are some underlying issues to recognize.

1. For the past 26 years, the public mental health system has actively worked to get the people they serve enrolled in benefits. This has resulted in roughly 40% of adults receiving public mental health services being enrolled in SSI/Medicaid.
2. This population is very transient and often changes addresses without notifying everyone who needs to know.
3. Many do not regularly check their mail. The letter being sent out must be responded to within 30 days.
4. If they do get their mail out of the mailbox, it may lay in a heap of unread mail, without them even realizing there is something important which they need to respond to.
5. Seeing an official document can result in delaying opening the envelope and reading the contents due to fear of the message or concerns about understanding the official language.
6. After responding to the envelope some people may become concerned about having done it right and fear losing their income. This leads to increased anxiety and stress. Prior to COVID, when people came up for review, many would end up in the hospital because of the anxiety of having to requalify.

The last item is one of the most crucial for people with mental health issues. If they have been doing well, the anxiety and traumatic stress response over possibly losing their income may cause them to refer to old coping skills that didn't work and at best end up in a hospital. There is concern about the reaction of the people to the language used in the communication. This is one item not being considered in the conversations about reaching people with the unwinding information.

**The BHAC recommends the following:**

- HHSC provide special focus on notifying people with lived experience of mental health issues as they roll out their efforts to reach Medicaid recipients. Include language on the Medicaid website that will minimize adverse reactions/fear response. Make sure all communication is trauma informed in a way to avoid eliciting a traumatic stress response.
- HHSC work collaboratively with organizations that have initiatives to reach people on Medicaid, especially those who work with people with lived experience of mental health issues and support them by providing up-to-date and accurate information as the initiative moves forward. Example organizations include, but not limited to:
  - ▶ Every Texan
  - ▶ Texas Council of Community Centers
  - ▶ Hogg Foundation
  - ▶ Prosumers International
  - ▶ Texans Care for Children
  - ▶ Sick of It Texas
  - ▶ Clubhouses
  - ▶ Recovery Community Organizations
  - ▶ Consumer Operated Services Programs
- HHSC encourages LMHAs and LBHAs to have a point person responsible for educating staff about this to get the word out to everyone that is served. Have point person be included in information disseminated to collaborating organizations.
- HHSC put specific language on Medicaid website about mental health (ex: "If you are on Medicaid because of mental health know that this includes you.")

- Have all the material that is produced by HHSC about the unwinding of Medicaid include a QR code that directs people to up to date information.
- Having information disseminated in different formats to accommodate various learning styles.

By having a focus on the challenges faced by people with lived experience of mental health issues and acknowledging that they face special challenges when applying for benefits, this population can receive the information they need to maintain their benefits and their recovery.

This will also provide an opportunity for a wider reach with accurate and timely information to the people affected by the "Unwinding of Medicaid".

# Feedback for Mental Health and Substance Use Block Grants

Four members of the BHAC met on August 3, 2023, to discuss an overview of the combined application for the Substance Abuse Prevention and Treatment and Community Mental Health Services Block Grants. During this meeting, the members provided input on the content of the application. The full committee was later given an opportunity to provide additional feedback. The committee's input below was submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA).

- Do not define the Clinical Management for Behavioral Health Services (CMBHS) as an electronic medical record or health record.
- Expand Recovery Support Services (RSS) funding and contracts to organizations for substance use disorders (SUD).
- Increase funding for the Outreach, Screening assessment, and Referrals (OSAR) programs.
- Expand grant funding to smaller/rural organizations.
- Provide trauma-informed training for pediatricians and family physicians to identify underlying factors of symptomology.
- HHSC should adopt best practices used by SAMHSA and National Institute of Health.
- Greater support for non-clinical community recovery support services.
- Prioritize projects that are collaborative efforts with local governments/communities.
- Follow applicable statutes and rules when employing certified mental health provider services and/or recovery support peer specialists. Peers with mental health disorders must be served by a Certified Mental Health Peer Specialist and people with substance use disorders must be served by a Recovery Support Peer Specialist.<sup>f</sup>

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<sup>f</sup> Texas Government Code, Chapter 531, Section 531.0999, and Texas Administrative Code, Chapter 354.

- CCBHCs should assess for Substance Use Disorder (SUD) and/or Mental Health (MH) needs for individuals with intellectual and developmental disabilities.
- Focus outreach and engagement to underrepresented communities for MH and SUD needs.

## Future Activities

The BHAC will continue to ensure the open exchange of information with HHSC programs, staff, and the Statewide Behavioral Health Coordinating Council. Additionally, the BHAC will promote and support the dissemination of information between HHSC, community stakeholders and the citizens of Texas.

In the upcoming year, the BHAC will continue to engage with HHSC to develop processes for information exchange and recommendations that are timely and responsive to the mental health and substance use service needs of individuals across Texas.

A key area of focus will be to review the myriad of behavioral health related programs in a way that clearly assesses programs using available quantitative and/or qualitative factors including but not limited to:

- Current scope
- Limitations due to eligibility, geographic location, and funding
- Duration of funding
- Potential for statewide implementation if applicable.

The goal is to provide a necessary data-driven perspective for informing future recommendations of the BHAC to HHSC.

## Appendix A. BHAC Membership – FY 2023

Category	Member	Organization	Region
Adult consumer of mental health and/or substance use disorder services	<b>VACANT</b>		
Adult consumer of mental health and/or substance use disorder services	<b>VACANT</b>		
Youth/Young adult consumer of mental health and/or substance use disorder services	Jordan Smelley	Association of Persons Affected by Addiction	3
Family representative of consumer of mental health and/or substance use disorder services	Doug Beach	NAMI San Antonio	8
Parent of a child with serious emotional disturbance	<b>VACANT</b>		
Adult Certified Peer Provider	Anna H. Gray	Prosumers International	8
Representative nominated by the Texas Council of Community Centers	Jolene Rasmussen	Texas Council of Community Centers	7
Representative nominated by the Association of Substance Abuse Programs	<b>VACANT</b>		
Independent community behavioral health service provider	Elias Diaz	Maverick County Hospital District	8
Independent community behavioral health service provider	Tracy Hicks	C-Trilogy Comprehensive Clinical Care/Texas Christian University	4
Behavioral health advocate or representative of a behavioral health advocacy organization	Nasruddin Rupani	Ibn Sina Clinic and Rupani Foundation	6
Behavioral health advocate or representative of a behavioral health advocacy organization	Vanessa D'lise Vale Saenz	Doctors Hospital at Renaissance	11



<b>Category</b>	<b>Member</b>	<b>Organization</b>	<b>Region</b>
Representative nominated by the Interagency Coordinating Group for faith and community- based organizations	Amy Curtis	Buckner Children & Family Services	3
Managed Care Organization that contracts with HHSC	Victoria Rodriguez	Driscoll Health Plan	11
Representative of local government	Jennifer Reed	Dallas ISD – Mental Health Services Department	3
Representative of local government	<b>VACANT</b>		
Other - One individual from a federally recognized Native American Tribe in Texas	<b>VACANT</b>		
Other – Additional member with demonstrated interest in mental and substance use disorder health systems and a working knowledge of mental and substance use disorder health issues	Olawale Adio-Oduola	Bee Busy Wellness Center	6
Other – Additional member with demonstrated interest in mental and substance use disorder health systems and a working knowledge of mental and substance use disorder health issues	Paul Walker	Plainview Serenity Center	1

## Appendix B. Running list of BHAC Recommendations

Below is a running list of approved BHAC recommendations. Recommendations are removed from that list as they are completed.

Recommendation	Notification Dates	Status
Revise the licensing requirements for facilities in which substance use treatment may occur to expand the ability to provide school- and community-based treatment services, increasing access to substance use treatment and recovery services and supports for students.	Approved by BHAC: 10/27/2017  Executive Council 06/27/2019	<p><b>January 2019:</b> HHSC started working to repeal current and propose new Standards of Care and other necessary amendments to rules governing substance use disorder treatment facilities and service providers. Title 25 UTHSCSA (TAC) Chapter 448 implements Texas Health and Safety Code (HSC) Chapter 464, which requires chemical dependency treatment facilities to be licensed by the Department of State Health Services (DSHS). HSC Chapter 464 also required DSHS to adopt rules governing the licensing and regulation of these treatment facilities. In addition, they will be transferred to HHSC. HHSC has convened a workgroup to update the rules. This workgroup is comprised of licensed providers (funded and private), advocates (ASAP, Texas Council) and internal stakeholders. In addition, HHSC Regulatory Division plans to issue guidance letter regarding HB 4298 to all licensed providers.</p> <p><b>June 2020:</b> No updates to report.</p> <p><b>May 2021:</b> The project is currently under review by the Rules Coordination Office. Once complete the updated ruleset will be posted for public comment.</p> <p><b>October 2022:</b> This rule project is in process. An initial informal comment period ended May 2021. HHSC continues to work with stakeholders to revise the proposed rules in response to feedback received. Once revisions are completed, HHSC will repost the updated ruleset for informal comment again.</p> <p><b>September 2023:</b> HHSC Regulatory still holds these rules in draft. No date to post the rules has been established.</p>

Recommendation	Notification Dates	Status
<p>Expand HHSC’s Supportive Housing Rental Assistance program to all 39 Local Mental Health Authorities/Local Behavioral Health Authorities.</p>	<p>Approved by BHAC: 03/13/2018</p> <p>Executive Council: 06/27/2019</p>	<p><b>Spring 2018:</b> The Office of Mental Health Coordination and Behavioral Health Services collaborated on a proposal for an agency exceptional item (EI) based on this recommendation. The EI was vetted and approved by the Statewide Behavioral Health Coordinating Council. However, the EI was not included in the agency legislative appropriation request due to other priorities.</p> <p><b>86th Texas Legislative Session (2019):</b> Some members of the BHAC Housing subcommittee advocated this recommendation during session.</p> <p><b>October 2019:</b> HHSC received notice from SAMHSA of additional Mental Health Block Grant funds to be allocated on a short timeframe. As a result, HHSC selected to expand the Supportive Housing Rental Assistance program to 36 of the 39 Local Mental Health Authorities/Local Behavioral Health Authorities.</p> <p><b>June 2020:</b> No updates to report.</p> <p><b>May 2021:</b> 36 of 39 LMHAs have Supportive Housing Rental Assistance programs. In fiscal year 2020 the program was shown to reduce the number of crisis services (77% reduction), hospitalizations (77% reduction), and jail admissions (16% decrease) of those served by the program.</p> <p><b>October 2022:</b> No updates to report.</p> <p><b>September 2023:</b> 36 of the 39 LMHAs have Supportive Housing Rental Assistance programs. No further updates.</p>

<p>Expand Housing and Community-Based Services - Adult Mental Health (HCBS-AMH) to include services for homeless individuals.</p>	<p>Approved by BHAC: 03/13/2018</p> <p>Executive Council: 06/27/2019</p>	<p><b>Spring 2018 – 2019:</b> The HCBS-AMH Program anticipates full use of existing funds once current sub-populations (long-term psychiatric hospitalization, emergency department diversion, and jail diversion) are targeted/served. Additional populations of focus and associated costs associated with expansion will require legislative direction. The program is currently facing limitations resulting from limited housing options and minimal regulatory standards. As a result, program staff are actively working to resolve the issues and have utilized the information BHAC Housing SC members provided to address the issue.</p> <p><b>86<sup>th</sup> Texas Legislative Session (2019):</b> Some members of the BHAC Housing subcommittee advocated this recommendation during session.</p> <p><b>June 2020:</b> The HCBS-AMH Program is increasing current infrastructure to support recent growth, including exploring options to increase regulatory oversight of group homes. The program is also in the final stages of automation and plans to launch the automated system functionality in late 2020. Increases in critical state and local infrastructures are necessary precursors to expansion planning.</p> <p><b>May 2021:</b> HCBS-AMH serves individuals who are or have been homeless if they meet criteria for one of the sub-populations currently outlined in the State Plan Amendment. Additional populations of focus and associated costs associated with expansion will require legislative direction.</p> <p><b>October 2022:</b> HCBS-AMH was granted approval to use enhanced FMAP dollars coming through ARPA for program expansion through FY23. Through this project, HCBS-AMH is contracted with UTHSCSA to develop a long-term strategic plan for statewide expansion as well as creating program materials such as testimonial videos from the perspective of our participants, providers, and partners to aid in the recruitment and retention of providers across the state.</p> <p><b>September 2023:</b> HCBS-AMH continues to serve people who are or have been homeless if they meet criteria for one of the sub-populations currently outlined in the State Plan Amendment. Changes to the current population criteria and costs associated with expansion will require legislative direction.</p>
<p>Improve legislative reporting on local boarding home ordinances to</p>	<p>Approved by BHAC:</p>	<p><b>86<sup>th</sup> Texas Legislative Session (2019):</b> The Office of Mental Health</p>

Recommendation	Notification Dates	Status
<p>better understand their impact on housing options for persons who are disabled by behavioral health issues. Findings will inform policy changes.</p>	<p>04/23/2018  Executive Council: 06/27/2019</p>	<p>Coordination (OMHC) submitted the recommendation for agency consideration to submit as part of its statutory initiatives. It is unclear if the proposal was included in the final agency submission. However, there were no changes to respective statute (Health and Safety Code, Chapter 260, Section 260.10).</p> <p><b>June 2020:</b> OMHC resubmitted the recommendation for agency consideration to submit as part of their statutory initiatives.</p> <p><b>May 2021:</b> The proposal was not included in the final agency submission. One bill filed in the 87<sup>th</sup> Texas Legislative session is related to this recommendation: to conduct a statewide study of boarding homes.</p> <p><b>October 2022:</b> No update to report.</p> <p><b>September 2023:</b> The 88<sup>th</sup> Texas Legislature passed Senate Bill 189, which creates a Class A misdemeanor for owners of a building who lease it to an operator of a boarding home facility and have knowledge of abuse, neglect, or exploitation of residents in the facility but fail to report the offenses to the Department of Family and Protective Services.</p>

Recommendation	Notification Dates	Status
<p>Build capacity for quality mental health services and trauma-informed care for individuals with IDD</p>	<p>Approved by BHAC: 04/23/2018</p> <p>Executive Council: 06/27/2019</p>	<p><b>February 2019:</b> HHSC has expanded and built capacity for trauma-informed care and services. Currently, OMHC leads a trauma-informed workgroup for IDD focused on integration of trauma-informed practices in service delivery.</p> <p><b>June 2020:</b> The Cross-Systems Trauma-Informed Care (CSTIC) initiative involves workgroups and learning collaboratives with multiple state agencies who receive state funding for behavioral health training or services to advance trauma-informed organizations, culture, and services. Concurrently, the HHSC Office of Mental Health Coordination (OMHC) leads an internal workgroup focused on mental health treatment or people with Intellectual and Developmental Disabilities to identify challenges and opportunities, increase coordination and enhance trauma-informed service delivery.</p> <p><b>May 2021:</b> CSTIC launched a weekly newsletter that provides up-to-date resources and learning opportunities to over 300 cross-system professionals. CSTIC collaborated with the South Southwest Mental Health Technology Transfer Center to develop multiple free trauma-informed care training modules and spotlight best-practices on their website. HHSC continues to lead an internal workgroup focused on policy related to mental health treatment for people with IDD to address barriers, increase coordination, and enhance service delivery. OMHC also contracts for the Mental Health Wellness for Individuals with Intellectual and Developmental Disabilities training.</p> <p><b>October 2022:</b> HHSC continues to lead an internal workgroup.</p> <p><b>September 2023:</b> HHSC continues to lead an internal workgroup. No additional updates.</p>

<p>Support the development of recovery community organizations (RCOs) in rural and small metropolitan areas in Texas.</p>	<p>Approved by BHAC: 4/23/2018</p> <p>Executive Council: 06/27/2019</p>	<p><b>Fall 2019:</b> HHSC is engaging with potential partners to develop a pilot to expand Recovery Community Organizations in rural areas. HHSC continues to encourage eligible entities to apply for SAMSHA grant funds. There is one currently that is focused on expanding Recovery Community Services Program through existing Recovery Community Organizations (RCOs). HHSC is in the initial stages of using existing Recovery Community Organizations as mentor sites to expand statewide.</p> <p><b>June 2020:</b> HHSC, in partnership with the Hogg Foundation and the University of North Carolina-Chapel Hill, is developing a Leadership Fellows Academy for RCOs and other peer-led and peer-supported organizations. Information collected from a survey of peer-led organizations (including RCOs) will help design the academy. The academy is anticipated to be implemented in fiscal year 2021.</p> <p><b>May 2021:</b> The Leadership Fellows Academy (LFA) launched. The LFA is an intensive, comprehensive learning community that will provide RCOs, Consumer Operated Service Providers (COSPs), and Clubhouses with extensive technical assistance across multiple organizational development domains. The program will also provide participants with opportunities for coaching, mentorship, and collaboration with other organizations. One bill filed in the 87<sup>th</sup> Texas Legislative session is related to this recommendation: to create an interagency grant program to support and sustain “community recovery organizations,” which includes RCOs.</p> <p><b>October 2022:</b> No updates to report.</p> <p><b>September 2023:</b> The Leadership Fellows Academy (LFA) is launching its third cohort to support the organizational development of peer-run organizations across Texas. The Peer Support and Recovery section team has hired a full-time subject matter expert (SME) who has extensive professional experience working in an RCO and is available for consultation, technical assistance and connection to outside organizational support resources. The strategy for supporting RCOs and other types of peer-run and peer allied organizations is to reduce redundancy with outside TA providers, facilitate connection between organizations and emphasize research and evaluation to support the stated needs of stakeholders.</p>
<p>Create (or improve an existing) early childhood developmental</p>	<p>Approved by BHAC:</p>	<p><b>May 2021:</b> HHSC is working with the BHAC Children &amp; Youth Behavioral Health Services subcommittee to identify implementation strategies.</p>

Recommendation	Notification Dates	Status
<p>screening web platform and data portal, utilizing the ASQ®-3 and ASQ ®:SE-2 developmental screenings tools and early childhood development information and referral resources.</p>	<p>6/23/2020</p> <p>Executive Council: 03/08/2021</p>	<p><b>October 2022:</b> Department of State Health Services (DSHS) staff participate in a development screening workgroup which is creating a developmental screening landscape analysis roadmap. Help Me Grow, a systems approach through DSHS, is being implemented for early childhood coalition-building, helping to connect people in the community to developmental screening resources.</p> <p><b>September 2023:</b> Help Me Grow (HMG), a systems approach through DSHS, expanded to include 6 more sites across Texas. The HMG system helps connect community members to developmental screening resources. Through the DSHS led Developmental Screening Workgroup, stakeholders across the state have stayed connected about updates in developmental screening activities.</p>
<p>Implement a state policy that Child Care Licensing and the Texas Rising Star Quality Rating and Improvement System require childcare and education centers to offer developmental screening for all children in their care who meet the age requirement.</p>	<p>Approved by BHAC: 6/23/2020</p> <p>Executive Council: 03/08/2021</p>	<p><b>May 2021:</b> HHSC is working with the BHAC Children &amp; Youth Behavioral Health Services subcommittee to identify implementation strategies.</p> <p><b>October 2022:</b> DSHS staff have worked to increase numbers of childcare providers trained in the ASQ Ages and Stages questionnaires. DSHS offered training for trainers to increase training capacity for administering the ASQ. THRIVE, a DSHS- funded initiative is also implementing ASQ training.</p> <p><b>September 2023:</b> Additional DSHS staff were trained in ASQ to train childcare and education centers. THRIVE, A DSHS-funded initiative also implemented ASQ trainings.</p>



Recommendation	Notification Dates	Status
<p>Expand the eligibility for peer support services to youth and young adults under the age of 21.</p>	<p>Approved by BHAC: 10/09/2020</p> <p>Executive Council: 03/08/2021</p>	<p><b>May 2021:</b> A topic nomination form was submitted to Medicaid Medical Benefits mailbox in February 2021. One bill filed in the 87<sup>th</sup> Texas Legislative session is related to this recommendation: to authorize the provision of peer services by a peer specialist to persons who are 14 years of age or older. *The topic nomination form was adjusted to reflect ages 16-20.</p> <p><b>September 2021:</b> The nomination was presented to the MCS Governance Committee and passed on September 13, 2021. In queue awaiting assignment for further consideration as a benefit.</p> <p><b>October 2022:</b> The topic nomination to change the minimum age of eligibility for the Peer Specialist Services Medicaid benefit in queue awaiting assignment for further consideration as a benefit.</p> <p><b>January 2023:</b> The topic nomination to change the minimum age of eligibility for the Peer Specialist Services Medicaid benefit assigned for policy development for further consideration as a benefit.</p> <p><b>June 2023:</b> Policy development meetings to change the minimum age of eligibility for the Peer Specialist Services Medicaid benefit concluded. Action memo to implement changes submitted to MCS leadership.</p> <p><b>September 2023:</b> Action memo in the review process to implement. <b>Next steps (if approved):</b> Post for public comment.</p>

Recommendation	Notification Dates	Status
<p>Include Parent/Family Peer Support, provided by Certified Family Partners, Certified Family Peer Support Providers or Certified Family Specialists, as determined by the state certification entity as a covered service under the Medicaid State Plan to caregivers of children with serious emotional disturbances.</p>	<p>Approved by BHAC: 10/09/2020</p> <p>Executive Council: 03/08/2021</p>	<p><b>May 2021:</b> A topic nomination to develop a new Medicaid benefit for family partner support services submitted to the MDBP mailbox by the nominator on May 24, 2021. HHSC hired a Family Peer Support Coordinator. This position will provide programmatic support to the family partner workforce and will serve as a family peer support subject matter expert.</p> <p><b>February 2022:</b> The nomination was presented to the MCS Governance Committee and passed on February 14, 2022. In queue awaiting assignment for further consideration as a benefit.</p> <p><b>February 2023:</b> The topic nomination to develop a new Medicaid benefit for family partner support services assigned for policy development for further consideration as a benefit.</p> <p><b>May 2023:</b> Policy development meetings to develop a new Medicaid benefit for family partner support services concluded.</p> <p><b>June 2023:</b> Action memo submitted to MCS leadership for review and approval.</p> <p><b>September 2023:</b> Action memo in the review process. <b><i>Next steps (if approved)</i></b>: Present at rate hearing and post for public comment.</p>

Recommendation	Notification Dates	Status
<p>HHSC work collaboratively with stakeholders to identify and approve additional family skills training materials for use as rehab billable services for families of children and youth. Develop a workgroup. Adopt a procedure by which recommended materials will be reviewed, approved, and adopted for use, including updates to UM guidelines.</p>	<p>Approved by BHAC: 02/11/2022</p> <p>Executive Council: 05/19/2022</p>	<p><b>October 2022:</b> HHSC Children’s Mental Health (CMH) team will present before the Behavioral Health Policy Committee. CMH has identified opportunities to develop policies, procedures and a stakeholder workgroup that will focus on adding new Evidence- Based Practices (EBP’s) to the Utilization Management Guidelines.</p> <p><b>September 2023:</b> Support in developing evidence-based clinical practices is offered on the Centralized Training Infrastructure for (EBPs), a training platform that supports the delivery of behavioral health services for youth and adults in Texas. Information regarding approved EBPs will be provided to LMHAs and LBHAs via a broadcast message. Providers are expected to use Texas Resiliency and Recovery (TRR) approved EBPs as first-line treatment, although HHSC recognizes clinicians may use other best and promising practices to meet a person’s unique needs and strengths. TRR Utilization Management (UM) guidelines assist clinicians in determining the best possible course of treatment for people and allows providers the opportunity to make determinations and supervise the use of an array of best and promising practices they believe most appropriate and clinically necessary for the benefit of a person’s recovery. The TRR UM Guidelines do not replace or supersede existing legal requirements, legal statutes, state rules, or Performance Contract requirements. There is currently no process to add, remove, or modify any EBPs.</p>

Recommendation	Notification Dates	Status
<p>Approve the Preparing Adolescents and Youth for Adulthood (PAYA) curriculum for use by certified family partners as a rehab billable service to the families of adolescents transitioning to adult mental health services. HHSC develop a UM "decision tree" specifically for PAYA training material that provides direction as to when the use of certain skills training materials may be appropriate. Make every effort to identify, educate and inform providers of these expanded services.</p>	<p>Approved by BHAC: 02/11/2022</p> <p>Executive Council: 05/19/2022</p>	<p><b>September 2023:</b> At this time, PAYA is provided by Qualified Mental Health Professionals. There are no specific training requirements for this protocol. Peer support can happen through an adult-led, peer support group or a youth guided group (e.g., Youth Motivating Others through Voices of Experience (Youth M.O.V.E.)). Youth M.O.V.E works to raise awareness regarding youth who have experiences in public systems such as the public mental health and juvenile justice. Chapters exist around the country and can be formed in areas that do not currently have a youth peer support network. Although challenges exist when creating peer support, it is possible and beneficial. Providers are expected to use Texas Resiliency and Recovery (TRR) approved EBPs as first-line treatment, although HHSC recognizes clinicians may use other best and promising practices to meet a person's unique needs and strengths. TRR Utilization Management (UM) guidelines assist clinicians in determining the best possible course of treatment for people and allows providers the opportunity to make determinations and supervise the use of an array of best and promising practices they believe most appropriate and clinically necessary for the benefit of a person's recovery. The TRR UM Guidelines do not replace or supersede existing legal requirements, legal statutes, state rules, or Performance Contract requirements. There is currently no process to add, remove, or modify any EBPs.</p>

Recommendation	Notification Dates	Status
<p>Provide training through Centralized Training by Dr. Russell Barkley and his associates on the use of Berkley’s Defiant Child/Teen and ensure fidelity by making this training opportunity available to all Certified Family Partners and some LMHA staff. HHSC develop a UM “decision tree” specifically for Barkley’s Defiant Child/Defiant Teen skills training material that provides direction as to when the use of certain skills training materials may be appropriate. Make every effort to identify, educate and inform providers of these expanded services.</p>	<p>Approved by BHAC: 02/11/2022</p> <p>Executive Council: 05/19/2022</p>	<p><b>October 2022:</b> Providers are expected to use Texas Resiliency and Recovery (TRR) approved EBPs as first-line treatment, although HHSC recognizes clinicians may use other best and promising practices to meet a person’s unique needs and strengths. TRR Utilization Management (UM) guidelines assist clinicians in determining the best possible course of treatment for people and allows providers the opportunity to make determinations and supervise the use of an array of best and promising practices they believe most appropriate and clinically necessary for the benefit of a person’s recovery. The TRR UM Guidelines do not replace or supersede existing legal requirements, legal statutes, state rules, or Performance Contract requirements. There is currently no process to add, remove, or modify any EBPs.</p>
<p>Review and provide immediate approval of the Families Thrive curriculum for training and use by Certified Family Partners. Make use of Families Thrive an approved rehab billable service. HHSC develop a UM “decision tree” specifically for Families Thrive skills training material that provides direction as to when the use of certain skills training materials may be appropriate. Make every effort to identify, educate and inform providers of these expanded services.</p>	<p>Approved by BHAC: 02/11/2022</p> <p>Executive Council: 05/19/2022</p>	<p><b>October 2022:</b> HHSC Children’s Mental Health (CMH) team will present before the Behavioral Health Policy Committee. Support in developing evidence-based clinical practices is offered on the Centralized Training Infrastructure for Evidence-Based Practices, a training platform that supports the delivery of behavioral health services for youth and adults in Texas. Providers are expected to use Texas Resiliency and Recovery (TRR) approved EBPs as first-line treatment, although HHSC recognizes clinicians may use other best and promising practices to meet a person’s unique needs and strengths. TRR Utilization Management (UM) guidelines assist clinicians in determining the best possible course of treatment for people and allows providers the opportunity to make determinations and supervise the use of an array of best and promising practices they believe most appropriate and clinically necessary for the benefit of a person’s recovery. The TRR UM Guidelines do not replace or supersede existing legal requirements, legal statutes, state rules, or Performance Contract requirements. There is currently no process to add, remove, or modify any EBPs.</p>

Recommendation	Notification Dates	Status
<p>Establish a dedicated Housing Coordinator at each LMHA/LBHA that will implement the requirements laid out in the HHSC Performance Contract. Add the following requirements be added to the Performance Contract for LMHAs/LBHAs:</p> <ul style="list-style-type: none"> <li>• The Housing Coordinator of each LMHA/LBHA shall establish a landlord outreach and engagement program to strengthen partnerships with local landlords and increase opportunities to house people with serious mental illness and/or co-occurring SUD or IDD conditions.</li> <li>• The Housing Coordinator shall report quarterly on activities throughout the year in a report template to be developed by HHSC.</li> </ul>	<p>Approved by BHAC:08/05/2022</p>	<p><b>October 2023:</b> Performance contracts for LMHAs/LBHAs already require a designated staff member to act as a Housing Coordinator who 1) serve as a point of contact for local staff in need of training and technical assistance to serve persons who are homeless or at risk of homelessness, 2) develop collaborative relationships with existing local public housing authorities, 3) participate in the development of local community homeless and/or housing strategic plans, and 4) participate in local community homeless and housing efforts.</p>

Recommendation	Notification Dates	Status
<p>Increase funding for the Supporting Healthy Relationships (SHR) program to each LMHA by increasing GR investment in the program a further \$6 million per fiscal year.</p> <ul style="list-style-type: none"> <li>At the end of every FY '24, collapse all unspent funds into a statewide pot of funding available to LMHAs with illustrated need for more SHR funding.</li> <li>Add reporting for SHR to include amount of funds expended, the timeline for funds expended, and how they were expended.</li> </ul>	<p>Approved by BHAC: 08/05/2022</p>	<p><b>September 2023:</b> Per HHSC, \$2.6 million in block grant funding was added to the SHR funding in fiscal year 2020. The SHR funding amounts have remained consistent for each LMHA and LBHA since this increase.</p>

Recommendation	Notification Dates	Status
<p>HHSC provide special focus on notifying people with lived experience of mental health issues as they roll out their efforts to reach Medicaid recipients. Includes language on the Medicaid website that will minimize adverse reactions/fear response. Make sure all communication is trauma informed in a way to avoid eliciting a traumatic stress response.</p> <p>HHSC work collaboratively with organizations that have initiatives to reach people on Medicaid, especially those who work with people with lived experience of mental health issues and support them by providing up-to-date and accurate information as the initiative moves forward.</p> <p>Example organizations include, but not limited to: Every Texas, Texas Council of Community Centers, Hogg Foundation, Prosumers International, Texans Care for Children, Sick of It Texas, Clubhouses, Recovery Community Organization,</p>	<p>Approved by BHAC: 08/04/2023</p>	<p><b>October 2023:</b> HHSC has identified an internal group of staff to address this recommendation. A representative from Medicaid is scheduled to attend a meeting for the BHAC Peer and Family Partner Services subcommittee meeting in November to provide information on what has been done, and is being done, in relation to communication about the unwinding of Medicaid. Medicaid has an ambassador toolkit with helpful resources for members, providers, health plans, and advocates to help them raise awareness about the end of continuous Medicaid coverage. The toolkit includes FAQs, Talking points, Flyers, and Social Media Graphics/Messages. The resources can be accessed at: <a href="https://www.hhs.texas.gov/providers/medicaid-business-resources/end-continuous-medicaid-coverage-ambassador-toolkit">https://www.hhs.texas.gov/providers/medicaid-business-resources/end-continuous-medicaid-coverage-ambassador-toolkit</a></p>



Recommendation	Notification Dates	Status
<p>and Consumer Operated Services Programs.            HHSC encourage/ask LMHAs and LBHAs to have a point person responsible for educating staff about this to get the word out to everyone that is served. Have point person be included in information disseminated to collaborating organizations. HHSC put specific language on Medicaid website about mental health (ex: "If you are on Medicaid because of MH know that this includes you." Have all materials produced by HHSC about the unwinding of Medicaid include a QR code that directs people to up to date information. Having information disseminated in different formats to accommodate various learning styles.)</p>		