



**Behavioral Health  
Advisory Committee  
Fiscal Year 2020 Annual  
Report**

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**As Required by  
[Title 1, Part 15, Texas  
Administrative Code, Section  
351.807  
Behavioral Health Advisory  
Committee**

**November 2021**

# Table of Contents

<b>Disclaimer</b> .....	<b>2</b>
<b>Executive Summary</b> .....	<b>3</b>
<b>Introduction</b> .....	<b>4</b>
<b>Background</b> .....	<b>5</b>
<b>BHAC Subcommittee Activities for Fiscal Year 2020</b> .....	<b>6</b>
Children and Youth Behavioral Health Subcommittee.....	6
Housing Subcommittee .....	7
Mental Health Condition and Substance Use Disorder Parity Work Group .....	8
Self - Directed Care Subcommittee .....	8
<b>Recommendations</b> .....	<b>11</b>
<b>Future Activities</b> .....	<b>12</b>
<b>List of Acronyms</b> .....	<b>13</b>
<b>Appendix A. HAC Membership – Fiscal Year 20</b> .....	<b>A-1</b>
<b>Appendix B. BHAC Recommendations</b> .....	<b>B-1</b>

## Disclaimer

The recommendations in this report are those of the Behavioral Health Advisory Committee. This report was not authored by and does not reflect the views or opinions of the Texas Health and Human Services system, its component agencies, or staff. For a full roster of representatives who contributed to this report, please see Appendix A

## Executive Summary

The Behavioral Health Advisory Committee 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 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 that requires it remains in effect.

As directed by the Texas Administrative Code, the Committee engaged in many activities and made one recommendation to HHSC to develop a comprehensive Housing Choice Plan to address the diverse and evolving needs of persons with mental health, substance use disorder and/or intellectual and developmental disabilities. Although not a formal recommendation, the committee also sent a letter to the HHSC Executive Commissioner requesting that HHSC evaluate and increase the reimbursement rates for peer support services.

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

<sup>2</sup> [TAC 351.807](#)

# Introduction

The 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:

- The promotion of cross-agency coordination, state/local and public/private partnerships in the funding and delivery of behavioral health services;
- The promotion of data-driven decision making;
- The prevention of behavioral health issues and the promotion of behavioral health wellness and recovery;
- The integration of mental health and substance use disorder services in prevention, intervention, treatment, and recovery services and supports;
- The integration of behavioral health services and supports with physical health service delivery;
- Access to services and supports in urban and rural areas of the state;
- Access to services and supports to special populations;
- Rules, policies, programs, initiatives, and grant proposals/awards for behavioral health services; and
- The five-year behavioral health strategic plan and coordinating expenditure plan.

The committee established several subcommittees to develop recommendations. There are also three subcommittees under the BHAC umbrella that are required by federal law, state law, or grant funding.

This report provides a summary of the BHAC's work during fiscal year 2020. This is the first report of the committee.

## Background

The Behavioral Health Advisory Committee was established under Texas Government Code, Section 351.807 as a result of a federal public law, 42 U.S.C. §300x-3, that requires states to establish a mental health planning and advisory council as a requirement to receive federal Mental Health Block Grant (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 Health and Human Services Commission related to provision of mental health and substance use disorder services.

The federal purpose requires the committee to:

- Review the joint Mental Health and Substance Abuse 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 illness, or emotional problems; and
- Monitor, review, and evaluate at least once each year the allocation and adequacy of behavioral health services within the state.

In alignment with the federal requirements, BHAC provides the Health and Human Services Commission (HHSC) with customer, 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 systems, adults with serious mental illness who are receiving or have received services, and families of such adults or families of children with emotional disturbance. Although not federally required, also included are representatives of substance use disorder prevention, intervention, and treatment. The committee is composed of 19 voting members appointed by the Health and Human Services (HHS) Executive Commissioner. [Appendix A](#) includes a list of committee members during fiscal year 2020.

# BHAC Subcommittee Activities for Fiscal Year 2020

The BHAC accomplishes most of its work at the subcommittee level. Subcommittees can be legislatively mandated, required for a grant, or created by the BHAC to address issues related to behavioral health. Unless otherwise noted in statute or required by a grant document, members of subcommittees are required to be members of the Committee. However, the committee and HHSC allow for subcommittees to invite subject matter experts to participate in subcommittees on a temporary or permanent basis in order to accomplish their tasks.

The following information highlights the work of some of the BHAC subcommittees during fiscal year 2020.

## Children and Youth Behavioral Health Subcommittee

The Children and Youth Behavioral Health Subcommittee (CYBHS) provides recommendations on children and youth behavioral health topics and serves as the advisory body for the Texas System of Care. The CYBHS is a federal requirement under the Substance Abuse and Mental Health Services Administration (SAMHSA) and has its own membership requirements.

During fiscal year 20 the CYBHS accomplished the following:

- Input to the Texas System of Care Strategic Finance Plan
- Collaborated with the State Community Resource Coordination Groups (CRCG) Office to develop a survey and recommendations for a legislative report.<sup>3</sup>
  - ▶ The survey requested information including the availability and barriers for services, characteristics of the system of care framework in the local community, and recommendations on overcoming barriers to services.
  - ▶ The recommendations within the report included maximizing efficient and sustainable financing strategies, enhancing access to effective services and supports, developing and strengthening leadership and support,

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<sup>3</sup> [Community Resource Coordination Groups of Texas Report, November 2020](#)

supporting community development of system of care, and creating accountable systems.

## Housing Subcommittee

The Housing subcommittee was established by the BHAC to address the housing needs of people with behavioral health issues. The activities the Housing Subcommittee accomplished in fiscal year 20 include:

- Drafted language for an update to 2-1-1 website regarding information on housing for persons with behavioral health issues. Information was shared with 2-1-1 but has not yet been added to the site.
- Provided input on an educational video on recovery housing. HHSC is in the process of developing the video to be hosted on their website.
- Developed the document titled Lexicon of Housing and Facility Terms, which lists different types of housing and includes a brief description of each. This information was used in the Housing Choice Plan, soon to be released by HHSC.
- Recommended that HHSC develop and implement, in collaboration with Texas Department of Housing and Community Affairs and other state agencies, a comprehensive Housing Choice Plan to address the diverse and evolving needs of persons with mental health, substance use disorder and/or intellectual and developmental disabilities. The recommendation was approved by the full BHAC on November 22, 2019.
- HHSC convened a group of diverse stakeholders, including members of the BHAC Housing Subcommittee to develop the Housing Choice Plan.
  - ▶ Data for the plan was collected through interviews, public forums, virtual meetings, a survey with over 4,000 responses, a series of regional housing summits conducted with funds from Money Follows the Person, and other community needs assessments.
  - ▶ The workgroup met monthly to determine the scope, goals, and content of the plan, as well as to review and discuss what was written. Workgroup members also worked on the content outside of the scheduled meetings.
  - ▶ Subgroups were formed to write the content for each category within the plan. HHSC staff combined and edited content to make the final report. The subgroups included:

- ◇ People with mental health conditions;
  - ◇ People with substance use disorder;
  - ◇ People with IDD;
  - ◇ People with criminal justice backgrounds; and
  - ◇ Older adults
- The Housing Choice Plan is currently under review by HHSC leadership. However, work is underway to track implementation of the recommendations. For example, during the 87th Legislative Session, several stakeholders advocated for some of the recommendations in the report.

## **Mental Health Condition and Substance Use Disorder Parity Work Group**

The Mental Health Condition and Substance Use Disorder Parity Work Group (Parity Work Group) was created by House Bill (H.B.) 10, 85<sup>th</sup> Texas Legislature, Regular Session, 2017.<sup>4</sup> The bill directs the HHSC Office of Mental Health Coordination to establish and facilitate the Parity Work Group. The workgroup will study and make recommendations on how to strengthen oversight, increase compliance, and increase education related to state and federal regulations related to insurance coverage of mental health conditions and substance use disorders, as well as improve the complaint process. The Parity Work Group was also charged with creating a strategic plan to address the topics related to the recommendations.

During fiscal year 2020, the Parity Work Group continued their work on the strategic plan and publish a report progress report on the work being done to develop the strategic plan.<sup>5</sup> The Parity Work Group is scheduled to sunset September 1, 2021.

## **Self - Directed Care Subcommittee**

The Self-Directed Care Subcommittee was established as part of a grant for a self-directed pilot program. Self-direction mental health provides an opportunity for adults with serious mental illness to develop individual recovery plans and manage funds to purchase services and supports. HHSC tested mental health self-direction

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<sup>4</sup> [H.B. 10, 85th Texas Legislature, Regular Session, 2017](#)

<sup>5</sup> [Mental Health Condition and Substance Use Disorder Parity Work Group Progress Report, July 2020](#)

as a Medicaid performance improvement project in partnership with two managed care organizations (MCOs) in the Travis County Service Delivery Area. The project was guided by a stakeholder advisory group, which functioned as a subcommittee of the BHAC.

The subcommittee developed basic principles which should apply to future implementation of mental health self-direction in the Medicaid program. These include:

- A self-directed mental health benefit could support recovery, improve quality of life, promote independence and increase personal empowerment.
- A self-directed benefit should maximize opportunities for engagement and empowerment. This can be achieved by supporting individuals as they develop and revise their own recovery goals, participate in their own service planning and determine and obtain the best evidence-based treatments or personal goods and services to help them meet their goals.
- The design, implementation and delivery of a self-directed mental health benefit should be informed by the best scientific evidence available.
- The benefit should be designed in consultation with stakeholders, including people with lived experience of mental health issues and recovery. Stakeholder engagement will help ensure that self-directed benefit guidelines, materials and proposed processes are person-centered and firmly rooted in best practices.
- A self-directed mental health benefit should be designed to support a person in meeting their individual goals and not to supplant natural supports.
- A self-directed budgeting process should provide opportunity for the person to include traditional services and non-traditional goods/services in their recovery plan
- The basic elements of a mental health self-directed benefit may include:
  - ▶ A flexible budget, based on comparable costs for non-self-directed services;
  - ▶ A planning process, supported by an advisor, to assist the individual in developing their individual recovery plan/budget and making purchases;
  - ▶ A recovery plan, based on the person's needs, strengths and motivations in recovery, developed by the person with support from their advisor; and

- ▶ Clear guidelines, grounded in best practices, that explain the process, requirements, benefits and limitations of the benefit.

The Self-Directed Care subcommittee concluded activities in early 2021. The BHAC will continue to advise the development of mental health self-direction through one of its other subcommittees.

## Recommendations

A task of the BHAC is to advise HHSC on issues related to behavioral health services and programs. This is accomplished by submitting recommendations to the HHSC Executive Commissioner. [Appendix B](#) is a list of recommendations that have been approved by the BHAC and are tracked by HHSC from calendar year 2017 to 2020.

In fiscal year 2020, the BHAC formally recommended that HHSC should develop and implement, in collaboration with Texas Department of Housing and Community Affairs and other state agencies, a comprehensive Housing Choice plan to address the diverse and evolving needs of persons with mental health, substance use disorder and/or intellectual and developmental disabilities. Although not a formal recommendation, the BHAC chair sent a letter to the HHSC Executive Commissioner, on behalf of the BHAC, requesting that the Executive Commissioner evaluate and increase the reimbursement rates for peer support services.

## **Future Activities**

At the end of fiscal year 20, the BHAC restructured its subcommittees to better accomplish its task. The future for BHAC includes the creation of the Peer and Family Partner Services to address issues related to peer services.

There will be enhanced collaboration between the BHAC and the Statewide Behavioral Health Coordinating Council (SBHCC) involving the block grant application. Both groups will meet at least once a year to receive information on the block grant application and provide input.

## List of Acronyms

<b>Acronym</b>	<b>Full Name</b>
BHAC	Behavioral Health Advisory Committee
CRCG	Community Resource Coordination Group
CYBHS	Children and Youth Behavioral Health Subcommittee
H.B.	House Bill
HHS	Health and Human Services
HHSC	Health and Human Services Commission
MCO	Managed Care Organization
NAMI	National Alliance on Mental Illness
SAMHSA	Substance Abuse and Mental Health Services Administration
SBHCC	Statewide Behavioral Health Coordinating Council

## Appendix A. HAC Membership – Fiscal Year 20

Member	Category	Organization	Region
Sergio Barrientos	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	Kickapoo Traditional Tribe of Texas	11
Doug Beach	Family representative of consumer of mental health and/or substance use disorder services	NAMI San Antonio	8
Chris Carson, M.D.	Managed Care Organization that contracts with HHSC	Beacon Health Options	3
Elizabeth Castaneda	Adult consumer of mental health and/or substance use disorder services	Via Hope – Texas Mental Health Resource	7
Donna Fagan	Parent of a child with serious emotional disturbance	Hill Country Mental Health and Developmental Disabilities Centers	8
Rev. Robert Gilmore	Behavioral health advocate or representative of a behavioral health advocacy organization	Real Urban Counselors	6
Shannon Hoffman	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	Hogg Foundation for Mental Health at the University of Texas at Austin	7
Colleen Horton	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	Hogg Foundation for Mental Health at the University of Texas at Austin	7

<b>Member</b>	<b>Category</b>	<b>Organization</b>	<b>Region</b>
Jason Howell	Adult certified peer provider	RecoveryPeople	7
Cynthia Humphrey	Representative nominated by the Association of Substance Abuse Programs	Association of Substance Abuse Programs	7
Celeste Johnson	Behavioral health advocate or representative of a behavioral health advocacy organization	Parkland Health and Hospital System	3
Vanessa D'lise Vale Saenz (starting June 2020)		Doctors Hospital at Renaissance	11
Windy Johnson	Representative of local government	Texas Conference of Urban Counties	7
Pedro Federico Alfaro, M.D. (starting June 2020)		Webb County	11
Lidya Osadechy	Representative nominated by the Interagency Coordinating Group for faith and community-based organizations	ESCAPE Family Resource Center	6
Kate Peoples	Youth/Young adult consumer of mental health and/or substance use disorder services		7
Jordan Smelley (starting June 2020)			3
Cassandra Ramirez	Adult consumer of mental health and/or substance use disorder services	Hill Country MHDD Centers	8
Gabriella Reed	Representative of local government	El Paso County Attorney's Office	10
Andrea Richardson	Representative nominated by the Texas Council of Community Centers	Bluebonnet Trails Community Services	7
Dr. Aghaegbulam Uga	Independent community behavioral health service provider	Haracec Complete Healthcare	10

<b>Member</b>	<b>Category</b>	<b>Organization</b>	<b>Region</b>
Wayne Young	Independent community behavioral health service provider	The Harris Center for Mental Health and Intellectual and Developmental Disabilities	6

## Appendix B. BHAC Recommendations

#	Recommendation	Meeting Dates	Status
1	<p>HHSC should develop and implement to the extent possible without additional legislative direction, a comprehensive plan for developing, increasing and improving the Texas mental health/substance use workforce.</p>	<p>Approved by BHAC: 07/17/2017;</p> <p>Executive Council 09/07/2017</p> <p>Response from EC via letter: 5/8/2018</p>	<p>May 2018: HHSC hired a Behavioral Health Workforce Coordinator.</p> <p>August 2019 – December 2020: HHSC is developing a comprehensive plan that will assess the feasibility of implementing existing recommendations to address the behavioral health workforce shortage.</p> <p>June 2020: The workgroup established by HHSC was adopted as a formal subcommittee of the Statewide Behavioral Health Coordinating Council (SBHCC). As a result, the plan will be reviewed and endorsed by the SBHCC. The plan is anticipated to be completed by the Fall of 2020.</p>
2	<p>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.</p>	<p>Approved by BHAC: 01/19/2018;</p> <p>Executive Council 06/27/2019</p>	<p>January 2019: 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 Texas Administrative Code (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>June 2020: No updates to report.</p>

#	Recommendation	Meeting Dates	Status
3	Include Parent Peer Support, provided by certified family partners, as a Medicaid covered service to caregivers of children with serious emotional disturbances.	Approved by BHAC: 10/27/2017;  Executive Council 06/27/2019	Fall 2020: Family Partner Services were moved from Children’s Mental Health to Peer Services.
4	Expand Youth Peer Recovery Coach training and employment opportunities ( <i>Note: Terminology may also include Youth Recovery Mentor and Youth Recovery Leader</i> ).	Approved by BHAC: 10/27/2017;  Executive Council 06/27/2019	Fall 2018: HHSC hired a Peer Services Director to oversee all peer support services including youth peer support.  June 2020: There is not an existing HHSC approved certified youth peer leader curriculum. However, as part of technical assistance HHSC received, YPLs were trained in the principles of recovery and funding was made available for YPLs to become certified Adult Recovery Coaches. In 2019, additional funds were allocated to the eight (8) Youth Recovery Communities (YRCs). The additional funds increased the number of employment opportunities for Family Recovery Leaders (often recovery coaches) and Youth Peer Leaders. In addition, the increase in funding increased transportation and outreach services.  Beginning in fiscal year 2021, eleven (11) Youth Recovery Communities will be funded through fiscal year 2025.
5	Conduct an Environmental Scan to document current status, needs, opportunities, and challenges for Recovery Housing and Mental Health Boarding Homes throughout Texas. Findings will inform policy changes, best practices, and training and technical assistance	Approved by BHAC: 03/13/2018;  Executive Council 06/27/2019	86 <sup>th</sup> Texas Legislative Session (2019): Some members of the BHAC Housing subcommittee advocated this recommendation during session.  June 2020: No updates. However, this may be considered as a potential recommendation for the Housing Choice Plan.

#	Recommendation	Meeting Dates	Status
	resources.		
6	Expand HHSC's Supportive Housing Rental Assistance program to all 39 Local Mental Health Authorities/Local Behavioral Health Authorities. Currently 20 of the 39 Centers operate this program.	Approved by BHAC: 03/13/2018;  Executive Council 06/27/2019	<p>Spring 2018: 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>86th Texas Legislative Session (2019): Some members of the BHAC Housing subcommittee advocated this recommendation during session.</p> <p>October 2019: HHSC received notice from SAMHSA of additional Mental Health Block Grant funds to be allocated on a short time-frame. 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>June 2020: No updates to report.</p>
7	Expand Housing and Community-Based Services - Adult Mental Health (HCBS-AMH) to include services for homeless individuals.	Approved by BHAC: 03/13/2018;  Executive Council 06/27/2019	<p>Spring 2018 – 2019: 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.</p> <p>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>

#	Recommendation	Meeting Dates	Status
			<p>86<sup>th</sup> Texas Legislative Session (2019): Some members of the BHAC Housing subcommittee advocated this recommendation during session.</p> <p>June 2020: 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 panning.</p>
8	Increase access to alcohol and drug free recovery housing and incentivize a voluntary certification program using national best practices standards.	<p>Approved by BHAC: 4/23/2018;</p> <p>Executive Council 06/27/2019</p>	<p>Spring 2018: 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>86<sup>th</sup> Texas Legislative Session (2019): Some members of the BHAC Housing subcommittee advocated this recommendation during session.</p> <p>June 2020: No updates. However, this may be considered as a potential recommendation for the Housing Choice Plan.</p>
9	Improve legislative reporting on local boarding home ordinances to better understand their impact on housing options for person who are disabled by behavioral health issues. Findings will	<p>Approved by BHAC: 4/23/2018;</p> <p>Executive Council</p>	<p>86<sup>th</sup> Texas Legislative Session (2019): The Office of Mental Health 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 statue (Health and Safety Code, Chapter 260,</p>

#	Recommendation	Meeting Dates	Status
	inform policy changes.	06/27/2019	Section 260.10).  June 2020: OMHC resubmitted the recommendation for agency consideration to submit as part of their statutory initiatives.
<b>10</b>	Establish and implement a small-group home model with 24-hour, 7-day-a-week staffing for those with the most severe cases of mental illness.	Approved by BHAC: 4/23/2018;  Executive Council 06/27/2019	March 2019: At the direction of the BHAC Housing SC, HHSC requested technical assistance from SAMHSA BRSS-TACS to work on defining models of small group homes not currently in the state's housing continuum that include the model recommended.  Fall 2019: The BHAC Housing SC is considering whether to resubmit this recommendation.  June 2020: No updates. However, this may be considered as a potential recommendation for the Housing Choice Plan.
<b>11</b>	Build capacity for quality mental health services and trauma-informed care for individuals with IDD.	Approved by BHAC: 4/23/2018;  Executive Council 06/27/2019	February 2019: 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.  June 2020: No updates. However, the following is more detailed information about the Cross-Systems Trauma-Informed Care initiative. The 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, OMHC leads an internal workgroup focused on mental health treatment or people with Intellectual and Developmental Disabilities (IDD) to identify challenges and opportunities, increase coordination and enhance trauma-informed service delivery.
<b>12</b>	Support the Development of Recovery Community	Approved by BHAC:	Fall 2019: HHSC is engaging with potential partners to develop a pilot to expand Recovery Community Organizations in rural

#	Recommendation	Meeting Dates	Status
	Organizations (RCOs) in Rural and Small Metropolitan Areas in Texas.	4/23/2018;  Executive Council 06/27/2019	<p>areas. HHSC continues to encourage entities that are eligible to apply for SAMSHA grant funds. There is one currently that is focused on expanding Recovery Community Services Program through existing Recovery Community Organizations. HHSC is in the initial stages of using existing Recovery Community Organizations as mentor sites to expand statewide.</p> <p>June 2020: 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 assist in the design of the academy. The academy is anticipated to be implemented in fiscal year 2021.</p>
<b>13</b>	Increase the number of coordinated specialty care (CSC) programs in Texas, to address First Episode Psychosis (FEP) from the ten current sites to twenty sites.	Approved by BHAC: 4/23/2018;  Executive Council 06/27/2019	<p>October 2019: HHSC received notice from SAMHSA of additional Mental Health Block Grant funds to be allocated on a short time-frame. As a result, HHSC selected to expand the CSC program. As a result, thirteen new sites were added for a total of 23 sites across the state.</p> <p>June 2020: This recommendation has been completed. Thirteen rural expansion CSC programs began providing services in the third quarter of fiscal year 2019. An additional site, StarCare came aboard in fiscal year 2020, bringing the statewide total number of CSC sites to 24.</p>
<b>14</b>	Letter to the EC to request their attention to the current peer services rate structure and ask that the rates be evaluated and increased so that they can be more readily offered by a broader provider base across our state.	Approved by BHAC: 11/22/2019  Sent to BHAC Chair to send to EC on: 1/24/2020	<p>January 2020: The office of the Executive Commissioner confirmed receipt of the letter.</p> <p>July 2020: The office of the Executive Commissioner sent a response to the chair. The response stated that HHSC has a process to review all reimbursement rates at least once each biennium. The reimbursement rates for peer support services were adopted January 1, 2019. HHSC will review the reimbursement rates for peer services as part of a post-</p>

#	Recommendation	Meeting Dates	Status
			implementation utilization review that will take place in late 2020. Committee is encouraged to provide additional documentation, studies, and research related to reimbursement rates or access to services to the HHSC Rate Analysis Department at RADAcuteCare@hhsc.state.tx.us.
15	HHSC should develop and implement, in collaboration with Texas Department of Housing and Community Affairs and other state agencies, a comprehensive Housing Choice plan to address the diverse and evolving needs of persons with mental health, substance use disorder and/or intellectual and developmental disabilities.	Approved by BHAC: 11/22/2019	<p>November 2019: HHSC approved the recommendation and established a Housing Choice Plan Workgroup including BHAC Housing subcommittee members, TDHCA, other subject matter experts, including managed care organizations. The group will do an environmental scan, assess the housing needs for people with mental health conditions, substance use histories, and/or intellectual and developmental disabilities, and make recommendations.</p> <p>June 2020: HHSC conducted a survey to assess the housing needs and challenges for persons with lived experience, family members, providers, and advocates. A total of 3,629 people completed the survey. The plan is anticipated to be complete in December 2020/January 2021.</p>
16	Create (or improve an existing) early childhood developmental screening web platform and data portal, utilizing the ASQ®-3 and ASQ®:SE-2 developmental screening tools and early childhood development information and referral resources.	Approved by BHAC:  6/23/2020	
17	Implement a state policy that Child Care Licensing and the Texas Rising Star Quality Rating and Improvement System require child care and education	Approve by BHAC:  6/23/2020	

#	Recommendation	Meeting Dates	Status
	centers to offer developmental screening for all children in their care who meet the age requirement.		