

Statewide Behavioral Health Coordinating Council
FINAL DRAFT: Meeting #6 Minutes
Thursday, February 24, 2022
9:00 a.m.

Virtual: Teams Meeting Platform
In Person Meeting Site: Department of State Health Services
Robert Bernstein Building
Public Hearing Room, K-100, 1st Floor
1100 West 49th Street
Austin, TX 78751

Agenda Item 1: Welcome, Opening Remarks and Introductions

The Statewide Behavioral Health Coordinating Council (SBHCC) meeting was called to order at 9:01 a.m. by Dr. Courtney Harvey, Chair. Dr. Harvey welcomed council members and members of the public and noted that this was the sixth public meeting of the SBHCC. Dr. Harvey reviewed the purpose and charge of the Coordinating Council.

Ms. Kayla Cates-Brown, Advisory Committee Coordination Office (ACCO), HHSC, read the logistical announcements and stated the meeting was being conducted in accordance with the Texas Open Meetings Act. Ms. Cates-Brown asked members to briefly introduce themselves during the member roll call and noted that a quorum of SBHCC was present.

Table 1: The Statewide Behavioral Health Coordinating Council member attendance at the Thursday, February 24, 2022 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Alexander Comsudi	X		Jonas Schwartz	X	
Andrew Friedrichs	X		Julie Wayman (joined late)	X	
April Zamora	X		Kathleen Casey Gamez	X	
Dr. Blake Harris	X		Molly Davis (joined late)	X	
Brittany Nichols	X		Luanne Southern	X	
Brooke Boston (joined late)	X		Dr. Nancy Trevino	X	
Chris Varady		X	Roxanne Lackey	X	
Courtney Harvey, Ph.D., Chair	X		Shandra Sponsler	X	
Elizabeth Kromrei	X		Stephen Glazier	X	
Elizabeth Sterling		X	Dr. Tanya Guthrie	X	
Dr. Evan Norton	X		William Turner		X
John Monk	X				

Yes: Indicates attended the meeting * Indicates Alternate Attendee No: Indicates did not attend the meeting

Agenda Item 2: Approval of October 27, 2021 Meeting Minutes

Ms. Cates-Brown, ACCO, HHSC, requested a motion from the members to approve the October 27, 2021 meeting minutes.

MOTION: Dr. Courtney Harvey made a motion to approve the October 27, 2021 meeting minutes as presented. Dr. Blake Harris seconded the motion. The Council members approved the meeting minutes by roll call vote with fifteen approves (Friedrichs, Zamora, Harris, Nichols, Harvey, Kromrei, Norton, Monk, Schwartz, Guthrie, Southern, Trevino, Lackey, Sponsler, and Glazier), one abstention (Casey Gamez) and no disapproves.

Agenda Item 3: Presentation – Implementation of 988 National Suicide Prevention and Mental Health Crisis Hotline

Dr. Harvey introduced Mr. Reilly Webb, Director for Mental Health Programs, Policy and Planning in IDD-Behavioral Health Services, HHSC, who provided members with a presentation on the Implementation of 988 National Suicide Prevention and Mental Health Crisis Hotline.

Highlights of presentation and member discussion included:

Reilly Webb provided an overview of the National Suicide Prevention Lifeline and the 988 Planning Grant, including grant deliverables, stakeholder coalition meetings, eight core planning and implementation considerations:

- The National Suicide Prevention Lifeline (Lifeline) is a network that consists of over 180 independent local and state call centers. It is funded by SAMHSA and administered by Vibrant Emotional Health. The call centers provide 24/7 confidential support to people in distress, suicide prevention, crisis resources, and best practices for professionals. The Lifeline can be reached by calling 1-800-273-TALK however, this number will be moving to a three-digit number, 988, to make accessing services easier for those in need. The 988 number will be the official number (go live) on July 16, 2022.
- The 988 number is designated as the U.S. universal telephone number for national suicide prevention and mental health crisis hotline system operated through Lifeline. It utilizes centralized network routing, quality assurance and operating standards. Crisis care services can link to care, outreach services, and follow-up. Care is grounded in a focus of least restrictive intervention possible. 988 may be used as a diversion tool from law enforcement involvement in mental health emergencies due to the ease of remembering the three-digit number.
- The Lifeline call centers require follow-up calls within 24-72 hours to those that expressed thoughts of suicide. About 15% of callers require follow-up. Most Texas Lifeline centers report they conduct follow-up calls within 24 hours.
- Texas Lifeline centers utilize various resource listings such as: 211, Aunt Bertha/Findhelp.org, Network of Care. Lifeline centers have written procedures for providing access to services, resources and providing referrals. Centers also have procedures in place to activate emergency services for callers outside of the Lifeline center's local service area, while providing a warm transfer.
- To be part of the Lifeline network, a center must: Be certified, accredited, or licensed by an external body; Follow specific standards for answering Lifeline calls; Be willing to participate in Lifeline evaluation activities. There are currently five Lifeline-affiliated call centers in Texas: The Suicide & Crisis Center of North Texas, The Harris Center, Integral Care, Emergence Health Network, and ICARE Call Center of MHMR Tarrant. Combined, affiliated centers will provide coverage to all 254 counties in the state of Texas.
- The 988 Planning Grant was awarded to HHSC on February 20, 2021. This grant provided stipends to the Lifeline Call Centers and contracting with a strategic planning consultant. Grant period ended January 31, 2022.

- 988 Planning grant milestones included development of the final 988 implementation plan, which was submitted on January 21, 2022. A monthly 988 key stakeholder coalition workgroup was created for long-term improvement purposes.
- HHSC priorities for 988 implementations include: Ensuring 24/7 statewide primary coverage to meet Vibrant answer rate goals. Develop plans to secure sustainable and diversified funding to support 988. Maintain adequate workforce to meet projected call volume estimates. Continuously evaluate system to ensure needs are met and close any gaps. Ensure all Lifeline centers have access to information and resources to meet the needs of the Texas population.
- Keys to 988 successes: Unify follow-up protocols and expand service delivery tracking. MHBG funding through 2024, cost model projections being developed. Provide backup coverage for primary coverage. Maintain 90% or greater in-state answer rate; less than 10% rollover calls to the national backup centers. Integral Care joining chat/text subnetwork; further develop infrastructure for chat and text, funding, and staff.
- Dr. Harvey asked how SBHCC members could help support implementation of 988. Reilly Webb stated that council will be able to assist in promoting awareness of 988 throughout the state of Texas, more specifically, as an easy to remember contact through websites, word of mouth and so forth. Reilly Webb offered to come and speak to the SBHCC again and provide a more in-depth response to how members of SBHCC can assist once 988 has completely rolled out.

Agenda Item 4: Presentation – Overview of Certified Community Behavioral Health Clinics (CCBHCs)

Dr. Harvey introduced MS. Sarah Melecki, Director for Integrated Care Strategy in IDD-Behavioral Health Services, HHSC, who provided members with a presentation on the overview of CCBHCs.

Highlights of update and member discussion included:

Sarah Melecki provided an overview of Certified Community Behavioral Health Clinics Initiative. Sarah also discussed the Texas CCBHC certification process and future impacts.

- CCBHC utilizes a model of care integrating substance use treatment and primary care screenings into mental health care settings. Care coordination is an essential part of the CCBHC model. The model was introduced by Congress in the Protecting Access to Medicare Act of 2014.
- Care Coordination is provided by a wide variety of LMHA's, as well as schools, food banks, homeless shelters, justice agencies, Medicaid managed care agencies, and much more. TX HHSC certifies these providers. As of today, there are 32 CCBHCs certified by HHSC. These providers represent 187 counties throughout the state of Texas.
- The certification process in Texas can take as little as 3 months, though it typically takes 6 months and can take up to a year. This timeline depends on how long it takes for the provider to submit required documents meeting standards set forth.

- The six main criteria for applicants looking to be certified are: Staffing, service availability and accessibility, care coordination, scope of services, quality and other reporting, and governance.
- Services that must be offered by the CCBHCs include crisis mental health services, screening/assessment/diagnosis, patient-centered treatment planning, comprehensive outpatient mental health and substance use services. There are services that can be offered through a partnership if CCBHC is unable to directly provide them. These services include outpatient primary care screening and monitoring of key health indicators/risk, targeted case management, psychiatric rehabilitation, peer and family support, and veteran services.
- The impact of CCBHCs has led to consistency amongst organizations expectations for services delivery, targeted screenings as minimum requirement, required provision of peer and family support services, care is driven by what is clinically indicated regardless of payer, waitlist is not allowed. SAMHSA model that aligns with current and upcoming funding opportunities. Must have written continuous quality improvement plan, electronic health records and data sharing is required, treatment and recovery plans must be coordinated between mental health and substance use services, when applicable.
- The CCBHC initiative is focused on transitioning from implementation to sustainability. Currently reviewing Texas behavioral health policies to align with CCBHC criteria. Looking to also develop new policies as needed to embed CCBHC principles into Texas behavioral health.
- Blake Harris asked who this best contact to connect with to align CCBHC and pre-existing service providers (such as peer services)? Sarah Melecki stated that members are free to utilize the provided email for any questions and/or concerns (TexasCCBHCInitiative@hhsc.state.tx.us)
- Dr. Harvey asked if there were other avenues if people wanted to become more aware of CCBHCs initiative? Sarah stated that there is a webpage available on the HHSC website for CCBHC specifically. Dr. Harvey also asked if a client is trying to understand their eligibility for CCBHC, how would they go about doing so? Sarah stated that if an individual walks into a CCBHC and has an assessment performed, that individual is eligible to receive services specific to assessment results.

Agenda Item 5: Presentation – Introduction to Texas Opioid Abatement Fund Council

Dr. Harvey introduced Dr. John Mills, Member, Texas Opioid Abatement Fund Council who provided members with an introduction to the work of the Council and related activities.

Highlights of update and member discussion included:

Dr. John Mills provided an introduction and overview of the work associated with the Texas Opioid Abatement Fund Council.

- Opioid Abatement Fund Council was created by Senate Bill 1827. The funding comes from settlements between the state of Texas and multiple drug companies. Once negotiations are complete, it is projected that funding will reach well over a billion dollars. This fund is administered by the comptroller's office.

- There are six members that have been appointed by the governor and the AG for the state of Texas. The council is presided over by a non-voting member of the comptroller's office.
- Dr. Mills key issues for grant proposals include outcome measures, sustainability plan and community partnerships, staffing issues, history of providing successful programs, and research would have a low priority.
- Anyone that wants to apply for funding will likely have to have a comprehensive plan in place for how they will measure the overall success of their programs. A sustainability plan will likely also be suggested for when funding runs out.
- Dr. Mills stated that for providers to stay abreast of issues concerning drug overdose deaths, they will need a robust reporting system in place.
- To address staffing concerns, training grants have been suggested to attract younger people to cover the cost of training for social workers, masters level substance abuse counselors and so forth. This concern is high priority to attract and retain qualified professionals.
- Naloxone training and distribution: Dr. Mills believe that all EMTs should have access to and be trained in carrying naloxone with them. This should also be offered to every law enforcement officer in the state of Texas, as well as Firefighters. This should be at no cost to the first responders.
- Dr. Harvey: How long are the funds available? Dr. Mills responded the funds should last beyond twelve months. What is the best use of funds? Potential to run programming for five years.

MEMBER BREAK

After a member break, Dr. Harvey reconvened the meeting at 12:15 p.m. Ms. Cates-Brown conducted member roll call and announced the presence of quorum.

Agenda Item 6: Update on SBHCC strategic plans and reports

Dr. Harvey introduced Ms. Erica Haller-Stevenson, SBHCC Liaison in IDD-Behavioral Health Services, HHSC, who provided members with an update on the status of SBHCC strategic plans and reports.

Highlights of update and member discussion included:

- Annual update report on strategic plan was posted online at the HHSC reports webpage in January.
- The Coordinated Expenditure proposal will be posted soon on the HHSC Reports webpage.
- Updated version of the Statewide Behavioral Health Strategic Plan will also include a diversion and forensic strategic plan. This is expected to be posted online March 1st.

Agenda Item 8: Roundtable: Member updates

Dr. Courtney Harvey, Chair, initiated the roundtable updates and called on members to provide notable updates to share information and build collaboration.

Highlights of updates and member discussion included:

- Tanya Guthrie (DSHS): Center for Health Statistics is updated substance use dashboards on the Texas Health Data website including poison center calls and emergency department visits. Other dashboards include drug overdose death, Texas Prescription Monitoring Program, and the Texas School Survey of Drugs and Alcohol Use. Opioids are featured data on the Texas Health Data homepage. Peer Assisted hotline referral program has helped EMS and first responders connect with services. They also get an email with links to resources and information.
- Kathleen Casey Gamez (TIDC): Legislature granted the agency \$5 million dollars for grants to create or expand mental health defender programs. Go to www.tidc.texas.gov and look under grants tab.
- Kristi Taylor (JCMH): Judicial Summit on Mental Health will be November 2-4, 2022 in Grapevine. Proposals are due April 1st, visit website to submit. Have been doing technical assistance and SIM mapping.
- April Zamora (TDCJ-TCOOMMI): Heavily involved in doing juvenile subcommittee work, have added new members. Will be sending invitations for feedback on direction of group working with juveniles. Received a grant for veteran services, link veterans in the post release environment to ensure that compensation and benefits package is set up and connecting to mental health services if there is a delay in getting them with the VA. Will have a re-entry coordinator with a one-year implementation period.
- Julie Wayman (TEA): Presenting on mental health and wellness at a conference by the Texas A&M Center for Disabilities. Share resources and information from other partner agencies. Working on a school mental health database.
- Dr. Scott LePor (TJJD): Dr. Norton continues to build the treatment program for youth, utilizing the neuro-sequential model therapeutics to assess youth and their backgrounds. Incorporating Eye Movement Desensitization Reprocessing (EMDR) for therapy. Progressing to evidence-based models for therapy and moving away from any type of punitive model but remain a structured model for youth currently not safe for themselves or the community. Have been working with HHSC for state hospitalization and community care. Trying to structure model into a continuity of care model.
- Shondra Sponsler (TMD): Coming to conclusion of pilot project to deliver crisis response plan training plus lethal means to chaplains and behavioral health officers. Trainings wrapped up in November and have been doing consultations since then. Working with Operation Lone Star will be deploying substance abuse, suicide prevention, and general stress management, as well as crisis response planning in a group setting for service members on the border.
- Dr. Blake Harris (TVC): Brought on Homeless Coordinators in December who can be a resource to various partner involved in housing, justice involvement, and veteran's mental health. Coordinators will help veterans access things that may qualify for through federal, state, and/or local means. Posted a position for Suicide Prevention Coordinator.
- Brooke Boston (TDHCA): Ramped down Texas Rent Relief Program, granted \$2 billion of assistance for rental assistance across the state. On the front end of a mortgage assistance program, Homeowner Assistance Fund (HAF). Emergency

Housing Voucher Program got 800+ vouchers targeted to those exiting homelessness or at risk of homelessness and come with services. Entered into memorandums of understanding with two of the continuum of care, partnering with Balance of State Continuum of Care to reach rural and smaller metro areas.

- Jonas Schwarz (TWC): Has had two HHSC units focused on substance use reach out about presenting to providers regarding vocation and rehabilitation services, how to access those services, and what are the eligibility requirements. Has given two presentations and scheduled to give two more the first week of March.
- Steve Glazier (UTHSC-H): Tentative date of March 28th to begin admitting patients to the new hospital, John S. Dunn Behavioral Sciences Center. Have been meeting with LMHAs to plan coordination. Will start with two competency restoration units, then do two more general funding units at the beginning of July (one for civil and one for forensic). Have been providing clinical services to an outpatient program where the Harris Center has housing units. Have had great restoration percentage, but having difficulty filling up the slots. Working on creating an integrated continuum between jail-based, outpatient, and inpatient restoration to make it easy to float patients from one to the other to get them at a security level they need and a level that will get them clinically what they need.
- Dr. Courtney Harvey (HHSC): The Texas Suicide Prevention Symposium taking place March 1-3, 2022; day one will focus on schools and youth, day two will have a general assembly, and day three will focus on service members, veterans, and their families. The IDD strategic plan released in January.
- No updates to provide at this time: Court of Criminal Appeals, Department of Family and Protective Services, Health Professions Council, Office of the Governor, Texas Child Mental Health Care Consortium, Texas Civil Commitment Office, Texas Tech Health Science Center, University of Texas Health Science Center – Tyler.

Agenda Item 7: Subcommittee updates

Dr. Harvey introduced Ms. Allison Mohr Boleware, Chair, of the Behavioral Health Workforce Workgroup and Ms. Josette Saxton, Chair, of the Suicide Prevention Subcommittee.

a) Behavioral Health Workforce Workgroup

Ms. Alison Mohr Boleware, Government Relations Director, Texas Chapter of the National Association of Social Workers provided an update to the committee on the Behavioral Health Workforce Workgroup.

Highlights of update and member discussion included:

- The subcommittee has two smaller groups
 - Texas loan repayment program for mental health professionals – secured programmatic information of the applicants from the Texas Higher Education Coordinating Board. To see which types of mental health professionals are receiving funds from the program and look at demographics within that. Looking at what can be done to strengthen the program.
 - Data monitoring and comparison
- Next steps: determine what the group wants to focus on based on items identified by the smaller groups.

b) Suicide Prevention Subcommittee

Ms. Josette Saxton, Director of Mental Health Policy, Texans Care for Children and subcommittee chair provided an update to the committee on the Suicide Prevention Subcommittee.

Highlights of update and member discussion included:

- The role of this subcommittee is to assist the Council and its members in examining suicide prevention issues across agencies and supporting needs for subject matter expertise. One specific action of the subcommittee is to help the Council create a method to use data to inform suicide prevention activities in state agencies.
- Discussion have centered around data used to inform suicide prevention efforts, limitations of that data, and recommendations on how to improve data collection and utilization but also how to use data to make changes.
- Group has come up with an outline for Council members on the importance of collecting and utilizing data. Proposed topics to include in memo to help answer questions related to data: what data can tell us about suicide (who, what, when, and where); what data can't tell us (why, multi-factors related to suicide); key limitations of data (there is no one real-time database for suicide, time lags); and need to suppress some data that do have (limits of what can be shared or done with small amounts of data); pull out data sources used by HHSC to inform work it's currently doing; and basic definitions of how to understand the data.
- Questions and comments: Dr. Harvey commented that the outline aligns with what people recommended and would be beneficial. Would be a good introduction to the update of the 3980 report.

Agenda Item 9: Public Comment

Ms. Cates-Brown, ACCO facilitator, provided the logistical announcements for public comment and stated that written comments received were forwarded to council members for their consideration.

Registered oral public comment:

- Ms. Frances Musgrove – Spoke about the system failing her loved one who is in high level care, but has been living under a bridge after he left the Community Based Housing Services home where he was living. He was hit by a car, but was not admitted to the hospital. The family requested a 72 hour psych hold, but her son left voluntarily. Ms. Musgrove has spoken to several authors about writing on the failure of the system in Texas. She stated her son needed help with a step-down, but no one listened to the family.

In person public comment:

- Ms. Sonja Burns – Has a brother who has been residing at the Austin State Hospital for over 13 years because there is no continuum of care.
- Stated that she is hopeful there will be meaningful and impactful data coming out of 988.

- Mentioned a case of someone who was arrested from the emergency room with a document history of SMI and taken to jail, but will not be prosecuted; however, has no place to go.
- Stated that there will be a need for crisis receiving centers across the state and will need to appropriately connect people to services that can serve people appropriately in outpatient but also have inpatient opportunities.
- Mentioned that law enforcement should be calling MCOT every time and document it even if they don't get a response.
- Noted that there are over 2200 people on the forensic waitlist.
- Regarding the CBHCC, listen to the people needing or receiving services, advocates, and people directly providing the services; workforce needs to be paid more but also need to be heard.
- Addressed the nonexistence of SUD treatment in the state.
- Addressed that SSLCs may not always be transitional but some people do need that intentional settings, also there is a lack of opportunities for community engagement.
- There is a need to address who is not being served.
- Recommended for LMHAs and LIDDAs to look through their client roster, check if their clients are in jail, and go see them and figure out what's happening and what they can do.

Agenda Item 10: Review of action and agenda items for next meeting

Dr. Harvey, Chair, opened the floor for member recommendations for agenda items for future meetings. Dr. Courtney Harvey, Chair, stated that the next committee meeting will be held on May 19, 2022.

- **Agenda items for next meeting:**

- Next meeting will be held May 19, 2022
- Discussion of what TIDC could be doing as defenders and how to better work with the state (and vice versa). Give them an opportunity to talk about what they do and what is the role of a public defender.
- Information from across the state about peer support, adult, family and youth peer support). Where they are, how can they be accessed to provide support for individuals receiving services from state agencies. Possibly include peers for veterans.
- Roundtable discussion with structured points that each agency may participate about how they intersect with peers and public defenders.
- Follow up on youth without placements that utilize public services. Update from the child welfare perspective.
 - HHSC considering hosting a Texas System of Care mapping of services existing for children and youth population and identify gaps.

- **Action items:**

- Texas Indigent Defense Commission interested in getting Mental Health First Aid training, as well as other agencies. If other agencies have staff who are certified to do trainings and need to do the required trainings, they can partner with HHSC to provide the training.
- Erica Haller-Stevenson will send:

- the link provided by Kathleen Casey Gamez (TIDC) to a request for proposals,
- the second publication from Stephen Glazier,
- a reminder about the suicide prevention symposium, and
- the link to the IDD strategic plan house on the HHS Reports webpage

Agenda Item 11: Adjournment

Dr. Courtney Harvey, Chair, thanked council members and members of the public and adjourned the meeting at 12:25 p.m.

Below is the link to the archived recording of the February 24, 2022 Statewide Behavioral Health Coordinating Council meeting that will be available for viewing approx. two years from date meeting was posted on website and based on the HHSC records retention schedule. (To view and listen to the entirety of the meeting click on the link below)

[Statewide Behavioral Health Coordinating Council](#)

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