



**Behavioral Health  
Advisory Committee  
Fiscal Years 2021-2022  
Annual Report**

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**As Required by  
Title 1, Part 15, Texas  
Administrative Code, Section  
351.807  
Behavioral Health Advisory  
Committee  
November 2022**

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## Disclaimer

This report was not authored by and does not necessarily reflect the views and 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, see [Appendix A](#).

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## 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 that requires it remains in effect.

As directed by the Texas Administrative Code, the Committee engaged in many activities and made recommendation to HHSC on the following topics:

- Age of persons able to receive peer support services;
- Inclusion of certified family partner services in the Medicaid state plan;
- Additional curricula for certified family partner services;
- Establishment of Housing Coordinators at Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs); and
- Increase funding for the Supportive Housing Rental Assistance Program and data collection.

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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 Behavioral Health Advisory Committee (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 and recovery;
- 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
- Modifications to the five-year behavioral health strategic plan and coordinating expenditure plan.

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

This report provides a summary of the BHAC's work during Fiscal Years (FYs) 2021-2022.

## Background

The BHAC 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 health conditions, 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 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 systems, adults with serious mental illness who have are receiving or have received services, and families of such adults or families of children with severe emotional disturbance. Although not federally required, Texas also includes representatives from substance use prevention, intervention, and treatment providers. 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 FYs 2021-2022.

## **BHAC Subcommittee Activities for FYs 2021-2022**

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 a grant requirement, 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 in order to accomplish their tasks.

The following information highlights the work of some of the BHAC subcommittees during FYs 2021-2022.

### **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.

For FYs 2021-2022, the subcommittee did not submit any formal recommendations to HHSC. The subcommittee faced challenges in using the formal recommendation process to provide timely actionable feedback to HHSC. Meeting monthly, the subcommittee invited HHSC staff to discuss current agency initiatives and programs. During these discussions, subcommittee members had the opportunity to ask questions and provide informal comment. The subcommittee will continue to explore both formal and informal processes to provide feedback to HHSC.

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

- Reduce agency barriers to providing access and coordinated care for individuals with co-occurring mental health and substance use conditions.
  - ▶ Continue support of the CCBHC model of care

- ▶ Leverage Block Grants fund flexibility to provide services for individuals with co-occurring conditions
- ▶ Reduce state reporting requirement barriers for providers treating co-occurring conditions
- Provide training and technical assistance to behavioral health providers to better address the mental health and substance use service needs of individuals with intellectual and developmental disabilities.
  - ▶ Continue to support and expand the Biopsychosocial Services (OBI) pilot
  - ▶ Promote trauma-informed care training for all behavioral health providers
- Increase efforts to expand community engagement when planning and implementing new initiatives and programs.
  - ▶ Engage individuals from communities regardless of whether they have or have not received behavioral health services
  - ▶ Community engagement should include but not be limited to surveys, focus groups and community meetings
  - ▶ Include faith-based and other community-based organizations' feedback in the planning process for new programs

During FY 2023, the subcommittee will expand their evaluation of access to services to include children's mental health and substance use services. In addition to the previously mentioned priority areas, the subcommittee will provide feedback and/or recommendations to

- Improve the 211Texas.org website to better support and align with 988 (Suicide and Crisis Lifeline)
- Address access needs across the crisis continuum of care
- Evaluate other areas as identified

## **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 Texas System of Care (TxSOC)<sup>3</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

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<sup>3</sup> [TxSOC Framework as outlined in the Texas Government Code 351.251](#)



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>4</sup>

For FYs 2021-2022, the subcommittee did not submit any formal recommendations to HHSC. The subcommittee focused on receiving updates from the children's mental health system to increase their knowledge base. Presentations to the subcommittee have included: an Overview of HHSC's Children's Mental Health Unit; Family Partner Panel and Discussion; Panel Discussion of Treatment Capacity for Youth with Intensive Needs; Youth Suicide Prevention; Substance Use and Misuse by the HHSC Prevention and Behavioral Health Promotion Team; Early Childhood Development Screenings; Implementation of Medicaid In Lieu of Services; and the History of Children's Mental Health Services in Texas.

CYBHS did not submit formal recommendations to the BHAC during FYs 2021-2022. CYBHS focused its efforts on engaging in dialogue with and making informal comments/recommendations to HHSC, TEA, DFPS, and TJJD representatives during its standing meetings. The subcommittee received updates and presentations on programs, services, and issues that include children's community mental health services; family peer support services; the treatment capacity for youth with intensive needs across state systems; youth suicide prevention; youth substance use and misuse prevention; early childhood development screenings; implementation of Medicaid "in lieu of" services; and school district and LMHA activities to address the mental health of students.

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

- Limited access to intensive community-based services for children significant mental health challenges increases demand on residential and inpatient treatment facilities. When families are unable to access timely and appropriate services in their community, children/youth are more likely to enter residential or inpatient treatment settings as their unmet mental health

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<sup>4</sup> [Texas System of Care website](#)

needs worsen and lead to an acute crisis or because families have no other option available to them. CYBHS members noted limited access to the following community-based services in particular: wraparound services; family, youth, and young adult peer support services; YES (Youth Empowerment Services) Waiver services; in home treatments such as Multisystemic Therapy or Treatment Foster Care.

- Lack of sub-acute services for youth who are not stable enough to be treated in the community but whose needs are not acute enough for hospitalization. “Step-up” or “step-down” treatment options and settings are needed to bridge the gap in services provided by LMHA/LBHAs and other community mental health providers and treatment services provided by residential treatment centers and inpatient facilities.
- Lack of services for children and youth with dual MH/IDD diagnosis, especially when they experience a crisis. CYBHS members reported families of children experiencing a mental health crisis being turned away from services because their children had cooccurring Intellectual and Developmental Disability (IDD) diagnoses or having to travel several hours outside of their communities to get their children treatment. Most families do not have the resources to get this type of help for their children.
- Need for increased coordination and collaboration among systems and agencies oversee and provide for the continuum of behavioral health-related services children, youth, and their families need. Families of children with unmet mental health needs are often involved with multiple systems and service providers, such as schools, TCHAT providers, LMHA/LBHAs, residential treatment centers, state or community mental health hospitals, foster care, and/or juvenile justice departments/agencies. Often the systems and services are fragmented and siloed, which not only makes it challenging for families to navigate, it leads to gaps in services. The fragmented systems also make it difficult to assess the true availability of services and to ensure children’s mental health services are in alignment with the Texas System of Care Framework set forth in Government Code 351.251 regardless of the system, agency, or provider that is delivering them.

Opportunities to address gaps and challenges discussed by the subcommittee will inform formal recommendations CYBHS makes to the BHAC in FY 2023 and the 2022-2026 update to the TxSOC strategic plan currently in development.

Opportunities include:

- Determining the current capacity within the state to serve children and youth with intensive mental health needs across HHSC, DFPS, TJJJ in least restrictive settings as is safe and appropriate; and who has access to what.
- Expanding the use and availability of certified family partners to provide peer services to families and caregivers across systems/settings
- Requiring each state agency/institution that receives funding for children’s mental health programs or services to enter into the MOU with HHSC described in Texas Government Code 531.251 that provides for the implementation of a comprehensive plan to deliver mental health services and supports to children, youth, and their families using the system of care framework.
- Requiring language in standards or contracts that specifically state expectations that align with SOC values
- Strengthening state support of local Community Resource Coordination Groups (CRCGs) in order to work in closer alignment with SOC
- Establishing a formal connection between CYBHS and the Statewide Behavioral Health Coordinating Council.

The CYBHS is involved in the following activities:

- Serving as the oversight body for System of Care 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.<sup>5</sup> The current grant, FFY2022-2025, 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.
- Report by Community Resource Coordination Groups (CRCGs). Texas Government Code Section 531.423<sup>6</sup> requires HHSC to create a summary report based on evaluations submitted to HHSC by CRCGs across the state and Texas Government Code Section 531.055<sup>7</sup> requires a CRCG biennial

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<sup>5</sup> [Texas System of Care: Evaluation Report – Year 3](#)

<sup>6</sup> [Texas Government Code 531.423](#)

<sup>7</sup> [Texas Government Code 531.055](#)

report. CYBHS aids HHSC in identifying recommendations for policy and statutory changes at each agency that is involved in the provision of systems of care services through CRCGs. The local CRCGs collaborate to evaluate local SOC implementation and to develop recommendations for further growth and enhancement of SOC at the local and state levels. This information contributes to the CRCG legislative report. The CYBHS completed this process in 2020 and recommendations for SOC growth are included in the 2020 CRCG Biennial Legislative Report.<sup>8</sup>

- Planning for the biennial SOC/CRCG conference next scheduled for Summer 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.

## Housing

The Housing Subcommittee was established by the BHAC to address the housing needs of people with behavioral health conditions. The activities the Housing Subcommittee accomplished in FYs 2021-2022 include:

- Completed draft language for an update to Texas 2-1-1 website regarding information on housing for persons with mental health and substance use conditions. Information was shared with HHSC and added to the site under the new Housing tab.<sup>9</sup>
- The *Housing Choice Plan*, a recommendation of the BHAC Housing Subcommittee, was published in May 2022 and addresses the diverse and evolving housing needs of persons with mental health, substance use disorder and/or intellectual and developmental disabilities. Recommendations from the Housing Choice Plan include:
  - ▶ Expanding the inventory of affordable housing.

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<sup>8</sup> [2020 CRCG Biennial Legislative Report](#)

<sup>9</sup> [Texas 2-1-1 website](#)

- ◇ Encourage collaboration between state agencies, community-based organizations, private and state hospitals, and MCOs to increase funding for affordable housing, including partnering with state and private hospitals to fund community-based affordable housing
- ◇ Support state legislation (such as Senate Bill (S.B.) 1116, as filed, 86th Texas Legislature, 2019, which did not pass) to provide tax credits to entities, including MCOs, investing in supportive housing.
- ▶ Help tenants obtain and maintain housing
  - ◇ Explore options to increase staff in aging and disability resource centers (ADRCs), local mental health authorities/local behavioral health authorities (LMHA/LBHAs), and MCOs to help people advocate for themselves in finding, obtaining, and maintaining affordable housing. Staff assistance can include helping people view, inspect, and move into housing.
  - ◇ Explore the creation of a landlord risk mitigation fund to encourage landlords to accept tenants with a history of justice involvement, and a “barrier busting” fund to address barriers to affordable housing, such as costs related to criminal background checks or application fees, and to prevent evictions by paying for the amounts owed.
- ▶ Develop a full continuum of housing with appropriate services for people with mental health conditions.
  - ◇ The continuum should be complete and flexible enough to address the diverse and changing needs of people with mental health conditions. Gaps in the current housing continuum include housing in tribal areas, step-down housing for people exiting psychiatric institutions or being diverted from psychiatric admissions or incarceration, permanent supportive housing, and group homes with varying levels of services and staffing.
  - ◇ Supportive services, including supported living and supported employment should be made available to allow people with mental health conditions to live as independently as possible in the least restrictive setting. Housing with supports are also needed to increase courts’ options to divert people with mental health issues from the justice system.
- ▶ Consider funding for two dedicated housing positions in LMHAs/LBHAs.
  - ◇ One position would administer the supportive housing rental assistance program and the second position would partner with other entities (i.e., housing authorities, housing developers and landlords) to expand housing options for people with mental health conditions.

- ▶ Recognize national recovery housing standards
  - ◇ Promote adherence to standards established by Oxford House™ and the National Alliance for Recovery Residences (NARR) for recovery homes that receive state funding.
- ▶ Incentivize the use of nationally recognized standards
  - ◇ Explore options to ensure that publicly-funded recovery housing providers meet nationally recognized standards or ensure that licensed facilities for recovery housing only refer to recovery housing that meets the nationally recognized standards and consider providing funding to recovery housing providers to cover the cost of certification.

Housing Subcommittee Recommendations:

- Fund a dedicated Housing Coordinator at each LMHA/LBHA that will implement the requirements laid out in the HHSC Performance Contract. The Performance Contract states, the Housing Coordinator shall work collaboratively with local staff and the state housing program staff to improve access to safe, decent, affordable housing and an array of voluntary pre-tenancy and tenancy support services by:
  - ▶ Serving as a point of contact for local staff in need of training and technical assistance to serve persons experiencing homelessness or at-risk of homelessness and provide supportive housing (pre-tenancy and tenancy) services;
  - ▶ Developing a collaborative relationship with any existing local public housing authorities;
  - ▶ Participating in the development of local community homeless and/or housing strategic plans; and
  - ▶ Participating in local community housing and homeless efforts.
- The following requirements be added to the Performance Contract for LMHAs/LBHAs:
  - ▶ 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.
  - ▶ The Housing Coordinator shall report quarterly on activities throughout the year in a report template to be developed by HHSC.
- Increase funding for the SHR program to each LMHA by increasing GR investment in the program a further \$6 million per fiscal year.
- At the end of every FY, collapse all unspent funds into a statewide pot of funding available to LMHAs with illustrated need for more SHR funding.

- Add reporting for SHR to include amount of funds expended, the timeline for funds expended, and how they were expended. Reportable data points could include:
  - ▶ one-time assistance vs. 12-month assistance
  - ▶ type of assistance, e.g. housing deposit, utility assistance, rental assistance, etc.
  - ▶ number of requested assistance extensions

## Peer and Family Partner Services

The Peer and Family Partner Subcommittee was established by the BHAC in FY 2021. The purpose of 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 2021-2022. This gap has increased significantly due to 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 and the demand for peer services will continue to grow.

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

- Peer and Family Partner workforce shortage
  - ▶ Advocacy for the workforce and better access to training and development
  - ▶ Access to diverse training material to use with families receiving services in the system
  - ▶ Increase understanding in the settings peers and family partners work in of what the scope of practice is and the needed support for peers to be fully integrated in services settings
- Enhanced Mental health and substance use recovery-oriented services and supports
- Systems navigation and family support for families with children receiving behavioral health services
- Texans receiving behavioral health services have healthy and fulfilled lives.

The subcommittee has put forward the following recommendations over the past two fiscal years:

- That peer support services 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 Services to address this recommendation administratively. It is currently in process.

- That family partner services be Medicaid billable. In addition to the support of the full BHAC for this recommendation, the subcommittee Co-Chair put forward a Topic Nomination to Medicaid Services to address this recommendation administratively. It is currently in process.
- That the Medicaid reimbursement rate for peer services be increased to a rate that makes peer services cost effective. The support of the full BHAC along with the support of many stakeholders resulted in Medicaid Provider Finance increasing the rate about twice as much as they had originally proposed.
- There were 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.

In addition to the formal recommendations, the subcommittee receives monthly updates from the Peer and Recovery Services Policy and Planning Unit and has established a collaborative approach to addressing the challenges facing the peer and family partner workforce. This makes it possible to address concerns in a timely manner and to ensure accurate information is being shared with the community. This partnership was invaluable in navigating developing the distinction between a Certified Recovery Coach, which is not Medicaid billable and a Certified Recovery Support Peer Specialist, which is Medicaid billable. Additionally, the Family Partner Certifying entity changed resulting in a need for accurate and timely information being distributed to existing family partners and those wishing to become certified.

Moving forward the subcommittee will continue focusing on:

- Promoting peer and family partner services in the state
- Ensuring competitive compensation to attract and retain a well-qualified workforce
- Promote continued paid training and development opportunities for peers and family partners so they can be informed of developments in their professions
- Promote 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

- Ensure fidelity to peer run program practices
- Promote the development of peer run programs
- Address the specific peer and family partners needs of rural communities
- Reduce barriers to full peer integration in services

## Policy & Rules

In FY 2021 the BHAC Policy Subcommittee was combined with the BHAC Rules Subcommittee to form the BHAC Policy & Rules Subcommittee. The subcommittee charges itself with reviewing and reporting on legislative activities, generating policy recommendations for HHSC consideration, reviewing the BHAC bylaws, serve as a policy resource for other subcommittees, and review and comment on proposed rules.

In FY 2021, the subcommittee discussed the following:

- An update on the Behavioral Health Integration Advisory Committee report and what HHSC has done to address the recommendations in that report;
- Reviewed the BHAC bylaws; and
- Discussed the first round of revisions to the BHAC Texas Administrative Code (TAC) rule.

In FY 2022, the subcommittee discussed the following:

- Reviewed a list of behavioral health rule projects currently ongoing at HHSC;
- Discussed ways to encourage participation of BHAC members during the full BHAC meetings, as well as active participation in subcommittees;
- Received information and provided feedback on TAC rules for the Residential Treatment Center project, the Texas Certified Community Behavioral Health Clinics, the Outpatient Competency Restoration amendments, and the BHAC.

Some recommendation topics the subcommittee has considered include:

- Keeping a virtual option for committee meetings that are open to the public, including allowing the committee chair to participate virtually if they will be the only member in the room.
- Revise the public comment procedure for committee meetings to allow more input, for example not requiring someone to register days in advance.
- Reviewing HHSC policy to allow subcommittee input during the rule writing process, prior to the rule being posted for public comment.

## Recommendations

A task of the BHAC is to advise HHSC on issues related to behavioral health services and programs in Texas. 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 2022.

In FYs 2021-2022, the BHAC formally submitted the following recommendations to HHSC:

- Expand eligibility for peer support services to youth and young adults under the age of 21.
- Include parent and family support provided by Certified Family Partners, Certified Family Support Providers, or Certified Family Specialists as a Medicaid covered service.
- For HHSC's Children's Mental Health Unit, Evidence Based Practice Unit, and Peer Services Unit collaboratively work with stakeholders to identify and approve additional family skills training materials for use as rehab billable services for families of children and youth.
- Approval of the *Preparing Adolescents and Youth for Adulthood (PAYA)*, *Berkley's Defiant Child/Teen*, and *Families Thrive* curricula for use by certified family partners as a rehab billable service.
  - ▶ That a "decision tree" be created to provide direction as to when the use of these training materials may be appropriate.
  - ▶ HHSC identify, educate, and provide certified family partners, LMHAs, and other parties with written directives for utilization of "decision trees" and issue written directives and alerts; in person, webinar, or virtual presentations to inform providers of these expanded services.
- Fund a dedicated Housing Coordinator at each LMHA/LBHA that will implement the requirements laid out in the HHSC Performance Contract. The Performance Contract states, the Housing Coordinator shall work collaboratively with local staff and the state housing program staff to improve access to safe, decent, affordable housing and an array of voluntary pre-tenancy and tenancy support services by:
  - ▶ Serving as a point of contact for local staff in need of training and technical assistance to serve persons experiencing homelessness or at-risk of homelessness and provide supportive housing (pre-tenancy and tenancy) services;

- ▶ Developing a collaborative relationship with any existing local public housing authorities;
- ▶ Participating in the development of local community homeless and/or housing strategic plans; and
- ▶ Participating in local community housing and homeless efforts.
- Additional requirements to the Performance Contract for LMHAs/LBHAs:
  - ▶ The Housing Coordinator 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 substance use disorder (SUD) or intellectual and developmental disabilities (IDD) conditions.
  - ▶ The Housing Coordinator shall report quarterly on activities throughout the year in a report template to be developed by HHSC.
- Increase funding for the Supportive Housing Rental Assistance Program (SHR) to each LMHA by increasing general revenue investment in the program a further \$6 million per fiscal year.
  - ▶ At the end of fiscal year 2024, collapse all unspent funds into a statewide pot of funding available to LMHAs with illustrated need for more SHR funding.
  - ▶ Add reporting for SHR to include amount of funds expended. Reportable data points could include:
    - ◇ One-time assistance vs 12-month assistance
    - ◇ Type of assistance, e.g. housing deposit, utility assistance, rental assistance, etc.
    - ◇ Number of requested assistance extensions.

## Future Activities

During FY 2023, the BHAC will continue to provide recommendation to HHSC regarding the allocation and adequacy of mental health and substance use disorder services and programs within Texas. Special consideration will be given to outcomes of the 88th Texas Legislative Session and subsequent actions by HHSC.

In response to current HHSC priorities, the BHAC will include recommendations related to the implementation of 988 (Suicide and Crisis Lifeline) and access to services across the crisis continuum. Additionally, the BHAC will focus on children's mental health and substance use needs, providing recommendations to address gaps and challenges in service delivery.

The BHAC will continue to promote recovery-based services provided by peers and family partners. Recommendations will also support the use of peers and family partners to address the ongoing behavioral health workforce shortage.

The overarching commitment of the BHAC will continue to be the use of data to make informed decisions, the importance of person-centered care, the necessity to address the needs of special populations and psychosocial barriers to behavioral health care in Texas.

## List of Acronyms

ASAP	Association of Substance Abuse Programs
BHAC	Behavioral Health Advisory Committee
CCBHC	Certified Community Behavioral Health Center
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
IDD	Intellectual and Developmental Disabilities
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
MCO	Managed Care Organization
MH	Mental Health
NAMI	National Alliance on Mental Illness
PAYA	Preparing Adolescents and Youth for Adulthood
SAMHSA	Substance Abuse and Mental Health Services Administration
SBHCC	Statewide Behavioral Health Coordinating Council
SHR	Supportive Housing and Rental Assistance Program
TxSOC	Texas System of Care
TxFVN	Texas Family Voice Network
YES	Youth Empowerment Services

## Appendix A. BHAC Membership – FYs 2021-2022

Category	Member	Organization	Region
Adult consumer of mental health and/or substance use disorder services	Elizabeth Castaneda*	Via Hope – Texas Mental Health Resource	7
	Ashley Schultz*	Dallam-Hartley Counties Hospital District Behavioral Health Clinic	1
Adult consumer of mental health and/or substance use disorder services	Priscila 'Lydia' Martinez*	N/A	3
	Javier Soto	Communities for Recovery	7
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	Donna Fagan*	Bluebonnet Trails Community Services	8
	Melissa Ann Luna*	DAEP – Donna ISD	11
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	Eric Sanchez*	Alcohol & Drug Abuse Council of Concho Valley	9

<b>Category</b>	<b>Member</b>	<b>Organization</b>	<b>Region</b>
Independent community behavioral health service provider	Dr. Aghaegbulam Uga*	Haracec Complete Healthcare	10
	Elias Diaz	Maverick County Hospital District	8
Independent community behavioral health service provider	Wayne Young*	The Harris Center for Mental Health and Intellectual and Developmental Disabilities	6
	Tracy Hicks	C-Trilogy Comprehensive Clinical Care/Texas Christian University	4
Behavioral health advocate or representative of a behavioral health advocacy organization	Rev. Robert Gilmore*	Real Urban Counselors	6
	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
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	Chris Carson, M.D.*	Beacon Health Options	3
	Victoria Rodriguez	Driscoll Health Plan	11
Representative of local government	Dr. Pedro Federico Alfaro*	Webb County	11
	Jennifer Reed	Dallas ISD – Mental Health Services Department	3
Representative of local government	Gabriella Reed*	El Paso County Attorney's Office	10

<b>Category</b>	<b>Member</b>	<b>Organization</b>	<b>Region</b>
Other - One individual from a federally recognized Native American Tribe in Texas	Angela Richardson*	Chief Kina Health Clinic	5
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	Shannon Hoffman*	Hogg Foundation	7
	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	Colleen Horton*	Hogg Foundation	7
	Paul Walker	Plainview Serenity Center	1

\* = not on the committee at the time of this report



## Appendix B. BHAC Recommendations

#	SC	Recommendation	Notification Dates	Status
2	Children & Youth Behavioral Health Subcommittee	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>Approved by BHAC: 10/27/2017;</p> <p>Executive Council: 06/27/2019</p>	<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 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><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>
3	Children & Youth Behavioral Health Subcommittee	Include Parent Peer Support, provided by certified family partners, as a Medicaid covered service to caregivers of children	Approved by BHAC: 10/27/2017;	<p><b>Fall 2020:</b> Family Partner Services were moved from Children’s Mental Health to Peer Services.</p> <p><b>May 2021:</b> 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</p>

		<p>with serious emotional disturbances.</p> <p>[This recommendation has some overlap with Recommendation #19, see below for additional updates]</p>	<p>Executive Council: 06/27/2019</p>	<p>expert. One bill filed in the 87<sup>th</sup> Texas Legislative session are related to this recommendation and would include Certified Family Partner services in the existing peer services Medicaid benefit.</p> <p><b>June 2022:</b> HHSC hired a Family Engagement Specialist. This position will provide technical assistance to communities and agencies related to enhancing authentic family voice and participation, implementing training on family engagement and leadership, and building readiness in systems for family voice.</p>
5	Housing	<p>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 resources.</p>	<p>Approved by BHAC: 03/13/2018;</p> <p>Executive Council: 06/27/2019</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> No updates. However, this may be considered as a potential recommendation for the Housing Choice Plan.</p> <p><b>May 2021:</b> A recommendation for HHSC to conduct an environmental scan of recovery housing and information on boarding homes is included in the Housing Choice Plan, which is currently under review. Two bills filed in the 87<sup>th</sup> Texas Legislative session are related to this recommendation: one to conduct a statewide study of boarding homes and another to study recovery housing.</p> <p><b>May 2022:</b> The Housing Choice Plan was published.</p>
6	Housing	<p>Expand HHSC's Supportive Housing Rental Assistance program to all 39 Local</p>	<p>Approved by BHAC: 03/13/2018;</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</p>

		Mental Health Authorities/Local Behavioral Health Authorities. Currently 20 of the 39 Centers operate this program.	Executive Council: 06/27/2019	<p>Coordinating Council. However, the EI was not included in the agency legislative appropriation request due to other priorities.</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>October 2019:</b> 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><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>
7	Housing	Expand Housing and Community-Based Services - Adult Mental Health (HCBS-AMH) to include services for homeless individuals.	<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 panning.</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</p>

				<p>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>
8	Housing	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><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>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> No updates. However, this may be considered as a potential recommendation for the Housing Choice Plan.</p> <p><b>May 2021:</b> Voluntary certification of recovery housing is recommended in the Housing Choice Plan, currently under review. Some members of the BHAC Housing subcommittee advocated for this recommendation during session. Two bills filed during 87th session recommend voluntary certification of recovery housing.</p> <p><b>May 2022:</b> The Housing Choice Plan was published.</p>
9	Housing	Improve legislative reporting on local boarding home ordinances to better understand their	<p>Approved by BHAC: 4/23/2018;</p>	<p><b>86<sup>th</sup> Texas Legislative Session (2019):</b> 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 statute (Health and Safety Code, Chapter 260, Section 260.10).</p>

		impact on housing options for person who are disabled by behavioral health issues. Findings will inform policy changes.	Executive Council: 06/27/2019	<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>
10	Housing	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.	<p>Approved by BHAC: 4/23/2018;</p> <p>Executive Council: 06/27/2019</p>	<p><b>March 2019:</b> 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.</p> <p><b>Fall 2019:</b> The BHAC Housing SC is considering whether to resubmit this recommendation.</p> <p><b>June 2020:</b> No updates. However, this may be considered as a potential recommendation for the Housing Choice Plan.</p> <p><b>May 2021:</b> The Housing Choice Plan, which is currently under review, recommends the development of a full continuum of housing that is flexible enough to address the diverse and changing needs of people with mental health, substance use, and IDD conditions. This continuum includes small group homes and describes one model of a small group home as an innovative solution.</p> <p><b>May 2022:</b> The Housing Choice Plan was published.</p>
11	Policy & Rules	Build capacity for quality mental health services and trauma-informed care for individuals with IDD.	<p>Approved by BHAC: 4/23/2018;</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> No updates. However, the following is more detailed information about the Cross-Systems Trauma-Informed Care (CSTIC) 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</p>

				<p>Intellectual and Developmental Disabilities (IDD) 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 (MHTTC) to develop free multiple trauma-informed care training modules and spotlights best-practices on their website: <a href="https://www.mhttcnetwork.org">South Southwest MHTTC   Mental Health Technology Transfer Center (MHTTC) Network (mhttcnetwork.org)</a></p> <p>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 (MHW-IDD) training: <a href="https://uthscsa.edu">MHW-IDD (uthscsa.edu)</a>.</p> <p><b>October 2022:</b> 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 (MHW-IDD) training: <a href="https://uthscsa.edu">MHW-IDD (uthscsa.edu)</a>.</p>
12	Policy & Rules	Support the Development of Recovery Community Organizations (RCOs) in Rural and Small Metropolitan Areas in Texas.	<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 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 (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 assist in the design of 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>
15	Housing	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><b>November 2019:</b> 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><b>June 2020:</b> 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> <p><b>May 2021:</b> The Housing Choice Plan is complete and is now under review. The BHAC Housing subcommittee is tracking implementation efforts.</p> <p><b>May 2022:</b> The Housing Choice Plan was published.</p>
16	Children & Youth Behavioral Health Subcommittee	Create (or improve an existing) early childhood developmental screening web platform and data portal,	Approved by BHAC: 6/23/2020	<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> Department of State Health Services (DSHS) staff participate in a development screening workgroup which</p>

		utilizing the ASQ®-3 and ASQ ®:SE-2 developmental screenings tools and early childhood development information and referral resources.	Executive Council: 03/08/2021	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.
17	Children & Youth Behavioral Health Subcommittee	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.	Approved by BHAC: 6/23/2020  Executive Council: 03/08/2021	<b>May 2021:</b> HHSC is working with the BHAC Children & Youth Behavioral Health Services subcommittee to identify implementation strategies.  <b>October 2022:</b> DSHS staff have worked to increase numbers of childcare providers trained in the ASQ Ages and Stages questionnaires. DSHS offered a training of trainers to increase training capacity for administering the ASQ. THRIVE, a DSHS-funded initiative is also implementing ASQ training.
18	Peer & Family Partner Services Subcommittee	Expand the eligibility for peer support services to youth and young adults under the age of 21.	Approved by BHAC: 10/09/2020  Executive Council: 03/08/2021	<b>May 2021:</b> The 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. HHSC Medicaid and CHIP Services (MCS) is awaiting legislative direction related to this bill prior to proceeding with the research phase of the topic nomination form.  <b>October 2022:</b> The topic nomination form requesting the change to the eligibility age, from age 21 to age 16, for persons receiving Medicaid peer specialist services was passed by the Medicaid governance review and is in queue for implementation.
19	Peer & Family Partner Services Subcommittee	Include Parent/Family Peer Support, provided by Certified Family Partners, Certified Family Peer Support Providers or Certified	Approved by BHAC: 10/09/2020	<b>August 2020</b> – Chair of the BHAC, Dr. Wayne Young approved the Peer and Family Partner Ad Hoc Subcommittee.



		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.	Executive Council: 03/08/2021	<p><b>May 2021:</b> A topic nomination form is being developed by the BHAC Peer and Family Partner Services subcommittee and will be submitted to medical benefits mailbox when finalized. 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>October 2022:</b> The topic nomination form requesting the addition of parent/family peer support delivered by certified family partners was passed by the Medicaid governance review and is in queue for implementation.</p>
20	Peer & Family Partner Services Subcommittee	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.	Approved by BHAC:  2/11/2022  Executive Council:  05/19/2022	<p><b>October 2022:</b> HHSC Children’s Mental Health (CMH) team will present before the Behavioral Health Policy Committee. CMH’s recommendation is to develop policies, procedures and a stakeholder workgroup that will focus on adding new Evidence-Based Practices (EBP’s) to the Utilization Management Guidelines. Curriculum provided by family partners used in the Children’s Mental Health service array will now go through the stakeholder workgroup. This will include an approval process for recommendations of new curriculum and review of current curriculum. CMH will take the lead with needed collaboration from the Peer Support and Recovery unit.</p>
21	Peer & Family Partner Services Subcommittee	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	Approved by BHAC:  2/11/2022  Executive Council:	<p><b>October 2022:</b> The Preparing Adolescents and Youth for Adulthood (PAYA) training will be reviewed by the process outlined above when the Children’s Mental Health team creates the new stakeholder workgroup to review and add new curriculum to the Utilization Management Guidelines.</p>

		<p>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>05/19/2022</p>	
22	Peer & Family Partner Services Subcommittee	<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: 2/11/2022</p> <p>Executive Council: 05/19/2022</p>	<p><b>October 2022:</b> Peer Support and Recovery recommends this recommendation go the Children's Mental Health and Adult Mental Health unit as they currently oversee a large portion of the Centralized Training Infrastructure training budget. The budget focuses on trainings that not only family partners can use but trainings that all staff at the Local Mental Health Authorities can have access too. The Peer Support and Recovery unit can collaborate with CMH and AMH as needed to ensure there are trainings available that family partners can access.</p>

23	Peer & Family Partner Services Subcommittee	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>Approved by BHAC: 2/11/2022</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's recommendation is to develop policies, procedures and a stakeholder workgroup that will focus on adding new Evidence-Based Practices (EBP's) to the Utilization Management Guidelines. Curriculum provided by family partners used in the Children's Mental Health service array will now go through the stakeholder workgroup. This will include an approval process for recommendations of new curriculum and review of current curriculum. CMH will take the lead with needed collaboration from the Peer Support and Recovery unit.</p>
24	Housing	<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>o The Housing Coordinator of each LMHA/LBHA shall establish a landlord outreach and engagement program</li> </ul>	<p>Approved by BHAC: 8/05/2022</p> <p>Executive Council:</p>	<p><b>New</b></p>

		<p>to strengthen partnerships with local landlords and increase opportunities to house people with serious mental illness and/or co-occurring SUD or IDD conditions.</p> <p>o The Housing Coordinator shall report quarterly on activities throughout the year in a report template to be developed by HHSC.</p>		
25	Housing	<p>Increase funding for the SHR program to each LMHA by increasing GR investment in the program a further \$6 million per fiscal year.</p> <p>- 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.</p> <p>- Add reporting for SHR to include amount of funds expended, the timeline for funds expended, and how they were expended.</p>	<p>Approved by BHAC: 8/05/2022</p>	<b>New</b>

**Note:** Missing numbers represent recommendations that have been completed and were removed from this list.