HHSC: Behavioral Health Advisory Committee
August 6, 2021

Behavioral Health Advisory Committee provides customer/consumer and stakeholder input by making recommendations regarding the allocation and adequacy of behavioral health services and programs within the state of Texas. Members include:

Doug Beach
Family Member
San Antonio
Chris Carson
Managed Care Organization
Dallas
Amy Curtis
Representative of the Interagency Coordinating Group for Faith and Community-Based Organizations
Dallas
Donna Fagan
Family Member & Parent of Child with Serious Emotional Disturbance
Seguin
Robert Gilmore
Advocate
Houston
Anna Gray
Adult Certified Peer Provider
San Antonio
Tracy Hicks
Provider
Henderson
Shannon Hoffman
Other Behavioral Health Member
Austin
Priscila "Lydia" Martinez
Adult Consumer
Denton
Jolene Rasmussen
Representative of the Texas Council of Community Centers
Austin
Gabriella Reed
Local Government
El Paso
Angela Richardson
Tribal Representative
Kountze
Vanessa D'lise Vale Saenz
Advocate
Edinburg
Eric Sanchez
Representative of the Association of Substance Abuse Programs
San Angelo
Jordan Smelley
Youth/Young Adult
Burleson
Javier Soto
Adult Consumer
Aghaegbulam Uga
Provider
El Paso
Paul Walker
Other Behavioral Health Member
Plainview
Vacant
Local Government

1, Welcome, opening remarks, and introductions. The 24th meeting of the BHAC was convened by Doug Beach, Chair. With members transitioning off the board the election of officers will occur at the next meeting. A quorum was not established.

2, Consideration of May 7, 2021, meeting minutes. The minutes were not approved due to the absence of a quorum.

3, Health and Human Services Commission (HHSC) updates.

Behavioral Health Services

HR133 and ARPA MHBG and SABG Funding Plan Award

Combined Total Award $456,179,876

Category	HR133 MHBG*	HR133 SABG**	ARPA MHBG*	ARPA SABG**	Totals
Set Asides	$11,187,140	$27,127,323	$19,323,243	$23,428,143	$81,065,849
Salary / Admin Costs	$5,188,399	$6,781,831	$6,766,914	$5,857,036	$24,594,180
Balance	$58,205,397	$101,727,459	$102,731,459	$87,855,532	$350,519,847
Total Funding	$74,580,936	$135,636,613	$128,821,616	$117,140,711	$456,179,876

Budget Period: September 1, 2021 – September 30, 2025
American Rescue Plan Act (ARPA)
*Community Mental Health Block Grant (MHBG)
**Substance Abuse Prevention and Treatment Block Grant (SABG) 3

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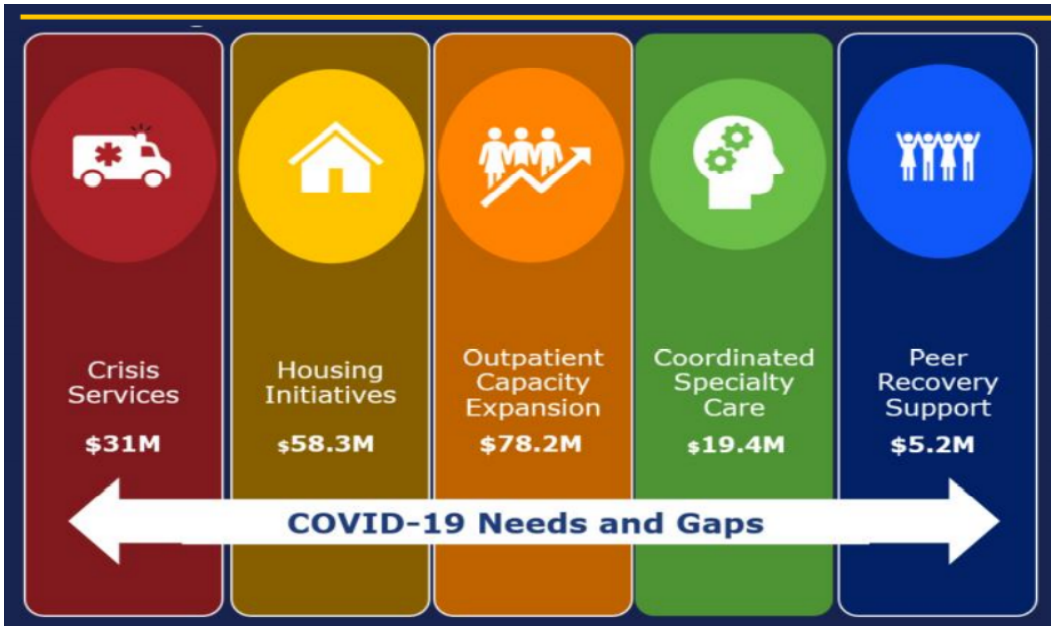
HR133 and ARPA Supplemental Block Grant Awards Project Period

HR133 and ARPA MHBG Supplemental Funding Plan



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Crisis Services

$31 million

- Funding for eight crisis response and diversion programs in rural communities } Co-responder teams } Law enforcement liaisons
- Expand Crisis Hotline and Mobile Crisis Outreach Team availability across Texas Anticipated

Outcomes

- 26,997 people served • Decrease in persons with mental illness booked into jails
- Increase in mental health and criminal justice system coordination
- Increase in persons diverted into mental health and substance use treatment

Mental Health Services: Housing Initiatives

$58.3 million

- Funding for housing related initiatives } State Hospital Step-Down to the Community } Texas Housing Support Line } Community specific housing projects
-

Anticipated Outcomes

- 62,703 people served
- Decrease use of state-funded inpatient psychiatric beds
- Increase referrals to local Continuums of Care and Coordinated Entry
- Obtain affordable permanent housing in the community
- Increase in persons receiving mental health and substance use services

Outpatient Capacity Expansion

$78.2 million

- Funding to expand outpatient mental health services to address growing demand due to population growth
- Addressed funding disparities and local challenges
- Provides evidence-based treatment services

Anticipated Outcomes

- 2,841 outpatient slots increase access to ongoing mental health treatment
- Addresses need for additional services related to population growth

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- Provides more robust services to persons deemed underserved

Coordinated Specialty Care

$19.4 million

- Funding for Coordinated Specialty Care programming
  Additional teams at eight existing providers
  Expand program to two additional providers in rural communities

Anticipated Outcomes

- 910 people served • Increase in persons obtaining competitive employment
- Decrease in crisis episodes and state-funded psychiatric hospitalizations
- Decrease in criminal justice involvement

Peer and Recovery Support

$5.2 million

- Funding to expand peer services capacity } Six mental health recovery clubhouses } Eight consumer operated service providers

Anticipated Outcomes

- 1,856 people served
- Increases workforce capacity through peer specialist training and certification
- Cost effective alternative to emergency room and hospital care
- Improves the crisis response systems by expanding peer supported recovery support services

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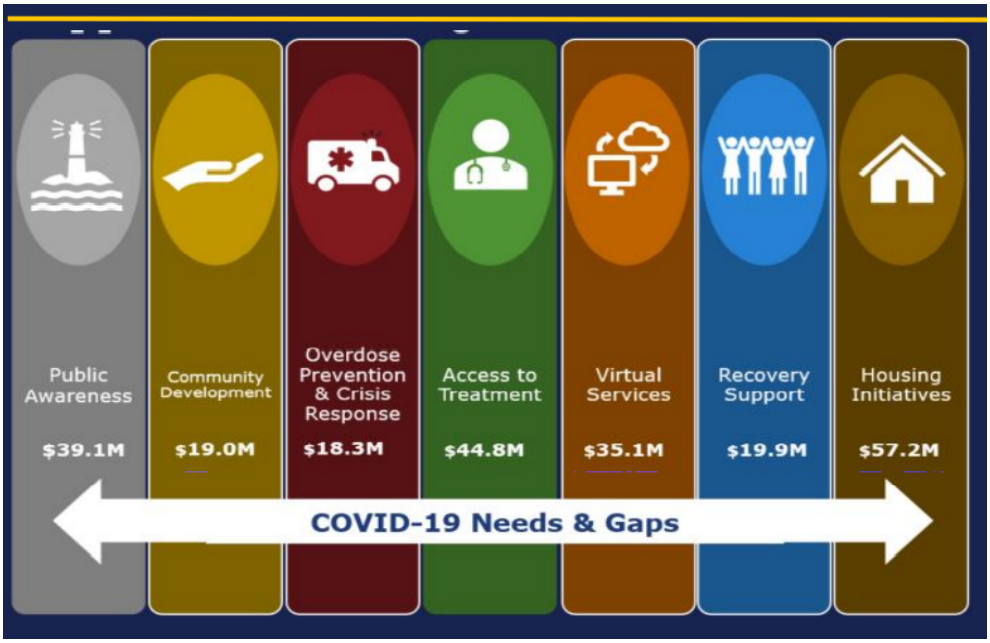
Substance Use Services

HR133 and ARPA SABG Supplemental Funding Plan



Prevention Education and Awareness.

$39.1 million

- Funding for primary prevention and health promotion campaign } Focuses public messaging on building connection, resilience, and reducing stigma
- Adds an interactive digital tool to the legislatively directed Opioid Misuse Awareness Campaign that enables self-screening to detect symptoms of a substance use disorder
- Provides prevention services to youth, young adults, and parents. } Preventing substance misuse by building resilience, improving behavioral health, and healing trauma
- Identifies Texas' needs and gaps by expanding the largest national annual telephone survey of healthcare risk factors and chronic health conditions } Collects surveillance data on prescription pain medication use, medication disposal practices, and education received

Anticipated Outcomes

- Reach an estimated 2,533,000 people
- Enable self-directed access to 350,000
- Prevent substance use disease or injury before it occurs

- Intervene in substance use disease progression by increasing pathways to treatment and recovery support
- Increase data availability in areas of high-need that encounter data collection barriers

Community Development

Crisis Response and Overdose Prevention

$18.3 million

- This strategy seeks to reduce limitations of the following opioid overdose prevention and crisis response programs to address all substance use related disease } Integrated substance use and EMS paramedicine programs } Overdose prevention drop-in and sobering center services

Anticipated Outcomes

- Reduce overdose risk for 10,700 people
- Reduce morbidity and mortality associated with substance use
- Increase access points for healthcare amongst hard-toreach populations with high disease severity
- Reduce associated healthcare and criminal justice costs

Access to Treatment

$44.8 million

- Capacity expansion to meet increased demand for substance use disorder treatment precipitated by the pandemic } Medications to treat alcohol and other substance use disorders }, Community-based outpatient treatment (CCBHC) }, Acute withdrawal management (medically monitored pre-treatment), } Residential treatment services

Anticipated Outcomes

- Treat approximately 24,590 Texans diagnosed with a substance use disorder
- Reduce morbidity and mortality associated with substance use
- Reduce associated healthcare and criminal justice costs

Virtual Services

$35.1 million

- Meet increased demand for tele-behavioral health services for individuals unable to access services in person due to COVID-19 and/or other barriers } Infrastructure building }

Establishing increased service access points } Tele-mentoring (ECHO) } Provision of telemedicine and telehealth via a 24-hour substance use disorder clinic } Provide tele-behavioral health services for Native Indians in the Alabama Coushatta Tribe of Texas (ACTT) service area.

Anticipated Outcomes

- Build infrastructure for 15 behavioral health organizations
- Improved competency in virtual service delivery for 4,500 staff of behavioral health organizations
- Provide telehealth, telemedicine, and tele-recovery for 92,000 Texans experiencing barriers to accessing services
- Provide tele-behavioral health services for 200 persons in

Recovery Support

$19.9 million

- Expansion of recovery support services to meet increased demand due to the pandemic } Hospital-based screening, brief intervention, referral to treatment, and recovery support } Offer adjunct services to maintain engagement and facilitate long-term recovery for pregnant women and women with dependent children throughout the substance use continuum of care } Peer recovery support services } Training and technical assistance to recovery support organizations

Anticipated Outcomes

- Increased competency in peer recovery support service delivery to 40 recovery support organizations
- 120,000 recovery resources distributed
- Peer recovery support provided to 25,750 people

Substance Use Services: Housing Initiatives

$57.2 million

- •Expand recovery housing to specialized populations: } Emerging adults } Women with dependent children • Comprehensive, integrated treatment and recovery support services for the maternal/infant dyad
- Establishes or continues housing projects to address housing instability and homelessness in Texas

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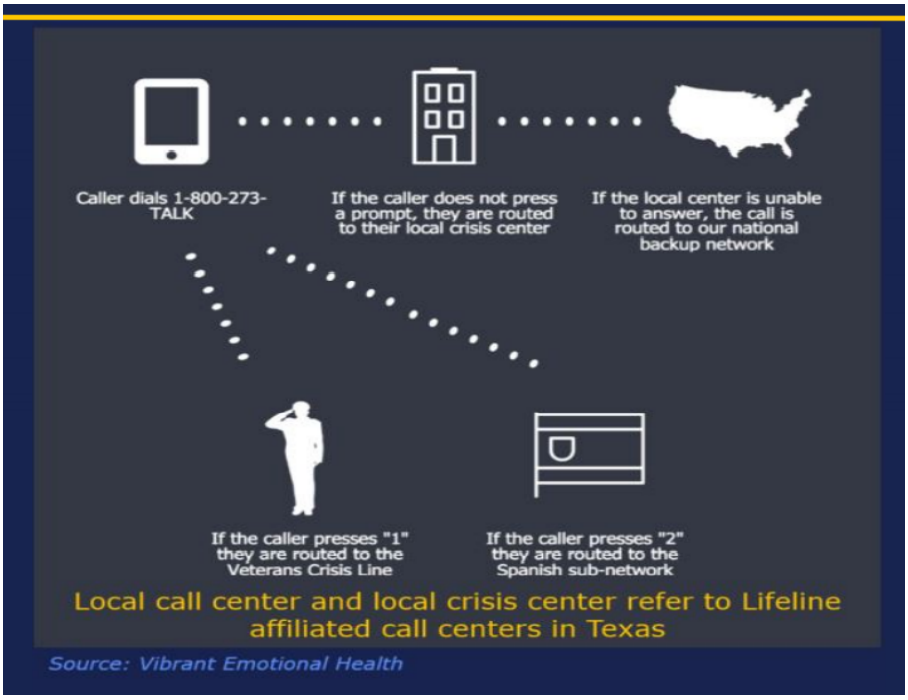
Anticipated Outcomes

- Recovery housing provided to 568 adults ages 18-25
- Comprehensive neonatal abstinence syndrome treatment services with supportive transitional housing provided to 1,340 women and children • Stability in recovery and housing while increasing recovery capital and maintaining family preservation
- Reduction in associated child welfare and neonatal intensive care unit costs

National Suicide Prevention Lifeline 988 Planning Grant

The National Suicide Prevention Lifeline (Lifeline) is a network of independently funded local and state call centers. It is not one large national call center. Lifeline is funded by the federal Substance Abuse and Mental Health Services Administration and administered by Vibrant Emotional Health. Lifeline provides 24/7, free, and confidential support for people in distress, suicide prevention and crisis resources, and best practices for professionals.

What happens when someone calls into the Lifeline?



There are five affiliated Lifeline call centers in Texas:

- The Suicide & Crisis Center (Amarillo)
- The Harris Center (Houston) • Integral Care (Austin)
- Emergence Health Network (El Paso)

- ICARE Call Center of MHMR Tarrant (Fort Worth) To be part of the Lifeline network, a crisis 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

988 Planning Grant

The purpose of this grant is to assist agencies in planning for the implementation of a new, national, three-digit number for mental health crisis and suicide response.

- HHSC was awarded the grant on February 20, 2021
- HHSC Crisis Services Unit will partner with existing Lifeline affiliated call centers: Integral Care, The Harris Center, MHMR of Tarrant County, and Emergence Health Network
- Grant period is February - September 2021 and funds total $180,261.63
- Funds are primarily used towards stipends for the Texas Lifeline call centers and a strategic planning consultant: Texas Suicide Prevention Collaborative
- Eligible applicants for this grant: State mental health and public health agencies in all 50 U.S. states and the District of Columbia
- Each Lifeline member center must receive a stipend for participation in the grant
- Grant awards were non-competitive

Goal 1: Develop a clear roadmap to address key coordination, capacity, funding, and communication strategies that are foundational to the launching of 9-8-8 which will occur on or before July 16, 2022.

Goal 2: Plan for the long-term improvement of in-state answer rates of 9-8-8 calls -- This requires: (Ensuring the creation, and monthly convening, of a 9- 8-8 key stakeholder coalition workgroup } Development and implementation of strategies to increase the likelihood that the in-state answer rate for Lifeline calls be at least 80% by December, 31, 2021 and 90% by July 2022

Grant Deliverables

Deliverable	Due Date	Status
Landscape Analysis	April 16, 2021 (deadline extended)	Complete
Draft Implementation Plan	September 30, 2021 (deadline extended)	Ongoing-template available end of month
Final Implementation Plan	January 21, 2022	Not started

Monthly coalition meetings began in April 2021 with stakeholders including:

- Persons with lived experience
- Representatives from each Lifeline center receiving stipends through the grant
- State suicide prevention coordinators
- Mobile crisis services providers
- Providers of crisis respite/stabilization services
- Law enforcement leaders
- 9-1-1/Public Safety Answering Points leaders
- Peer support service providers
- Major state/local mental health and suicide prevention advocacy groups

Questions/Answers/Comments

During 21/22 these Arpa funds are available. HHSC stated that there is some overlap but not on the same timeline. Financial wizardry is needed to maintain the program. There was not additional stakeholder input other than that which was given over timer. There were timelines that interfered with this. There was a set aside that had to be met. Funds were limited to SMI and SED.

The funds were being used to do the similar things they had been doing with the existing providers.

Will any of the funds be used for family peer supports or mental health settings, Club houses?

Step down housing… is in the community

Expansive outlook on substance use and is there any work around HB1694… providing protections for people who call 911 during a crisis. Not known at this time.

Intellectual and Developmental Disability Services

Requested funding was not met but some funding was. Learning collaboratives, best practices and outpatient pilot planning was discussed. There were initially goals to house 25 people. There were 130 people in mid June. receiving service engaging all sorts of local partners. Outcome data is being collected including days in hospitalization and law enforcement engagement. We are looking at expansion from additional funds for the five pilots.

There was a separation from the ARPA funds. HHSC stated to get the outpatient funds, we did not restrict to just SMI. The approach was more expansive, and this was not a pathway we could embark on. CMS stated a stricter definition.

Office of Mental Health Coordination and Statewide Behavioral Health Coordinating Council.

A core deliverable is a 5-year strategic plan. The initial plan was developed in 2016. The current plans end in December of this year, the new pan will be published for 2022 and will include more of a focus on substance use. The Forensic Strategic plan is being developed/ The title of the plan is still under debate.

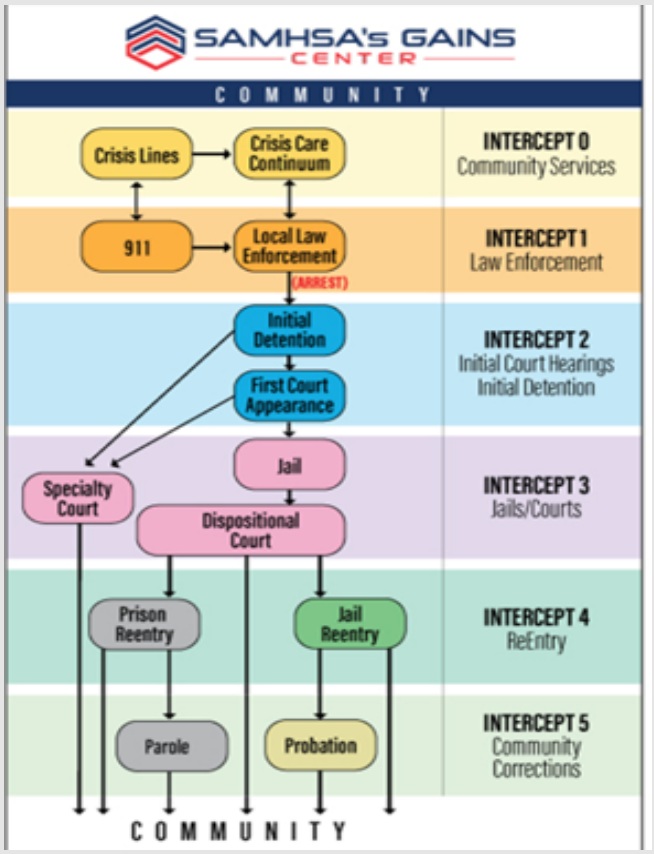
House Bill 1, 84th Legislature, Regular Session, 2015, (Article IX, Section 10.04) established the Statewide Behavioral Health Coordinating Council. The SBHCC is comprised of representatives of state agencies or institutions of higher education that receive General Revenue for behavioral health services. In 2019, the SBHCC was codified in Government Code, Chapter 531.
Learn more about the SBHCC in this video(link is external)

They are using The Sequential Intercept Model (SIM) | SAMHSA.

The Sequential Intercept Model (SIM) details how individuals with mental and substance use disorders encounter and move through the criminal justice system.

The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans. The SIM mapping process brings together leaders and different agencies and systems to work together to identify strategies to divert people with mental and substance use disorders away from the justice system into treatment.
A SIM mapping workshop is available through SAMHSA's GAINS Center for communities to:

- Plot resources and gaps across the SIM.
- Identify local behavioral health services to support diversion from the justice system.
- Introduce community system leaders and staff to evidence-based practices and emerging best practices related to each intercept.
- Enhance relationships across systems and agencies.
- Create a customized, local map and action plan to address identified gaps.



Intercept 0: Community Services

- Involves opportunities to divert people into local crisis care services. Resources are available without requiring people in crisis to call 911, but sometimes 911 and law enforcement are the only resources available. Connects people with treatment or services instead of arresting or charging them with a crime.

Intercept 1: Law Enforcement

- Involves diversion performed by law enforcement and other emergency service providers who respond to people with mental and substance use disorders. Allows people to be diverted to treatment instead of being arrested or booked into jail.

Intercept 2: Initial Court Hearings/Initial Detention

- Involves diversion to community-based treatment by jail clinicians, social workers, or court officials during jail intake, booking, or initial hearing.

Intercept 3: Jails/Courts

- Involves diversion to community-based services through jail or court processes and programs after a person has been booked into jail. Includes services that prevent the worsening of a person's illness during their stay in jail or prison.

Intercept 4: ReEntry

- Involves supported reentry back into the community after jail or prison to reduce further justice involve of people with mental and substance use disorders. Involves reentry coordinators, peer support staff, or community in-reach to link people with proper mental health and substance use treatment services.

Intercept 5: Community Corrections

- Involves community-based criminal justice supervision with added supports for people with mental and substance use disorders to prevent violations or offenses that may result in another jail or prison stay.

4. Update on 87th Legislative Session. Bills that were addressed include:

Agency Statutory initiatives

HB3088, The bill amends several sections of Government Code Chapter 531 to change the local match requirement for certain community mental health grant programs. The bill changes the reporting frequency for the report required by Government Code 531.0992. The bill would allow the Health and Human Services Commission (HHSC) to spend an amount not to exceed five percent of funding appropriated for certain community mental health grant programs towards administrative costs.

The bill amends Government Code Chapter 539 to specify additional fund sources that can be used as local match for grants for community collaboratives. The bill removes requirements concerning the use of funds for community collaboratives that are self-sustaining within seven years and allows HHSC to spend an amount not to exceed five percent of funding appropriated for community collaboratives towards administrative costs.

The bill applies to contracts entered on or after the effective date of this Act. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2021.

Other Bills

SB454-- The bill amends Government Code Chapter 531 to have the Health and Human Services Commission (HHSC) require certain groups of local mental health authorities to meet at least quarterly to collaborate on regional strategies to reduce costs to local governments of providing services to persons experiencing a mental health crisis and other items. The bill requires HHSC, in coordination with the groups, to annually update certain plans concerning mental health services. The bill would require HHSC to publish a report containing the most recent versions of the plans on its website.

This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2021.

SB642-- The bill amends Family Code to allow for a local mental health authority (LMHA) or local behavioral health authority (LBHA) to refer a child directly to the Health and Human Services Commission's (HHSC) relinquishment avoidance program. The bill requires HHSC and the Department of Family and Protective Services (DFPS) to jointly adopt guidance on the relinquishment avoidance program and protocols for families at risk of relinquishing a child for the sole purpose of accessing mental health services for the child. The bill requires DFPS, LMHAs, and LBHAs to follow the protocols. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2021.

Appropriations Riders:

Rider 54. **Additional Mental Health Community Hospital Beds for Urban and Rural Areas.** Included in Strategy G.2.2, Mental Health Community Hospitals, is $15,000,000 in General Revenue for additional state-purchased inpatient psychiatric beds in rural areas of the state and $15,000,000 in General Revenue for additional state-purchased inpatient psychiatric beds in urban areas of the state

Rider 57 . **Study on Step-down Housing**. Out of funds appropriated above, the Health and Human Services Commission shall study the efficacy and efficiency of the step-down services in diverting individuals from the state mental health hospital inpatient system into the community. The study shall identify:

(a) Barriers in transitioning individuals out of the state mental health hospital inpatient system;
(b) Best practices in providing step-down housing to individuals with complex psychiatric needs;
(c) Potential funding sources to continue and expand services; and
(d) Strategies to establish step-down housing programs in rural or remote counties.

HHSC shall submit study findings to the Senate Committee on Finance, the House Committee on Appropriations, the Legislative Budget Board, the Governor, the Lieutenant Governor, the Speaker of the House, and permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services by September 1, 2022

Rider 100 . Step-down Housing Pilot for Individuals with Serious Mental Illness. (a) Notwithstanding Health and Human Services Commission (HHSC) Rider 122, Limitations on Transfer Authority, and Article IX, Section 14.03, Transfers - Capital Budget, HHSC may allocate up to $12,700,000 for the 2022-23 biennium from available federal funds included in Rider 2, Capital Budget, to Strategy G.4.2, Facility Capital Repairs and Renovations, to make necessary upgrades and to secure one or more appropriate buildings on a state supported living center campus in preparation for a step-down transition program for long-term patients of the state mental health hospitals as recommended in the report required by HHSC Rider 110, State Supported Living Centers Planning, of House Bill l, Eighty-sixth Legislature, Regular Session, 2019. (b) By August 31, 2022, HHSC shall develop an operational plan to establish a transition program that provides collaborative services from interdisciplinary teams from HHSC, in addition to community partners such as the local mental health authorities and local intellectual and developmental disability authorities (when appropriate). The plan will establish admission criteria and services provided; and explore potential pilot expansion sites and funding streams

Rider 58 . Study Related to 9-8-8 Implementation. Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall study the adequacy and efficacy of existing National Suicide Prevention Lifeline (NSPL) infrastructure in Texas to determine state preparedness to comply with federal National Suicide Hotline Designation Act of 2020 (S. 2661). The study shall identify the adequacy of existing NSPL infrastructure, strategies to improve linkages between NSPL infrastructure and crisis response services, and strategies to improve access to mental health crisis and suicide response. The study shall also make recommendations for sources of sustainable funding for NSPL infrastructure and crisis response services. HHSC shall prepare and submit findings and recommendations to the Senate Committee on Finance, the House Committee on Appropriations, the Legislative Budget Board, the Governor, the Lieutenant Governor, the Speaker of the House, and permanent standing committees in the

House of Representatives and the Senate with jurisdiction over health and human services by September 1, 2022.

Rider 85 Crisis Intervention and Respite Services. Out of eligible funds appropriated in Strategy F.1.3, Non-Medicaid IDD Community Services, the Health and Human Services Commission (HHSC) is authorized to identify and use any available state supported living center space for crisis respite services to individuals with an intellectual or developmental disability. These services may be provided by HHSC, the local intellectual and developmental disability authority, or other entity that operates a crisis respite program under contract with HHSC.

5. Discuss annual report. The committee is required to give an annual report but in a new format. THIS REPORT REMAINS A DRAFT WORKING DOCUMENT

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, please see Appendix A

Executive Summary

The Behavioral Health Advisory Committee was established in accordance with the State's obligation under 42 U.S.C. §300x-3 1 and is governed by Texas Administrative Code, Section 351.807.2 The BHAC is required to make recommendations to the Health and Human Services Commission concerning the allocation and adequacy of mental health and substance use disorder services and programs within Texas. The BHAC will continue as long as the federal law that requires it remains in effect. As directed by the Texas Administrative Code, the Committee engaged in many activities and made one recommendation to HHSC to develop a comprehensive Housing Choice Plan to address the diverse and evolving needs of persons with mental health, substance use disorder and/or intellectual and developmental disabilities. Although not a formal recommendation, the committee also sent a letter to the HHSC Executive Commissioner requesting that HHSC evaluate and increase the reimbursement rates for peer support services.

Introduction

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

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

There are also three subcommittees under the BHAC umbrella that are required by federal law, state law, or grant funding. This report provides a summary of the BHAC's work during fiscal year 2020. This is the first report of the committee.

Background

The Behavioral Health Advisory Committee was established under Texas Government Code, Section 351.807 as a result of a federal public law, 42 U.S.C. §300x-3, that requires states to establish a mental health planning and advisory council as a requirement to receive federal Mental Health Block Grant (MHBG) funding. The main functions of the BHAC are to meet federal requirements as part of the mental health planning council and to provide recommendations to the Health and Human Services Commission related to provision of mental health and substance use disorder services. The federal purpose requires the committee to:

● Review the joint Mental Health and Substance Abuse Block Grant Plan and make recommendations;

● Advocate for adults and children with substance use disorders, serious mental illness, serious emotional disturbance, and other individuals with substance use issues, mental illness, or emotional problems; and

● Monitor, review, ad evaluate at least once each year the allocation and adequacy of behavioral health services within the state.

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In alignment with the federal requirements, BHAC provides the Health and Human Services Commission (HHSC) with customer, consumer, and stakeholder input in the form of recommendations.

Federal public law specifies the membership requirements for the committee, including representatives of community-based mental health systems, adults with serious mental illness who have are receiving or have received services, and families of such adults or families of children with emotional disturbance. Although not federally required, also included are representatives of substance use disorder prevention, intervention, and treatment. The committee is composed of 19 voting members appointed by the Health and Human Services (HHS) Executive Commissioner. Appendix A includes a list of committee members during fiscal year 2020

BHAC Subcommittee Activities for Fiscal Year 2020

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

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

Children and Youth Behavioral Health Subcommittee

The Children and Youth Behavioral Health Subcommittee (CYBHS) provides recommendations on children and youth behavioral health topics and serves as the advisory body for the Texas System of Care.

The CYBHS is a federal requirement under the Substance Abuse and Mental Health Services Administration (SAMHSA) and has its own membership requirements.

During fiscal year 20 the CYBHS accomplished the following:

- Input to the Texas System of Care Strategic Finance Plan
- Collaborated with the State Community Resource Coordination Groups (CRCG) Office to develop a survey and recommendations for a legislative report.

➢ The survey requested information including the availability and barriers for services, characteristics of the system of care framework in the local community, and recommendations on overcoming barriers to services.
➢ The recommendations within the report included maximizing efficient and sustainable financing strategies, enhancing access to effective services and supports, developing and strengthening leadership and support, supporting community development of system of care, and creating accountable systems.

Housing Subcommittee

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

- Drafted language for an update to 2-1-1 website regarding information on housing for persons with behavioral health issues. Information was shared with 2-1-1 but has not yet been added to the site.
- Provided input on an educational video on recovery housing. HHSC is in the process of developing the video to be hosted on their website.
- Developed the document titled Lexicon of Housing and Facility Terms lists different types of housing and a brief description of each. This information was used in the Housing Choice Plan, soon to be released by HHSC.
- Recommended that HHSC develop and implement, in collaboration with Texas Department of Housing and Community Affairs and other state agencies, a comprehensive Housing Choice Plan to address the diverse and evolving needs of persons with mental health, substance use disorder and/or intellectual and developmental disabilities. The recommendation was approved by the full BHAC on November 22, 2019.
- HHSC convened a group of diverse stakeholders, including members of the BHAC Housing Subcommittee to develop the Housing Choice Plan.

➢ Data for the plan was collected through interviews, public forums, virtual meetings, a survey with over 4,000 responses, a series of regional housing summits conducted with funds from Money Follows the Person, and other community needs assessments. ➢ The workgroup met monthly to determine the scope, goals, and content of the plan, as well as to review and discuss what was written. Workgroup members also worked on the content outside of the scheduled meetings.

➢ Subgroups were formed to write the content for each category within the plan. HHSC staff combined and edited content to make the final report. The subgroups included:

- o People with mental health conditions;
- o People with substance use disorder; o People with IDD; o People with criminal justice backgrounds; and
- o Older adults

- The Housing Choice Plan is currently under review by HHSC leadership. However, work is underway to track implementation of the recommendations. For example, during the 87th Legislative Session, several stakeholders advocated for some of the recommendations in the report.

Mental Health Condition and Substance Use Disorder Parity Work Group

The Mental Health Condition and Substance Use Disorder Parity Work Group (Parity Work Group) was created by House Bill (H.B.) 10, 85th Texas Legislature, Regular Session, 2017.4 The bill directs the HHSC Office of Mental Health Coordination to establish and facilitate the Parity Work group to study and make recommendations on strengthening oversight, increase compliance, and increase education related to state and federal regulations related to insurance coverage of mental health conditions and substance use disorders, as well as improve the complaint process. The Parity Work Group was also charged with creating a strategic plan to address the topics related to the recommendations.

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

Self - Directed Care Subcommittee

The Self-Directed Cares Subcommittee was established as part of a grant for a self-directed pilot program. Self-direction mental health provides an opportunity for adults with serious mental illness to develop individual recovery plans and manage funds to purchase services and supports. HHSC tested mental health self-direction as a Medicaid performance improvement project in partnership with two managed care organizations (MCOs) in the Travis County Service Delivery Area. The project was guided by a stakeholder advisory group, which functioned as a subcommittee of the BHAC.

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

- A self-directed mental health benefit could support recovery, improve quality of life, promote independence and increase personal empowerment.
- A self-directed benefit should maximize opportunities for engagement and empowerment. This can be achieved by supporting individuals as they develop and revise their own recovery goals, participate in their own service planning and determine and obtain the best evidence-based treatments or personal goods and services to help them meet their goals.
- The design, implementation and delivery of a self-directed mental health benefit should be informed by the best scientific evidence available.
- The benefit should be designed in consultation with stakeholders, including people with lived experience of mental health issues and recovery. Stakeholder engagement will help ensure that self-directed benefit guidelines, materials and proposed processes are person-centered and firmly rooted in best practices.
- A self-directed mental health benefit should be designed to support a person in meeting their individual goals and not to supplant natural supports.
- A self-directed budgeting process should provide opportunity for the person to include traditional services and non-traditional goods/services in their recovery plan
- The basic elements of a mental health self-directed benefit may include:
  ➢ A flexible budget, based on comparable costs for non-self-directed services; 8 ➢ A planning process, supported by an advisor, to assist the individual in developing their individual recovery plan/budget and making purchases;
  ➢ A recovery plan, based on the person's needs, strengths and motivations in recovery, developed by the person with support from their advisor; and
  ➢ Clear guidelines, grounded in best practices, that explain the process, requirements, benefits and limitations of the benefit.

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

Recommendations

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

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

Future Activities

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

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

The appendices follow but are not included in this report.

Questions/Answers/ Comments

I am excited to see this report happen. There were some questions around Appendix B and the dates that seemed to be incorrect.

The Chair stated that this gives a template for moving forward.

6. BHAC subcommittee updates

There was discussion about the in-lieu of services **(but no committee was named**). with two phases beginning September 2021 and 2022.

In accordance with Senate Bill (S.B.) 1177, 86th Texas Legislature, Regular Session, 2019, the Texas Health and Human Services Commission (HHSC) must implement contract provisions to permit Medicaid managed care organizations (MCOs) to offer medically appropriate, cost-effective, evidence-based behavioral health services in lieu of specified Medicaid State Plan services. The list of services is to be approved by the State Medicaid Managed Care Advisory Committee (SMMCAC). Government Code Section 533.005(g), as

amended by S.B. 1177, also requires HHSC to prepare and submit an annual report on the number of times during the preceding year a service from the list included in the contract is used.

S.B. 1177 (86th Texas Legislature, Regular Session, 2019) amended Government Code § 533.005(g), which requires HHSC to implement contract provisions allowing MCOs to offer their members certain medically appropriate, cost-effective, evidence-based services in lieu of mental health or substance use disorder services specified in the Medicaid State Plan. The list of services is to be approved by the SMMCAC. HHSC must consider the actual cost and use of these services when setting the capitation rates under the managed care contracts. Furthermore, HHSC must annually report to the Legislature on the number of times during the preceding year a service from the approved in lieu of services list included in the MCO contracts was utilized. HHSC divided the recommended services into a phased implementation.

Phase one services include services in lieu of inpatient hospitalization.

Phase two services include services in lieu of outpatient services. A third group of services proposed by SMMCAC requires further consideration. This report provides an update on HHSC's implementation of S.B. 1177.

HHSC divided SMMCAC's recommendations into phases for evaluation and implementation. Phase one services are comprised of services in lieu of inpatient services. Phase two services are comprised of services in lieu of outpatient services. A third group of services proposed by SMMCAC requires further consideration. Phase one – services in lieu of inpatient services: Coordinated specialty care Crisis respite Crisis stabilization units Extended observation units Partial hospitalization Intensive outpatient program Phase two – services in lieu of outpatient services: Cognitive rehabilitation Multisystemic therapy Functional family therapy HHSC reviewed data from peer-reviewed articles and information about the in-lieuof services allowed by other state Medicaid programs. Based on this research, HHSC has determined the proposed services are evidence-based. Currently, services in both phases are being reviewed for cost-effectiveness. The cost-effectiveness review assists in indicating whether the service being considered for inclusion in the contract will cost the Medicaid program less than or the same amount as the state plan service it would be offered in lieu of, including consideration of projected cost offsets.

Children & Youth Behavioral Health— They met July 14th. New cochairs were named. They discussed peer specialists and had a youth make a presentation. There was an update on legislation that had passed. There is an emphasis on supports for children and families. There are MOUs with child serving agencies where roles and responsibilities are delineated.

They also looked at network adequacy for behavioral health services. There are two new standards that include opioids and another service. Community based outreach during disasters was also discussed.

Housing—They are working on housing outcome data to use to evaluate effectiveness. A lot of data is being tracked. They use the data to enhance the programs. Housing choice plan was discussed and has been submitted to HHSC for approval. Healthy Community Collaborative will be discussed at the next meeting.

Mental Health & Substance Use Disorder Parity—They met July 14 for their final meeting because of the sunset date for the workgroup. All the deliverables were addressed. The strategic plan is being reviewed by HHSC management. The workgroup met over four years. See hb10-mhcsud-workgroup-progress-report-july-2020.pdf. There have been different federal and state laws passed related to parity. HB 10 was a transformative step for parity in Texas. HB2595 is the most recent legislation included in the report previously referenced. There is a portal for parity that will be available for Texans. The Chair stated it needs higher visibility.

Peer Specialist & Family Partner Services—There are new cochairs. They meet monthly with the overarching theme of making peer services available widely while growing the peer workforce. They have a Medicaid billing code, but family partners do not. There is a movement to develop a rule and rate for family partners through topic nomination. They recommend the BHAC get behind this as well. There will be a rate hearing in November with the goal being to increase the rate. The state has been having listening sessions around the state. They have focused on updates from the peer recovery unit. HB1314 did not pass but it pointed out the issue that peer support should start at age 14. We must keep our eye on State Hospital access. We need fewer people in the hospitals.

Policy & Rules—Once the session is over HHS has bills with rule changes needed. There was a request from HHSC to identify the behavioral health bills that need rule changes.

7. Public comment.

Sonja Burns, representing herself and her brother related a private story about her brother. She commented that we must put together numbers to undo the damage of this session. Peer support must be available across the services. We have to look at what constitutes success. We have to

make intervention available on the front end and not the back end. Peer support individuals are often being used to provide other duties. She commented on step down qualifications which could include managing their own medication.

8. Review of action items and agenda items for next meeting.

- Questions about a presentation
- Get copies of detailed information from presentations
- Block Grant issues

9. Closing remarks. There being no further business the meeting was adjourned

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