



Behavioral Health Advisory Committee

November 15, 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, Chair

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 meeting was convened by the Chair, Doug Beach.

2. Consideration of May 7, 2021 meeting minutes. The minutes were approved as written.

3. Consideration of August 6, 2021, draft meeting minutes. The minutes were approved as written.

4. HHSC updates

Behavioral Health Services

Residential Treatment Center Project

The RTC Project provides intensive support for families with a child at risk of placement into the custody of the Department of Family and Protective Services (DFPS) because the child has exhausted their local community mental health services and requires mental health treatment in a residential treatment center. The goal of the RTC Project is to keep families together. The project was crafted as a relinquishment prevention project.

As of June 2021, a local mental or behavioral health authority (LMHA/LBHA) or DFPS can refer families interested in receiving support through the RTC Project.

- Requesting a Referral through the LMHA/LBHA

Families may contact their child's LMHA/LBHA to request a referral.

- Requesting a Referral through DFPS

If a family has an open case with DFPS, the family may ask their DFPS caseworker for assistance with a referral.

S.B. 642 directs HHSC and DFPS to:

- Allow an LMHA/LBHA to refer a child directly to the RTC Project without first contacting DFPS.
- Develop guidance for families on how to use the RTC Project.
- Outline a child's and family's rights through the RTC Project.
- Publish information about the RTC Project online.
- Develop a process to determine eligibility for the RTC Project, including emergency procedures for children who are at immediate risk of relinquishment.
- Identify who will manage the case of a family eligible for the RTC Project.
- Identify the funding and resources for the RTC Project.
- Identify the role of HHSC, DFPS, contracted RTCs, and LMHAs/LBHAs

To implement policy provisions of S.B. 642, HHSC has:

1. Initiated a Texas Administrative Code rule project to govern the provision of RTC Project services.

2. Updated LMHA/LBHA contractual requirements to outline case management requirements

To implement S.B. 642, HHSC has:

1. Provided guidance to LMHAs/LBHAs on the new referral process and developed a referral form.
2. Partnered with LMHAs/LBHAs and DFPS to provide support for children who may be at immediate risk of relinquishment.
3. Developed a provider portal for RTC Project providers.
4. Partnered with the Office of the Ombudsman for Behavioral Health to provide updates on S.B. 642 and information on LMHA/LBHA responsibilities

To implement S.B. 642 outreach provisions, , HHSC has:

1. Developed an RTC Project informational flyer for families and community members.
2. Developed a family guide to provide information about the RTC Project referral process. The family guide is under internal review and expected to be published by December 2021.
3. Updated the HHSC RTC Project website.
4. Presented to external stakeholders on the new referral process.

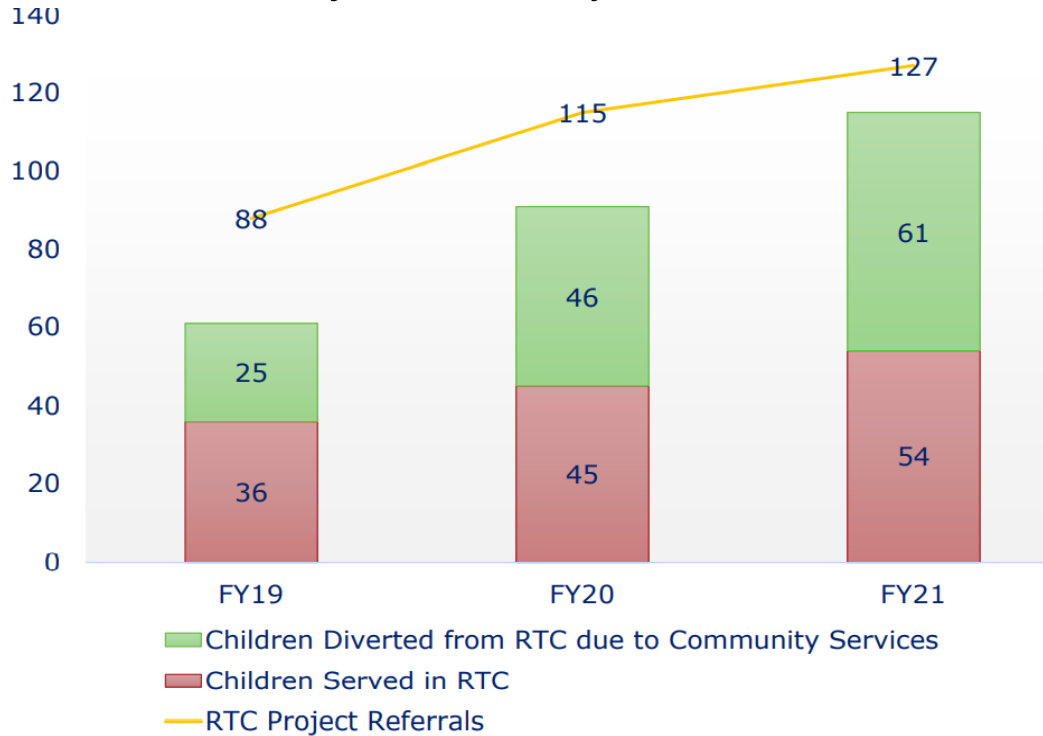
Ongoing Initiatives

- HHSC provides all contracted RTCs with access to free and low-cost training through the Centralized Training Infrastructure.
- HHSC is partnering with contracted RTCs to develop quality standards to improve the quality of care for children with a serious emotional disturbance.
- HHSC continues to reach out to RTCs regarding the RTC Project Open Enrollment.

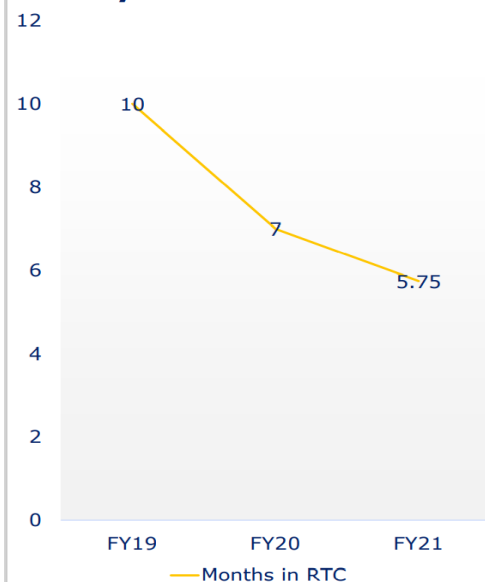
Outcomes

- Since January 2020, HHSC has trained 947 individuals on the RTC Project and participated in case staffing for over 100 children and families.
- Since September 2020, 96% of children placed in an RTC returned to the community after residential treatment.
- Since S.B. 642 implementation in June 2021, HHSC has received 17 referrals from LMHAs/LBHAs.

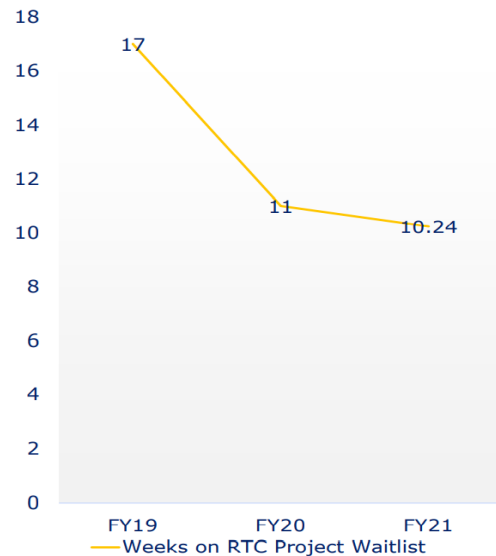
RTC Project Referral Data by State Fiscal Year



Length of Stay in RTC by State Fiscal Year



Length of Stay on RTC Project Waitlist by State Fiscal Year



Questions/Answers/Comments

What is the process if a family has a complaint about an RTC. HHSC stated that the family and MHA can reach out to the HHSC team if there is a concern. The office of the ombudsman can be helpful regarding access.

The waitlist reductions are presented in months. The waitlist now is 10.24 weeks.

How many RTCs are in Texas? HHSC stated that there are about 100 but only 11 participating in the project.

There are difficulties that families experience difficulties getting a referral. This is a great improvement.

Do the parents get services as well? HHSC stated that families are offered support through the Certified Family Partner accessed through the MHA.

Office of Mental Health Coordination and [Statewide Behavioral Health Coordinating Council](#).

(Follow the link for a Council description)

- Strategic Plan Every Five Years
- Coordinated Expenditure Report annually
- Jail Diversion strategies are addressed
- Two subcommittees: Suicide Prevention (Codified through HB4074) and Behavioral Health Workforce.

According to a recent report to the legislature by the Statewide Behavioral Health Coordinating Council (council), Texas has the second highest amount of suicide deaths of any state in the country. The state must do more to improve suicide prevention efforts. H.B. 4074 seeks to do so by requiring the council to create a subcommittee focused on suicide prevention through the use of relevant collected data and by including suicide prevention efforts among the required components of the council's behavioral health strategic plan.

H.B. 4074 amends the Government Code to require the council to include statewide suicide prevention efforts in its five-year statewide behavioral health strategic plan. H.B. 4074 requires the council to create a suicide prevention subcommittee to focus on statewide suicide prevention efforts using information collected by the council from available sources of suicide data reports. The subcommittee must establish guidelines for the frequent use of those reports in carrying out the council's purpose regarding suicide prevention and must establish a method for identifying how suicide data reports are used to make policy.

The bill authorizes public or private entities that collect information regarding suicide and suicide prevention to provide suicide data reports to Health and Human Services Commission (HHSC) staff designated by the executive commissioner of HHSC to receive those reports. H.B. 4074 amends current law relating to the collection and use of suicide data by the statewide behavioral health coordinating council.

- [Behavioral Health Workforce Workgroup Report \(texas.gov\)](#) Strong Families, Supportive Communities implementation monitoring

Questions/Answers/Comments

Does this strategic plan include IDD? HHSC stated that the IDD strategic plan will be published toward the end of this year.

[Home – Texas System of Care \(txsystemofcare.org\)](#)

Follow the link for a detailed description of the system of care.

Mission: To strengthen the collaboration of state and local efforts to weave mental health supports and services into seamless systems of care for children, youth, and their families.

Vision: All Texas children and youth have access to high quality mental health care that is family-driven, youth-guided, community-based, culturally-grounded, and sustainable.

What is a System of Care?

System of care is a framework and philosophy for the transformation of child-serving systems. Established over 25 years ago to better meet the needs of children, youth, and young adults with mental health challenges and their families, this framework has been used across the country to build more accessible, responsive, and effective arrays of services and supports.

A new four year cooperative agreement was just granted for \$11.5 million over four years.

- Increasing state and local leadership
- Increase community awareness
- Increase Access
- Build on strengths of students and families
- Develop capacity building strategy for sustainability.

Three MHAs and the University of Texas will be engaged in the effort.

Question/Answers/Comments

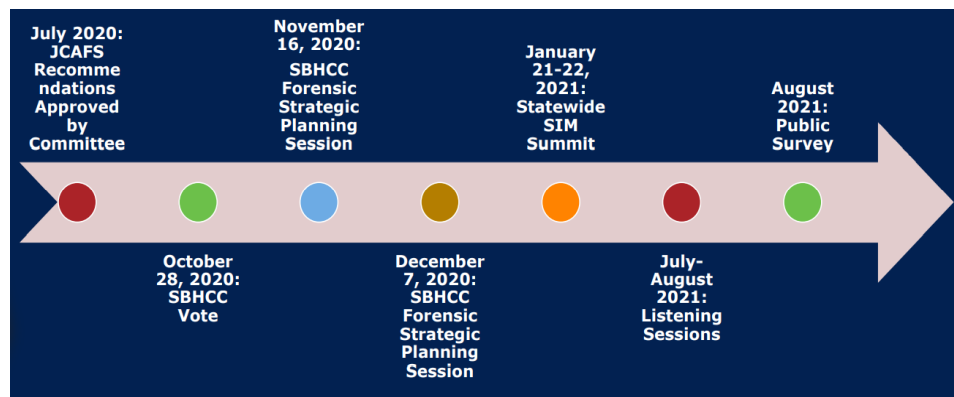
What grade levels will be included in the effort? HHSC stated that each local MHA and team will have to develop implementation plans that will lay out grades and age to be covered.

Forensic Services

Well and Safe: The Texas Strategic Plan for Diversion, Community Integration, and Forensic Services A Sub-Plan of the Statewide Behavioral Health Strategic Plan

Purpose: To lay out a vision and a coordinated, clear, actionable, and achievable plan for improving forensic services reducing justice involvement for Texans with mental health, substance use disorders and intellectual and developmental disabilities by ensuring all Texans receive care in the right place at the right time.

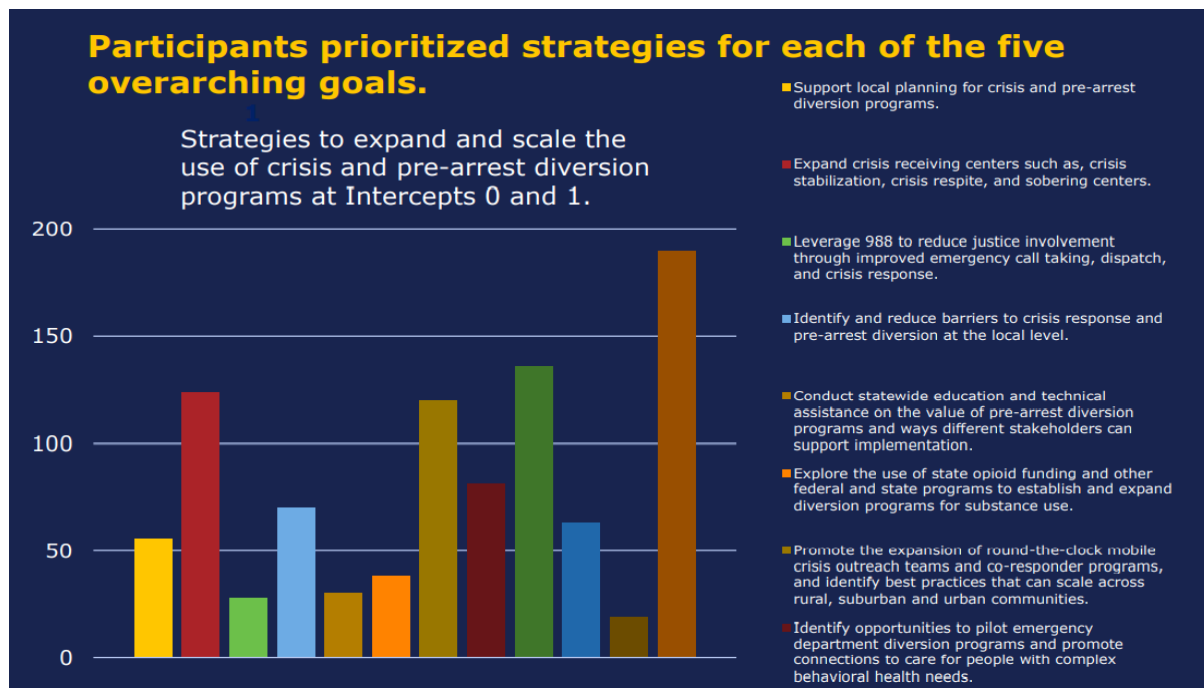
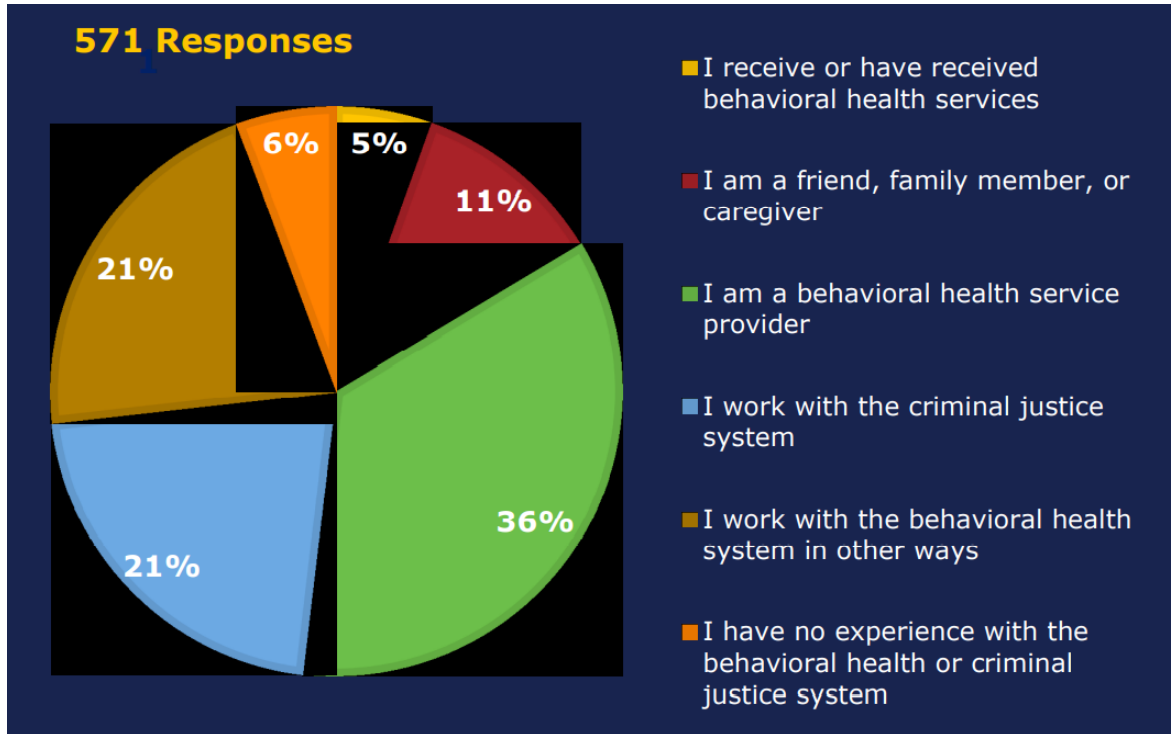
Strategic Planning Roadmap



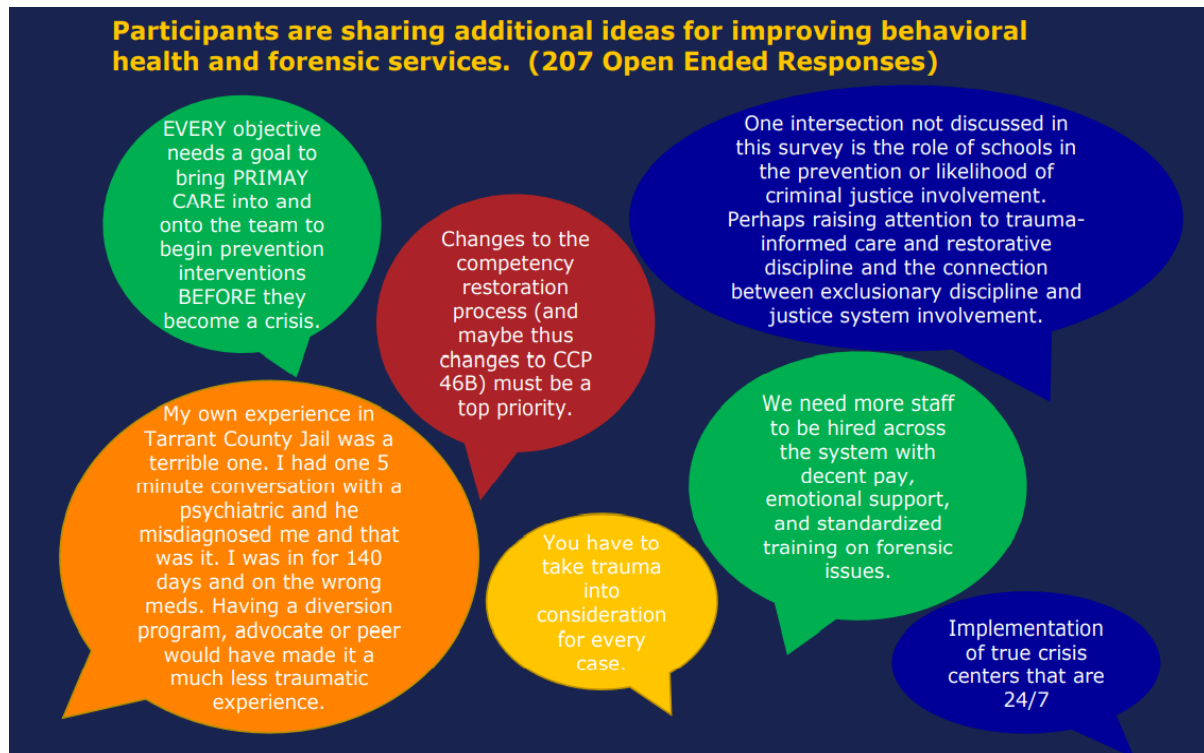
Listening Sessions

- West Texas Center
- North Texas Center
- National Alliance for Mental Illness, Texas
- Peer Services
- State Hospital Superintendents
- Texas Indigent Defense Commission
- Judicial Commission on Mental Health

Public Survey



Participants are sharing additional ideas for improving behavioral health and forensic services. (207 Open Ended Responses)



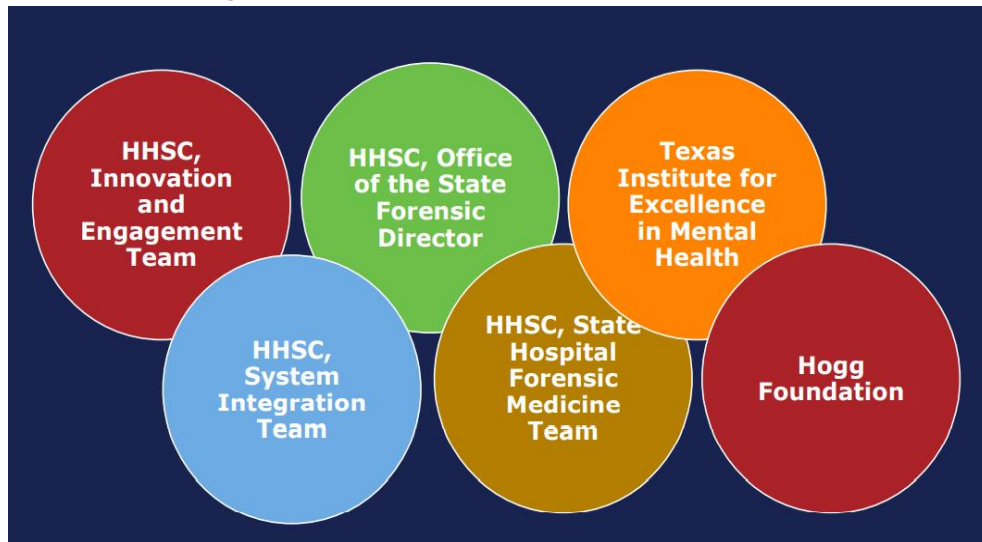
Texas Behavioral Health & Justice Technical Assistance Center ([Forensic Behavioral Health Technical Assistance Center Report \(utexas.edu\)](https://www.utexas.edu/technical-assistance-center-report))

Approximately 35 percent of individuals within Texas' county jails have a mental illness, and the number of individuals awaiting competency restoration services continues to increase, with over 1400 individuals on the forensic waitlist and 65 percent of state hospital beds in Texas currently utilized by the forensic population. One challenge limiting best practices and strategies to reduce justice involvement for individuals with mental health diagnoses (MH), substance use conditions (SU) and intellectual development disability (IDD) is the lack of a centralized resource for information, consultation, and technical assistance on effective interventions and diversions to treatment for this population, or those at risk of encountering the Texas justice system.

The Hogg Foundation for Mental Health (Hogg), in partnership with the Texas Health and Human Services Commission (HHSC) and the Texas Institute for Excellence in Mental Health (TIEMH), aims to address the complexities and challenges of diverting individuals with behavioral health needs from the criminal justice system. Beginning in Spring 2021, Hogg conducted one-on-one interviews with Texas MH, SUD, and IDD stakeholders to assess the various gaps and needs to help inform the design and development of a technical assistance center.³ HHSC anticipates the launch of the web-based Texas Technical Assistance Center (TTA Center) later this year. This

report has been produced to assist Hogg, HHSC, and TIEMH teams in phase I of this project. [Learn more.](#)

A Collaborative Partnership



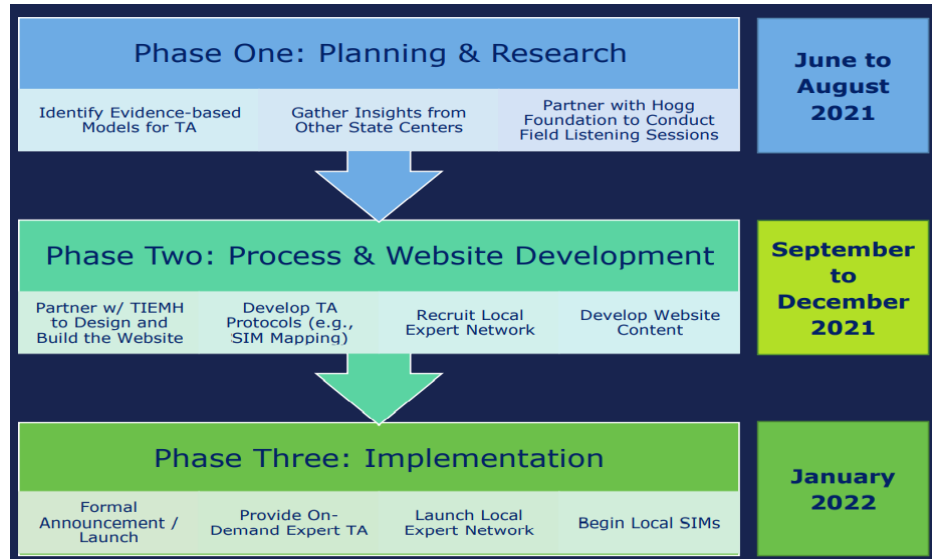
Purpose: To establish a centralized source of support and information for people who interact with forensic populations as well as justice involved people with MH, SUD, and IDD.

Target Audience: LMHAs, LBHAs, Local Intellectual and Developmental Disability Authorities (LIDDAs), local and county law enforcement, jail administrators, the judiciary, and other community leaders.

Anticipated Resources:

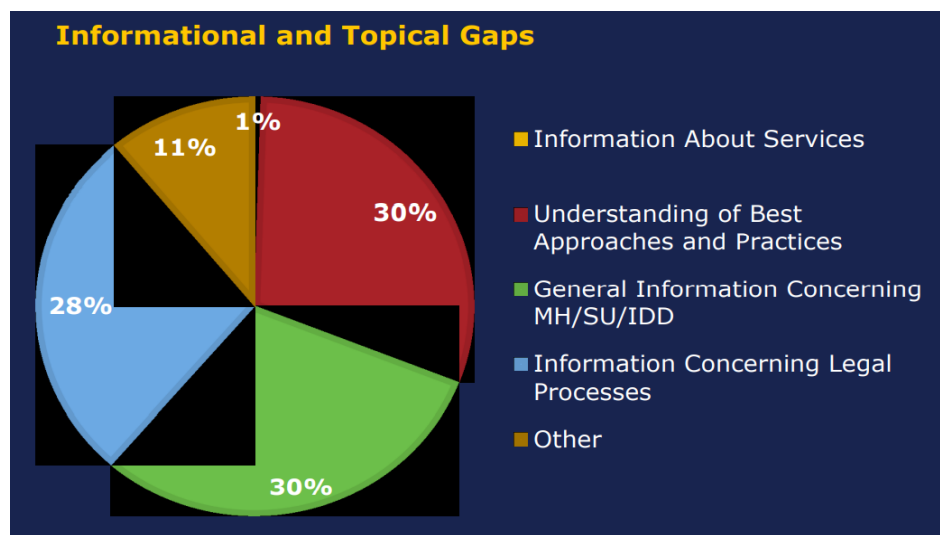
- Peer networking
- Expert consultation
- Sequential Intercept Model (SIM) Mappings
- Other training and resources (e.g., webinars, policy briefs, and toolkits)

Overview of Planning and Implementation



Phase One: Hogg Foundation Study

- Timeline: May – July 2021
- Outreach: Stakeholders Across the SIM
- Response: 51 Scheduled Interviews
- Format: 8 Pre-Drafted Questions
- Final Report: Available Upon Request



Stakeholder Engagement

Purpose: Set priorities for the TA Center; Identify technical assistance needs; Provide subject matter expertise

Internal HHSC Work Group

- Members: Representatives from across HSCS and IDD-BH

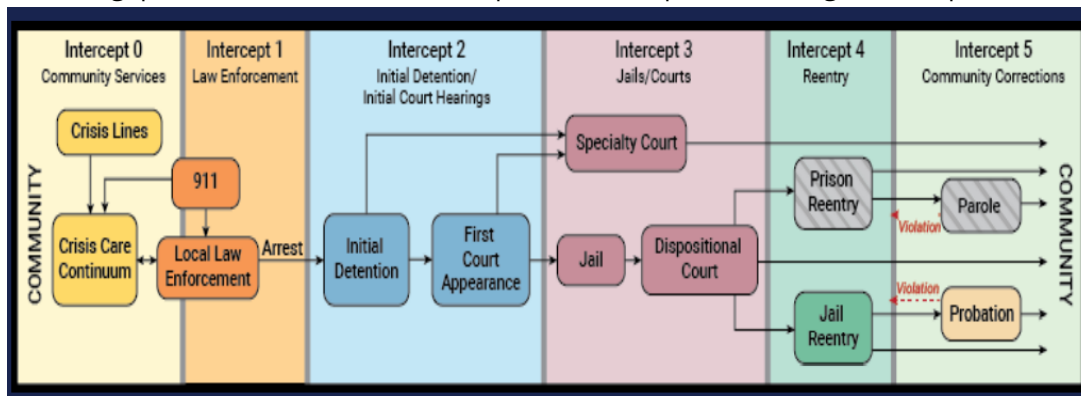
External Stakeholder Work Group

- Members: Diverse group of stakeholders representing a broad array of experiences and subject matter expertise from across the SIM

Next Steps: Convene workgroups quarterly

Strategic Planning

Purpose: The Sequential Intercept Model (SIM) details how individuals with MH and SUD come into contact with 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.



Next Step: Finalize the Texas SIM Implementation Plan, Begin Scheduling SIM Mappings with All Texas Access and JCMH Community Diversion Coordinator Meetings

Key Initiatives and Projects

Eliminate the Wait.

Purpose: To eliminate the wait for competency restoration services in Texas through education, training and technical assistance for stakeholders.

Partners: The Judicial Commission on Mental Health and more than 20 other leaders representing behavioral health and justice systems across Texas.

Next Step:

- Publish a toolkit for LMHAs, LBHAs, LIDDAs, law enforcement, sheriffs, prosecutors, defense attorneys, and the courts that highlights strategies stakeholders can implement to eliminate the wait for competency restoration services.
- Offer Sequential Intercept Model Mapping to communities who seek to better understand how individuals encounter and flow through their local justice systems and develop strategies to address system gaps.
- Provide targeted technical assistance to stakeholders who seek additional support in implementing the Eliminate the Wait checklists.

Council of State Governments Housing Community of Practice

Purpose: To identify strategies for expanding housing options for people who are justice involved with complex needs.

Partners: Council of State Governments Justice Center, the Corporation for Supportive Housing, the Texas Department of Housing and Community Affairs, the Texas State Affordable Housing Corporation, the Office of Mental Health Coordination

Next Step: HHSC will work with partners to finalize a report with recommendations for state agencies to pursue to expand housing options for people who are justice involved with complex needs.

Community Diversion Coordinator Pilot

Purpose: To pilot community diversion coordinator positions that are responsible for leveraging pre- and post-booking diversion opportunities to reduce the number of individuals with MH, SUD, and IDD in the criminal justice system.

Partners: Judicial Commission on Mental Health and Health and Human Services Commission

Next Step: Three sites were selected: Denton, Grayson, and Smith Counties. HHSC will provide technical to the three pilot sites, including participation in the Jail In-Reach Learning Collaborative.

Study of Challenges to the Use of Diversion Programs

Purpose: To assess and understand the challenges experienced by law enforcement when utilizing prearrest diversion programs. Findings will be used to target areas of improvement that will facilitate increased utilization of pre-arrest diversion programs by law enforcement.

Partners: Texas Institute for Excellence in Mental Health, Bill Blackwood Law Enforcement Management Institute (LEMIT), Texas Police Chiefs Association, Sheriffs' Association of Texas

Next Step: The survey has received IRB approval and will be disseminated in October-November.

Questions/Answers/Comments

Dallas County has implemented the "Right Care Team" to address community mental health issues.

Zero Intercept is a priority. Housing is an issue; Competency restoration is an issue. Multidisciplinary response teams have been effective (SMART Teams).

The effort is two pronged: Helping people in jails and preventing people from entering jails.

Bring the skills of peer support to police officer training

5. Consideration of annual report A copy of the draft report was not made available to the public. Comments on the report are listed below. The report is for state fiscal year 2020. The report would have been voted on at the August meeting but was not voted on due to the lack of a quorum.

The report presented at the august meeting appears below.

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-year behavioral health strategic plan and coordinating expenditure plan. The committee established several subcommittees to develop recommendations.

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

Background

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

- Review the joint Mental Health and Substance Abuse Block Grant Plan and make recommendations;
- Advocate for adults and children with substance use disorders, serious mental illness, serious emotional disturbance, and other individuals with substance use issues, mental illness, or emotional problems; and
- Monitor, review, and evaluate at least once each year the allocation and adequacy of behavioral health services within the state.

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

Federal public law specifies the membership requirements for the committee, including representatives of community-based mental health systems, adults with serious mental illness who 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.

The document reviewed by the committee, may have differed from that discussed at the August meeting.

MOTION: Accept the report with one minor nonsubstantive edit prevailed.

6. BHAC subcommittee updates

a. Access to Care & Community Engagement—Looking at children’s services and school initiatives developing a link between MHAs and education.

b. Children & Youth Behavioral Health—They focused on school based mental health at the last meeting. There was a conversation around the need for grief and trauma training. SAMHSA awarded the system of care grant discussed previously and will focus on behavioral health services.

c. Housing –They always have a very good turnout. The Affordable housing corporation made a presentation. TSAHC started collaboration with HHSC, and money follows the person. We looked into recovery housing and tracking HB707. The Housing Choice plan is still under review by HHSC.

d. Peer Specialist & Family Partner Services—

Action item from the subcommittee to be voted on the next meeting

Identifying skills training materials for families

Services are not Medicaid reimbursable, but skills training is

Peer run organizations should be added to the Medicaid provider list

Peer organizations should be monitored by HHSC to ensure peers are being hired and working within their scope of practice

There is a rate hearing on peer supports coming up. The rate was initially set too low, and services are being billed under the rehab rate.



MOTION: Behavioral Health Advisory Committee go on record testifying at the hearing for increased/competitive rates for peer supports. The motion failed for the lack of a second.

HHSC stated that comments can be submitted as individuals but not as a group. This could be an ethics issue.

MOTION: Recommend that the BHAC recommends that the peer reimbursement rate be increased substantially to match the rehab rate. The motion failed for the lack of a second.

MOTION: Recommend to provider finance that the peer services reimbursement rate be increased to at least \$15 per quarter hour and increased proportionately for group services and be sent in written form. (Summarized). The motion prevailed.

e. Policy & Rules—The committee has not met since the last BHAC meeting.

7. Public comment.

Sonja Burns stated that maintaining a capable workforce is critical. You must get real time feedback from people providing and receiving services.

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

- Talking points from presentations
- Resources from presentations
- Facilitate offline conversations with Dr. Simpson
- Information from the Peer meeting will be sent
- Finalizing comments for the Acute Care rate hearing
- Next meeting will be on a Friday, February 11th, 2022.

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

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