



**HHSC: Behavioral Health
Advisory Committee &
Statewide Behavioral
Health Coordinating
Council Joint Meeting
(BHAC SBHCC), October 8,
2020**



Background and Role of Advisory Committees.

Behavioral Health Advisory Committee. The Health and Human Services Commission established the Behavioral Health Advisory Committee as the state mental health planning council in accordance with the state's obligations under 42 U.S.C. §300x-3.

The purpose of the committee is to provide customer/consumer and stakeholder input to the Health and Human Services system in the form of recommendations regarding the allocation and adequacy of behavioral health services and programs within the State of Texas. The BHAC considers and makes recommendations to the HHS Executive Commissioner consistent with the committee's purpose.

Recommendations to Health and Human Services system agencies regarding behavioral health services include:

- 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, rural, and frontier 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.

Statewide Behavioral Health Coordinating Council. 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.

The SBHCC was established to ensure a strategic statewide approach to behavioral health services. The SBHCC's core duties include:

- Develop and monitor the implementation of a five-year statewide behavioral health strategic plan
- Develop annual coordinated statewide behavioral health expenditure proposals
- Annually publish an updated inventory of behavioral health programs and services that are funded by the state

Though the Health and Human Services Commission oversees SBHCC operations, the functions and duties of the SBHCC extend by HHSC's purview with shared accountability to the heads of agencies and institutions of higher education comprising the SBHCC, and ultimately, the Texas Legislature.

SAMHSA was consulted on the establishment of these committees and their separate operation. BHAC and SBHCC meet:

- Federal requirements for a mental health planning council; and
- State requirements for an advisory committee focused on behavioral health issues.

The strategic Plan Goals:

- Goal 1: Program and Service Coordination
- Goal 2: Program and Service Delivery
- Goal 3: Prevention and Early Intervention Services
- Goal 4: Financial Alignment
- Goal 5: Statewide Data Collaboration

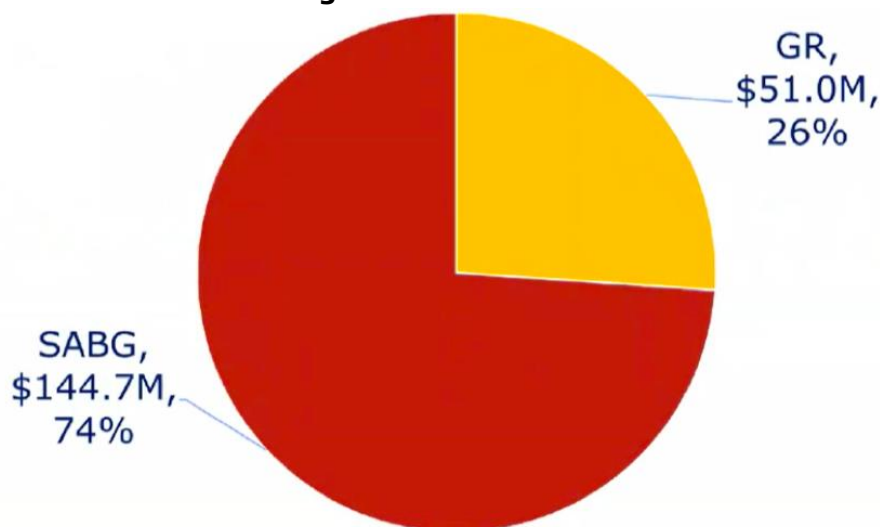
BHAC recommendations must support the goals of the Texas Statewide Behavioral Health Strategic Plan. Recommendations should be:

- Fully developed;
- Assessed for feasibility by the state; and
- Approved by stakeholders.

Recommendations are extremely helpful when funding opportunities become available and decisions for use of funds need to be made quickly.

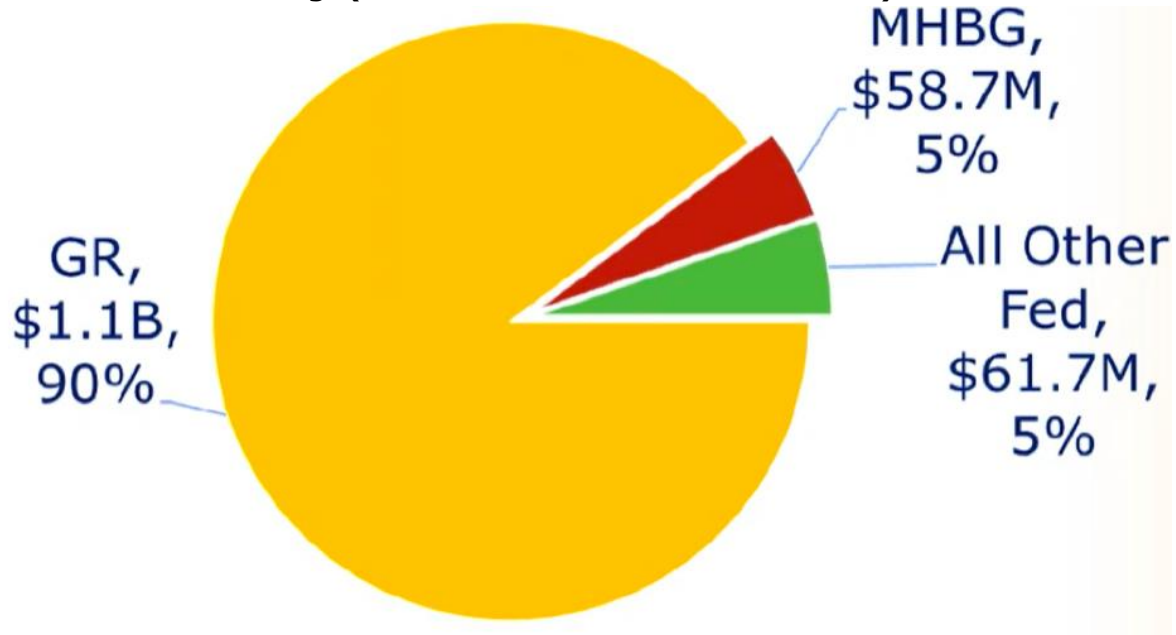
Behavioral Health Funding Sources.

Substance Use Funding:

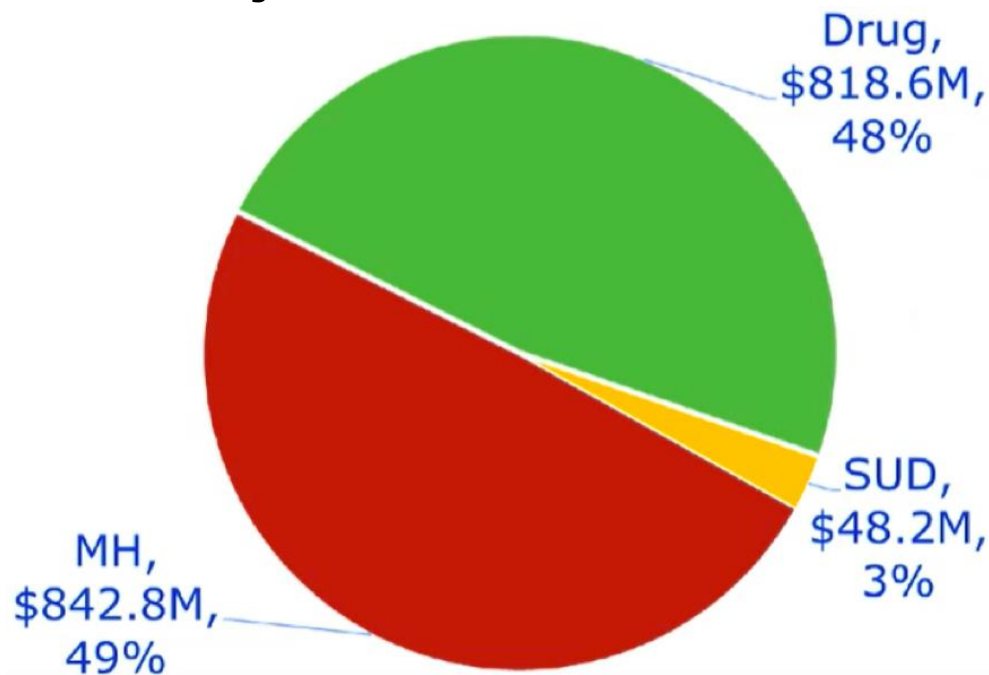


Funding is always monitored to ensure that all the funding is spent. There is sufficient flexibility to do this with unspent funds.

Mental Health Funding: (The federal funds are not Medicaid)



Medicaid Funding:



Questions/Answers/Comment

The Federal funds are included in the appropriation from the legislature. The federal funds can be spent over two years. It is basically unexpended balance authority granted by the federal government. Accounting strategies are used to accommodate the funding requirements.

How are the outcomes tracked? HHSC is supposed to use data-driven decision-making. There are metrics that are tracked with the contractors through contract requirements. Measures are posted on the HHSC website through the Office of Decision Support.

Is there a requirement for the percentage of dollars that must go to children and adolescents? HHSC stated they will be getting to that.

Administration Block Grants.

Substance Abuse Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment (SABG) is targeted for:

- Prevention of substance misuse and treatment of substance use disorders.

Community Mental Health Services (MHBG) is targeted for:

- Comprehensive community mental health services to adults with serious mental illness and children with serious emotional disturbances.

The purpose of the SABG is to provide funds to states for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and other related activities with the following goals:




- Promote prevention of substance use and misuse through primary prevention activities.
- Promote access to substance use disorder treatment services for women who are pregnant or have dependent children.
- Provide outreach and promote access to SUD treatment for at-risk populations.
- Provide individuals with a recovery-oriented system of care to support their recovery.

The purpose of the MHBG is to enable states to carry out their respective plans for providing comprehensive community-based mental health services for adults with serious mental illness and children with serious emotional disturbances with the following goals:

- Ensure access to a comprehensive system of care.
- Promote participation by individuals and their families in planning and implementing services and programs, as well as evaluate state mental health systems.
- Ensure access for underserved populations, including people who are homeless and residents of rural areas.
- Promote recovery and community integration for adults with serious mental illness and children with serious emotional disturbances.

Key Deliverable Dates:

Deliverable	Scope/Purpose	Federal Release Date	State's Submission Due Date
Biennial plan/application	MH & SUD: update or renew all sections	Early May (of odd numbered years) ¹	Sept 1 (of odd numbered years)
Mini-application	MH & SUD: update/renew funding certifications, expenditure reports for year 2 of biennial plan, & advisory committee information	July 1 (of even numbered years)	Sept 1 (of even numbered years)
Biennial plan/application Report #1	MH & SUD: report year 1 progress on targets MH only: update children's MH set aside and MOE ² SUD only: update reports on expenditures ³ , populations, services, performance indicators, and accomplishments	Sept 1 (of even numbered years)	Dec 1 (of even numbered years)
Biennial plan/application Report #2	Similar to above for year 2	Sept 1 (of odd numbered years)	Dec 1 (of odd numbered years)

 Concurrent with Texas Legislature's last month in session
 Maintenance of effort
 For previous 1 or 2 years depending on the table

Role of Recommendations.

The two bodies have made recommendations that improve the system that are taken into consideration when leveraging funding and implementing programs. Examples of implemented recommendations include housing and other issues.

Recommendations can be made at any time. Not only in response to exceptional items or legislative session. They also provide support for existing and new initiatives. For example:

- Expand Supportive Housing Rental Assistance Programs; and
- Increase the Number of Coordinated Specialty Care programs.

In the past, about 5% of substance use be set aside for HIV. Currently that requirement has been lifted. Twenty percent is to be used for primary prevention and a set aside for pregnant women. DFPS clients are prioritized as well.

Questions/Answers/Comments

Recommendations can be submitted any time of year, not just with the legislative session.

The LAR is scheduled to be submitted tomorrow. There are different mental health strategies throughout the document, and they can be searched once posted on the LBB and HHSC website.

Maintenance of Effort is required for the substance use block grant, requiring that states match or exceed previous levels of provided funding.

Public Comment.

Written comments were provided by four individuals and are summarized below:

- Better housing is needed for people with behavioral health issues. They are having to live on the street.
- A personal story was related to the committee— the individual in question has been in ASH for six months without any apparent improvement. Medication prescribing issues were mentioned. Certain medication requests by family are being ignored.
- Step-down beds should be made available.
- People spend more time in jail than is necessary because of the lack of adequate beds. Community hospital beds should be made available.
- We need accountability.
- The redesign of ASH does not provide additional beds; this is a problem.
- We lack small group homes and there is a shortage of transitional models.
- We need more diversion services.
- We need more step-down facilities.
- We still do not have step-down facilities.
- There is no plan for continuity of care as people are discharged.

Live Testimony.

Gordon Butler, Pavilion Clubhouse, commented on the clubhouse model and told the committees what they do. They have lowered recidivism to 10 percent and have done similarly with hospitalizations. Ten thousand dollars per year per member is saved in health care costs. The clubhouse model is very cost-effective.

Q: How can additional state funding help clubhouses? **A:** Clubhouses are provided to all who apply with a need. Providing adequate funding is a challenge. They provided innovative programs that are unique, and save local communities tax dollars.

Sonja Burns related stories about her brother and problems with dispatch in crisis services. There is a revolving door at the state hospitals. Community stakeholders should have the ability to give real-time feedback. Inappropriate discharges are a death sentence.

Closing remarks and next steps. Today's meeting was geared to facilitate understanding of the funding and block grant systems. They enhance the overall funding that is available. In summary:

- There is a varied and complex funding system for behavioral health services.
- The SAMHSA block grants are one funding mechanism.



- Block grants may not be used to fund all recommendations, but can enhance overall funding available, and support initiatives that meet eligibility for spending.
- Recommendations provide a road map for system and services improvements.

Moving forward, this meeting will be held annually in late May or early June; additional educational materials will be provided ahead of that meeting.

This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of the organization and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless the organization grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of the organization or its management.
