



**HHSC: Behavioral
Health Advisory
Committee, October 9th,
2020**



The [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.

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.

Members:

<p>Pedro Federico Alfaro, MD Local Government Laredo</p> <p>Doug Beach Family Member San Antonio</p> <p>Chris Carson Managed Care Organization Dallas</p> <p>Elizabeth (Liz) Castaneda Adult Consumer Austin</p> <p>Donna Fagan Family Member & Parent of Child with Serious Emotional Disturbance Seguin</p> <p>Robert Gilmore Advocate Houston</p> <p>Shannon Hoffman Other Behavioral Health Member Austin</p> <p>Colleen Horton Other Behavioral Health Member Smithville</p> <p>Cynthia Humphrey Association of Substance Abuse Programs Kerrville</p> <p>Meredith Stacy Jones Adult Certified Peer Provider Hutto</p>	<p>Lidya Osadchey Representative of the Interagency Coordinating Group for Faith and Community-Based Organizations Houston</p> <p>Cassandra Ramirez Adult Consumer Del Rio</p> <p>Gabriella Reed Local Government El Paso</p> <p>Andrea Richardson Representative of the Texas Council of Community Centers Round Rock</p> <p>Vanessa D'lise Vale Saenz Advocate Edinburg</p> <p>Jordan Smelley Youth/Young Adult Burleson</p> <p>Aghaegbulam Uga Provider El Paso</p> <p>Wayne Young Provider Houston</p> <p>Vacant Other – Tribal Representative</p>
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1. Welcome, opening remarks, and introductions. The meeting was convened by the Chair, Doug Beach. Mr. Beach described the purpose of the committee and stated that the strategic plan had been approved.

2. Approval of minutes for June 23, 2020, and August 7, 2020. The minutes from both meetings were approved as drafted

3. [Health and Human Services Commission \(HHSC\) updates](#)

Behavioral Health Services

COVID 19 Update. In response to the disaster declaration, flexibilities were provided through all levels of health service, using guidance by the CDC and the DSHS. A broadcast message provided clarity on the flexibilities.

COVID: Behavioral Health. HHSC is working to provide guidance and support during this health crisis and is working diligently to address concerns and questions. Behavioral Health Services is maintaining a COVID-19 Provider Issues Management Log and FAQ document to respond to and support providers. Check this website frequently for updated information.

- [Substance Use and Misuse Prevention Contract Guidance \(PDF\)](#)
- [Behavioral Health Services COVID-19 FAQ \(PDF\)](#)
- [Frequently Asked Questions for LIDDAs \(PDF\)](#)

[Visit the Medicaid & CHIP Services page](#) for more program specific COVID-19 information.

Incident Reporting

- HHS regulated providers can self-report incidents affecting resident health/safety, including issues related to COVID-19, online to the Health and Human Services Commission or by calling 1-800-458-9858.
- [Incidents Submission Portal for Long-term Care providers](#)
- [Incidents Submission Portal for Health Care Quality providers](#)

Provider Guidance

- [Questions and Answers from Long-term Care Facebook Live Discussions Hosted by Sen. Zaffirini \(PDF\)](#)
- [Expanded Visitation in Texas Long-term Care Facilities \(PDF\)](#)
- [Additional Reopening Guidance to Child Care Providers \(PDF\)](#)
- [COVID-19 Response for Home and Community-based Services Residential Providers \(PDF\)](#)
- [COVID-19 Response Plans for ALFs \(PDF\)](#)
- [Nursing Facility COVID-19 Response Plan Guidance \(PDF\)](#)
- [HHSC Reminds Long-term Care Providers to Check for Updated COVID-19 Guidance \(PDF\)](#)
- [COVID-19 Response for ICF/IIDs \(PDF\)](#)

Provider Resources

- [Nursing Facility COVID-19 Expansion of Reopening Visitation Emergency Rule \(PDF\)](#)
- [ICF/IID COVID-19 Expansion of Reopening Visitation Emergency Rule \(PDF\)](#)
- [ICF/IID COVID-19 Response Emergency Rule \(PDF\)](#)
- [Nursing Facility COVID-19 Response Emergency Rule \(PDF\)](#)
- [Assisted Living Facility COVID-19 Response Expansion of Reopening Visitation Emergency Rule \(PDF\)](#)
- [Assisted Living Facility COVID-19 Response Emergency Rule \(PDF\)](#)

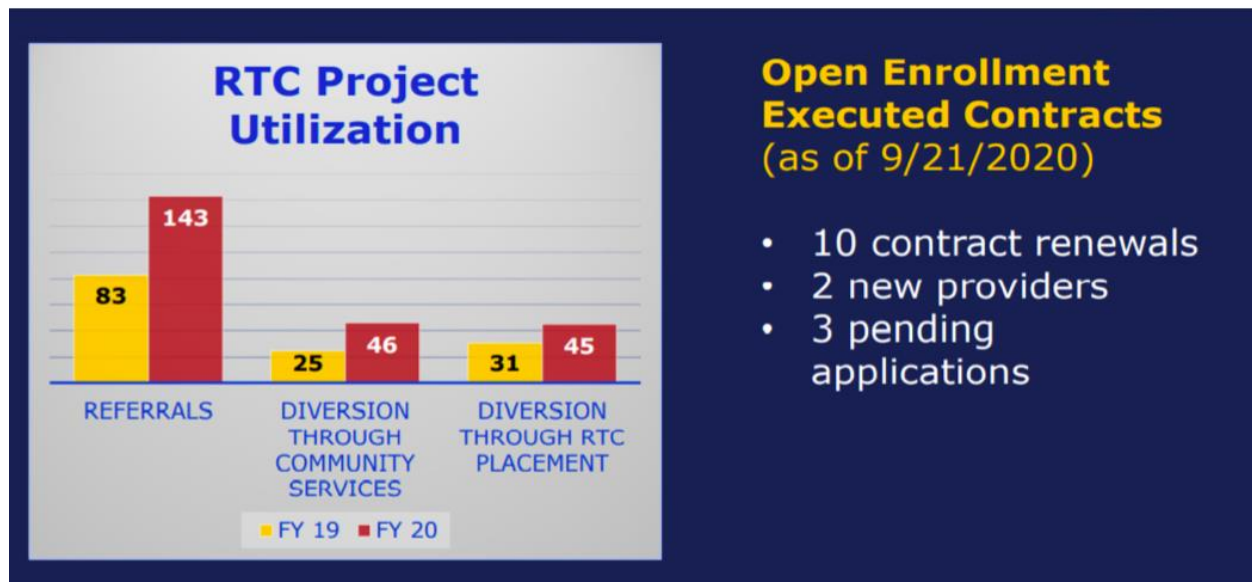
- [Frequently Asked Questions for ALFs about COVID-19 \(PDF\)](#)
- [Coronavirus Visitation Resource for ALFs and NFs \(PDF\)](#)
- [Frequently Asked Questions for Child Care Regulation Background Checks \(PDF\)](#)
- [Frequently Asked Questions Regarding Guidance for Open Day Care Operations \(PDF\)](#)
- [DAHS COVID-19 Emergency Rules \(PDF\)](#)
- [Frequently Asked Questions for DAHS facilities \(PDF\)](#)
- [DAHS COVID-19 Response Plan \(PDF\)](#)
- [DAHS Infection Control Checklist \(PDF\)](#)
- [Frequently Asked Questions for Home Community-based Services and Texas Home Living \(PDF\)](#)
- [HCSSA COVID-19 Emergency Rules \(PDF\)](#)
- [Inpatient Hospice COVID-19 Response – Reopening Visitation Emergency Rules \(PDF\)](#)
- [Frequently Asked Questions for Inpatient Hospice Facilities \(PDF\)](#)
- [Frequently Asked Questions for ICF/IIDs \(PDF\)](#)
- [Nursing Facility COVID-19 Testing Reimbursement FAQs \(PDF\)](#)
- [Nursing Facility COVID-19 Testing Frequently Asked Questions #2 \(PDF\)](#)
- [Nursing Facility Testing Frequently Asked Questions #1 \(PDF\)](#)
- [Frequently Asked Questions for Nursing Facilities \(PDF\)](#)
- [Frequently Asked Questions for Opioid Treatment Programs \(PDF\)](#)
- [PPECC COVID-19 Emergency Rule \(PDF\)](#)
- [Frequently Asked Questions for PPECCs \(PDF\)](#)
- [COVID-19: Questions and Answers Regarding Facemasks and Respirators \(PDF\)](#)

Questions/Answers/Comments

Is data available on the additional expenses that providers have been incurring due to COVID? HHSC stated that data is usually handled in an open records request.

Residential Treatment Center Project

Texas Family Code Chapter 262, as amended by Senate Bill 44, 83rd Legislature, Regular Session, 2013, created the Residential Treatment Center Relinquishment Avoidance Project. The RTC Project is a joint collaboration between the Texas Health and Human Services Commission and the Department of Family Protective Services. Families are matched with state-funded residential placement that meets the mental health needs of their child while maintaining full custody and rights as a parent or guardian.



There are presently 12 projects in place and that will increase to 17.

Ongoing Challenges

- HHSC has limited contracts with RTC providers.
- Contracted RTCs often deny referrals for placement stating that the needs of the children and adolescents are too high.
- The general public has limited information and knowledge about the RTC Project.

New Initiatives

- HHSC will develop targeted mental health training for RTCs through the Centralized Training Infrastructure.
- HHSC is hosting quarterly technical assistance calls with LMHA/LBHAs and RTCs.
- HHSC is developing community outreach materials, including a youth and family guide.

On the Horizon

- Alternative Pathway to Access Services: HHSC is exploring alternative pathways to access services through the RTC Project. This would allow families to be referred directly through their LMHA/LBHA.
- Competitive Rates: HHSC is exploring a more dynamic and flexible reimbursement structure to remain competitive with other state agencies.

- Supporting Post-Adoption Families: HHSC is working with DFPS to reserve a portion of its statewide capacity for children and adolescents who have exhausted funding through Post-Adoption services.

Questions/Answers/Comments

This has been worked on for a very long time; some gap analysis has been done to see where gaps exist. The changes for foster children are exciting for children on the brink of relinquishment. One of the problems with the current process, is that it takes up to 12 weeks to get children into the slots. We need to develop an alternative pathway for emergencies. We are not getting to the children that this program was created for.

Joint conservatorship had been legislated but joint conservatorship is designed differently across the state.

HHSC stated that the wait times in the past have been lengthy. Last year, progress was made in reducing the wait time to four weeks, but that is still too long. COVID-19 has exacerbated placements. Some of the process improvements will address emergency placements. We have to have contract providers who will accept the children referred to them. There is a differential in the rates, and this could impact the availability of beds for clients who draw a lower rate.

There was concern about providers abusing their power over parents when DFPS is involved.

HHSC committed to getting more information on Joint Conservatorship.

Some of these issues should be addressed to the subcommittees to manage the follow-up.

Intellectual and Developmental Disabilities

The plan is designed to develop additional housing options and time is needed to research the complexity of the issue. There is the need for an array of housing options.

Behavioral Health in IDD Waivers

Program	Enrolled	BH Diagnosis	Percent (%)
CLASS	5611	2703	48%
DBMD	363	167	46%
HCS	27792	18381	66%
ICF/IID	5487	4003	73%
MDCP	6056	3123	52%
SSLC	3049	1236	41%
TxHmL	6210	3342	54%
Nursing Facility	88416	66473	75%

Date Range: 09/01/2018-08/31/2019

SB429, had it been enrolled, would have required this group look at the employment issues and develop a plan. They went before the Statewide Behavioral Health Coordinating Council (SBHCC) and asked for support to help develop the plan that had been considered by the legislature. The first open meeting of the Council will be on October 28th.

Exceptional Item 22 for outpatient mental health services was used to form a learning collaborative and brought folks together to promote best practices. We are now in year two, and there are five LIDDA authorities to provide outpatient services for people with IDD. There are assessments looking at the whole person, and education and training with professionals and community partners. They will implement a collaborative care case management approach, and will provide consultations to nurses and other professionals and will do skills training.

Office of Mental Health Coordination and Statewide Behavioral Health Coordinating Council. The development of the strategic plan is a current focus with the substance use subplan. They are working under the initial strategic plan, and they are in the last year of that plan. The new plan will cover 2022-2026. There will be a subplan for substance use. There will be some early planning and a survey is going to be deployed in early November. This will drive what goes into the strategic plan.

4. Discussion: Goal setting and prioritization for fiscal year 2021 and next steps.

Member Comments:

- We should look back over the strategic plan and the HHS business plan
- There are open positions on the BHAC and we should look at representation
- We have to look at our status in implementing recommendations
- The plan should guide us in the strategic areas and the subcommittees should be used to address the goals and objectives
- We should develop a dashboard for shared and usable data
- Training should be provided to members on the system of care
- Impact of COVID 19 on the integrated care subcommittee and its purview rolling into another committee

Current Subcommittee	Chair & Members	Proposed or Recommended Changes	New or Future Subcommittee
Mental Health Condition & Substance Use Disorder Parity Workgroup	Chair(s): • Greg Hensch BHAC Members: • None	Remain a subcommittee with no additional actions or changes needed.	Mental Health & Substance Use Disorder Parity Workgroup • Sunset date: Sept. 1, 2021
Children & Youth Behavioral Health Services	Chair(s): • Kisha Ledlow • Barbara Granger BHAC Members: • Donna Fagan • Shannon Hoffman • Jordan Smelley • Gabriella Reed	Remain a subcommittee with no additional actions or changes needed.	Children & Youth Behavioral Health Services
Policy	BHAC Members: • Gabriella Reed (Chair) • Shannon Hoffman (Chair) • Colleen Horton • Chris Carson	<ul style="list-style-type: none"> • Combine with rules & integrated care • Add self-direction Q1 2021 	Policy & Rules [to include integrated care & self-direction]
Housing	Chair(s): • Jason Howell BHAC Members: • Liz Castañeda • David Beach	Remain a subcommittee with the following actions needed: <ul style="list-style-type: none"> • Ask for BHAC membership; • Needs chair 	Housing

Current Subcommittee	Chair & Members	Proposed or Recommended Changes	New or Future Subcommittee
Access to Care & Community Engagement	Chair(s): • None BHAC Members: • None	Create a new subcommittee with the following actions needed: • Ask for BHAC membership; • Needs chair	Access to Care & Community Engagement
Peer Specialist & Family Partner Services	BHAC Members: • Jordan Smelley (Chair) • Donna Fagan (Chair) • Colleen Horton	Create a new subcommittee with no additional actions needed	Peer Specialist & Family Partner Services
Self-directed care	BHAC Members: • Andrea Richardson • Colleen Horton	Discontinue as formal subcommittee and absorb into "Policy & Rules"	
Rules	BHAC Members: • Chris Carson • Donna Fagan	Combine with "Policy & Rules"	
Integrated Care	BHAC Members: • Aghaegbulam Uga (Chair) • Andrea Richardson	Combine with "Policy & Rules"	
Block grant	BHAC Members: • Shannon Hoffman	Discontinue formal subcommittee and move to annual Joint BHAC & SBHCC meetings	

The Policy Committee will be taking up those items and merging the Rules Committee into the Policy Committee. The Policy Committee does not want to duplicate the effort of other subcommittees.

Parity Work Group has generated their deliverable (a strategic plan of sorts to be finalized in November). This committee will be sunsetted next year.

Children and Youth Behavioral Health Services will be left as it is. They represent families, children and youth. They have had some briefings, but the speaker did not go into detail.

The Housing Committee is preparing the housing choice plan to expand housing opportunities for people with behavioral health needs.

Block Grant Subcommittee will be discontinued and moved to the Joint BHAC/SBHCC.

New Subcommittee is proposed— Access to Care and Community Engagement to improve access to mental health care. Community engagement is also a need for families that would be addressed. Access to data is an important component.

5. Subcommittee annual review (vote required). (Please follow this link for more detail.)

There are two recommendations: one for peer support and one for family partners. There was also approval sought to form the subcommittee.

Advisory Committee: Behavioral Health Advisory Committee Advisory Committee Charge-Vision-Mission: 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.

MOTION: Approval to form the Peer and Family Partner Subcommittee - prevailed.

Expanding eligibility for peer support services to youth and young adults under the age of 21 would expand access to valuable peer support services provided by mental health peer specialists and recovery support peer specialists. These are services that enhance the possibility for recovery and have the potential to save lives. It is important to understand that mental health peer specialists and recovery support peer specialists actually do provide peer support services to youth and young adults in various settings. The problem we need to have corrected is the lack of Medicaid reimbursement for these services.

Recommendation: Amend Medicaid rules to extend the same eligibility requirements to individuals under the age of 21 for peer support services funded through Medicaid. This request is not to allow youth, or anyone under the age of 18 to be certified as a mental health mental health peer specialists and recovery support peer specialists. This request simply asks that youth and young adults have the ability to access and receive valuable services provided by certified peer support specialists.

MOTION: Approval of the recommendation above - prevailed.

Nearly half of all children diagnosed with a behavioral health disorder do not receive treatment (Ghandour, et al., 2019), and these access challenges are even greater in rural settings (Angold, et al., 2002; Reuter, et al., 2007). The proposal provides for the critical needs of families with youth and adolescents with serious emotional disturbances by expanding family peer support services. Include Parent/Family Peer Support, provided by Certified Family Partners, Certified Family Peer Support Providers or Certified Family Specialists, as determined by the state certifying entity as a Medicaid covered service to caregivers of children with serious emotional disturbances. The need for mental health services for youth and their families is greater than ever.

Recommendation: Meet the critical needs for families of youth and adolescents with serious emotional disturbances by expanding family peer support services. Include Parent/Family Peer Support, provided by Certified Family Partners, Certified Family Peer Support Providers or Certified Family Specialists, as determined by the state certification entity as a covered service under the Medicaid State Plan to caregivers of children with serious emotional disturbances. Creating a peer support service that can be provided to caregivers of children and adolescents with serious emotional disturbances within the Medicaid State Plan would allow mental health specialty providers to hire and compensate Certified Family Partners, Certified Family Peer Support Providers or Certified Family Specialists, as determined by the state certification entity and expand the availability of the service to reflect local need.

- The Executive Commissioner should designate a workgroup, inclusive of representatives of certified family partners, current training organizations, families who have received services for their child, and other relevant stakeholders, to provide recommendations on a service definition, training and certification requirements, and state infrastructure to support workforce capacity.
- By 2021-2022 amend the Medicaid State Plan to include peer support services provided to parents or other primary caregivers of children with serious emotional disturbance.
- Provide training and/or technical assistance to specialty mental health providers on the recruitment, support, and retention of family peer support within the workforce.
- Conduct on-going quality monitoring to measure workforce capacity, access to parent peer support, quality of care, and outcomes of services to children, youth, and families.

This recommendation addresses:

- Gap #8: Use of Peer Services of the Texas Statewide Behavioral Health Strategic Plan.
- Gap#13: Behavioral Health Workforce Shortage

MOTION: Approve Family Partner Recommendation as written - prevailed.

6. Public Comment.

There was written public comment submitted and the issues from the comments are summarized below. Duplicate comments are not repeated:

- A continuum of housing options that includes permanent supported housing options is desirable
- Assistive outpatient treatment is important
- Prescription needs are not being addressed and family requests for pharmaceutical support are being ignored
- There has to be a true continuum of care for SMI patients
- Too many cycling through hospitalization and chronic homelessness (same testimony as submitted at the joint meeting)
- Step-down services are needed
- Accountability from LMHAs
- Elimination of the IMD exclusion

Oral Public Comment.

Sonja Burns related stories about her brother and others with issues arising from 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. Housing is an issue. She commented on the failure of the LMHA in providing support.

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

- Next meeting is February 5th
- COVID-19 talking points
- Refer to the Children and Youth Behavioral Health Services the ongoing discussion on joint conservatorship and residential treatment centers
- Provide a link to the first live statewide Behavioral Health Coordinating Council
- System of care presentation/orientation for the February meeting
- List of subcommittees and the dates/times that they will meet
- Update on the integrated care recommendation from HHSC

8. Closing Remarks. There being no further business, the meeting was adjourned.

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.
