



# **Statewide Behavioral Health Coordinating Council**

**February 24, 2022**



[Statewide Behavioral Health Coordinating Council](#) develops, updates, and oversees the implementation of the Texas Statewide Behavioral Health Strategic Plan which outlines a coordinated effort to address behavioral health gaps in services and systems.

### **Members**

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Texas Department of Housing and Community Affairs
- Alexander Comsudi  
Grant Attorney and Administrator  
Court of Criminal Appeals
- Scott Ehlers  
Special Counsel, Director of Public Defense Improvement  
Office of Court Administration/Texas Indigent Defense Commission
- Andrew Friedrichs  
Justice Programs Administrator  
Office of the Governor
- Sonja Gaines  
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Health and Human Services Commission, IDD-BH Services
- Stephen Glazier  
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University of Texas Health Science Center – Houston
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Texas Veterans Commission
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University of Texas Health Science Center – Tyler
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Texas Workforce Commission
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- Luanne Southern  
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Texas Child Mental Health Care Consortium
- Shandra Sponsler  
Deputy Branch Manager, Family Support Services  
Texas Military Department
- Elizabeth Sterling  
Special Education Director  
Texas School for the Deaf
- Kristi Taylor  
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Supreme Court of Texas
- Nancy Treviño, Ph.D.  
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Health Professions Council (representing the State Board of Dental Examiners, the Texas State Board of Pharmacy, the State Board of Veterinary Medical Examiners, the Texas Optometry Board, the Texas Board of Nursing and the Texas Medical Board).
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Vice Chair of Child and Adolescent Psychiatry  
Texas Child Mental Health Care Consortium
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- Chris Varady  
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- Julie Wayman  
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Texas Education Agency
- April Zamora  
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Texas Department of Criminal Justice/Texas Correctional Office on Offenders with Medical or Mental Impairments

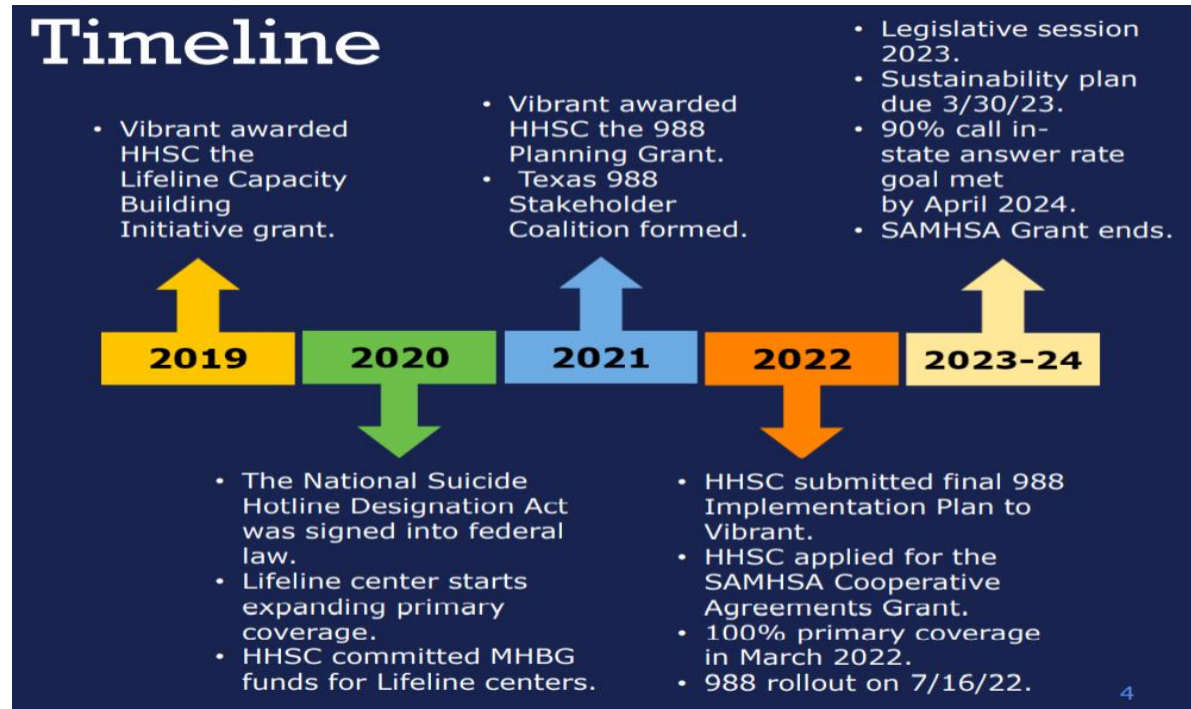
**1. Welcome, opening remarks, and introductions.** The meeting was convened by Courtney Harvey, Chair.

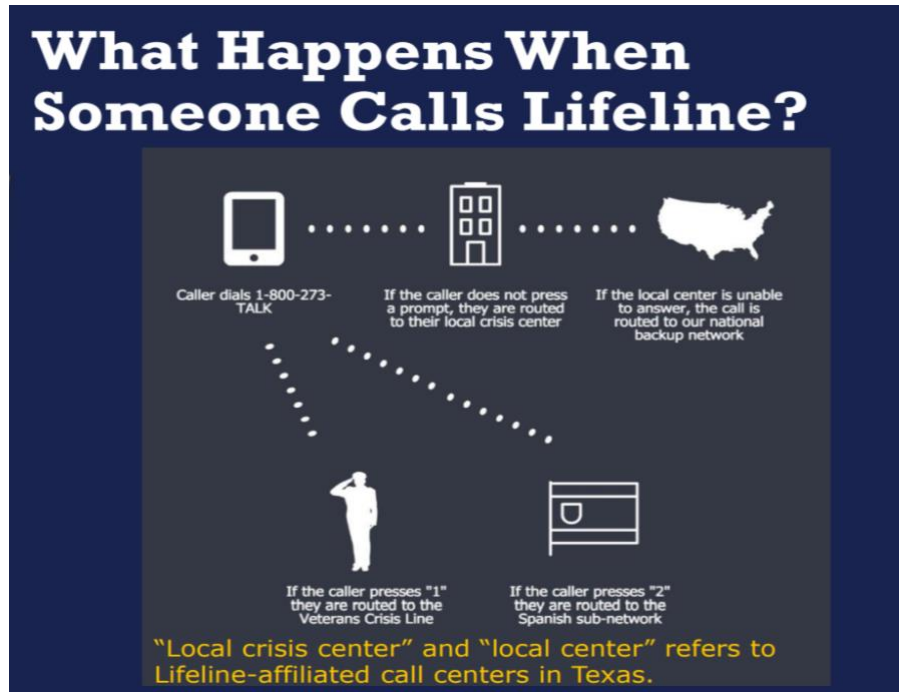
**2. Consideration of October 27, 2021, draft meeting minutes.** The minutes were approved as written.

**3. [Presentation: Implementation of 988 National Suicide Prevention and Mental Health Crisis Hotline](#)**

The National Suicide Prevention Lifeline (Lifeline)(988) is a network of over 180 independent local and state call centers. It is not one large national call center. It is funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and is administered by Vibrant Emotional Health (Vibrant) and is available 24/7. The hotline provides confidential support to people

in distress, suicide prevention and crisis resources, and best practices for professionals. It can be reached by calling 1-800-273-TALK.





The focus is for the caller to talk to someone in Texas and not have to go to the national back-up.

**Lifeline: Follow-Up Best Practices** Vibrant requires a follow-up call for callers with current thoughts of suicide 24 to 72 hours after contacting Lifeline.

- About 15% of callers require follow-up
- Most Texas Lifeline centers report they conduct follow-up calls within 24 hours

**Lifeline: Resources and Linkages** Texas Lifeline centers have access to various resource listings

- 2-1-1
- Aunt Bertha/findhelp.org
- Network of Care

Lifeline centers have written procedures for:

- Providing access to resources, making referrals for services, and
- Activating emergency services for callers outside the Lifeline center's local service area.

**Lifeline: Transfer to Local Crisis Services** Lifeline centers have written procedures for providing access to resources, making referrals for services, and activating emergency services for callers outside the Lifeline center's local service area. Callers requiring emergent or urgent care services are warm transferred to the crisis hotline of the local authority in their county of residence or current location.

There are five Lifeline-affiliated call centers in Texas:

- The Suicide & Crisis Center of North Texas
- The Harris Center
- Integral Care
- Emergence Health Network
- ICARE Call Center of MHMR Tarrant

To be part of the Lifeline network, a center must:

- Be certified, accredited, or licensed by an external body;
- Follow specific standards for answering Lifeline calls; and
- Be willing to participate in Lifeline evaluation activities.

988 is designated as the U.S. universal telephone number for the purpose of the national suicide prevention and mental health crisis hotline system operated through Lifeline. It is comprised of Centralized network routing

- Backups and efficiencies
- Centralized quality assurance and operating standards

Crisis care service effectively reduces emotional distress and suicidality (free and accessible to all, 24/7/365), and can link to care, outreach services, and follow-up. Care is grounded in a focus of least restrictive intervention possible.

988 will support Texas' current crisis services infrastructure and as such, may easily divert from law enforcement involvement in mental health emergencies due to the ease of remembering a three-digit number. 988 implementation planning efforts include outreach to 911/Public Service Access Points for telephone support and appropriate linkages to mental health services.

**988 Planning Grant.** The grant assists state agencies in planning for the implementation of a new, national, three-digit number (988) for mental health crisis and suicide response. The grant, awarded to HHSC on February 20, 2021, funds stipends for the Texas Lifeline call centers and contracting with a strategic planning consultant: Texas Suicide Prevention Collaborative. The grant period ended January 31, 2022.

### **988 Planning Grant Milestones**

Goal 1: Develop a clear roadmap to address key coordination, capacity, funding, and communication strategies foundational to launching of 988, which occurs on or before July 16, 2022.-- Created and submitted the Final 988 Implementation Plan on January 21, 2022.

Goal 2: Plan for the long-term improvement of 988 contacts in-state answer rates.

- Created and convened a monthly 988 key stakeholder coalition workgroup; and
- Developed strategies in alignment with Vibrant's eight core 988 planning and implementation considerations.

#### Grant Deliverables

Deliverable	Due Date	Status
Landscape Analysis	April 16, 2021 (deadline extended)	Complete
Draft Implementation Plan	September 30, 2021 (deadline extended)	Complete
Final Implementation Plan	January 21, 2022 (deadline extended)	Complete

#### HHSC Priorities for 988 Implementation

1. Ensure 24/7 statewide primary coverage of Lifeline calls to meet Vibrant answer rate goals.
2. Develop plans to secure sustainable and diversified funding to support 988 implementation.
3. Ensure adequate workforce pipeline to meet projected call volume estimates.
4. Evaluate Texas Lifeline system for adherence to Vibrant best practices and ensure plans are developed to close any gaps in operating policies and procedures or service provision.
5. Ensure all Lifeline centers have access to appropriate, reliable, and accurate resources, referrals, and linkages to all Texans who contact 988.

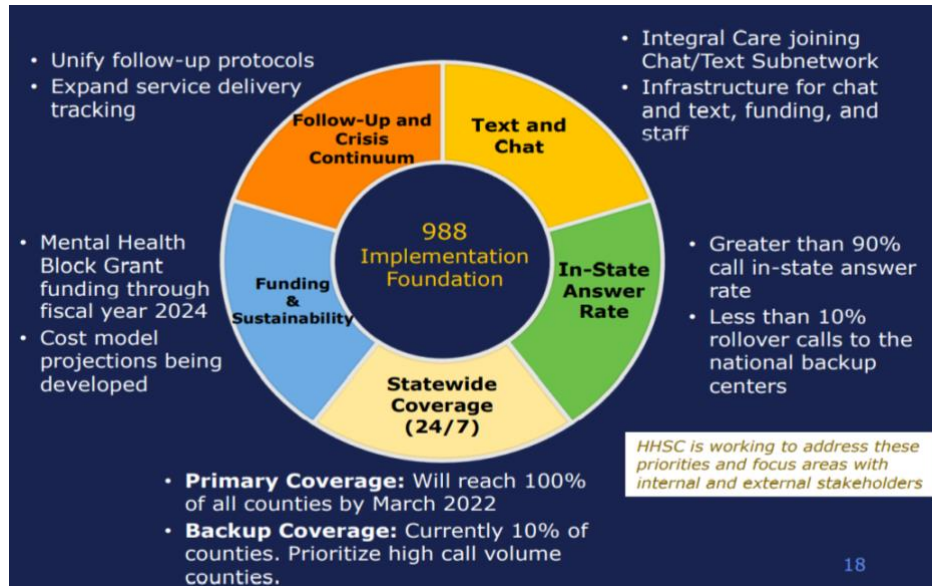
#### Eight Core 988 Planning and Implementation Considerations

1. Ensure statewide coverage for 988 calls, chats, and texts.
2. Secure adequate, diversified, and sustained funding streams for Lifeline member centers.
3. Expand and sustain center capacity to maintain target in-state answer rates for current and projected call, text, and chat volume.
4. Support crisis centers in meeting Lifeline's operational standards, requirements, and performance metrics.
5. Convene a coalition of key stakeholders to advise on 988 planning and implementation.
6. Maintain a comprehensive, updated listing of resources, referrals, and linkages; plan for expanded services.
7. Ensure all state centers can provide best practices follow-up to 988 callers/chatters/texters.



8. Plan and implement campaign awareness for 988.

### Keys to 988 Success



### 988 Implementation

By June 30, 2022 (988 pre-launch):

- States are to achieve and maintain an 80% or higher in-state answer rate for Lifeline calls; and
- Have sufficient capacity to receive and handle at least 50% of the projected chat/text volume.

By June 30, 2023 (988 post-launch):

- States are to achieve and maintain a 90% or higher in-state answer rate for Lifeline/988 calls; and
- Have sufficient capacity to receive and handle at least 80% of the projected chat/text volume.

988 will launch July 16, 2022.

### 988 Implementation Barriers and Challenges. Possible delays to full implementation:

- Local workforce: Lifeline center staff turnover, hiring, and retention challenges for qualified professionals
- Text and chat adoption: Lifeline centers in Texas do not yet receive texts/chats and use the required Vibrant software.



- 24/7 coverage: Ensuring 24/7 primary coverage for all counties and adequate backup coverage
- Funding and sustainability: Currently heavily reliant on federal block grant funding to subsidize operations
- Expansion of 988: Unknown scaling, growth, and public adoption of 988 including intersections with 911

### **Discussion.**

There will be a rider 58 report that will provide a landscape of where we are. 988 marketing and communications will be in effect 2023 operated by SAMHSA.

Are there anticipated impacts to part of the mental health system that are not under the authority of the HHSC?

HHSC stated that is an unknown at this point. Partners will be making 988 known. This is something that can be promoted by all agencies. The speaker stated that he would be happy to come back and talk about the post 90 day implementation.

### **4. Presentation: Overview of Certified Community Behavioral Health Clinics**

In Texas, CCBHCs are built on a philosophy that emphasizes consistent quality, care coordination, and the best outcomes for the people we serve.

A CCBHC is a model of care integrating substance use treatment and primary care screenings into mental health care settings. Care coordination is the “linchpin” of the CCBHC model.

### **CCBHC Timeline**

- 2014 - Protecting Access to Medicare Act of 2014 creates CCBHCs
- 2015 - Substance Abuse and Mental Health Services Administration (SAMHSA) awards planning grants to 24 states, including Texas
- 2016 - Eight Texas pilot sites certified as part of CCBHC Planning Grant; Texas not selected for national demonstration
- 2017 - Pilot sites begin operating as CCBHCs; refinement of certification materials
- 2019 - Total CCBHCs increases to 12; creation of process for statewide expansion
- 2020 - Blueprint for a Healthy Texas includes goal to certify all local mental/behavioral health authorities (LMHAs/LBHAs) as CCBHCs; total CCBHCs increases to 24
- 2021 - Continued CCBHC expansion; total CCBHCs increases to 32
- Present - Continued CCBHC expansion efforts with LMHAs/LBHAs and non-profit entities

As of January 2022, there were 32 CCBHCs certified by HHSC (30 LMHAs/LBHAs and two non-profits) covering 187 counties (More than 89% of Texans). The remaining LMHAs and LBHAs are seeking certification and will be certified soon.

### **Certification Process**

- Organization submits Texas CCBHC Application form and memorandum of understanding
- Desk review of all relevant policies and procedures
- Staff interviews with the Texas CCBHC Initiative Team
- Up to three submissions allowed and technical assistance offered after first submission
- Certification valid for three years

### **Requirements and Expectations**

Six main criteria (160 criteria elements in all):

- Staffing
- Service availability and accessibility
- Care coordination
- Scope of services
- Quality and other reporting
- Governance

The needs assessments are used to inform service delivery. How centers work across different areas and with community partners is a focus and the system is driven by client outcomes. The following must be directly offered by the CCBHC:

- Crisis mental health services (contracting for crisis care can be used in some limited cases)
- Screening, assessment, and diagnosis
- Patient-centered treatment planning
- Comprehensive outpatient mental health and substance use services

The following can be offered through a partnership (many CCBHCs provide these services directly):

- Outpatient primary care screening and monitoring of key health indicators and health risk
- Targeted case management
- Psychiatric rehabilitation services
- Peer specialist services and Family Partner Supports
- Veterans' services

#### CCBHC Impact

- Consistent set of organization expectations for services delivery
- Targeted primary care screenings as a minimum requirement
- Care is driven by what is clinically indicated, regardless of payer
- Requires provision of peer specialist services and family partner supports
- Cannot have waitlists
- Treatment and recovery plans must be coordinated across mental health and substance use for all clients when applicable
- Requires use of electronic health records and data sharing
- Must have a written continuous quality improvement plan
- SAMHSA model that aligns with current and upcoming funding opportunities

#### Future Impacts

- Administrative, clinical, and data learning communities
- Directed payment program for Behavioral Health Services
- Transitioning from implementation to sustainability
- Review of current Texas behavioral health policies to align with CCBHC criteria
- Develop new policies as needed to embed CCBHC principles into Texas behavioral health

#### Q and A

*When will all LMHAs/LBHAs be certified as CCBHCs?* We are expecting certification of all by the end of March.

*Will CCBHCs eventually replace LMHAs/LBHAs?* No.... CCBHC is an accreditation and a way of operating. Not a distinct entity.

*Will the LMHAs/LBHAs have CCBHC clients and non-CCBHC clients?* There should not be a delineation

*How will CCBHC change the funding for the LMHAs/LBHAs?* The directed payment program and grant opportunities. Other creative payment programs.

*Are CCBHCs still able to serve Youth Empowerment Services Waiver and Home and Community Based Services–Adult Mental Health clients?* Yes, because CCBHC is a model of care and not a care program.

*Will the LMHAs/LBHAs still be required to follow their existing requirements through the Performance Contract Notebook and other contracts?* Yes. All entities must follow their contracting requirements.

*Are there contract requirements that may have to be changed to align with CCBHC requirements?* No but that is being worked on through the policy alignment initiative.

**Contact:** [TexasCCBHCInitiative@hhsc.state.tx.us](mailto:TexasCCBHCInitiative@hhsc.state.tx.us)

#### **Discussion.**

Relative to peer services and veterans, there have been questions about setting up alignment initiatives for veterans. There is a need to address technical assistance in this regard. It is more about demonstrating the effort already taking place.

Are there other avenues beside the general email?  
HHSC stated that there is a CCBHC website.

If you are a client, how do you determine eligibility?  
HHSC stated that you can receive the services by walking into a CCBHC, getting an assessment. If the assessment states the need, then services will be provided.

### **5. Presentation: Introduction to Texas Opioid Abatement Fund Council**

Funding is provided through a Fund Created from Opioid Abatement Settlements administered by the Comptroller's Office.

- Distributors (AmerisourceBergen, Cardinal Health, and McKesson) Global Settlement Agreement
- Janssen Global Settlement Term Sheet dated July 21, 2021
- Global Settlement Allocation Term Sheet
- Janssen State-Wide Settlement Agreement and Term Sheet as of October 14, 2021

#### **Composition of the Council**

- Six regional members
- Four members who are current or former healthcare professionals
- One member each appointed by the Gov. , Lt. Gov., Speaker of the House, and Texas Attorney General
- One member employed by a hospital district appointed by the Gov.
- One member employed by a hospital district appointed by the attorney general

- One member of Law Enforcement
- One Non-voting member and presiding officer (designee of the Comptroller)

<https://comptroller.texas.gov/programs/opioid-council>

### **Treatment Success Measures.**

#### **Primary Outcomes**

- Opioid use
- Retention in treatment
- Opioid withdrawal symptoms
- Number of overdoses
- Death

#### **Opioid Outcome Measures**

- Self-Report measures
- Urine Drug Testing (UDTs)

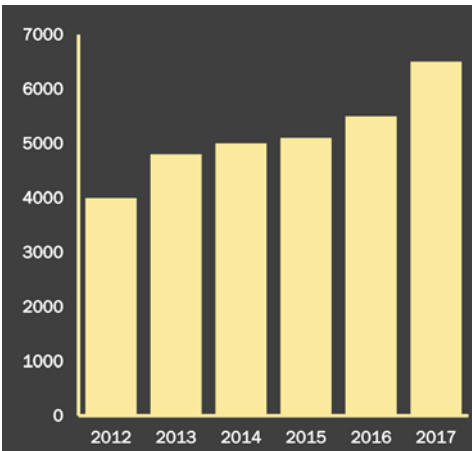
Based on a review article by Biondi, B., Zheng, X., et al Published in the American Journal of Addiction Medicine, 29: 249-267, 2020

#### **Key Issues for Grant Proposals**

- Outcome Measures
- Sustainability Plan & Community Partnerships
- Staffing Issues
- History of Providing Successful programs
- Research would have a low priority

He suggested that money could be funded through the Medicaid agency. The speaker stated that there is a data lag that complicates the need related issues.

INDIVIDUALS RECEIVING OPIOID TREATMENT  
THROUGH MEDICAID



## Discussion

What is the time frame for spending the funding?

It is not intended to spend it all the first year. It would be a waste of time to spend the funding too rapidly.

Are state agencies and institutions of higher education able to apply for the fund?

The speaker stated that his take on the issues is that they would be able to apply for funds.

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**6. Update on SBHCC strategic plans and reports** The annual progress report was posted on HHSC reports webpage. There was a financial report prepared and it will be posted soon on the website as well. Items being worked on.

Next statewide strategic plan to continue the original plan that expired in 2021. There will be two plans in one document and will be posted about March 1, 2022. (Behavioral Health plan and the Diversion Plan)

## **7. Subcommittee update.**

**Workforce Subcommittee:** There are small workgroups within the subcommittee. They looked at mental health professionals receiving funds for training. They have the data and will present it at

the next meeting. We are looking at program 2020. There is a data workgroup looking at how to use data in a meaningful way.

**Suicide Prevention Subcommittee:** There have been new subject matter experts have been added to the team. They are looking at the data that is available. They are considering recommendations on how to collect and use the data to effect change. There was interest in developing a suicide related white paper. An outline has been developed.

- Laying out what data can and cannot tell us about suicide (who, what, when and where)
- Key limitations of data
- The need to suppress some of the data to protect privacy and confidentiality
- What are the true data sources that have been used
- Definitions

#### **8. Roundtable: Member updates.**

- Court of Criminal Appeals—No update
- DFPS—No update
- DSHS—Center for Health Statistics has updated dashboards, including opioid; Peer assisted helpline is operative for 83,000 EMS personnel
- Health Professions Council—No update
- Indigent Defense Commission--\$5 million to expand mental health capacity TIDC.Texas.gov
- Judicial Commission on Mental Health—Judicial summit will be November 2-4; Proposals are due April 1<sup>st</sup>. ; We are doing more and more technical assistance.
- Governor’s Office—No update
- Texas Healthcare Consortium—No update
- Civil Commitment Office—No update
- TDCJ and TCCOMMI —heavily involved in doing subcommittee work; They got a new grant for veterans services. Continue to work on juvenile issues.
- TEA—at a conference on partnerships for ESCs and LEAs because that is what they do. Partnerships with all agencies and entities advance their work. School data base from SB11 is being developed and coordinated with HHSC for resource availability
- Juvenile Justice—treatment program for youth is growing using Dr. Perry’s model for assessment. They are using evidence based services.
- Texas Military Department—Pilot project is wrapping up for crisis response training. Working with Operation LoneStar
- Texas Tech Health Science Center—No Update
- Veteran’s Commission—homeless coordinators have been hired; They posted a position for suicide prevention coordinator



- TDHCA—2 billion in rental assistance program is wrapping up. Mortgage assistance program is ramping up . 800 plus vouchers are targeted for at risk of homelessness individuals and are targeting the smaller rural areas.
- TWC—There have been two different units in HHSC reached out requesting TWC to do a presentation on rehab services and eligibility.
- UTHSC, Houston—March 28<sup>th</sup> to admit patients to the new hospital units and will operate forensic units and competency restoration. Working on developing a continuum of service delivery for competency restoration. Providing housing is also in the plans.
- UTHSC, Tyler—No update
- HHSC—Symposium is scheduled and registration is open; The IDD Strategic Plan was released in January

**9. Public comment** Written public comment was sent in and shared with members, but not the public.

\_\_\_\_\_ **Musgrove, relative of a loved one**, related her personal experience with HCBS which failed her son. She commented on how Dell Seton failed her son who was treated after a self-injury attempt. He had been seen by Integral Care who went looking for him. She stated her son needs step down care. She commented that providers should listen to families. She stated she does not understand.

**Sonja Burns, Sister** stated there is no continuum of care. She stated her support for 988 service referenced above. She commented on the failure of Dell Seton with her brother. We must connect people to appropriate care. Everybody is complicit. She commented on patients who have been arrested directly from the hospital. She recommended that if LMHAs know of a client who is in jail, they should go visit them there. She stated that she wants to scream and curse.

## **10. Review of action and agenda items for next meeting and closing remarks**

May 19, 2022, is the next meeting

- Indigent Defense Commission to receive mental health first aid training. It is also available for other agencies. HHSC is the contact.
- Link for RFPs and publications will be sent to members
- Suicide Prevention Symposium
- IDD Strategic Plan will be sent to members
- What can be done with the intercept model and to be better informed
- Role of a public defender to be presented by the indigent defense commission

- Information from across the state for peer support and how to access them. Their role in supporting adults and youth.
- Youth without placements who utilize public services
- Mapping sessions to be developed farther in the future

**11. Adjournment.** There being no further business, the meeting was adjourned.

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*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 Texas Insight 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 Texas Insight 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 Texas Insight or its management.*

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