



NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

BOARD OF DIRECTORS MEETING

January 8, 2025
12:00 PM

NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

Board of Directors Meeting

A Videoconference Meeting (Pursuant to Tex. Gov't Code § 551.127) will be held on
Wednesday, January 8, 2025 @ 12:00 PM

Presiding Officer will be present at meeting Location: 8111 LBJ Frwy., Suite 900; Dallas, TX 75251

General Public May Join Webinar Meeting

<https://ntbha-org.zoom.us/j/89842631153?pwd=XTaKIXhJHupAulssOkxFPbmCP6s9VD.1>

Passcode: 098778

Limited Accommodations will be made for the general public to attend in person according to Social Distancing Guidelines.

Therefore, it is highly encouraged due to COVID-19 that the general public join the meeting using the Zoom information above.

A G E N D A

The NTBHA Board of Directors will meet in a regularly scheduled and posted open meeting to consider, discuss and possibly take action on:

**denotes item which requires a vote*

Item #	Agenda Item	Attachment
1.	Call to Order and Declaration of Quorum	Commissioner Dr. Elba Garcia, Chair
2.	Secretary's Report <i>*Present Minutes for approval: November 2024</i>	Judge Cody Beauchamp, Secretary <input checked="" type="checkbox"/>
3.	Finance Committee Report <i>*Financial Reports for approval: October, November 2024</i>	Ryan Brown, Treasurer <input checked="" type="checkbox"/>
4.	Public Commentary - <i>Limited to 2 minutes – only those who are registered</i>	
	Consent Agenda Items	
5.	Provider Meeting Update	Matt Roberts <input checked="" type="checkbox"/>
6.	PLAG - Psychiatrists Leadership & Advocacy Group Update	John Bennett, M.D. <input checked="" type="checkbox"/>
7.	PNAC - Planning & Network Advisory Committee Update	Walter Taylor, PhD
8.	Legislative Update	Janie Metzinger <input checked="" type="checkbox"/>
	Agenda Item	

9.	Presentation: <i>Nexus Recovery Programs, Services, and Future Plans</i>	Heather Emmanuel Ormand, Chief Executive Officer, Nexus Recovery	
10.	Chief Executive Officer's Overview and Analysis	Carol Lucky	X
11.	*Resolution 425-2025 Approve NTBHA 2025 Employee Benefits Contract Renewal	Carol Lucky	X
12.	*Resolution 426-2025 Approve Website Hosting & Security Services Contract with Webhead	Carol Lucky	X
13.	*Resolution 427-2025 Approve OBOT (Office Based Opioid Treatment) Services Agreement with UT Health Science Center – San Antonio, Amendment No. 2	Carol Lucky	X
14.	*Resolution 428-2025 Accept FY2024 External Financial Audit	Carol Lucky and Elizabeth Goodwin	X
15.	Executive Session <i>The Board may go into Executive Session pursuant to Chapter 551, Subchapter D, Texas Govt. Codes as shown below:</i>		
16.	Discussion and possible vote in open session on matters considered in Executive Session	Commissioner Dr. Elba Garcia, Chair	
17.	Next Regular Board of Directors Meeting: February 12, 2025	Commissioner Dr. Elba Garcia, Chair	
18.	Adjourn	Commissioner Dr. Elba Garcia, Chair	

***Action Items - Discussions and possible approval**

If during the course of the meeting covered by this notice the Board of Directors should determine that a closed or executive meeting or session of the Board of Directors is required, then such closed or executive meeting or session is authorized by the Texas Open Meetings Act, Texas Government Code, Section 551.001 et seq., including but not limited to the following sections and purposes:

Tex. Gov't Code § 551.071 – Consultation with attorney to seek advice on legal matters.

Tex. Gov't Code § 551.072 – Discussion of purchase, exchange, lease, or value of real property.

Tex. Gov't Code § 551.073 – Deliberations regarding gifts and donations.

Tex. Gov't Code § 551.074 – Deliberations regarding the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of a public officer or employee.

Tex. Gov't Code § 551.076 – Deliberations regarding security devices or security audits.

Tex. Gov't Code § 551.087 – Deliberations regarding Economic Development negotiations.

North Texas Behavioral Health Authority
Minutes of the Board of Directors Videoconference Meeting
Presiding Officer and NTBHA CEO were present at 8111 LBJ Fwy, Dallas, TX 75251
November 13, 2024, at 12:00 PM

2024 Attendance	Jan 10	Feb 14	Mar	Apr 10	May 8	Jun 12		Jul 10	Aug 14	Sep 11	Oct 9	Nov 13	Dec
Commissioner Dr. Elba Garcia, <u>Chair</u> Dallas County	X	A	N	X	X	X		X	X	X	X	X	N
Janis Burdett, <u>Vice-Chair</u> Ellis County	X	X	N	X	X	X		X	X	X	X	X	N
Ryan Brown, <u>Treasurer</u> Dallas County	X	X	N	X	X	X		X	X	X	A	X	N
Sherry Sheffield, PhD, <u>Secretary</u> Hunt County	X	X	N	X	A	X		A	X	X	R	R	N
Judge Mary Bardin, Kaufman County	X	X	N	X	X	A		X	X	X	A	X	N
Judge Lela Lawrence Mays Dallas County	X	A	N	X	X	X		A	X	A	X	X	N
Maricela Canava Dallas County	X	X	N	X	X	A		X	X	X	X	X	N
Judge Cody Beauchamp Navarro County	X	X	N	X	A	X		X	X	X	X	X	N
Major Todd Calkins Rockwall County	X	X	N	X	X	A		A	X	A	X	X	N
Deputy Michael Allen Rockwall County	X	A	N	A	A	A		A	A	A	X	A	N
Captain Charlie York Navarro County	A	X	N	A	X	A		A	X	A	X	A	N
Sergeant Brad Elliott Ellis County	X	X	N	A	A	A		A	A	A	A	A	N
Nikki Haynes Hunt County	-	-	-	-	-	-		-	-	X	X	X	N

Attendance Legend:

X = Attended monthly BOD meeting

A = Absent

L = Late arrival; missed votes to approve minutes and/or financial report

R = Resigned

- = Position not appointed

N = No meeting held

E = Absent Excused

Item #1

Call to Order, Declaration of Quorum, and First Order of Business

Commissioner Dr. Elba Garcia, Chair, presided.

- Quorum Announced. Commissioner Dr. Elba Garcia, Chair brought the meeting to order and declared a quorum at 12:00 PM. This meeting was conducted as a videoconference via Zoom with limited board members and staff physically onsite. Approximately 41 participants were in attendance:
 - Board members noted above.
 - Various NTBHA staff members
 - Visitors (none in-person)

Item #2**Secretary's Report****Commissioner Dr. Elba Garcia, reported.**

The minutes for the October 9, 2024, board meeting were presented for approval. No revisions were noted.

- Vote. Ryan Brown moved for approval, seconded by Major Todd Calkins. The motion carried.

Item #3**Finance Committee Report****Ryan Brown, Treasurer, reported.**

The August and September 2024 financial reports were prepared by the accounting staff. Mr. Brown reviewed the reports and had no questions or changes and recommended approval. Mr. Brown stated that the fiscal year was finished in a very solid position. Commissioner Dr. Elba Garcia asked if Mr. Brown had an opportunity to review the information for the audit. Mr. Brown stated that the August financials were part of the information needed for the audit. He did review them, and they looked very good.

- Vote. Ryan Brown made the motion for approval, seconded by Janis Burdett. The motion carried.

Item #4**Public Commentary**

None

CONSENT AGENDA**Item #5****Provider Meeting****Item #6****PLAG – Psychiatrists Leadership & Advocacy Group****Item #7****PNAC – Planning & Network Advisory Committee****Item #8****Legislative Update**

Commissioner Dr. Elba Garcia asked if there were any bills pertaining to behavioral health in the current legislative session. Mrs. Metzinger is still reviewing the bills that were filed and will highlight them in her report. Judge Cody Beauchamp asked if federal bills were going to be tracked also. Mrs. Metzinger stated that yes, federal bills are going to be tracked also.

- Vote. Judge Beauchamp moved for approval of the **Consent Agenda** reports, seconded by Major Todd Calkins. The motion carried.

Item #9**Presentation:*****Bienstar Counseling, Arturo Ojeda, MD, MBA***

Mr. Ojeda gave an overview of Bienstar Counseling services they provide with a mission to be culturally competent and offer compassionate care to underserved populations with a focus on the Hispanic and low-income communities. 65% of Bienstar patients are Spanish speaking.

Comprehensive mental health services include individual therapy including play therapy for children from six years of age to 17 years old and adults up to 65 years old. Family and couples therapy is designed to help families and couples address conflict, improve communication and strengthen relationships.

Skills training for individuals and groups focus on improving adaptive skills related to behavioral health needs with the goal to enhance social functioning, increase independence and community integration.

Virtual therapy caters to patients who need to be seen after hours, may have transportation issues or virtual preference.

Psychiatric services include medication management to help patients who require pharmacological treatment as a part of their mental health care plan. The most treated conditions are depression, anxiety, bipolar disorder, schizophrenia, ADHD, PTSD, and post-traumatic stress disorder among others. All patients with the need for psychiatric services must also have counseling services.

Bienstar's staff diversity – U.S., Chile, Mexico, El Salvador, Puerto Rico.

Bienstar is committed to making an impact on our community by serving those without traditional access to care.

Item #10

Chief Executive Officer's Overview and Analysis

Carol Lucky, CEO, reported.

- **Performance Measures** – Individual served levels continue to reach goals required by the State.
- **Contracts** – a couple of contracts are still pending from HHSC. NTHBA received a proposed statement of work from the State on the Construction Grants, but no contract yet. Beginning discussions on a potential project in Kaufman County for mental health diversion services are underway. No other details have been received yet.
- **Netsmart Medical Record System update** – implementation is still ongoing.
- **Supported Employment** – NTBHA will be analyzing what is currently available and what the current workforce allows and potentially look for an RFP to increase this service level of supported employment in the community.

Item #11

*Resolution 423-2024 Ratify the HHSC Behavioral Health Workforce Internship Stipend Pilot Program for FY2025

Carol Lucky, CEO, reported.

This resolution ratified the signature of the CEO on the HHSC Behavioral Health Workforce Internship Stipend Pilot Program for FY 2025. This is a \$80K program for interns with bachelor's or master's degrees related to behavioral health coordinated through the colleges with a stipend of \$10,000 per student for 8 students.

- Vote: Major Todd Calkins motioned approval, seconded by Janis Burdett. The motion carried.

Item #12

*Resolution 424-2024 Approve Martin Luther King Jr. Day and Cesar Chavez Day as NTBHA Holidays

Carol Lucky, NTBHA's CEO, reported.

This resolution approved the Martin Luther King Jr. Day and Cesar Chavez Day as NTBHA Holidays.

- Vote: Judge Lela Lawrence Mays motioned approval, seconded by Maricela Canava. The motion carried.

Item #13

Executive Session

The Board may go into Executive Session pursuant to Chapter 51, Subchapter D, Texas Govt. Codes. If during the course of the meeting covered by this notice, the Board of Directors should.

determine that a closed or executive meeting session of the Board of Directors is required, then, such closed or executive meeting or session is authorized by the Texas Open Meetings Act, Texas government code, Section 551.001 et seq., including but not limited to the following sections and purposes:

Tex. Gov't Code § 551.071 – Consultation with attorney to seek advice on legal matters.

Tex. Gov't Code § 551.072 – Discussion of purchase, exchange, lease, or valued real property.

Tex. Gov't Code § 551.073 – Deliberations regarding gifts and donations.

Tex. Gov't Code § 551.074 – Deliberations regarding the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of a public officer or employee.

Tex. Gov't Code § 551.076 – Deliberations regarding security devices or security audits.

Tex. Gov't Code § 551.076 – Deliberations regarding Economic Development negotiations.

- The board did not meet for executive session.

Item #14**Discussion and possible vote in open session on matters considered in Executive Session.**

None.

Item #15**Next NTBHA Board Meeting**

- The next meeting is scheduled for **January 8, 2025, at 12:00 Noon.**

Item #16**Adjournment**

- Janis Burdett moved to adjourn, seconded by Major Todd Calkins.
- By vote of agreement, the NTBHA Board of Directors Meeting was adjourned at 1:25 P.M.

Signature: _____ Date: _____

Judge Cody Beauchamp, NTBHA Board Secretary

Acronyms & Terminology

340B	A federal drug pricing program
ACA	Affordable Care Act
ACOT	Adult Clinical Operations Team (see FACT)
ACS	Adapt Community Solutions (Mobile Crisis Provider for NTBHA, see MCOT)
ACT	Assertive Community Treatment
ADD	Attention Deficit Disorder
ANSA	Adult Needs and Strengths Assessment (also see CANS)
AOT	Assisted Outpatient Treatment
APAA	Association of Persons Affected by Addiction (Peer Support)
APN	Advanced Practice Nurse
APOWW	Apprehension by a Police Officer Without a Warrant
APRN	Advanced Practice Registered Nurse (also see APN)
AWP	Average Wholesale Price (pharmacy pricing benchmark)
BH	Behavioral Health (includes MH and CD)
BHLT	Behavioral Health Leadership Team (Dallas County workgroup)
BIPOC	Black, Indigenous and People of Color
BPD	Bipolar Disorder

The Bridge	Largest shelter in Dallas, a homeless assistance center
C&A	Child and Adolescent
CAA	Consolidated Appropriations Act of 2021
CANS	Child and Adolescent Needs and Strengths Assessment (also see ANSA)
CAP	Corrective Action Plan
CBT	Cognitive Behavioral Therapy
CCBHC	Certified Community Behavioral Health Center
CCO	Chief Clinical Officer
CD	Chemical Dependency (new term is SUD)
CFGC	Child and Family Guidance Center
CEO	Chief Executive Officer
CHIP	Children's Health Insurance Program (aka SCHIP)
CHW	Community Health Worker
CIT	Crisis Intervention Training (40-hour training sponsored by the City of Dallas Police Dept. to certify Mental Health Officers)
CJAB	Dallas County Criminal Justice Advisory Board
CLSP	Consolidated Local Service Plan (replaced LSAP in new contract)
CMBHS	Clinical Management of Behavioral Health Services
CMHP	Comprehensive Mental Health Provider (formerly known as SPN)
CMO	Chief Medical Officer
CMS	Centers for Medicaid and Medicare Services
COC	Continuum of Care
COMI	Coalition on Mental Illness
COPSD	Co-Occurring Psychiatric and Substance Use Disorders services
CPS	Child Protective Services
CRCG	Consumer Resource Coordination Group
CRSS	Coronavirus Response and Relief Supplement Act of 2021
CSH	Cooperation for Supportive Housing
CSO	Chief Strategy Officer
CTI	Critical Time Intervention Model (an Evidence-Based Practice)
DARS	Texas Department of Assistive & Rehabilitative Services (obsolete functions now under TWC or HHSC)
DBSA	Depression and Bipolar Support Alliance
DEA	Drug Enforcement Administration
DHA	Dallas Housing Authority
DPS	Department of Public Safety
DFPS	Department of Family and Protective Services
DIR	Texas Department of Information Resources
DSHS	Texas Department of State Health Services (now under HHSC)
DSRIP	Delivery System Reform Incentive Payment (funded under the Texas Medicaid 1115 Waiver program)
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition – classification and diagnostic tool for psychiatric disorders (see ICD-10)
EBP	Evidence-Based Practice
ECT	Electroconvulsive Therapy
EHR	Electronic Health Record
EMR	Electronic Medical Record
EMTALA	Emergency Medical Treatment and Labor Act
ER	Emergency Room
ESC	Education Service Center (Region 10 ESC is the local one with a NTBHA NPMHP onsite)
FACT	Family Child and Adolescent Team (see ACOT)
FACT	Forensic Assertive Community Treatment
FDU	Forensic Diversion Unit
FMAP	Federal Medical Assistance Percentage for Medicaid
FPL	Federal Poverty Level

FQHC	Federally Qualified Health Center
FSP	Free Standing Psychiatric (facility)
GAAP	Generally Accepted Accounting Principles
GASB	Governmental Accounting Standards Board
GR	General Revenue
HCBS	Home and Community-Based Services
HHSC	Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act of 1996
HMIS	Homeless Management Information System
HUD	Housing and Urban Development
ICD-10	10 th revision of the International Statistical Classification of Diseases & Related Health Problems – medical classification used in billing for treatment of diseases including behavioral health diagnoses (see DSM-5)
ICM	Intensive Case Management
ICW	Inpatient Care Waitlist
IDD	Intellectual and Developmental Disabilities (old term is MR)
IGT	Intergovernmental Transfer
ILA	Interlocal Agreement
IMD	Institutions for Mental Disease
IOP	Intensive Outpatient Treatment (SUD-related, also see SOP)
JBCR	Jail Based Competency Restoration
LAR	Legislative Appropriations Request
LBB	Legislative Budget Board
LBHA	Local Behavioral Health Authority (NTBHA is the local authority for both mental health and substance use disorders in our counties - an LBHA, not an LMHA)
LCDC	Licensed Chemical Dependency Counselor
LCN	Local Case Number
LCSW	Licensed Clinical Social Worker
LGBTQIA+	Lesbian, Gay, Bisexual, Transsexual/Transgender, Queer/Questioning, Intersex, Asexual (inclusivity)
LMFT	Licensed Marriage and Family Therapist
LMHA	Local Mental Health Authority
LMSW	Licensed Master Social Worker
LOC	Level of Care (as identified through TRR process)
LPC	Licensed Professional Counselor
LPHA	Licensed Professional of the Healing Arts (LPC, LCDC, LCSW, LMSW, LMFT, etc.)
LSAP	Local Service Area Plan (replaced by CLSP)
LTSS	Long-Term Services and Support
MAT	Medication-Assisted Treatment
MCO	Managed Care Organization (Medicaid Plans – Amerigroup, Children’s, Molina, Parkland, Superior)
MCOT	Mobile Crisis Outreach Team (ACS is NTBHA’s contracted MCOT provider, offering telephonic triage & face-to-face screenings.)
MDD	Major Depressive Disorder
MDHA	Metro Dallas Homeless Alliance
MH	Mental Health
MHA	Mental Health America
MHFA	Mental Health First Aid training
MHRT	Mental Health Response Team
MIW	Mental Illness Warrant
MLR	Medical Loss Ratio
MOU	Memorandum of Understanding
MR	Mental Retardation (new term is IDD)
NADAC	National Average Drug Acquisition Cost (pharmacy pricing benchmark)
NAMI	National Alliance for the Mentally Ill
NARSAD	National Alliance for Research on Schizophrenia and Depression

NIMH	National Institute of Mental Health
NPMHP	Non-Physician Mental Health Professional
NTBHA	North Texas Behavioral Health Authority
NTSPP	North Texas Society of Psychiatric Physicians
OCR	Outpatient Competency Restoration
OIG	Office of Inspector General
ONDPC	Office of National Drug Control Policy
OPC	Order of Protective Custody
OSAR	Outreach, Screening, Assessment, and Referral (SUD program)
P&Ps	Policies and Procedures
PA	Pre-authorization
PAC	Provider Advisory Council
PAP	Pharmaceutical Assistance Program
PASRR	Pre-Admission Screening and Resident Review
PATS	Post-Acute Transitional Services
PBM	Pharmacy Benefit Manager
PCN	Performance Contract Notebook
PCAS	Protective Custody Approval Services (formerly known as SPA)
PCP	Person-Centered Planning
PDR	Physician Desk Reference
PE&O	Prevention, Education, and Outreach
PESC	Psychiatric Emergency Service Center (aka 23-Hour Observation aka PES)
PHI	Protected Health Information (related to HIPAA)
PIF	Penalty and Incentive Funds
PIGEON	NTBHA's Provider Integration Gathering Eligibility ONLINE System
PLAG	Psychiatrists Leadership and Advocacy Group
PLAN	People Living Active Now, a program of Jewish Family Service
PMPM	Per Member Per Month
PNAC	Planning and Network Advisory Committee (for NTBHA)
PSH	Permanent Supportive Housing
PTSD	Post-Traumatic Stress Disorder
QM	Quality Management
QMHP	Qualified Mental Health Professional (as determined by TAC standards)
RAP	Rapid Assessment and Prevention (offered by some providers)
RLSC	Regional Legislative Steering Committee
RFI	Request for Information
RFA	Request for Application
RFP	Request for Proposal
ROI	Return on Investment
ROSC	Recovery Oriented System of Care
SA	Substance Abuse (new term is SUD)
SAMHSA	Substance Abuse and Mental Health Services Administration
SCA	Single Case Agreement
SCHIP	State Children's Health Insurance Program (aka CHIP)
SDA	Service Delivery Area (the six counties NTBHA serves)
SED	Severe Emotional Disturbances (in children)
SFY21, SFY22	Texas State Fiscal Years. SFY21 began Sept. 1, 2020, and ended Aug. 31, 2021. SFY22 began Sept. 1, 2021.
SGA	Second Generation Atypical Antipsychotics (class of medication)
SIM	Sequential Intercept Model (source: SAMHSA, The Smart Justice Program)
SME	Subject Matter Expert
SMI	Serious Mental Illness (also see SPMI)

SNF	Skilled Nursing Facility
SNOP	Special Needs Offender Program
SNRI	Selective Norepinephrine Reuptake Inhibitor
SOP	Supportive Outpatient Treatment (stepdown from IOP)
SPA	Single Portal Authority (see acronym for PCAS)
SPMI	Serious & Persistent Mental Illness, alternately, Severe & Persistent Mental Illness (also see SMI)
SSRI	Selective Serotonin Reuptake Inhibitor
SUD	Substance Use Disorder (formerly known as Substance Abuse or Chemical Dependency)
TAC	Texas Administrative Code
TANF	Temporary Assistance for Needy Families
TCADA	Texas Commission on Alcohol and Drug Abuse
TBRA	Tenant-Based Rental Assistance
TCJD	Texas Criminal Justice Division
TCM	Targeted Case Management (coordination of care with the Collin County Jail)
TCOOMI	Texas Correctional Office on Offenders with Medical or Mental Impairments (aka TCOOMMI)
TDC	Texas Department of Corrections (now known as TDCJ)
TDCJ	Texas Department of Criminal Justice (formerly known as TDC)
TMACT	Tool for Measurement of Assertive Community Treatment
TJPC	Texas Juvenile Probation Commission
TLETS	Texas Law Enforcement Telecommunications System
TP 55	Type of Medicaid for medically needy clients whose increased medical bills make them eligible for Medicaid (not currently eligible for NorthSTAR)
TRR	Texas Resilience and Recovery (person-centered, recovery-oriented treatment model adopted by the State of Texas that moved away from a disease-focused model)
TSH	Terrell State Hospital
TWC	Texas Workforce Commission (agency legislated to absorb some of the former DARS program along with HHSC)
UA	Uniform Assessment (In TRR, the UA is the CANS for kiddos & the ANSA for adults.)
UC	Uncompensated Care
UM	Utilization Management
VA	Veterans Administration
WRAP	Wellness Recovery Action Plan (support program offered by Mental Health America, not treatment)
YES, Waiver Program	Youth Empowerment Services Waiver Program

Pending Board Approval

North Texas Behavioral Health Authority
Statement of Revenue, Expenses and Changes in Net Position
 FY2025 All Combined Contracts MTD - OCT24

	MH/SUD Authority	MH	SUD	Housing	Other	MTD Total
Revenue						
Federal Revenue	0	3,808,227	718,342	0	193,531	4,720,100
State Revenue	840,436	4,164,402	71,892	29,151	0	5,105,882
Local Revenue	77,121	437,781	0	0	0	514,902
Match Revenue	0	54,458	0	0	0	54,458
IN KIND Revenue	0	873,497	0	0	0	873,497
Other Revenue	0	0	619,039	0	0	619,039
Interest Income	0	0	0	0	59,974	59,974
Total Revenue	917,557	9,338,366	1,409,273	29,151	253,505	11,947,853
Operating Expenses						
Provider Payments	0	6,926,208	644,431	0	1,203	7,571,843
In-Kind Provider Payments	0	873,497	0	0	0	873,497
Personnel Expenses	343,204	303,331	80,651	6,265	368,552	1,102,004
Personnel Fringe Benefits	141,490	116,626	37,246	1,872	(54,585)	242,648
Travel Expense	3,905	6,495	603	0	6,947	17,950
Supplies Expense	8,281	183,856	378	0	(58,559)	133,956
Contractual Expense	25,322	427,344	523	0	129,615	582,803
Other Expense	23,157	258,803	628,466	31,504	173,311	1,115,242
Depreciation Expense	0	0	0	0	40,535	40,535
Total Expenses	545,358	9,096,161	1,392,298	39,641	607,018	11,680,477
Admin Allocation						
Admin Allocation	372,199	186,671	10,122	2,234	(573,756)	(2,530)
Total Admin Allocation	372,199	186,671	10,122	2,234	(573,756)	(2,530)
Total	0	55,534	6,853	(12,724)	220,243	269,907
NET SURPLUS/(DEFICIT)	0	55,534	6,853	(12,724)	220,243	269,907

North Texas Behavioral Health Authority
Statement of Revenue, Expenses and Changes in Net Position
FY2025 All Combined Contracts YTD - OCT 24

	MH/SUD Authority	MH	SUD	Housing	Other	YTD Total
Revenue						
Federal Revenue	0	8,871,061	1,454,534	0	193,531	10,519,126
State Revenue	1,826,306	6,512,716	156,634	52,792	0	8,548,448
Local Revenue	155,508	537,559	0	0	0	693,067
Match Revenue	0	120,879	0	0	0	120,879
IN KIND Revenue	0	1,663,410	0	0	0	1,663,410
Other Revenue	0	0	619,039	0	838	619,878
Interest Income	0	0	0	0	108,837	108,837
Total Revenue	1,981,814	17,705,626	2,230,207	52,792	303,206	22,273,645
Operating Expenses						
Provider Payments	0	13,278,145	1,352,588	0	1,203	14,631,937
In-Kind Provider Payments	0	1,663,410	0	0	0	1,663,410
Personnel Expenses	641,899	645,529	161,432	12,000	729,141	2,190,000
Personnel Fringe Benefits	174,497	153,026	46,065	2,549	159,164	535,301
Travel Expense	7,339	21,771	1,201	0	18,396	48,708
Supplies Expense	9,565	322,080	743	0	57,197	389,584
Contractual Expense	48,146	678,501	1,058	0	196,760	924,465
Other Expense	34,101	459,699	636,945	55,410	364,658	1,550,812
Depreciation Expense	0	0	0	0	57,867	57,867
Total Expenses	915,547	17,222,160	2,200,033	69,958	1,584,386	21,992,084
Admin Allocation						
Admin Allocation	1,066,267	437,712	23,321	5,785	(1,535,615)	(2,530)
Total Admin Allocation	1,066,267	437,712	23,321	5,785	(1,535,615)	(2,530)
Total	0	45,754	6,853	(22,951)	254,435	284,091
NET SURPLUS/(DEFICIT)	0	45,754	6,853	(22,951)	254,435	284,091

North Texas Behavioral Health Authority
FY2025 BOD Budget Variance Report

October 31, 2024

	Actual	Budget	Variance	Year to Date		
				Actuals	Budget	Variance
Revenue						
Federal Revenue	4,720,100	3,715,484	1,004,616	10,519,126	7,430,967	3,088,159
State Revenue	5,105,882	7,946,800	(2,840,918)	8,548,448	15,893,600	(7,345,152)
Local Revenue	514,902	1,032,978	(518,076)	693,067	2,065,956	(1,372,889)
Match Revenue	54,458	639,473	(585,015)	120,879	1,278,946	(1,158,067)
IN KIND Revenue	873,497	-	873,497	1,663,410	-	1,663,410
Other Revenue	619,039	-	619,039	619,878	-	619,878
Interest Income	59,974	-	59,974	108,837	-	108,837
Total Revenue	11,947,853	13,334,734	(1,386,882)	22,273,645	26,669,468	(4,395,823)
Operating Expenses						
Direct Expenses						
Provider Payments	7,571,843	7,639,453	67,610	14,631,937	15,278,906	646,969
In-Kind Provider Payments	873,497	-	(873,497)	1,663,410	-	(1,663,410)
Personnel Expenses	1,102,004	1,426,132	324,128	2,190,000	2,852,264	662,264
Personnel Fringe Benefits	242,648	312,425	69,777	535,301	624,850	89,549
Travel Expense	17,950	26,383	8,433	48,708	52,766	4,058
Supplies Expense	133,956	97,704	(36,252)	389,584	195,408	(194,176)
Contractual Expense	582,803	3,070,797	2,487,994	924,465	6,141,594	5,217,129
Other Expense	1,112,710	743,322	(369,388)	1,548,282	1,486,643	(61,639)
Depreciation Expense	40,535	18,518	(22,017)	57,867	37,037	(20,830)
Total Operating Expenses	11,677,946	13,334,734	1,656,788	21,989,554	26,669,468	4,679,914
Net Surplus/(Deficit)	<u>269,907</u>	<u>-</u>	<u>269,906</u>	<u>284,091</u>	<u>-</u>	<u>284,091</u>

North Texas Behavioral Health Authority
Statement of Revenue, Expenses and Changes in Net Position
 FY2025 All Combined Contracts MTD - NOV24

	MH/SUD Authority	MH	SUD	Housing	Other	MTD Total
Revenue						
Federal Revenue	0	3,266,148	1,177,772	0	437	4,444,357
State Revenue	877,219	3,004,496	87,236	22,505	0	3,991,457
Local Revenue	127,091	573,244	165,195	0	0	865,530
Match Revenue	0	45,078	0	0	0	45,078
IN KIND Revenue	0	768,163	0	0	0	768,163
Interest Income	0	0	0	0	43,615	43,615
Total Revenue	1,004,310	7,657,128	1,430,204	22,505	44,051	10,158,198
Operating Expenses						
Provider Payments	0	5,465,298	1,298,240	0	(75)	6,763,463
In-Kind Provider Payments	0	768,163	0	0	0	768,163
Personnel Expenses	303,780	363,011	70,934	5,900	370,851	1,114,476
Personnel Fringe Benefits	84,099	91,399	30,617	1,684	79,902	287,701
Travel Expense	1,984	9,018	1,582	0	1,902	14,487
Supplies Expense	364	96	378	0	84,122	84,960
Contractual Expense	30,680	110,081	(174)	0	232,497	373,083
Other Expense	17,297	600,219	13,823	21,406	104,531	757,277
Depreciation Expense	0	0	0	0	32,192	32,192
Total Expenses	438,204	7,407,285	1,415,400	28,990	905,922	10,195,801
Admin Allocation						
Admin Allocation	568,350	281,846	14,804	2,993	(865,462)	2,530
Total Admin Allocation	568,350	281,846	14,804	2,993	(865,462)	2,530
Total	(2,244)	(32,003)	0	(9,477)	3,591	(40,133)
NET SURPLUS/(DEFICIT)	(2,244)	(32,003)	0	(9,477)	3,591	(40,133)

North Texas Behavioral Health Authority
Statement of Revenue, Expenses and Changes in Net Position
 FY2025 All Combined Contracts YTD - NOV24

	MH/SUD Authority	MH	SUD	Housing	Other	YTD Total
Revenue						
Federal Revenue	0	12,137,209	2,632,306	0	193,968	14,963,483
State Revenue	2,703,526	9,517,212	243,870	75,297	0	12,539,905
Local Revenue	282,599	1,110,803	165,195	0	0	1,558,597
Match Revenue	0	165,957	0	0	0	165,957
IN KIND Revenue	0	2,431,573	0	0	0	2,431,573
Other Revenue	0	0	619,039	0	838	619,878
Interest Income	0	0	0	0	152,452	152,452
Total Revenue	2,986,125	25,362,754	3,660,411	75,297	347,258	32,431,844
Operating Expenses						
Provider Payments	0	18,743,443	2,650,828	0	1,129	21,395,400
In-Kind Provider Payments	0	2,431,573	0	0	0	2,431,573
Personnel Expenses	945,679	1,008,540	232,366	17,899	1,099,991	3,304,476
Personnel Fringe Benefits	258,595	244,425	76,682	4,233	239,067	823,002
Travel Expense	9,323	30,790	2,784	0	20,298	63,195
Supplies Expense	9,929	322,176	1,121	0	141,319	474,545
Contractual Expense	78,826	788,582	884	0	429,257	1,297,548
Other Expense	51,398	1,059,917	650,768	76,816	469,189	2,308,088
Depreciation Expense	0	0	0	0	90,059	90,059
Total Expenses	1,353,752	24,629,445	3,615,433	98,948	2,490,308	32,187,885
Admin Allocation						
Admin Allocation	1,634,617	719,557	38,125	8,778	(2,401,077)	0
Total Admin Allocation	1,634,617	719,557	38,125	8,778	(2,401,077)	0
Total	(2,244)	13,751	6,853	(32,429)	258,026	243,958
NET SURPLUS/(DEFICIT)	(2,244)	13,751	6,853	(32,429)	258,026	243,958

North Texas Behavioral Health Authority
FY2025 BOD Budget Variance Report

November 30, 2024

	Actual	Budget	Variance	Year to Date		
				Actuals	Budget	Variance
Revenue						
Federal Revenue	4,444,357	3,715,484	728,873	14,963,483	11,146,451	3,817,032
State Revenue	3,991,457	7,946,800	(3,955,343)	12,539,905	23,840,399	(11,300,494)
Local Revenue	865,530	1,032,978	(167,448)	1,558,597	3,098,934	(1,540,337)
Match Revenue	45,078	639,473	(594,395)	165,957	1,918,418	(1,752,461)
IN KIND Revenue	768,163	-	768,163	2,431,573	-	2,431,573
Other Revenue	-	-	-	619,878	-	619,878
Interest Income	43,615	-	43,615	152,452	-	152,452
Total Revenue	10,158,198	13,334,734	(3,176,536)	32,431,844	40,004,202	(7,572,358)
Operating Expenses						
Direct Expenses						
Provider Payments	6,763,463	7,639,453	875,990	21,395,400	22,918,359	1,522,959
In-Kind Provider Payments	768,163	-	(768,163)	2,431,573	-	(2,431,573)
Personnel Expenses	1,114,476	1,426,132	311,656	3,304,476	4,278,396	973,920
Personnel Fringe Benefits	287,701	312,425	24,724	823,002	937,275	114,273
Travel Expense	14,487	26,383	11,896	63,195	79,149	15,954
Supplies Expense	84,960	97,704	12,743	474,545	293,112	(181,433)
Contractual Expense	373,083	3,070,797	2,697,714	1,297,548	9,212,391	7,914,843
Other Expense	759,807	743,322	(16,485)	2,308,088	2,229,965	(78,123)
Depreciation Expense	32,192	18,518	(13,673)	90,059	55,555	(34,504)
Total Operating Expenses	10,198,331	13,334,734	3,136,403	32,187,886	40,004,202	7,816,316
Net Surplus/(Deficit)	(40,133)	-	(40,133)	243,958	-	243,958

NTBHA Provider Network Meeting

December 13, 2024

10am

Teleconference: Microsoft Teams

	Meeting Agenda
X	Meeting Summary

*Agenda is subject to change

**read.ai meeting notes, or iabot technology: These technology features are NOT allowed in this meeting.

Agenda Item	Present er	Agenda Talking Points
Welcome & Introductions	Alvin Mott	Greetings
General Updates	Alvin Mott	<ul style="list-style-type: none"> ➤ Operational Changes notify NTBHA at provider.relations@ntbha.org or call Alvin Mott at 469-530-0246 ➤ Holiday Season Hours of Operation: email provider.relations@ntbha.org ➤ PPE Request: Gloves, Mask, Covid Test, Hand Sanitizer, etc. Contact Kevin Fox at kfox@ntbha.org ➤ Providers that are both MH, SUD or that access CMBHS through multiple organizations; Reminder IAMOnline account utilize email addresses as log in. If you are having trouble with your NTBHA CMBHS locations for MH please email provider.relations@ntbha.org ➤ CMBHS Monthly Trainings: optional however highly encouraged to attend. Topics alternate monthly between SUD & MH ➤ CMBHS Documentation: Common Errors That Should Not Be <ul style="list-style-type: none"> ○ Duplication of Client Profiles: Please check the global client index search before creating a new client. ○ Training Library: https://cmbhs.dshs.state.tx.us/cmbhs/CMBHS%20Help/CMBHS_Online_Help/Video Training Library.htm
CMHP Updates	Alvin Mott	<ul style="list-style-type: none"> ➤ ACT Services: Providers must submit invoices to NTBHA listing the individuals who were served during the month reporting. This requirement has been in the contracts for several cycles. Expect NTBHA to begin enforcing this provision.
SUD Updates	Alvin Mott	<ul style="list-style-type: none"> ➤ Scorecards will be sent please after the 15th. ➤ MAT providers: GPRA focus: 80% follow-up (if you have any questions please reach out to Alvin).
Outpatient, Utilization and Evaluation Updates	Robert Johnson	<ul style="list-style-type: none"> ➤ TBD
Compliance / Quality Management	QM	<ul style="list-style-type: none"> ➤ TBD
Announcements	Alvin Mott	<ul style="list-style-type: none"> ➤ Please review the attachments to agenda ➤ Next Meeting
Questions From Providers	Open	

Providers: NTBHA would like to highlight the good work you all are doing in the community. This is your opportunity to brag to the NTBHA board about the good work you are doing in the community. Please send your submission to Provider.Relations@NTBHA.org by COB on the Monday following each provider meeting.

**The Next Meeting: January 31, 2025, at 10am
Virtual (Microsoft Teams)

****Meeting notes are included in NTBHA Board Meeting Documents. You can access NTBHA Board Meeting Documents at: <https://ntbha.org/meetings/board-of-directors/>

Announcements / Resources

If any provider would like to announce any trainings or events please send information to amott@ntbha.org

Attention SUD Providers

The Health and Human Services Commission, Behavioral Health Services Operations, Substance Use Quality Management Unit (SU QM) completed the FY 2023 - 2024 Peer Review and Quality Improvement Project (PRQIP) in accordance with the Substance Abuse Prevention and Treatment Block Grant (SAPT). The Substance Abuse and Mental Health Services Administration (SAMSHA) requires each state that receives SAPT funds to conduct an independent peer review in at least five percent of the programs that receive block grant funding. The review focus was client access to the full continuum of treatment services and treatment intensity to achieve the treatment plan goals. The reviewed treatment program and services levels were as follows:

- Adult Treatment Services (TRA)
 - Intensive Residential
 - Outpatient

Each independent peer reviewer analyzed the adult treatment service requirements as well as the continuity of care for ten clients. The treatment episode was specific to one program type, multiple service levels and various providers. The PRQIP desk review was conducted from August 19 – 23, 2024.

The purpose of the FY2024 Independent Review is to assess the quality, appropriateness, and efficacy of treatment services provided to individuals. The reviewers identified a finding where the required information was not available on the CMBHS record along with a few other findings that we also see in our QM/Compliance department.

564.801 Screening and 564.803 Assessment-Compliance

- The provider completed the required screening and assessments through CMBHS.
- Financial eligibility was screened and in close complete.
- *The CMBHS client records in the independent review sample did not support all clients were eligible for System Agency funding. Please note, CMBHS financial documentation was incomplete and not in accordance with CMBHS business rules. CMBHS financial eligibility requires attestation statements when the required support documentation is unavailable. The client financial eligibility statements to support income and residency were not available as an attachment in CMBHS.

564.801 Screening and 564.803 Assessment -Quality

- CMBHS screening has a preliminary diagnosis and recommendation for treatment. All must be completed to meet requirements:
- Contain a primary diagnosis

- List a recommendation and justification
- Marked closed complete
- *The Independent Peer Reviewers were unable to identify additional support documentation or justification in the CMBHS screening to support the client referral to treatment services and/or placement. For example, some clients were referred for an assessment when the screening did not indicate the need as well as clients referred by probation and/or parole as stipulations of the courts, probation or Department of Family and Protective Services case or reunification plan. Please note, as best practice it is important to document all treatment services, client - counselor treatment related discussion and activity in CMBHS.

564.802 Admission Authorization and Consent to treatment- Quality

- Continue to provide individuals copies of consent to treat, informed consent for opioid use disorder if applicable, client bill of rights, client's grievance, abuse neglect and exploitation and program rules.
- Continue to follow all applicable Texas Administrative Code (TAC), the current contract, as well as System Agency best practices and recommendations addressed in the Substance Intervention Treatment (SITP) conference calls and outlined in the current Program Guide
- *The Independent Peer Reviewers were unable to identify the Grantee maintained documentation in the CMBHS client records to support admission authorization and consent to treatment. Clients were admitted to lower level of program services without justification in addition to some clients were admitted based upon legal issues, i.e. probation or DFPS without justification. Please note, physical copies of the consents and program rules may be at the Grantee site location; however, as best practice it is important to document all client - counselor treatment-related discussion and activity in CMBHS.

564.804 Treatment Planning, Implementation and review -Quality

- CMBHS treatment plans were individualized to the individuals needs identified in the CMBHS assessment and included individuals' reported strengths and limitations when developing goals, objectives and strategies.
- *Peer reviewers stated in some instances it appeared as if the treatment plans were programmatic and not individualized and client centered.
- Continuing to provide access or refer individuals to physical health, mental health and ancillary services not available through the program and necessary to meet treatment goals
- *The Independent Peer Reviewers did not consistently identify the CMBHS client records in the independent peer review client sample consistently supported the Grantee facilitated access and referred clients to physical health, mental health and additional services as needed and identified in the client assessment and progress notes. The clients in the independent peer review sample were not referred for additional services to address identified needs in the treatment plan or issues identified and discussed later in the treatment episode. In some instances when the client was referred, the Grantee staff marked the referral component "no" for required follow-up
- CMBHS treatment plan was evaluated on a regular basis and revised as needed.

564.901 Requirements Applicable to all Treatments Services – Quality

- Grantee provided all education requirements
 - A. Chemical dependency education and life skills training shall follow a written curriculum.
 - B. Education about Tuberculosis (TB), HIV, Hepatitis B and C, and sexually transmitted diseases (STDs); and

- C. Education about the health risks of tobacco products and nicotine addiction
- *The Independent Peer Reviewers did not consistently find the Grantee provided and documented required services and service hours as outlined in the current contract, TAC and recommendations from the SITP conference calls and Program Guide. Progress notes topics and narratives were inconsistent, i.e. narrative did not support topic, as well as the individual sessions did not address goals, notes were "generic" and read programmatic. In instances where the documentation of required groups was identified, the entry was late or did not support the services were provided with the frequency and intensity for the level of care and length of stay.

564.805 Discharge Quality

- CMBHS record supports that the counselor and individual updated the discharge plan as they progressed through treatment. If applicable there was evidence that there was family participation.
- CMBHS records support that the counselor and individual developed a individualized written discharge including: Individual goals or activities to sustain recovery; b. Referrals; and c. Recovery maintenance services, if applicable.
- *The Independent Peer Reviewers did not consistently identify the CMBHS discharge plan including needs and problems at the time of discharge, assessment of client's progress towards goal and referrals and recommendations for recovery maintenance. The discharge plans were often not updated, including general referrals to AA/NA; however, referrals to access continued care identified during the treatment episode, to include additional counseling and resources were not documented in the CMBHS client record.

564.805 Discharge- Compliance

- *The Independent Peer Reviewers did not consistently identify the Grantee completed the CMBHS follow-up component within 60 - 90 days after the client discharged from services.

Quality Management Reminders

- When OSAR sends you a referral for SUD and/or MH services, please respond to their emails acknowledging that it has been received so they know you are contacting the individuals.
- MH Providers: When you receive email communication from NTBHA concerning correcting authorizations (ANSA/CANS) and related clinical information requests, please respond to the identified NTBHA staff within 3 business days when issues have been corrected. We are identifying staff with ongoing concerns and moving forward we may request corrective actions if we do not see improvements. We highly recommend that you meet one on one with these staff to address the ongoing documentation concerns/errors.
- MH Providers: When you receive email communication from NTBHA concerning the RX/SNA/Medicaid/Error Report, please respond to the identified NTBHA staff within 10 calendar days of the email with all corrections.
- When you receive emails from QM, please acknowledge receipt of them.
- When records are requested from QM, please ensure they are complete records. This will prevent back and forth communication regarding records and/or follow-up questions if information is missing and we are trying to get the full picture.
- We want to emphasize the importance of your documentation being timely and detailed for all provided services -this includes all clinical documentation, progress notes, recovery planning, safety planning, appropriate discharge planning, documentation for outreach/missed appointments calls/call attempts.
- Please type all incident reports so we can easily read them. If you do not have the fillable version from us, let us know so we can send it to you.
- A reminder that death report forms, death incident reports & preliminary death reviews should be submitted to NTBHA QM within 24 business hours of your agency being informed of the death. Administrative and Clinical death reviews should be submitted to NTBHA QM as soon as completed.
- Please make sure that all submitted documents are legible, signed and dated as required.
- SUD Providers: please make follow up calls for missed groups/sessions/appts.
- MH Providers: if you provide ACT services but are at capacity, please ensure you are referring individuals who score into ACT, to another provider who can serve them at this LOC.
- MH Providers: please ensure that individuals who are returning after a MH or SUD hospitalization are being reassessed to determine if a higher level of care is needed. You do not have to wait to do this. If you are getting a new individual after they have been hospitalized, please ensure that their ANSA is being scored correctly to determine if a higher level of care is needed based on the recent crisis.
- NTBHA QM conducts mystery calls each quarter with an emphasis on access to care.
 1. Voicemail messages for individuals seeking services should be called back by the end of the next business day; credit is given if calls are returned within 2 business days.
 2. Each caller should be assessed for SI/HI or other crisis and then connected immediately to services if they indicate needing urgent/emergent care. The NTBHA Care Coordinators can assist with this if needed.
 3. Inform callers of the NTBHA program and ensure it is presented accurately & inform them of what documents they need to bring with them to first appt.
- Please keep up with all your staff's required training and continue consistent supervision of your staff and reviewing if they have completed trainings and the quality of their documentation. We understand everyone is busy, but we want to emphasize consistent supervision always helps staff feel educated and supported and helps continuous quality improvement.
- We thank all our providers for turning in all your monthly reports, incidents, and death reviews timely to us. As you all know we have deadlines at our end, and we appreciate your diligence.

We thank you all for all your hard work. If you all have any questions, please feel free to email QM@NTBHA.ORG

ANSA/CANS/SARS Expectations

- ANSA/CANS be uploaded to CMBHS within 14 calendar days of date of service.
- Observation emails responses within 3 business days
- SAR must be submitted within 3 business days of the begin service date. Request submitted outside of the 3 business days of completion must be accompanied with written justification for delay of submission and will be considered by the NTBHA QM/UM Department and authorized accordingly

SARS information format suggestion

"(Name) meets criteria for (DSM-5 SUD diagnosis) as evidenced by (______). Severity is (mild, moderate, severe) and meets (number of DSM-5 criteria for SUD diagnosis) of the criteria. Currently, (Name), endorses the following symptoms (criteria). (Name) has had a pattern of problematic use over/within the last (duration of use) as evidenced by (______).

(Name) meets medical necessity based on the above diagnosis and significant impairment in dimensions (numbers with most severe risk ratings) of the ASAM Criteria as evidenced by (______). Due to (Name)'s (symptoms of SUD), (behaviors) resulting in (impairment). (Name) is most appropriate for (level of care) and will need (services that will address (Name)'s problems)."

Helpful Hints for CMBHS Deviations

- 1) Please provide clinical information such as symptoms and manifested behaviors for deviation request
- 2) Symptoms are observable/reportable-such as crying, rapid speech, auditory/visual hallucinations
- 3) Examples of possible manifested behaviors-loss of job, divorce, eviction, abuse
- 4) Clarification-Statements like-Symptoms include depression and anxiety-are not accurate. Depression and anxiety are classifications not symptoms.
- 5) A second Deviation request to a higher LOC will require information concerning hours of service if the previous service hours did not meet TRR guidelines.

If you have any questions, feel free to contact:

Robert Johnson, Director of Outpatient, Utilization and Evaluation
Rjohnson@ntbha.org

Announcements / Resources



**MENTAL
HEALTH
FIRST AID®**

Below you will find a list of our upcoming MHFA/YMHFA Classes. Please feel free to share with staff and community members, these classes are free for Texas Residents. If you are interested in hosting a class for your organization, feel free to contact Amy Sanders directly.

Amy Sanders

Manager of MHFA Education and Outreach
North Texas Behavioral Health Authority
8111 LBJ Frwy | Suite 900 | Dallas, TX
Direct 469-530-0574
Cell 469-595-1211
mhfa@ntbha.org



Want to Take a MHFA Class?

Community Presentations Available



OSAR is available to give free community presentations on a variety of substance related topics such as:

- Fentanyl Awareness & Trends
- How To Administer Narcan
- Marijuana and Vaping
- Alcohol Awareness and the Body
- OSAR 101
- Kratom Awareness
- Marijuana Awareness
- Addiction and The Elderly
- Methamphetamine Awareness
- Co-Occurring Disorders
- Tobacco Awareness

If interested in a training for a group or agency, please contact Janet Buchanan at jbuchanan@ntbha.org or call 469-290-2101

Documents / Deliverables to Submit to NTBHA

***If any documents are needed please contact Alvin Mott at amott@ntbha.org

**** When submitting documents to NTBHA All Emails should have the following in the Subject Line:

[(Provider Name); FY & Month; and name of Report]

Example: NTBHA FY21 March CMBHS Security and Attestation Form

Documents To Submit to NTBHA:

- **Confidential Incident Report and Death Reviews (CMHP & SUD)**
 - This report is to be turned as needed when an incident happens to QM@ntbha.org
 - Death reports and reviews must be submitted within 24 hours of being informed of death
- **Monthly QM Incident Report (CMHP & SUD)**
 - This report needs to be turned in monthly by the 5th business day of the following month reporting.
 - Submit form to QM@ntbha.org
- **HHSC Substance Intervention and Treatment Programs (SITP) Call & Other Agency Attendance Report (SUD)**
 - This report is to be submitted to QM@ntbha.org by the 5th business day following the month reporting.
- **RSS Providers:**
 - RSS Performance Measure Report
 - Due by the 10th day of the following month reporting.
 - Submit to amott@ntbha.org
 - RSS Invoice Report
 - Due by the 5th day of the following month reporting.
 - Document should be sent monthly to the following: (Accounts Payable) ap@ntbha.org; (Provider Relations) provider.relations@ntbha.org
- **YES Wavier Inquiry List (YES Waiver)**
- **NTBHA Inquiry Data (CMHP)**
- **Form LL – Consumer Complaint Reporting (CMHP)**
- **Encounter Data (CMHP)**

Administrative Task Per SOW for SUD Providers:

- **Provider Daily Capacity Report**
 - **Providers are to enter daily capacity via CMBHS.**
 - Providers will report daily available capacity, Monday through Friday, by 10:00 a.m. Central Standard Time. Saturday and Sunday capacity management reports will be submitted Monday, by 10:00 a.m., Central Standard Time for the following services.
 - a. residential detoxification;
 - b. intensive residential
 - Providers will report the previous day's attendance in the daily capacity management report the next day, Monday through Friday, by 10:00 a.m. Central Time. i.e., Monday's daily attendance will be reported on Tuesday and Friday's attendance will be reported on the following Monday for the following services:
 - a. ambulatory detoxification; or
 - b. outpatient treatment.

NTBHA SUD Providers: HHSC and/or NTBHA Held Meetings

**If a password is given for a call; Providers need to email the Password to the appropriate NTBHA department and/or HHSC staff as requested.

NTBHA Meetings and/or Calls:

- NTBHA Monthly Provider Network / Provider Advisory Council Meeting
 - Last Friday of every month. 10 am – 11:30 am
 - Meeting (normally in person; currently call-in or video conferencing format)
 - Contact Alvin Mott, Director, Provider Relations at amott@ntbha.org for any questions
- NTBHA OSAR Quarterly Call
 - 3rd Friday of the following Months at 1pm: November; February; May; August
 - Contact Person: Janet Cowan, NTBHA OSAR Director; jcowan@ntbha.org or osar@ntbha.org
- NTBHA Physician Leadership Advisory Group (PLAG)
 - 1st Wednesday of every Month at 8:30 am
 - Contact: Matt Roberts, Chief Operations Officer at mroberts@ntbha.org

HHSC SUD Meetings and/or Calls: (For all HHSC Calls NTBHA Providers follow HHSC guidance and if a password is provided, email the password to QM@ntbha.org at the conclusion of the call or within 12hrs). If no password is given, NTBHA providers still need to email QM@ntbha.org with a one liner stating that someone from your organization was on the call.

- HHSC/SITP
 - TRA Adult:
 - Residential Services with attached Outpatient
 - Quarterly
 - TRF - CCC:
 - 1st Wednesday every other month
 - TRA & TRF Combined:
 - Every other month; 3rd Monday at 10am
 - TCO/COPSD:
 - Bi-Monthly (Every other Month) Oct, Dec, Feb, Apr., June, Aug. (Usually 3rd Mon.)
 - TRY:
 - Every other Month starting September 2022, 4th Thursday, at 10am
 - HHSC Waitlist/Capacity Call:
 - Quarterly 4th Wednesday at 10am (September, December, March & June)

Texas Targeted Opioid Response Calls:

- TTOR/OBOT Providers:
 - 2nd Monday of every Month at 9 am
- TTOR/OTS/MAT Providers:
 - 2nd Friday of every Month at 9 am
- Monthly GPRA TA Webinar:
 - 3rd Tuesday of every month at 11:30am

CMBHS

- CMBHS: cmbhstrainingteam@hhs.texas.gov
 - Monthly call alternating topic of SUD and MH; 2nd Tuesday at 10 am
 - Contact cmbhstraining team to receive link to register

Training Opportunities

Training Site	Link	Notes
HHSC – Texas Health Steps	Texas Health Steps (txhealthsteps.com)	Various topics and levels of MI trainings. Links to other state approved sites with free trainings. Medicaid Eligibility training.
Cardea Training Center	Cardea Training Center (matrixlms.com)	Various topics to include a specific focus on MI methods with adolescents
Addiction Technology Transfer Center (ATTC)	Training and Events Calendar Addiction Technology Transfer Center (ATTC) Network (attcnetwork.org)	Various topics specific to addiction and recovery
Centralized Training	Centralized Training: Log in to the site	Various topics: ANSA/CANS; Abuse, Neglect, etc.
HHSC	Texas DSHS HIV/STD Program - Training - Motivational Interviewing	Specific to MI, HIV, STD's
International Society of Substance Use Professionals	Motivational Interviewing Course Recordings International Society of Substance Use Professionals (issup.net)	Specific to addition and recovery
HHSC – Behavioral Health Awareness	Behavioral Health Awareness (uthscsa.edu)	Each module in this series addresses a different mental or behavioral health topic and provides information about symptoms, treatment, recovery, and more
The Association for Addiction Professionals	Home (naadac.org)	Various Topics for Substance abuse and recovery
HHS	Texas DSHS HIV/STD Program	
UT Health San Antonio Project ECHO	https://wp.uthscsa.edu/echo/echo-programs/	ECHO® is a model for learning and guided practice that uses education to exponentially increase workforce capacity to improve access to best-practice care and reduce health disparities in communities, including rural, remote, and underserved settings.
HHSC YES Waiver Training	https://yeswaivertraining.uthscsa.edu/	The Youth Empowerment Services Waiver is a 1915(c) Medicaid program that helps children and youth with serious mental, emotional and behavioral difficulties.

HOUSE BILLS

HB 171-Guillen-The Anell Borrego Act-Amends Texas Health and Safety Code regarding the certificate of medical examination for chemical dependency and the duration of court-ordered treatment.

- Section 3 amends Section 462.064 (c) Adds a physician's opinion stating that the person's likelihood to harm self, others, or to continue to suffer abnormal mental, emotional, or physical distress and to deteriorate in ability to function independently if not treated, and to make rational and informed choice regarding treatment is as a result of the proposed patient's chemical dependency.
- Sections 4, 5, and 7 amend Sections 462.069 (a), 462.075(f), and 462.081 (a) and (b), respectively, to designate Texas Health and Human Services Commission (HHSC) to approve treatment facilities for court commitments.
- Section 6 amends 462.080(b) to allow the facility administrator to discharge the patient before the expiration of the period in the court order if the treating physician determines the patient no longer meets criteria for court-ordered treatment.
- Proposed effective date: September 1, 2025.

HB 185-Thompson-Amends Texas Education Code, Title 3, Subtitle H to create the Mental Health and Brian Research Institute of Texas.

HB 234-Johnson-Amends Texas Code of Criminal Procedure Chapter 7B to add Subchapter D to create an Extreme Risk Protective Order.

- Requires an individual to relinquish firearms and license to carry if the court finds that there is reasonable cause to believe that the respondent poses an immediate and present danger of causing bodily injury or death to any person as a result of the respondent's serious mental illness and access to firearms.
- Allows the court to order outpatient mental health services if recommended by the **Local Mental Health Authority (LBHA/LMHA)** or a disinterested expert who is qualified to diagnose and is experienced in diagnosing mental illness.

HB 253-Talarico-Amends Texas Health and Safety Code 481.125 to remove penalties for use, possession, delivery or manufacture of testing equipment to identify substances in Penalty Group 1-B of the Texas Controlled Substances Act (fentanyl and its derivatives).

Yellow highlighting indicates legislation that directly relates to Local Behavioral Health Authorities or Certified Community Behavioral Health Clinics.

This document is intended for informational purposes only and is not intended to indicate a position for or against any legislation. If you have questions, please contact at jmetzinger@ntbha.org

[HB 339](#)-Vasult-Amends Texas Local Government Code 229 to allow cities and municipalities to regulate “structured sober living homes” defined as providing:

- Alcohol-free or drug-free housing to individuals who are:
 - Recovering from alcohol or drug addiction and
 - Receiving outpatient behavioral health substance abuse or addiction treatment
 - Independent living and life skills development
 - Structured activities for recovery in a supervised setting.
- Structured sober living home does not include living in the home of a family member who requires participation in outpatient behavioral health services as a condition of residence.
- Cities and municipalities required to comply with state and federal fair housing laws and the Americans with Disabilities Act.
- Allows the governing body of a municipality may exempt a structured sober living home from standards in HB 339 if the home is subject to adequate oversight by another governmental entity or contractor.

[HB 381](#)-Guillen-Amends Texas Health and Safety Code Title 2, Subtitle B, adds Chapter 49 to establish a Veteran’s Pilot Program to provide personalized treatment protocols for veterans diagnosed with post-traumatic stress disorder (PTSD). Requires a report by October 1, 2030.

[HB 462](#)-Guillen-Creates a mental health allotment under the Foundation School Program.

Section 3 Amends Texas Education Code Chapter 48, Subchapter C to add Section 48.117.

- Establish a \$100,000 or greater annual allotment to school districts to support mental health services.
- Designates an additional allotment for:
 - Small and mid-sized school districts eligible for the allotment in Texas Education Code 48.101 or
 - School districts at which more than 50 percent of enrolled students are educationally disadvantaged.
- Funds must be used to develop a school mental health system that implements programs, practices and procedures under Texas Education Code Subchapter G-Mental Health, Substance Abuse, and Youth Suicide, Section 38.351-Mental Health Promotion and Intervention, Substance Abuse Prevention and Intervention , and Suicide Prevention.
- Funds must provide a tiered array of supports and services in the educational setting, including support services provided by chaplains.
- Funds must be used to contribute to:
 - Positive school climate.
 - Managing emotions.
 - Positive relationships.
 - Responsible decision-making.
 - Learning and well-being of students at-risk for mental health or substance use conditions.
 - Family engagement.
 - Community engagement.
 - Reduced exclusionary discipline.
 - Staff wellness.
- Funds may be used for costs associated with:
 - Salary of school personnel, including chaplains responsible for planning, coordination, delivery or monitoring the program(s).
 - Training school personnel on supporting student mental health.
 - Contract-based collaborative efforts with one or more community programs.
 - Restorative justice programs.

HB 462-Guillen--continued

- Funds may not be used to supplant other funds for the same purpose.
- Annual report by school district to the Texas Commissioner of Education regarding outcomes and expenditures required by June 1 of each year.
- Texas Commissioner of Education is required to publish an annual report of funds used in previous school year regarding programs, personnel and resources implemented, employed, or purchased by school districts using these funds and other purposes for which funds are used.

[HB 473](#)-Gervin-Hawkins-Notice of Rights to patient receiving certain mental heal, chemical dependency or rehabilitation treatment or services.

Section 1- Amends Texas Health and Safety Code 321.002-Patient's Bill of Rights.

- Applies to inpatient facilities at which voluntary or involuntary mental health, chemical dependency, or comprehensive medical rehabilitation services are provided.
- Includes childcare facilities, hospitals, mental health facilities, treatment facilities and childcare facilities at which treatment is provided to minors for emotional, mental health, or chemical dependency problems.
- Requires written copies to be provided in the patient's primary language.
- Oral and written communication must be provided on two separate days.
 - If English is the patient's primary language, information must be provided at the time of admission or acceptance into treatment and not later than the third day after admission/acceptance.
 - If English is not the patient's primary language, information must be provided not later than 24 hours after admission/acceptance and not later than the third day after admission/acceptance.
- The facility must ensure that parents, managing conservator or guardian of a minor accepted for treatment in a child-care facility each sign a copy of the Patient's Bill of Rights and a statement that the parent, managing conservator or guardian understands the document.
- The facility must prominently display the Patient's Bill of Rights and include the name and contact information of the person with whom to file a complaint.
- The posted Patient's Bill of Rights must be posted in English and a second language appropriate to the demographic composition of the community served by the facility.

Section 2-Amends Texas Health and Safety Code Title 7-Mental Health and Intellectual Disability. Subtitle C-Texas Mental Health Code. Chapter 576-Rights of Patients. Subchapter A-General Rights. Section 576.009-Notification of Rights.

- Requires that patients receiving involuntary mental health services shall be informed:
 - Through a poster and
 - Orally, in simple, non-technical terms and in writing or
 - Through a means reasonably calculated to communicate with a person who is hearing or visually impaired.

[HB 475](#)-Johnson-Medicaid coverage and reimbursement for Multi-Systemic Therapy Services (MST).

Amends Texas Human Resources Code 32.024 to direct HHSC to provide reimbursement for MST for and establish a separate provider type for MST providers for enrollment and reimbursement purposes.

[HB 488](#)-Johnson-Medicaid coverage and reimbursement for Functional Family Therapy.

Amends Texas Human Resources Code 32, Subchapter B to add 32.04261 to direct HHSC to provide reimbursement for Functional Family Therapy for youth at risk of involvement in the child welfare or criminal justice systems.

[HB 497](#)-Patterson-Requires parental consent for behavioral or mental health treatment by a school district. Amends Texas Education Code 26.009(a) to require school districts to obtain parental consent before providing behavioral or mental health services or treatment to a child.

[HB 505](#)-Bucy-Re: Issuance of birth record, driver's license or personal identification to a homeless person. Section 1-Amends Texas Health and Safety Code191, Subchapter A.

- Defines "homeless individual" as someone who lacks a fixed, regular, and adequate nighttime address or whose nighttime address is a congregate shelter, welfare hotel, transitional housing for people with mental illness, a temporary residence for individuals intended to be institutionalized, a public or private place not designed to be regular sleeping accommodation for human beings.
- Definition does not include persons imprisoned or detained in a correctional facility unless the person also meets the above description at the time of arrest.
- Directs the State Registrar, Local Registrar, or County Clerk to issue a certified copy of a homeless individual's birth record to the person, upon request, without a fee.
- Directs the Department of State Health Services (DSHS) to adopt processes to:
 - Verify status as a homeless individual, including:
 - A letter from the director of a transitional housing program operated by the US Department of Housing and Urban Development (HUD).
 - A letter from the director of an emergency shelter for people who are homeless.
 - A transitional living program.
 - A law enforcement agency.
 - A political subdivision that appoints or employs peace officers.
- DSHS may not require a physical address to satisfy any above requirement.

Section 2-Amends Texas Transportation Code, Chapter 521-Driver's Licenses and Certificates, Subchapter I-Issuance of Driver's License, to add Issuance of License or Certificate to a Homeless Individual.

- Texas Department of Public Safety (DPS), by rule, shall:
 - Adopt a process to verify the person's status as a homeless individual using letters of verification from the sources listed above in Section 1.
 - Prescribe necessary documentation for issuance of a driver's license or personal identification.
 - Exempt the homeless individual from payment of fees for driver's license or personal identification.
 - Personal identification certificate issued to a child or youth who is homeless must comply with these provisions.

Section 3-Transfer of funds to cover the cost of identification for children and youth who are homeless.

- Directs the DPS to request that the Texas Comptroller of Public Accounts transfer amounts sufficient to cover the costs of implementing the program related to Texas Transportation Code 521.168-Payment of Fees for Certain Foster and Homeless Children and Youth, to the Texas Workforce Commission which administers the program.
- Sets criteria for the amounts to be transferred.

Section 4-Applications for identification are governed by the statute in effect on the date of the application.

[HB 510](#)-Ray Lopez-Issuance of a certified birth record to a homeless individual.

Very similar to Section 1 of HB 505-Bucy, above, but relates only to birth records, not driver's licenses or personal identification certificates. Puts rulemaking in the hands of the HHSC Commissioner.

[HB 511](#)-Bernal-Amends Texas Tax Code Chapter 11, Subchapter B to provide an ad valorem tax exemption on the total appraised value of the residence homestead of an unpaid caregiver of an individual who is eligible but on the waiting list for long-term services and supports under the Medicaid program. Qualified caregivers are defined as a parent, grandparent or other legal guardian of the qualified individual.

[HB 528](#)-Goodwin-Amends Texas Education Code 37.0832 to require public schools to notify parents or guardians if their child has been an alleged victim of bullying and to provide with suicide prevention materials and information on limiting access to lethal means such as firearms or medications. Requires ISDs and open-enrollment charter schools to adopt policies and procedures for providing notice and maintaining records of notification.

[HB 586](#)-Bucy-Amends Texas Insurance Code 1452 to add Subchapter F-Expedited Credentialling Process for Certain Behavior Analysts.

- Applies only to a behavior analyst who joins an established professional practice with a contract under a managed care plan.
- Applicant must be licensed in Texas and in good standing the Texas Department of Licensing and Regulation.
- Must submit all required documentation to the managed care plan to begin expedited process.
- During the application processing period, the behavior analyst shall be treated, for MCO payment purposes only, as a participating provider.
- If the applicant fails to meet credentialling requirements, either the individual applicant or the employing professional practice must reimburse the MCO for the difference between the participating provider rate for in-network providers and out-of-network providers for services rendered by the applicant during the application process.
- Medicaid beneficiaries are to be held harmless for any un-reimbursed service fees.

[HB 789](#)-Swanson-Amends Texas Education Code 26.009 to require parental consent for psychological or psychiatric examination, testing, or treatment of a student conducted by school district personnel.

[HB 836](#)-Lalani-Amends Texas Government Code 540, Subchapter F to establish a minimum base wage for personal attendants under Medicaid and other programs administered by HHSC at not less than the greater of \$15 per hour or the federal minimum wage.

HB 893-Moody-Amends Texas Code of Criminal Procedure 7B to create an extreme risk protective order. Section 1-Allows a member of the respondent's family or household, parent, guardian, conservator, a prosecuting attorney or a peace officer to request to file for an extreme risk protective order.

- Request must contain:
 - Detailed allegations based on personal knowledge of the reporter of any dangerous behavior or conduct that is a result of a serious mental illness, including that related to firearms.
 - Relevant mental health information and records.
 - Information about the quantity, type and location of firearms the applicant believes may be in the respondent's control.
 - Other relevant information
 - A statement that the applicant believes that, as a result of mental illness and access to firearms, the respondent poses an immediate and present danger of causing bodily injury, serious bodily injury or death to another person, including the applicant.
 - The application must be signed under oath that the statements in the application are true and correct.
- The court may order that specific medical records be stricken from the public record and that confidential records be maintained for the use of the court only.
- In a temporary *ex parte* order, the court may
 - Prohibit the respondent from purchasing, owning, possessing or controlling a firearm.
 - Order the respondent to relinquish any firearms owned or in the constructive possession or control of the respondent.
- Requires an examination by the **Local Mental Health Authority (LBHA/LMHA)** or another disinterested expert qualified and experienced in diagnosing mental illness.
- A hearing must be held within 14 days of the temporary *ex parte* order to determine whether to issue a protective order based on
 - The assessment by the **LBHA/LMHA**.
 - Relevant medical or mental health information about the respondent.
 - Any history of threats or acts of violence by the respondent.
 - Any history of use, threatening to use or attempting to use physical force against another person.
 - Any recent violations of a court order.
 - Any arrest or conviction for violation of an emergency protective order, stalking, violence including family violence, cruelty to animals, assistance animals, or non-livestock animals.
 - Evidence related to of a controlled substance or alcohol, including evidence of any treatment for and recovery from abusing a controlled substance or alcohol.
 - Evidence of recent acquisition of firearms, ammunition, or other deadly weapons.
- If the court finds that that there is clear and convincing evidence that the respondent poses an immediate and present danger of causing injury, serious bodily injury or death of any person, the court shall issue a protective order for the period of one year.
- If the court does not make the above finding, the temporary *ex parte* order shall be rescinded and the respondent's license to carry a handgun shall be returned.
- Within 30 days, the clerk of the issuing court shall notify the Texas Department of Public Safety.

Section 2-Amends Texas Code of Criminal Procedure to provide for the holding and disposition of firearms relinquished under Extreme Risk Protective Orders.

Section 3-amends Texas Government Code 411 to direct the Texas Department of Public Safety to establish a procedure to provide information on subjects of Extreme Risk Protective Orders to the FBI.

HB 893-Moody-continued

Section 4-Amends Texas Government Code 411.172.(a) to add persons currently under an extreme risk protective orders as ineligible for a license to carry a handgun in Texas.

Section 5-Amends Texas Government Code 411.187 (a) and (c) to suspend a license to carry a handgun of anyone subject to an active extreme risk protective order.

Section 6-Amends Texas Penal Code 37 to add making a false report regarding a request for an extreme risk protective order a Class B misdemeanor.

Section 7-Amends Texas Penal Code 46.06(a) to add the offense of knowingly selling, renting, leasing loaning or giving a firearm to a person currently the subject of an extreme risk protective order.

HB 967-Toth-Authorizes a study on the prevalence of the use of psychoactive or psychotropic medication by persons who have died of suicide, including,

- For persons who died of suicide who were taking psychoactive or psychotropic medications:
 - The period of time the person was taking the medication.
 - The medication the person was taking.
 - Evidence of withdrawal symptoms, and the period of time the person experienced withdrawal.
- For persons who died of suicide who were not taking psychoactive or psychotropic medications:
 - Evidence that the person had recently discontinued use of psychoactive or psychotropic medications.
 - Evidence of withdrawal symptoms.
- Study is to use autopsy, toxicology, and police reports between 2016 and 2022 in counties with a population of 450,000 or more. (Harris, Dallas, Tarrant, Bexar, Travis, Collin, Denton, Fort Bend, Hidalgo, El Paso, Montgomery, and Williamson Counties).
- Report due by October 1, 2025.

HB 1027-Shaheen-Amends Texas Occupations Code 562.110 9(e) and adds (e-1) to allow tele-pharmacy services in remote dispensing sites.

- Directs the Texas Department of Licensing and Regulation (TDLR) to adopt rules.
- TDLR may not adopt any rule, policy, or other directive imposing any mileage restriction relating to the location of a tele-pharmacy system or remote dispensing site.

HB 1042-Bhojani-Amends Texas Health and Safety Code 191, Subchapter A to add Birth Record Issued to Homeless Individual.

Section 1-Amends Texas Health and Safety Code 191, Subchapter A to add Birth Record Issued to Homeless Individual

- Defines “Homeless individual” as someone who:
 - Lacks a fixed, regular and adequate nighttime residence or
 - Has a primary nighttime residence that is:
 - A supervised publicly- or privately- operated shelter, including welfare hotels, congregate shelters and transitional housing for people with mental illness.
 - A temporary residence for individuals intended to be institutionalized
 - A public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings
- Does not include persons in prison or detained in a correctional facility unless the person meets the above conditions at the time of arrest.

- Requires the State Registrar, a Local Registrar or a County Clerk to issue, without fee, a certified copy of the individual's birth record upon the request of the homeless individual.
- Directs the Texas Department of State Health Services to adopt a process to verify the person's status as a homeless individual and prescribe documentation necessary for the issuance of a certified copy of a birth record.
- Part of the verification process shall allow a letter certifying that the person is a homeless individual written by the director of:
 - An emergency shelter or transitional housing program funded by HUD.
 - A shelter for homeless individuals.
 - A transitional living program
 - A law enforcement agency of a political subdivision of Texas that appoints or appoints peace officers described in Texas Code of Criminal Procedure Title 1, Chapter 2A.001.
 - Homeless individual shall not be required to provide a physical address of residence.

Section 2-Amends Texas Transportation Code 521, Subchapter I to add Issuance of License or Certificate to Homeless Individual.

- Directs the Texas Department of Public Safety (DPS) to adopt the above definition of "Homeless Individual" from Section 1.
- Directs DPS to prescribe necessary documentation for the issuance of a driver's license or personal identification certificate.
- Directs DPS to allow the homeless individual to submit the letter confirming homelessness described in Section 1.
- Homeless individual shall not be required to provide a physical address of residence.

Section 3-Amends Texas Transportation Code 521.4265 (b) and (c).

- Directs the Texas Comptroller to transfer funds to the Texas Workforce Commission to cover the cost of implementing the program.
- Amounts equal to the exempted fees shall be paid to the Texas Mobility Fund.

Section 4-Changes apply only to applications submitted on or after the effective date of the law.

Section 5-Act takes effect on September 1, 2025.

[HB 1103](#)-Cole- Amends Texas Education Code 51 to provide opioid antagonists at campus residence halls.

[HB 1119](#)-Gámez-Amends Texas Health and Safety Code 533.0515 to require HHSC to produce a report on the regional allocation of mental health beds including.

- An explanation of the bed day allocation methodology.
- Outcomes of implementation of the methodology by region.
- Comparison of actual outcomes with expected outcomes.
- Factors influencing the applicability of the bed day allocation methodology.
- Regional planning purposes:
 - The actual value of a bed day for the previous two years.
 - Availability of regional resources.
 - Funding amounts and methodologies for identified resources.
 - Target number and actual number of patients served.
 - Outcomes of the use of state-funded beds.
 - Outcomes of utilization review and peer review process.

[HB 1129](#)-Janie Lopez-Amends Texas Government Code 2306.5621(a) to add mental health professionals as eligible for the Texas Heroes home loan program.

[HB 1173](#)-Raymond-Amends Texas Government Code 22306.2585(a) to allow the Texas Department of Housing and Community Affairs to administer a homeless housing and services program for each municipality with population of 250,000 or more. (Arlington, Austin, Corpus Christi, Dallas, El Paso, Fort Worth, Houston, Irving, Laredo, Lubbock, Plano, San Antonio).

[HB 1239](#)-Guillen-Amends Texas Health and Safety Code 573.021(b) to extend the length of time that a person accepted for preliminary examination may be detained in protective custody from 48 hours to 120 hours (from two days to five days).

[HJR 24](#)-Senfronia Thompson-Proposes a constitutional amendment to establish a Mental Health and Brain Research Institute of Texas and the Mental Health and Brain Institute Research Fund.

[HJR 72](#)-Noble-Proposes a constitutional amendment allowing a property tax exemption for a home that is the primary residence of an adult who has an intellectual disability and is related to the property owner.

TEXAS SENATE BILLS

SB 151-Menéndez-Amends Texas Government Code 531, Subchapter B directs HHSC to create a matching grant program for technological enhancements for general hospitals or specialty hospitals in rural areas, private mental hospitals or community centers.

Purpose of grant program is to:

- Improve the quality and access to mental health services.
- Align with interoperability and technology standards in the 21st Century Cures Act.
- Other criteria established by HHSC.
- Funds from non-state sources must be equal to 25% of the grant amount.

Funds may only be used for:

- Purchase of a record-keeping platform that uses a certified electronic health record.
- Expand interoperability in a network with other health care providers.
- Expand patients' access to their own digital health records and mental health services.
- Improve data technology infrastructure related to patient information consent management.
- Improve mental health care through use and interconnectivity of mobile devices.

Requires a report by December 1 of even numbered years.

SB 153-Menéndez-Amends Texas Education Code 61 to establish a Social Work Recruitment and Retention Program, defined as a Social Work Intern Practicum Stipend (SWIPS) program.

- Bachelor's degree student: Would pay \$15 per hour for each supervised field hour, not to exceed \$6,000.
- Master's degree student: Would pay \$20 per hour for each supervised field hour, not to exceed \$9,000.
- Gives priority to students at schools serving a high percentage of students qualifying for need-based aid, having a high number of students who complete practicums in mental health shortage areas, are designated as a historically black college or university, or is a Hispanic-serving institution.

Requires a report by September 1 of each even-numbered year.

SB 176-Menéndez-Amends Texas Education Code 38, Subchapter A to allow a school district to contract with a LBHA/LMHA or a provider of community-based mental health services to provide mental health services on a campus of the district. Allows the school district to enroll as a Medicaid provider to receive reimbursement for the services rendered to students eligible for Medicaid.

SB 185-Menéndez-Amends Texas Education Code 28.002 to require the Texas Board of Education to require high school students to complete a health course that includes instruction on depression, anxiety, eating disorders, schizophrenia and other mental health disorders. Also, must include information about coping skills and seeking mental health services.

SB 188-Menéndez-Amends Texas Government Code 547, adds Subchapter K related to behavioral health crisis services, operation of Crisis Centers and Mobile Crisis Outreach Teams and Youth Mobile Crisis Outreach Teams. Establishes a 988 Suicide and Crisis Lifeline Trust Fund, authorizes a fee.

Definitions

- Defines Crisis Center-A 988 Suicide & Crisis Lifeline Center participating in the National Suicide Prevention Lifeline network to respond to statewide or regional communications.

- Defines Mobile Crisis Outreach Team (MCOT)-A team of qualified mental health professionals who provide crisis services including
 - Facilitating emergency care services.
 - Urgent care services.
 - Crisis follow-up and relapse prevention
- Defines Youth Crisis Outreach Team (YCOT)-A mobile crisis outreach team designed primarily to serve children or adolescents.

Establishes Crisis Center Standards,

- Contract with the 988 Suicide and Crisis Lifeline.
- Meet best practices and requirements of the 988 Suicide and Crisis Lifeline.
- Provide and report applicable data.
- Equipped to deploy a Mobile Crisis Outreach or Youth Mobile Crisis Outreach Team.
- Meet requirements for serving at-risk and specialized populations as identified by SAMHSA.
- Linguistically and culturally competent care.
- Policies for transferring a crisis center caller to an appropriate mental health provider.
- Follow-up services to callers as appropriate.

Directs HHSC to adopt rules to:

- Allow information sharing and communication across crisis- and emergency-response systems.
- Real-time crisis-care coordination.
 - Ensure that callers are provided ongoing care through active collaboration and coordination of services among:
 - Crisis Centers.
 - Mental Health and Substance Use Disorder Treatment Providers.
 - Community Mental Health Centers.
 - CCBHCs.
 - Community Behavioral Health Centers.
 - Mobile Crisis Outreach Teams.
 - Youth Mobile Crisis Outreach Teams.
 - Hospital Emergency Departments.
 - Inpatient Psychiatric Settings.

Establishes a 988 Suicide and Crisis Lifeline Trust Fund.

- Held by the Texas Comptroller of Accounts outside the State Treasury.
- Administered by HHSC.
- Trust Fund consists of:
 - Revenue derived from a 988 Suicide and Crisis Lifeline fee.
 - Legislative appropriations.
 - Federal funds allocated for 988.
 - Gifts, grants and donations for the trust fund.
 - Interest and dividends.
 - Money from any source deposited to the trust fund.
- Trust fund may only be used for:
 - Implementation, maintenance, or improvement of the 988 Suicide and Crisis Lifeline.
 - Crisis outreach and other services that a community mental health center provides in response to the 988 Suicide and Crisis Lifeline.

- Crisis and stabilization services for uninsured individuals.
- Personnel costs for Crisis Centers MCOTs and YCOTs.
- Data, reporting, evaluations and other related quality improvement activities.
- Trust Fund administration, oversight and evaluation.
- Requires an annual report to the Legislature.

988 Suicide and Crisis Lifeline Fee

- Allows HHSC, with the Texas Commission on State Emergency Communications to impose a 988 Suicide and Crisis Lifeline Service fee to supplement federal, state, or local funding.
- Service fees would be placed on each:
 - Local exchange access line (not including pay phones).
 - Wireless telecommunications connection.
 - Voice over Internet protocol service connection.
 - Prepaid wireless telecommunications services.
- HHSC shall set the fee in an amount sufficient to cover costs to create, operate and maintain the suicide prevention services according to national guidelines for crisis services.
 - HHSC shall periodically adjust the fee to as necessary to provide for continuous operation, volume increases and maintenance.
- Revenue may not be used for expenses that are reimbursable through Medicare, Medicaid, another insurer or governmental program, no if the individual's insurance information cannot be obtained or billed.
- Requires an annual report:
 - To Texas Legislature and Federal Communications Commission regarding revenue generated by the fee.
 - To the Legislature and to SAMHSA on each crisis center related to usage and services provided.

[SB 193](#)-Menéndez-Amends Texas Government Code 547 to enact a model suicide prevention policy, prevention, intervention and postvention strategies to be incorporated in state agency crisis or disaster plan.

- Directs HHSC to develop and publish a model suicide prevention policy on its website for use by state and community agencies that serve populations at higher risk of suicide, including veterans, people with disabilities and people living in rural areas.
- Directs HHSC and the Disaster Behavioral Health Consortium to review state agency crisis and disaster plans for opportunities to improve suicide prevention.
- Directs DSHS to provide information regarding suicides in Texas to HHSC's Statewide Suicide Prevention Coordinator in the office of Mental Health Coordination.
- Directs DSHS to establish and operate the Texas Violent Death Reporting System and participate in the National Violent Death Reporting System.

[SB 207](#)-Paxton and Johnson-Amends Texas Education Code 25.087 (b) to allow a temporary excused absence from school to attend an appointment with a mental health professional.

[SB 216](#)-West-Amends Texas Occupations Code 1701.235 to require opioid overdose training for peace officers.

GLOSSARY

CCBHC-Certified Community Behavioral Health Center

DPS-Texas Department of Public Safety

DSHS-Texas Department of State Health Services

HHSC-Texas Health and Human Services

HUD-U.S. Department of Housing and Urban Development

LBHA/LMHA-Local Behavioral Health Authority/Local Mental Health Authority

MCOT-Mobile Crisis Outreach Team

OUD-Opioid Use Disorder

PTSD-Post Traumatic Stress Disorder

SAMHSA-U.S. Substance Abuse and Mental Health Administration

SUD-Substance Use Disorder

SWIPS-Social Work Intern Practicum Stipend

TDLR-Texas Department of Licensing and Regulation

YCOT-Youth Crisis Outreach Team

Fiscal Year
AllService Month
AllProvider
AllMeasure
All6 Month View
True

Performance Measures FYAll - All

Measure	Description	202406	2024 FY Second Half			202409	2025 FY First Half		202411	YTD 2024
			202407	202408	202410		202409	202410		
Adult Improvement	At least 20% of all adults authorized in a FLOC shall show improvement in at least one domain									48.1%
Adult Service Target	100% of 23,677	107.6%	107.6%	105.9%	103.1%	101.0%	98.8%			
	Count	25487	25489	25094	24421	23920	23414			
Child Improvement	At least 25.0% of all children authorized in a FLOC shall show improvement in at least one domain									50.6%
Child Service Target	100% of 8,173	99.2%	92.7%	90.0%	89.9%	91.0%	89.7%			
	Count	8111	7581	7356	7355	7438	7332			
Community Tenure	At least 96.8% of adults and children authorized in a FLOC shall avoid hospitalization in an HHSC Inpatient Bed	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%		
Crisis 7 Day Follow-up	At least 22% of crisis episodes for adults and children in LOC-A 0 with a follow-up service contact 1-7 days after the date of the last crisis service in the crisis episode	25%	21.3%	18.0%	16.6%	37.5%	29.4%			
Effective Crisis Response	At least 75.1% of crisis episodes during the measurement period shall not be followed by admission to an HHSC Inpatient Bed within 30 days	96.2%	96.7%	98.6%	93.2%	93.9%	97.8%			
Hospital 7 Day Follow-up	At least 62.3% of individuals discharged from a state hospital, an HHSC Contracted Bed, a CMHH, or a PPB shall receive follow-up within 7 days of discharge	57.6%	67.9%	70.0%	43.2%	46.4%	45.0%			

Substance Use Disorder (SUD) Community Health Workers (CHWs)

Purpose:

The Substance Use Disorder Community Health Worker (SUD CHW) program allows Community Health Workers and Promotoras to increase linkage and retention in substance use, mental health, and medical services for Texas residents living with substance use disorders (SUD).

Goals:

1. Address behavioral health disparities in the program service area.
2. Increase opportunities for substance users, including opioid users, to reduce harms related to substance use.
3. Increase retention in substance use and mental health services.
4. Help individuals address medical needs.
5. Help individuals who desire change to build a foundation for their recovery

Performance Measures FY'25:

	Number of contacts with individuals eligible for program services	Number of substance use services, including intervention and treatment, referrals, linkage, and support provided to individuals eligible for program services	Number of mental health referrals, linkage and support provided to individuals eligible for program services	Number of medical services referrals, linkage and support provided to individuals eligible for program services	Number of referrals, linkage and support provided to other services and community resources to individuals eligible for program services	Number of Overdose Reversal Kits distributed to eligible individuals
September	1074	35	26	10	321	190
October	662	12	14	10	185	71
November	431	8	12	6	164	54
December	667	3	5	12	78	12
January						
February						
March						
April						
May						
June						
July						
August						
Yearly Totals	2834	78	57	38	748	327
Yearly Target	4800	240	120	120	120	120
Target %	%59.04	%32.5	%47.50	%31.66	%623.33	%272.50



CHW Team:

Kevin Fox, SUD CHW Program Manager
Jessie Garcia, SUD CHW Team Lead
Derrell Harris, SUD CHW
David Yarbrough, SUD CHW
Victoria Mitchell, SUD CHW
Joyce Evans, SUD CHW
Cirilo Ramirez, SUD CHW

Ancillary Team Members:

Matt Roberts, Chief Operating Officer
Alvin Mott, Director, Provider Relations

Other:

The CHW team began a re-focused outreach presence at encampments and shelters throughout the DFW while working with Housing Forward on the encampment Decommissioning process. The CHW team has begun direct distribution of cold weather items (gloves, beanies, scarves, socks) to Cornerstone Baptist Church, International Street Church, The MLK Center, and many other South Dallas locations. With the resurgence of COVID-19, our CHW team has been distributing much needed PPE along with COVID tests throughout the community. We continue to see a steady increase in Critical document recovery assistance, as it continues to be a major need in the community. The CHW team is also gearing up for full participation in the annual MLK parade.

Success Stories:

- Jessie – Getting PPE deliveries to our partners. Getting close to giving out our new PPE supplies out to our partners. Booking appointments for DPS to close out the year. Working and volunteering the Sharing Life event on 12/19/2024 got to distribute 200 NTBHA and CHW cards to the clients there.
- David – I was able to get someone into treatment and have kept in contact with them and they are currently still clean and will keep in contact to engage him into na meetings and a halfway house as well.
- Derrell – I have been very active with my team members over the last month. Distributing NARCAN, adding a couple of new PowerPoint presentations to our groups and working great events like yesterday for the toys for tots giveaway. Excited about doing the MLK parade as well and spending time organizing it. Still continuing to meet at two churches to provide resources at noon and continuously going to DRC.
- Cirilo – My success story this month is helping our unhoused neighbors at the encampments with bus passes and with ID's, distributing gloves, beanies, scarves, and socks to help keep them warm.
- Victoria – I had 32 ID appointments scheduled for the month of December, and it was a 100% show for the month.

Substance Use Disorder (SUD) Community Health Workers (CHWs)

Purpose:

The Substance Use Disorder Community Health Worker (SUD CHW) program allows Community Health Workers and Promotoras to increase linkage and retention in substance use, mental health, and medical services for Texas residents living with substance use disorders (SUD).

Goals:

1. Address behavioral health disparities in the program service area.
2. Increase opportunities for substance users, including opioid users, to reduce harms related to substance use.
3. Increase retention in substance use and mental health services.
4. Help individuals address medical needs.
5. Help individuals who desire change to build a foundation for their recovery

Performance Measures FY'25:

	Number of contacts with individuals eligible for program services	Number of substance use services, including intervention and treatment, referrals, linkage, and support provided to individuals eligible for program services	Number of mental health referrals, linkage and support provided to individuals eligible for program services	Number of medical services referrals, linkage and support provided to individuals eligible for program services	Number of referrals, linkage and support provided to other services and community resources to individuals eligible for program services	Number of Overdose Reversal Kits distributed to eligible individuals
September	1074	35	26	10	321	190
October	662	12	14	10	185	71
November	431	8	12	6	164	54
December						
January						
February						
March						
April						
May						
June						
July						
August						
Yearly Totals	2167	75	52	26	670	315
Yearly Target	4800	240	120	120	120	120

**CHW Team:**

Kevin Fox, SUD CHW Program Manager
Jessie Garcia, SUD CHW Team Lead
Derrell Harris, SUD CHW
David Yarbrough, SUD CHW
Victoria Mitchell, SUD CHW
Joyce Evans, SUD CHW
Cirilo Martinez, SUD CHW

Ancillary Team Members:

Matt Roberts, Chief Operating Officer
Alvin Mott, Director, Provider Relations

Other:

The CHW team began a re-focused outreach presence at encampments and shelters throughout the DFW while working with Housing Forward on the encampment Decommissioning process. The CHW team continues to increase our footprint in South Dallas with a positive, productive, and consistent presence at Cornerstone Baptist Church, International Street Church, City Square, and The MLK Center. With the resurgence of COVID-19, our CHW team has been distributing much needed PPE along with COVID tests throughout the community. We continue to see a steady increase in Critical document recovery assistance, as it continues to be a major need in the community. The CHW team is also gearing up for full participation in the annual MLK parade.

Success Stories:

- The CHW team has successfully completed the Applied Suicide Intervention Skills Training (ASIST)
- CHW Team engaged with three new churches that serve lunch and have been able to give a great deal of hygiene kits, hats, gloves, scarves and so forth. There is a definite need on the streets for these items.
- Jessie – I helped out a client who had no documents and since I started working with him he has gotten his medical records, social security card, birth certificate, and his ID. Since getting his ID, he has acquired a new job.

Substance Use Disorder Treatment (Month of September 2024)

Service Type	Service Description	Number of Individuals That Received a Service
All (Unique Individuals)	Individuals that are only counted 1 time. Individuals could receive a service from multiple service types.	1707
TRA: Ambulatory Detoxification - Adult	To provide safe withdrawal for clients physically dependent upon alcohol and other drugs and who can also engage and participate in concurrent outpatient treatment services.	0
COPSD - Adult	To provide adjunct services to clients with COPSD, emphasizing integrated treatment for both mental health needs and SUDs.	147
TRA: Intensive Residential - Adult	To provide high intensity treatment services in a residential setting that facilitate recovery from substance use disorders for clients who require a more structured environment.	104
TRY: Intensive Residential - Youth	*Same as TRA: Intensive Residential	0
TRF: Intensive Residential (Specialized Female) - Adult	*Same as TRA: Intensive Residential	29
TRF: Intensive Residential (Women and Children) - Adult	To provide high intensity treatment services in a residential setting that facilitate recovery from SUDs for clients who require a more structured environment.	7
Office Based Opioid Treatment – Adult & SF	To provide office-based treatment (OBT) services to alleviate the adverse physiological effects of withdrawal from the use of opioids as required to meet the individualized needs of the client. OBT Contractor will provide opioid treatment for opioid use disorders in combination with providing counseling and behavioral therapies. Office-based treatment (OBT) services consist of office-based opioid treatment (OBOT) through the provision of buprenorphine and/or office based addiction treatment (OBAT) through the provision of extended-release injectable naltrexone.	86
Opioid Substitution Therapy (Medication Assisted Therapy) - Adult	Grantee shall provide recovery-oriented Medication Assisted Treatment (MAT) to meet the individualized needs of persons seeking treatment for Opioid Use Disorder (OUD) by providing access to all reimbursable Federal Drug Administration (FDA) approved medications. Individuals receiving MAT ("Client") must receive medical, counseling, peer-based recovery support, educational, and other assessment, and treatment services, in addition to prescribed medication.	777
TRA: Outpatient - Adult	Purpose: To provide treatment services that facilitate recovery from SUDs to clients who do not require a more structured environment such as residential services to meet treatment goals.	662
TRY: Outpatient - Youth	*Same as TRA: Outpatient	19
TRF: Outpatient (Specialized Female) - Adult	*Same as TRA: Outpatient	23
TRA: Residential Detoxification - Adult	To provide a structured residential environment for clients who are physically dependent upon alcohol and other drugs to safely withdraw from those substances; for clients who are intoxicated to be medically monitored until achieving a non-intoxicated state; and to prepare and engage clients for ongoing treatment services.	87
TRF: Residential Detoxification (Specialized Female) - Adult	*Same as Residential Detoxification – Adult but for (SF)	11

Terms:

1. TRA: Adult Texas residents who meet financial and clinical criteria for HHSC-funded SUD treatment services
2. TRF: Adult Texas residents who are pregnant and adult women with dependent children (including women whose children are in custody of the state) who meet financial and clinical criteria for HHSC-funded SUD treatment services
3. TRY: Youth Texas residents who meet financial and clinical criteria for HHSC-funded SUD treatment services

**Information reported from the Clinical Management for Behavioral Health Services (CMBHS) data base.

RESOLUTION

NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

RESOLUTION NO: 425-2025 Approve NTBHA 2025 Employee Benefits Contract Renewal

DATE: January 8, 2025

STATE OF TEXAS }

COUNTY OF DALLAS }

BE IT REMEMBERED at a regular meeting of the North Texas Behavioral Health Authority held on the 8th day of January 2025, the following Resolution was adopted:

WHEREAS, the Health and Human Service Commission has designated the North Texas Behavioral Health Authority (NTBHA) as the Local Behavioral Health Authority (LBHA) for a service area consisting of the following six counties: Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall, effective January 1, 2017; and

WHEREAS, the NTBHA Board of Directors was created to govern the affairs of NTBHA; and

WHEREAS, NTBHA seeks to create a well-managed, integrated, and high-quality delivery system of behavioral health services available to eligible consumers residing in our catchment area; and

WHEREAS, NTBHA is responsible for the management of the network of behavioral health providers; and

WHEREAS, NTBHA seeks to (1) Maintain a competent and committed workforce, (2) Facilitate access to behavioral health services, (3) Manage core operations efficiently and effectively, and (4) Identify and develop additional opportunities for service area development.

IT IS THEREFORE RESOLVED that the North Texas Behavioral Health Authority Board of Directors approves the CEO to negotiate and execute the NTBHA 2025 Employee Benefits Contract Renewal which includes transitioning from a Flexible Spending Account Plan to a Health Savings Account Plan (Blue Cross and Blue Shield of Texas).

DONE IN OPEN MEETING this the 8th day of January 2025.

Recommend by:

Carol E. Lucky
Chief Executive Officer
North Texas Behavioral Health Authority

Commissioner Dr. Elba Garcia
Chair, Board of Directors
North Texas Behavioral Health Authority

Renewal Analysis

North Texas Behavioral Health
Authority | 2025



Gallagher

Insurance | Risk Management | Consulting

Renewal Review



Renewal Analysis

This table displays your renewal rates as well as any negotiated rates.

Coverage	Carrier	Renewal Date	Rate Action
Medical	BCBS	2/1/2025	Original: 23.3% Increase Negotiated: 9% Increase Alternate H.S.A Option: -13.4%
Dental PPO	Guardian	2/1/2025	Rate guarantee through 1/31/2026
Dental HMO	Guardian	2/1/2025	Rate guarantee through 1/31/2026
Vision	Guardian	2/1/2025	Rate guarantee through 01/31/2026
Life and AD&D	Principal	2/1/2025	0.00% Increase
Voluntary Life and AD&D	UNUM	2/1/2025	Rate guarantee through 01/31/2026
Short-Term Disability	Principal	2/1/2025	Original: 23% Increase Negotiated: 11.1% Increase* <i>(Approx. \$4,982 annual increase)</i>
Long-Term Disability	Principal	2/1/2025	Original: 4.5% Increase Negotiated: 0.0%



Medical Renewal and Option



Carrier Name	CURRENT		NEGOTIATED RENEWAL		ALTERNATE	
	Plan Name	Blue Cross and Blue Shield of Texas				
PLAN DESIGN*						
In-Network Benefits		Blue Choice PPO Network		Blue Choice PPO Network		Blue Choice PPO Network (HSA PLAN)
Deductible Type		Embedded	Embedded	Embedded	Embedded	
Deductible (Individual / Family)		\$5,000 / \$14,700	\$5,000 / \$14,700	\$5,000 / \$14,700	\$5,500 / \$11,000	
Out-of-Pocket Max Type		Embedded	Embedded	Embedded	Embedded	
Out-of-Pocket Max (Individual / Family)		\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700	\$6,900 / \$13,800	
Coinsurance (member pays after deductible)		20%	20%	20%	20%	
Preventive Care		Covered 100%	Covered 100%	Covered 100%	Covered 100%	
Primary Care Visit		\$45 Copay	\$45 Copay	\$45 Copay	\$30 Copay (Applies after Ded)	
Specialist Visit		\$90 Copay	\$90 Copay	\$90 Copay	\$60 Copay (Applies after Ded)	
Urgent Care		\$75 Copay	\$75 Copay	\$75 Copay	20% after deductible	
Emergency Room		\$500 Copay then 20% after deductible (Copay waived if admitted)	\$500 Copay then 20% after deductible (Copay waived if admitted)	\$500 Copay then 20% after deductible (Copay waived if admitted)	\$500 Copay then 20% after deductible (Copay waived if admitted)	
Inpatient Hospital		20% after deductible	20% after deductible	20% after deductible	20% after deductible	
Outpatient Surgery		20% after deductible	20% after deductible	20% after deductible	20% after deductible	
Diagnostic Test (X-ray, blood work)		20% after deductible	20% after deductible	20% after deductible	20% after deductible	
Imaging (CT/PET scan, MRI)		20% after deductible	20% after deductible	20% after deductible	20% after deductible	
Prescription Drug Benefit						
Retail		30 Days	30 Days	30 Days	30 Days	
Tier I / Tier II / Tier III		Preferred: \$0 / \$10 / \$50 / \$100; Participating: \$10 / \$20 / \$70 / \$120	Preferred: \$0 / \$10 / \$50 / \$100; Participating: \$10 / \$20 / \$70 / \$120	Preferred: \$0 / \$10 / \$50 / \$100; Participating: \$10 / \$20 / \$70 / \$120	Preferred: \$5 / \$15 / \$50 / \$100; Participating: \$10 / \$20 / \$70 / \$120	Copays applied after Ded: Preferred: \$5 / \$15 / \$50 / \$100; Participating: \$10 / \$20 / \$70 / \$120
Specialty		Preferred: \$150; Non-Preferred: \$250	Preferred: \$150; Non-Preferred: \$250	Preferred: \$150; Non-Preferred: \$250	Preferred: \$250; Non-Preferred: \$350	
COST ANALYSIS						
PEPM Rates - Enrollment per AMP	Enrollment	MTBCB042	MTBCB042	MTBCB042	MTBCP016H	
Employee (EE) Only	140	\$932.70	\$1,016.70	\$807.42		
EE + Spouse	6	\$2,033.29	\$2,216.40	\$1,760.19		
EE + Child(ren)	15	\$1,622.35	\$1,768.43	\$1,404.44		
EE + Family	1	\$2,722.94	\$2,968.14	\$2,357.20		
Total Enrollment	162					
Estimated Monthly Premium		\$169,836	\$185,131	\$147,024		
Estimated Annual Premium		\$2,038,031	\$2,221,572	\$1,764,285		
Dollar Difference from Current			\$183,541	-\$273,746		
Percent Change from Current			9.0%	-13.4%		
PLAN PROVISIONS						
Rate Guarantee		1 Year rate guarantee ending 01/31/2025	1 Year rate guarantee ending 01/31/2026	1 Year rate guarantee ending 01/31/2026		

*NOTE: Benefit deviations from Current are identified in blue font

FINAL RATES AS OF 12/18/24

Projected Costs



	CURRENT	NEGOTIATED	PACKAGE OPTIONS
	2024 Plan Year	Renewal	Option 1
PREMIUM / FI EQUIVELANT			
Medical	\$2,038,031	\$2,221,572	\$1,764,285
Dental - PPO	\$46,943	\$46,943	\$46,943
Dental - DHMO	\$7,065	\$7,065	\$7,065
Vision	\$13,361	\$13,361	\$13,361
Basic Life & AD&D	\$38,758	\$38,758	\$38,758
Short Term Disability	\$44,836	\$49,818	\$49,818
Long Term Disability	\$52,781	\$52,781	\$52,781
COMBINED ANNUAL COST			
Annual Plan Cost	\$2,241,775	\$2,430,298	\$1,973,011
Dollar Difference from Current		\$188,523	-\$268,764
Percent Change from Current		8.4%	-12.0%
EMPLOYER COST ADJUSTMENTS			
<i>Employee Contributions</i>	\$193,015	\$193,015	\$193,015
<i>HRA Employer Funding (Estimated)</i>	\$117,055	\$117,055	\$117,055
TOTAL EMPLOYER COST			
Annual Employer Cost	\$2,165,815	\$2,354,338	\$1,897,051
Dollar Difference from Current		\$188,523	-\$268,764
Percent Change from Current		8.7%	-12.4%
Dollar Difference from Negotiated Renewal			-\$457,287
Percent Change from Negotiated Renewal			-19.4%

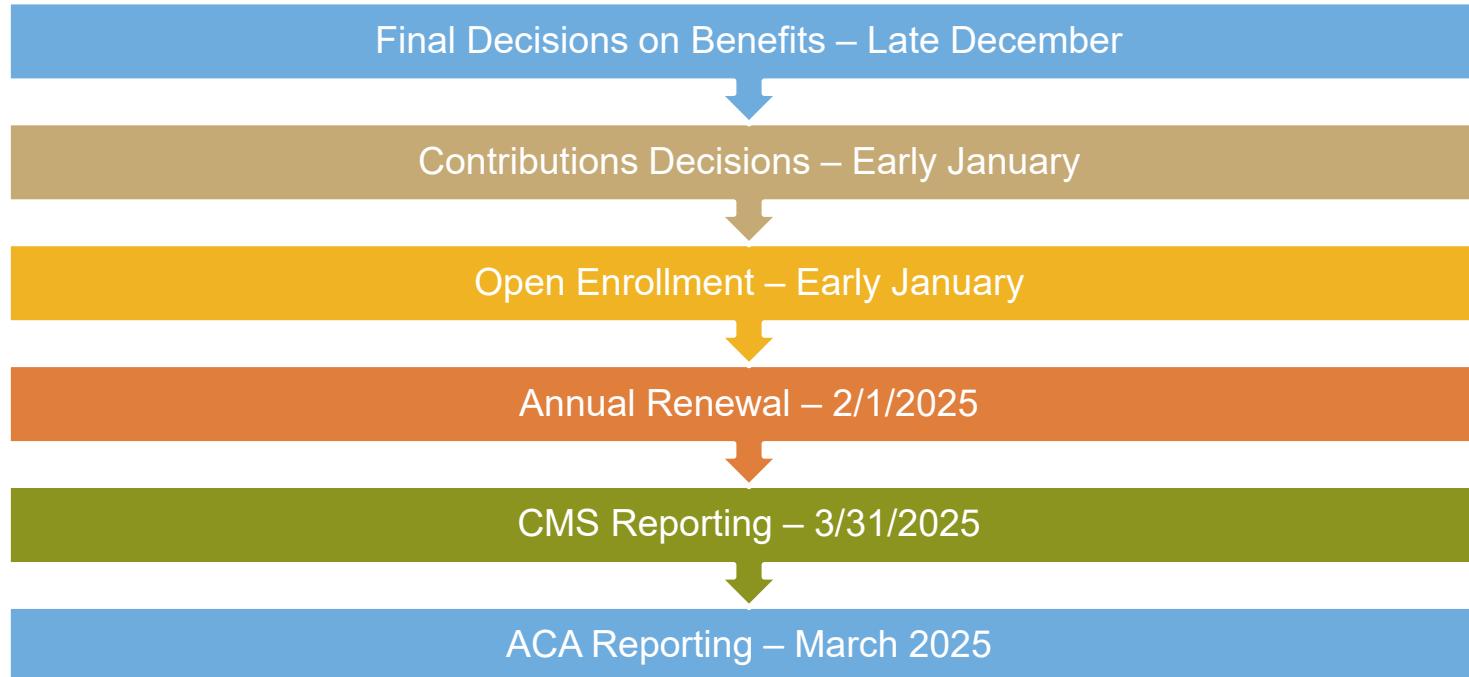
This row shows your cost compared to your current rates.

Option 1: Renewal all non-medical lines, use BCBS Alternate: H.S.A MTBCP016H

Looking Forward



Next Steps





Gallagher

Insurance | Risk Management | Consulting

RESOLUTION

NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

RESOLUTION NO: 426-2025 Approve Website Hosting and Security Services Contract with Webhead

DATE: January 8, 2025

STATE OF TEXAS }

COUNTY OF DALLAS }

BE IT REMEMBERED at a regular meeting of the North Texas Behavioral Health Authority held on the 8th day of January 2025, the following Resolution was adopted:

WHEREAS, the Health and Human Service Commission has designated the North Texas Behavioral Health Authority (NTBHA) as the Local Behavioral Health Authority (LBHA) for a service area consisting of the following six counties: Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall, effective January 1, 2017; and

WHEREAS, the NTBHA Board of Directors was created to govern the affairs of NTBHA; and

WHEREAS, NTBHA seeks to create a well-managed, integrated, and high-quality delivery system of behavioral health services available to eligible consumers residing in our catchment area; and

WHEREAS, NTBHA is responsible for the management of the network of behavioral health providers; and

WHEREAS, NTBHA seeks to (1) Maintain a competent and committed workforce, (2) Facilitate access to behavioral health services, (3) Manage core operations efficiently and effectively, and (4) Identify and develop additional opportunities for service area development.

IT IS THEREFORE RESOLVED that the North Texas Behavioral Health Authority Board of Directors approves the CEO to negotiate and execute the Website Hosting and Services Contract with Webhead.

DONE IN OPEN MEETING this the 8th day of January 2025.

Recommend by:

Carol E. Lucky
Chief Executive Officer
North Texas Behavioral Health Authority

Commissioner Dr. Elba Garcia
Chair, Board of Directors
North Texas Behavioral Health Authority



BOARD OF DIRECTORS MEETING

Summary

DATE: January 8, 2025

AGENDA ITEM #12: Resolution 426-2025 Approve Website Hosting and Security Services Contract with Webhead

Recommendation/Motion: Approve the CEO to negotiate and execute the Website Hosting and Security Services Contract with Webhead.

Background:

NTBHA is working with Webhead, a minority/woman-owned business from the state-approved contracting system, to overhaul the NTBHA website. Hosting and security are currently being handled by the previous website company. To establish secure and efficient operations, it is recommended that hosting and security services be handled by the new company overhauling the website—Webhead.

Evaluation: see attachments

Financial Information: The cost for hosting and security services is \$5,776.00 for 12 months.

Implementation Schedule: Upon approval by the NTBHA board

Attachments: [12. 2024_12_21_Webhead_NTBHA_HostingServices](#)



Aligns with Visions #1, 2, 3, and 4

NTBHA Strategic Visions

Vision #1 NTHBA will maintain a competent and committed workforce.

Vision #2 NTBHA will facilitate access to behavioral health services.

Vision #3 NTBHA will manage core operations efficiently and effectively.

Vision #4 NTBHA will identify and develop additional opportunities for service area development.

Presented By: Carol Lucky, Chief Executive Officer

webhead

**North Texas Behavioral Health Authority
AWS Hosting
DIR-CPO-5218**

PROJECT OVERVIEW:

Webhead is pleased to present the following quote for AWS hosting services for North Texas Behavioral Health Authority. This includes acquisition, configuration and estimated hosting costs for the new corporate website.

As part of this project, Webhead will provide:

- **AWS Configuration**
- **WordPress Configuration**
- **Hosting Services**

We look forward to collaborating closely with your team to bring these designs to life.

SCOPE:

Amazon Web Services (AWS) Server Configuration:



Network Configuration

This phase will involve the creation of the VPC along with public and private subnets. In order to provide redundancy, public and private subnets will be created across two availability zones.

To enable outbound connectivity on private subnets, a NAT gateway will be required. Route tables will also be configured to ensure the required routing rules are in place to allow communication across the VPC and subnets.

Server Configuration

- This phase will involve creating launch templates for both web and database instances.
- Instances will be configured with AWS SSM to allow secure connectivity into each instance.
- Autoscaling groups will also be created to allow for quick and easy deployment of the launch templates.
- Backup jobs will be created to ensure 7 days of EBS volumes are stored.

Load Balancer Configuration

This phase will involve creating the Application Load Balancer along with the SSL certificate to serve the front-end web traffic. The application load balancer will use target groups linked with the web autoscaling groups to allow for dynamic scaling.

Monitoring/Alerting Configuration

This phase will involve the creation of CloudWatch alarms to alert when the platform is there is a potential issue with either web or database instances.

WordPress Configuration:

Server Configuration

- Update the server's software.
- Install the necessary components (e.g., Apache/Nginx, MySQL/MariaDB, PHP).
- Start and enable the required services for web and database hosting

Set Up a Database

- Secure the database with a root password.
- Create a database and user for WordPress.
- Grant the user appropriate privileges on the WordPress database.

WordPress Installation

- Download WordPress files and place them in the web server's root directory.
- Set the correct file permissions for WordPress.
- Configure the WordPress settings file to connect to the database.

Security Configuration

- Set up a security group in AWS to allow HTTP, HTTPS, and restricted SSH access.
- Install an SSL certificate for secure connections.
- Enable automatic renewal for the SSL certificate.

Domain Connectivity

- Update the domain's DNS records to point to the Elastic IP.
- Configure the web server to serve the domain.

WordPress Testing

- Access the website via the domain or Elastic IP to complete the WordPress installation process in the browser.

Ongoing Hosting Services:

- Amazon Virtual Private Cloud
- Elastic Load Balancing
- 3 Amazon EC2s
 - Production
 - Production Database
 - Sandbox

PROJECT TIMELINE

December 23, 2024 – December 31, 2024

PRICING

1.0	AWS Configuration	
	Network Configuration	
	Server Configuration	
	Load Balancer Configuration	
	Monitoring/Alert Configuration	
2.0	WordPress Configuration	
	Word Press Install	
	Security Configuration	
	Domain Connectivity	

	Testing	
3.0	Hosting Services	
	12 months	
	Pricing	\$5,776.00

Payment Schedule:

DIR-CPO-5218

Scope Adjustments and Additional Rounds Clause

- If the scope of work or level of effort changes significantly from what is outlined in this agreement, such changes will be billed at an hourly rate of \$133.12.
- Ongoing hosting costs are based on estimated traffic levels. If actual monthly hosting costs exceed the allocated budget, Webhead will provide an updated estimate for the client's review and approval before proceeding.

The client will be notified of any additional costs before the work proceeds, and written approval will be required to authorize the changes.

Assumptions:

- The client will provide timely feedback within [2-3] business days of receiving deliverables.
- The client will provide or collaborate with Domain DNS management.
- The client will provide access to the current hosting environment.

Client Approval

Client Date

RESOLUTION

NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

RESOLUTION NO: 427-2025 Approve OBOT (Office Based Opioid Treatment) Services Agreement with UT Health Science Center – San Antonio, Amendment No. 2

DATE: January 8, 2025

STATE OF TEXAS }

COUNTY OF DALLAS }

BE IT REMEMBERED at a regular meeting of the North Texas Behavioral Health Authority held on the 8th day of January 2025, the following Resolution was adopted:

WHEREAS, the Health and Human Service Commission has designated the North Texas Behavioral Health Authority (NTBHA) as the Local Behavioral Health Authority (LBHA) for a service area consisting of the following six counties: Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall, effective January 1, 2017; and

WHEREAS, the NTBHA Board of Directors was created to govern the affairs of NTBHA; and

WHEREAS, NTBHA seeks to create a well-managed, integrated, and high-quality delivery system of behavioral health services available to eligible consumers residing in our catchment area; and

WHEREAS, NTBHA is responsible for the management of the network of behavioral health providers; and

WHEREAS, NTBHA seeks to (1) Maintain a competent and committed workforce, (2) Facilitate access to behavioral health services, (3) Manage core operations efficiently and effectively, and (4) Identify and develop additional opportunities for service area development.

IT IS THEREFORE RESOLVED that the North Texas Behavioral Health Authority Board of Directors approves the OBOT (Office-Based Opioid Treatment) Services Agreement with UT Health Science Center – San Antonio (Agreement Number 173648/42943/OBOT-21, Amendment No. 2).

DONE IN OPEN MEETING this the 8th day of January 2025.

Recommended by:

Carol E. Lucky
Chief Executive Officer
North Texas Behavioral Health Authority

Commissioner Dr. Elba Garcia
Chair, Board of Directors
North Texas Behavioral Health Authority



BOARD OF DIRECTORS MEETING

Summary

DATE: January 8, 2025

AGENDA ITEM #13: Resolution 427-2025 Ratify Approve OBOT (Office Based Opioid Treatment) Services Agreement with UT Health Science Center – San Antonio, Amendment No. 2

Recommendation/Motion: Approve the CEO to sign the Office-Based Opioid Treatment (OBOT) Services Agreement with UT Health Science Center – San Antonio (Agreement Number 173648/42943/OBOT – 21, Amendment No. 2)

Background:

The purpose of this agreement is to provide office-based opioid treatment (OBOT) services to alleviate the adverse physiological effects of withdrawal from the use of opioids as required to meet the individualized needs of the people receiving this service. NTBHA will expend funds to provide opioid treatment for opioid use disorders in combination with providing counseling and behavioral therapies. Office-based treatment (OBT) services consist of office-based opioid treatment (OBOT) through the provision of buprenorphine and/or office-based addiction treatment (OBAT) through the provision of extended-release injectable naltrexone.

Financial Information:

Service Type/Unit Rate Chart

Medication	Service Type	Amount
	Office-Based Opioid Treatment (OBOT)	
Buprenorphine	Adult OBOT Services	\$25.12/day
Buprenorphine	Specialized Female OBOT Services	\$27.21/day
	Office-Based Addiction Treatment (OBAT)	
Naltrexone	Extended-Release Injectable Naltrexone* OBAT Services	\$1,264.55/injection
Naltrexone	Medical Services-Naltrexone Extended-Release* OBAT Services	\$192.36/administer
	GPRA	



	GPRA Assessment	\$41.00/assessment
--	-----------------	--------------------

Implementation Schedule: Upon approval by the NTBHA board.

Attachments: 13. UTHSC_SA-173648_OBT-21 A.02 - NTBHA FY24 (unsigned)

Aligns with Visions #1, 2, 3, and 4

NTBHA Strategic Visions
Vision #1 NTHBA will maintain a competent and committed workforce.
Vision #2 NTBHA will facilitate access to behavioral health services.
Vision #3 NTBHA will manage core operations efficiently and effectively.
Vision #4 NTBHA will identify and develop additional opportunities for service area development.

Presented By: Carol Lucky, Chief Executive Officer



PURCHASED SERVICES AGREEMENT AMENDMENT

Amendment No.: 02	Agreement No.: 173648/42943/OBOT-21
Performing Agency: The University of Texas Health Science Center at San Antonio	Institution/Organization (“Provider”): North Texas Behavioral Health Authority
Interagency Cooperation Contract No.: HHS000562000002	Start: 09/01/2023 End: 08/31/2024

Changes to Purchased Services Agreement:

1. As per Attachment B, Program Services and Unit Rates, Item G.5 – “Submitted claims in excess of the Provider’s stated funded capacity will be approved for payment based on availability of funds, and contingent upon approval of a subsequent amendment”, this amendment **updates the Funded Capacity Budget amount by \$37,402.00**.

All other terms and conditions of the Purchased Services Agreement are unchanged and remain in effect.

IN WITNESS WHEREOF, the parties hereto represented by Officials authorized to bind them have executed this Amendment as of the day and year first written.

The University of Texas Health Science Center at San Antonio By: _____ Name: Chris G. Green, CPA Title: AVP, Sponsored Programs Date: _____	North Texas Behavioral Health Authority By: _____ Name: _____ Title: _____ Date: _____
--	---

RESOLUTION

NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

RESOLUTION NO: 428-2025 Accept FY 2024 External Audit

DATE: January 8, 2025

STATE OF TEXAS }

COUNTY OF DALLAS }

BE IT REMEMBERED at a regular meeting of the North Texas Behavioral Health Authority held on the 8th day of January 2025, the following Resolution was adopted:

WHEREAS, the Health and Human Service Commission has designated the North Texas Behavioral Health Authority (NTBHA) as the Local Behavioral Health Authority (LBHA) for a service area consisting of the following six counties: Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall, effective January 1, 2017; and

WHEREAS, the NTBHA Board of Directors was created to govern the affairs of NTBHA; and

WHEREAS, NTBHA seeks to create a well-managed, integrated, and high-quality delivery system of behavioral health services available to eligible consumers residing in our catchment area; and

WHEREAS, NTBHA is responsible for the management of the network of behavioral health providers; and

WHEREAS, NTBHA is required to undergo an annual Financial, State, and Federal Single Audit and has undergone such an audit performed by Scott, Singleton, Fincher, and Co.

IT IS THEREFORE RESOLVED that the North Texas Behavioral Health Authority Board of Directors accepts the FY 2024 External Audit report completed by Scott, Singleton, Fincher, and Co.

DONE IN OPEN MEETING this the 8th day of January 2025.

Recommend by:

Carol E. Lucky
Chief Executive Officer
North Texas Behavioral Health Authority

Commissioner Dr. Elba Garcia
Chair, Board of Directors
North Texas Behavioral Health Authority



BOARD OF DIRECTORS MEETING

Summary

DATE: January 8, 2025

AGENDA ITEM #14: Resolution 428-2025 Accept FY 2024 External Audit

Recommendation/Motion: Accept NTBHA's FY 2024 External Audit completed by Scott, Singleton, Fincher, & Co., PC, Certified Public Accountants

Background: NTBHA is required by the Texas Health and Human Services Commission to undergo an annual Financial, State, and Federal Single Audit. NTBHA employed the professional services of Scott, Singleton, Fincher, & Co., PC, Certified Public Accountants to perform this required audit for fiscal year 2024. The audit covered financial statements provided by NTBHA which comprise the Statement of Net Position as of August 31, 2024, and the related Statements of Revenues, Expenses, and Changes in Net Position and Cash Flows for the year then ended, and the related notes to the financial statements. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, Scott, Singleton, Fincher, and Co., expresses no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

Evaluation: N/A

Financial Information: N/A

Implementation Schedule: N/A



Attachments: 14. NTBHA FY 2024 Audit Report

Aligns with NTBHA Strategic Visions #3 NTBHA will manage core operations efficiently and effectively

NTBHA Strategic Visions

Vision #1 NTHBA will maintain a competent and committed workforce.

Vision #2 NTBHA will facilitate access to behavioral health services.

Vision #3 NTBHA will manage core operations efficiently and effectively.

Vision #4 NTBHA will identify and develop additional opportunities for service area development.

Presented By: Carol Lucky, Chief Executive Officer