



**NORTH TEXAS  
BEHAVIORAL HEALTH  
AUTHORITY**

**BOARD OF DIRECTORS  
MEETING**

**February 12, 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, February 12, 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/89383766782?pwd=r9ymSQaYabSbqlVj3kDbkQdDDf1ha.1>

**Passcode: 683777**

Due to limited accommodations, the general public is encouraged to join the meeting via Zoom using 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<br><i>*Present Minutes for approval: January 2025</i>          | Judge Cody Beauchamp, Secretary <input checked="" type="checkbox"/> |
| 3.     | Finance Committee Report<br><i>*Financial Reports for approval: December 2024</i> | Ryan Brown, Treasurer <input checked="" type="checkbox"/>           |
| 4.     | Public Commentary - <i>Limited to 2 minutes – only those who are registered</i>   |   |
|        | <b>Consent Agenda Items</b>   |   |
| 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 <input checked="" type="checkbox"/>              |
| 8.     | Legislative Update  | Janie Metzinger <input checked="" type="checkbox"/>                 |
|        | <b>Agenda Item</b>  |   |
| 9.     | <b>Presentation:</b> <i>Impact Communities Programs and Services</i>              | Reanna Liversage-Gerky, Chief Program Officer, Impact Communities   |

|     |  |                                     |   |
|-----|--|-------------------------------------|---|
| 10. | Chief Executive Officer's Overview and Analysis  | Carol Lucky                         | X |
| 11. | *Resolution 429-2025 Accept FY2024 External Financial Audit  | Carol Lucky / Elizabeth Goodwin     | X |
| 12. | *Resolution 430-2025 Approve Revised NTBHA Planning and Network Advisory Committee (PNAC) Bylaws   | Carol Lucky / Dr. Walter Taylor     | X |
| 13. | Executive Session<br><i>The Board may go into Executive Session pursuant to Chapter 551, Subchapter D, Texas Govt. Codes as shown below:</i> |                                     |   |
| 14. | Discussion and possible vote in open session on matters considered in Executive Session  | Commissioner Dr. Elba Garcia, Chair |   |
| 15. | Next Regular Board of Directors Meeting:<br><br><a href="#">April 9, 2025</a>  | Commissioner Dr. Elba Garcia, Chair |   |
| 16. | 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**  
**January 8, 2025, at 12:00 PM**

| <b>2025 Attendance</b>   | Jan 10 | Feb 12 | Mar 9 | Apr 14 | May 11 | Jun | Jul | Aug 13 | Sep 10 | Oct 8 | Nov 12 | Dec |
|--|--------|--------|-------|--------|--------|-----|-----|--------|--------|-------|--------|-----|
| Commissioner Dr. Elba Garcia, <u>Chair</u><br><b>Dallas County</b> | X      |        | N     |        |        |     |     |        |        |       |        | N   |
| Janis Burdett, <u>Vice-Chair</u><br><b>Ellis County</b>            | X      |        | N     |        |        |     |     |        |        |       |        | N   |
| Ryan Brown, <u>Treasurer</u><br><b>Dallas County</b>               | X      |        | N     |        |        |     |     |        |        |       |        | N   |
| Judge Cody Beauchamp, <u>Secretary</u><br><b>Navarro County</b>    | X      |        | N     |        |        |     |     |        |        |       |        | N   |
| Judge Mary Bardin,<br><b>Kaufman County</b>                        | X      |        | N     |        |        |     |     |        |        |       |        | N   |
| Judge Lela Lawrence Mays<br><b>Dallas County</b>                   | X      |        | N     |        |        |     |     |        |        |       |        | N   |
| Maricela Canava<br><b>Dallas County</b>                            | X      |        | N     |        |        |     |     |        |        |       |        | N   |
| Major Todd Calkins<br><b>Rockwall County</b>                       | X      |        | N     |        |        |     |     |        |        |       |        | N   |
| Deputy Michael Allen<br><b>Rockwall County</b>                     | X      |        | N     |        |        |     |     |        |        |       |        | N   |
| Captain Charlie York<br><b>Navarro County</b>                      | X      |        | N     |        |        |     |     |        |        |       |        | N   |
| Sergeant Brad Elliott<br><b>Ellis County</b>                       | A      |        | N     |        |        |     |     |        |        |       |        | N   |
| Nikki Haynes<br><b>Hunt County</b>                                 | A      |        | N     |        |        |     |     |        |        |       |        | 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 39 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 November 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 October and November 2024 financial reports were prepared by the accounting staff. Mr. Brown reviewed the reports and had no questions or changes and recommended approval.

- 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 commented about two bills that may affect the behavioral health authorities. Janie Metzinger added that the referenced bills have no attached funding, and she will be doing a weekly summary of bills filed.

- Vote. Janis Burdett moved for approval of the **Consent Agenda** reports, seconded by Maricela Canva. The motion carried.

**Item #9****Presentation:**

***Nexus Recovery Programs, Services, and Future Plans***, Heather Emmanuel Ormand, Chief Executive Officer, **Nexus Recovery**

Mrs. Ormand gave an overview of Nexus' services. Nexus Family Recovery Center is a substance use disorder (SUD) treatment and family healing center that addresses homelessness, family disruption, economic distress, and incarceration. Unlike most providers, Nexus delivers a fully licensed, Joint Commission Accredited, family-centered approach to substance-use disorder recovery, regardless of clients' ability to pay.

**Medical services** include medical detox, medication assisted treatment and partnership with Parkland Health System.

**Residential services** are provided for adult women over the age of 18. Pregnant and Parenting Women with Children program serves women age 18+ who are pregnant or who need to bring children with them in order to receive services. Up to 3 children aged 12 and under. Approximately 30 adult beds; 90-day average stay. 1:1 SUD Counseling, Group services and education programming 7 days per week.

**Outpatient and Psychiatric Services:** Women can admit directly into Outpatient Services or step down from Residential to Outpatient. Approximately 130 enrolled. 1:1 SUD Counselor and clinical group services offered 3-4 times per day, 5 days per week.

Services for Co-Occurring Disorders - 1:1 Counseling with individualized treatment goals for Inpatient and Outpatient clients diagnosed with co-occurring mental health disorders.

**Children and Parents – Childcare:** Fully licensed, onsite daycare serves children of residential clients, alumni and staff. Therapies for Children: Speech, occupational, and play therapies for children facing behavioral problems and developmental delays from licensed providers. Parenting Support: Dedicated staff work with PPWC clients to provide programming and 1:1 support for post-natal and parenting skills

**Case Management and Peer Support – Case Management:** Case Managers, Peer Support staff, and support staff work with residential clients to coordinate services and get basic needs met whenever possible.

Peer Support: Nexus maintains two Peer Support programs: Generations for pregnant and parenting women, and Recovery Support Services for alumni of the Adult Women and Outpatient programs.

In addition to practical support and social service coordination, Peer Support staff provide 1:1 guidance and group programming for current and former Nexus clients.

**Accomplishments:** Continually striving for excellence, Nexus has been accredited by The Joint Commission since 2006, which is rare in the non-profit sector due to the high standards required to earn and maintain.

-July 2017 Nexus begins providing medication-assisted treatment (MAT), specifically designated for opiate-addicted women.

-February 2018 Nexus receives a 3-year grant of \$747,681 from Crystal Charity to support an onsite children's play therapist as well as speech and occupational therapies to meet the specialized needs of children in the Child Development Center.

-2018 Nexus expands its medication-assisted treatment (MAT) services to pregnant women, one of the only providers in the state to do so.

-July 2019 Nexus reinstates its Psychiatric Fellows Program in its Clinical Training Institute in partnership with UT Southwestern Medical Center to offer psychiatrists specialized training in substance use disorders within female-only and pregnant populations.

-March 2020 Nexus puts robust COVID protocols in place that allows us to continue providing services at full capacity.

-May 2020 Nexus is one of 6 community treatment sites selected to participate in a national 70-week Clinical Trials Network study on extended-release naltrexone, which will begin in January 2021.

-June 2020 Nexus undergoes a major leadership change when former CEO, Becca Crowell, retires after 30 years at Nexus and Heather E. Ormand is hired in her place.

-March 2021 Founded in 1971, Nexus celebrated its 50th anniversary.

-Summer 2024 Nexus changed its name to Nexus Family Recovery Center to better reflect our expanded services and mission. Originally focused on individual care, we have significantly broadened our offerings to support entire families, including programs for pregnant and parenting women, children, and a range of recovery services.

-Nexus served ~800 NTBHA clients in FY2024

Madam Vice-Chair Janis Burdett asked if Nexus planned to add services for adolescents or teenage girls with substance-use disorders. Mrs. Ormand stated it is not in their plans currently, but that could change in the future.

**Item #10**

**Chief Executive Officer's Overview and Analysis**

**Carol Lucky, CEO, reported.**

- **Inclement Weather preparation** – NTBHA will provide staff to support behavioral health services at Fair Park, Austin Street shelter and Oak Lawn Shelter. NTBHA's community health care workers will assist in these efforts as well. Southern Area Behavioral Health will offer telemedicine services. APAA will provide peer support services. All services will be available 24/7.
- **Dallas County Juvenile Justice** – NTBHA implemented this program over the holidays and plans to continue it.
- **Ellis County** – NTBHA has also taken over services at the Ellis County Jail. This will allow NTBHA to coordinate with individuals as they are released and connect them to the appropriate network providers in the community.
- **SIM's mapping** – is scheduled for January 16-17, 2025, in Ellis County.
- **Netsmart Medical Record System implementation** – is ongoing with the reporting structure currently being established.
- **The State Hospital Step Down and Children's Respite** programs are pending State budget approval. Behind-the-scenes preparation is underway, but the facilities will need modifications, particularly for ADA compliance.

**Item #11**

**\*Resolution 425-2025 Approve NTBHA 2025 Employee Benefits Contract Renewal**

**Carol Lucky, CEO, reported.**

This resolution approved the CEO to negotiate and execute the NTBHA 2025 Employee Benefits Contract Renewal, including the transition from a Flexible Spending Account Plan to a Health Savings Account Plan with Blue Cross and Blue Shield of Texas. Mr. Brown agreed that this is a reasonable approach.

- Vote: Janis Burdett motioned approval, seconded by Ryan Brown. The motion carried.

**Item #12**

**\*Resolution 426-2025 Approve Website Hosting & Security Services Contract with Webhead**

**Carol Lucky, NTBHA's CEO, reported.**

This resolution approved the CEO to negotiate and execute the Website Hosting and Security Services Contract with Webhead. Commissioner Dr. Garcia asked if other companies were reviewed. NTBHA's Chief Information Officer stated that several companies were reviewed and Webhead was the best candidate.

- Vote: Judge Lela Lawrence Mays motioned approval, seconded by Major Todd Calkins. The motion carried.

**Item #13**

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

**Carol Lucky, NTBHA's CEO, reported.**

This resolution ratified the CEO's signature on the Office-Based Opioid Treatment (OBOT) Services Agreement with UT Health Science Center – San Antonio (Agreement Number 173648/42943/OBOT – 21, Amendment No. 2). The agreement includes an increase of \$37,000.

- Vote: Major Todd Calkins motioned approval, seconded by Judge Beauchamp. The motion carried.

**Item #14****\*Resolution 428-2025 Accept FY2024 External Financial Audit****Carol Lucky, NTBHA's CEO, reported.**

This agenda item was moved to a future meeting.

**Item #15****Executive Session**

The Board may go into Executive Session pursuant to Chapter 51, Subchapter D, Texas Govt. Codes. If during the source 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 convene for an executive session.**

**Item #16****Discussion and possible vote in open session on matters considered in Executive Session.**

None.

**Item #17****Next NTBHA Board Meeting**

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

**Item #18****Adjournment**

- Janis Burdett moved to adjourn, seconded by Commissioner Dr. Elba Garcia.
- By vote of agreement, the NTBHA Board of Directors Meeting was adjourned at 1:24 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   |
| CRRS       | 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 <sup>th</sup> 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,<br>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,<br>Waiver<br>Program | Youth Empowerment Services Waiver Program   |

**North Texas Behavioral Health Authority**  
**Statement of Revenue, Expenses and Changes in Net Position**  
 FY2025 All Combined Contracts MTD - DEC24

|                               | <b>MH/SUD Authority</b> | <b>MH</b>        | <b>SUD</b>       | <b>Housing</b>  | <b>Other</b>     | <b>MTD Total</b>  |
|-------------------------------|-------------------------|------------------|------------------|-----------------|------------------|-------------------|
| <b>Revenue</b>                |                         |                  |                  |                 |                  |                   |
| Federal Revenue               | 0                       | 2,598,189        | 1,277,426        | 0               | 178,165          | 4,053,780         |
| State Revenue                 | 893,807                 | 4,919,376        | 79,666           | 21,460          | 0                | 5,914,309         |
| Local Revenue                 | 105,311                 | 1,281            | 231,690          | 0               | 1,121,975        | 1,460,257         |
| Match Revenue                 | 0                       | 44,319           | 0                | 0               | 0                | 44,319            |
| IN KIND Revenue               | 0                       | 825,136          | 0                | 0               | 0                | 825,136           |
| Interest Income               | 0                       | 0                | 0                | 0               | 51,539           | 51,539            |
| <b>Total Revenue</b>          | <b>999,118</b>          | <b>8,388,301</b> | <b>1,588,782</b> | <b>21,460</b>   | <b>1,351,679</b> | <b>12,349,341</b> |
| <b>Operating Expenses</b>     |                         |                  |                  |                 |                  |                   |
| Provider Payments             | 0                       | 5,874,048        | 1,449,381        | 0               | 1,184,865        | 8,508,295         |
| In-Kind Provider Payments     | 0                       | 825,136          | 0                | 0               | 0                | 825,136           |
| Personnel Expenses            | 366,784                 | 340,106          | 85,608           | 6,474           | 372,731          | 1,171,703         |
| Personnel Fringe Benefits     | 92,148                  | 88,262           | 31,066           | 1,773           | 86,325           | 299,575           |
| Travel Expense                | 2,290                   | 3,377            | 1,875            | 0               | 625              | 8,167             |
| Supplies Expense              | 6,034                   | 7,475            | 954              | 0               | 132,962          | 147,425           |
| Contractual Expense           | 29,648                  | 304,162          | 361              | 0               | 35,483           | 369,654           |
| Other Expense                 | 14,394                  | 777,799          | 8,667            | 38,007          | 178,006          | 1,016,872         |
| Depreciation Expense          | 0                       | 0                | 0                | 0               | 22,323           | 22,323            |
| <b>Total Expenses</b>         | <b>511,297</b>          | <b>8,220,366</b> | <b>1,577,913</b> | <b>46,254</b>   | <b>2,013,320</b> | <b>12,369,150</b> |
| <b>Admin Allocation</b>       |                         |                  |                  |                 |                  |                   |
| Admin Allocation              | 487,821                 | 164,791          | 10,870           | 3,438           | (666,920)        | 0                 |
| <b>Total Admin Allocation</b> | <b>487,821</b>          | <b>164,791</b>   | <b>10,870</b>    | <b>3,438</b>    | <b>(666,920)</b> | <b>0</b>          |
| <b>Total</b>                  | <b>0</b>                | <b>3,144</b>     | <b>0</b>         | <b>(28,232)</b> | <b>5,279</b>     | <b>(19,809)</b>   |
| <b>NET SURPLUS/(DEFICIT)</b>  | <b>0</b>                | <b>3,144</b>     | <b>0</b>         | <b>(28,232)</b> | <b>5,279</b>     | <b>(19,809)</b>   |

**North Texas Behavioral Health Authority**  
**Statement of Revenue, Expenses and Changes in Net Position**  
FY2025 All Combined Contracts YTD - DEC24

|                               | <b>MH/SUD Authority</b> | <b>MH</b>         | <b>SUD</b>       | <b>Housing</b>  | <b>Other</b>       | <b>YTD Total</b>  |
|-------------------------------|-------------------------|-------------------|------------------|-----------------|--------------------|-------------------|
| <b>Revenue</b>                |                         |                   |                  |                 |                    |                   |
| Federal Revenue               | 0                       | 14,735,397        | 3,909,733        | 0               | 372,133            | 19,017,263        |
| State Revenue                 | 3,597,333               | 14,436,588        | 323,536          | 96,757          | 0                  | 18,454,213        |
| Local Revenue                 | 387,910                 | 1,112,084         | 396,885          | 0               | 1,121,975          | 3,018,854         |
| Match Revenue                 | 0                       | 210,276           | 0                | 0               | 0                  | 210,276           |
| IN KIND Revenue               | 0                       | 3,256,710         | 0                | 0               | 0                  | 3,256,710         |
| Other Revenue                 | 0                       | 0                 | 619,039          | 0               | 838                | 619,878           |
| Interest Income               | 0                       | 0                 | 0                | 0               | 203,991            | 203,991           |
| <b>Total Revenue</b>          | <b>3,985,242</b>        | <b>33,751,055</b> | <b>5,249,193</b> | <b>96,757</b>   | <b>1,698,937</b>   | <b>44,781,184</b> |
| <b>Operating Expenses</b>     |                         |                   |                  |                 |                    |                   |
| Provider Payments             | 0                       | 24,617,491        | 4,100,209        | 0               | 1,185,994          | 29,903,694        |
| In-Kind Provider Payments     | 0                       | 3,256,710         | 0                | 0               | 0                  | 3,256,710         |
| Personnel Expenses            | 1,312,463               | 1,348,646         | 317,974          | 24,373          | 1,472,722          | 4,476,179         |
| Personnel Fringe Benefits     | 350,744                 | 332,687           | 107,748          | 6,006           | 325,392            | 1,122,576         |
| Travel Expense                | 11,613                  | 34,167            | 4,659            | 0               | 20,923             | 71,362            |
| Supplies Expense              | 15,963                  | 329,651           | 2,075            | 0               | 274,281            | 621,970           |
| Contractual Expense           | 108,474                 | 1,092,744         | 1,245            | 0               | 464,739            | 1,667,202         |
| Other Expense                 | 65,792                  | 1,837,716         | 659,435          | 114,823         | 647,194            | 3,324,961         |
| Depreciation Expense          | 0                       | 0                 | 0                | 0               | 112,382            | 112,382           |
| <b>Total Expenses</b>         | <b>1,865,049</b>        | <b>32,849,811</b> | <b>5,193,345</b> | <b>145,202</b>  | <b>4,503,628</b>   | <b>44,557,035</b> |
| <b>Admin Allocation</b>       |                         |                   |                  |                 |                    |                   |
| Admin Allocation              | 2,122,438               | 884,349           | 48,995           | 12,216          | (3,067,996)        | 0                 |
| <b>Total Admin Allocation</b> | <b>2,122,438</b>        | <b>884,349</b>    | <b>48,995</b>    | <b>12,216</b>   | <b>(3,067,996)</b> | <b>0</b>          |
| <b>Total</b>                  | <b>(2,244)</b>          | <b>16,895</b>     | <b>6,853</b>     | <b>(60,661)</b> | <b>263,305</b>     | <b>224,149</b>    |
| <b>NET SURPLUS/(DEFICIT)</b>  | <b>(2,244)</b>          | <b>16,895</b>     | <b>6,853</b>     | <b>(60,661)</b> | <b>263,305</b>     | <b>224,149</b>    |

**North Texas Behavioral Health Authority**  
**FY2025 BOD Budget Variance Report**

December 31, 2024

|                           | <b>Actual</b> | <b>Budget</b> | <b>Variance</b> | <b>Year to Date</b> |               |                 |
|---------------------------|---------------|---------------|-----------------|---------------------|---------------|-----------------|
|                           |               |               |                 | <b>Actuals</b>      | <b>Budget</b> | <b>Variance</b> |
| Revenue                   |               |               |                 |                     |               |                 |
| Federal Revenue           | 4,053,780     | 3,715,484     | 338,296         | 19,017,263          | 14,861,934    | 4,155,329       |
| State Revenue             | 5,914,309     | 7,946,800     | (2,032,491)     | 18,454,213          | 31,787,199    | (13,332,986)    |
| Local Revenue             | 1,460,257     | 1,032,978     | 427,279         | 3,018,854           | 4,131,912     | (1,113,058)     |
| Match Revenue             | 44,319        | 639,473       | (595,154)       | 210,276             | 2,557,891     | (2,347,615)     |
| IN KIND Revenue           | 825,136       | -             | 825,136         | 3,256,710           | -             | 3,256,710       |
| Other Revenue             | -             | -             | -               | 619,878             | -             | 619,878         |
| Interest Income           | 51,540        | -             | 51,540          | 203,990             | -             | 203,990         |
| Total Revenue             | 12,349,341    | 13,334,734    | (985,393)       | 44,781,184          | 53,338,936    | (8,557,752)     |
| Operating Expenses        |               |               |                 |                     |               |                 |
| Direct Expenses           |               |               |                 |                     |               |                 |
| Provider Payments         | 8,508,295     | 7,639,453     | (868,842)       | 29,903,694          | 30,557,812    | 654,118         |
| In-Kind Provider Payments | 825,136       | -             | (825,136)       | 3,256,710           | -             | (3,256,710)     |
| Personnel Expenses        | 1,171,703     | 1,426,132     | 254,429         | 4,476,179           | 5,704,528     | 1,228,349       |
| Personnel Fringe Benefits | 299,575       | 312,425       | 12,850          | 1,122,576           | 1,249,700     | 127,124         |
| Travel Expense            | 8,167         | 26,383        | 18,216          | 71,362              | 105,532       | 34,170          |
| Supplies Expense          | 147,425       | 97,704        | (49,721)        | 621,970             | 390,816       | (231,154)       |
| Contractual Expense       | 369,654       | 3,070,797     | 2,701,143       | 1,667,201           | 12,283,188    | 10,615,987      |
| Other Expense             | 1,016,872     | 743,322       | (273,550)       | 3,324,961           | 2,973,286     | (351,675)       |
| Depreciation Expense      | 22,323        | 18,518        | (3,805)         | 112,382             | 74,073        | (38,309)        |
| Total Operating Expenses  | 12,369,150    | 13,334,734    | 965,584         | 44,557,035          | 53,338,936    | 8,781,901       |
| Net Surplus/(Deficit)     | (19,809)      | -             | (19,808)        | 224,149             | -             | 224,149         |

**NTBHA Provider Network Meeting**

**January 31, 2025**

**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"> <li>➤ Operational Changes notify NTBHA at <a href="mailto:provider.relations@ntbha.org">provider.relations@ntbha.org</a> or call Alvin Mott at 469-530-0246</li> <li>➤ PPE Request: Gloves, Mask, Covid Test, Hand Sanitizer, etc. Contact Kevin Fox at <a href="mailto:kfox@ntbha.org">kfox@ntbha.org</a></li> <li>➤ Narcan Request: Contact NTBHA OSAR Janet Buchanan at <a href="mailto:jbuchanan@ntbha.org">jbuchanan@ntbha.org</a> <ul style="list-style-type: none"> <li>○ Provide the following: How many boxes and contact info: Point of Contact and drop off location and times.</li> </ul> </li> <li>➤ CMBHS Monthly Trainings: optional however highly encouraged to attend. Topics alternate monthly between SUD &amp; MH</li> <li>➤ CMBHS Documentation: Common Errors That Should Not Be <ul style="list-style-type: none"> <li>○ Duplication of Client Profiles: Please check the global client index search before creating a new client.</li> <li>○ Training Library: <a href="https://cmbhs.dshs.state.tx.us/cmbhs/CMBHS%20Help/CMBHS_Online_Help/Video_Training_Library.htm">https://cmbhs.dshs.state.tx.us/cmbhs/CMBHS%20Help/CMBHS_Online_Help/Video_Training_Library.htm</a> </li> </ul> </li> </ul> |
| Special Updates                                | Alvin Mott     | <ul style="list-style-type: none"> <li>➤ OIG</li> <li>➤ Hot Topics: Financial Eligibility &amp; Staff Trainings <ul style="list-style-type: none"> <li>○ Financial Eligibility &amp; Staff Trainings <ul style="list-style-type: none"> <li>■ MH</li> <li>■ SUD</li> </ul> </li> </ul> </li> </ul>   |
| CMHP Updates                                   | Alvin Mott     | <ul style="list-style-type: none"> <li>➤ File Transfer Protocol (FTP): PowerPoint <ul style="list-style-type: none"> <li>○ ToNTBHA</li> <li>○ FromNTBHA</li> <li>○ Reports</li> <li>○ Helpful Links</li> </ul> </li> </ul>   |
| SUD Updates                                    | Alvin Mott     | <ul style="list-style-type: none"> <li>➤ Performance Measure Spotlight: <ul style="list-style-type: none"> <li>○ MAT: GPRA Follow-up</li> <li>○ TRA/TRF/TRY: Outpatient Completion – September 2024 – December 2024 <ul style="list-style-type: none"> <li>■ TRA – Target (42%), NTBHA (42.28%), State FY23 (37.23%)</li> <li>■ TRF – Target (42%), NTBHA (50.00%), State FY23 (36.78%)</li> <li>■ TRY – Target (42%), NTBHA (41.38%), State FY23 (37.26%)</li> </ul> </li> </ul> </li> </ul>  |
| Outpatient, Utilization and Evaluation Updates | Robert Johnson | <ul style="list-style-type: none"> <li>➤ Quick Notes CMHPs: <ul style="list-style-type: none"> <li>○ When corrections are made to Uniform Assessment's; notify Robert Johnson at <a href="mailto:rjohnson@ntbha.org">rjohnson@ntbha.org</a></li> <li>○ Any UA submitted after the 15<sup>th</sup> of the month will show up in Served Not Assessed Performance Contract Measure and not count.</li> <li>○ Please return the RX/SNA/Medicaid/Error report each month.</li> </ul> </li> </ul>  |
| Compliance / Quality Management                | QM             | <ul style="list-style-type: none"> <li>➤ CDTF: Compliant Posters/Postings</li> </ul>   |
| Utilization Management                         | UM             | <ul style="list-style-type: none"> <li>➤ TBD</li> </ul>  |

|   |            |   |
|---|------------|---|
| Announcements   | Alvin Mott | <ul style="list-style-type: none"> <li>➤ Please review the attachments to agenda</li> <li>➤ Next Meeting</li> </ul> |
| Questions From Providers  | Open       |   |
| <p>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 <a href="mailto:Provider.Relations@NTBHA.org">Provider.Relations@NTBHA.org</a> by COB on the Monday following each provider meeting.</p> |            |   |
| <p>**The Next Meeting: February 28, 2025, at 10am</p> <p>*****Meeting notes are included in NTBHA Board Meeting Documents. You can access NTBHA Board Meeting Documents at: <a href="https://ntbha.org/meetings/board-of-directors/">https://ntbha.org/meetings/board-of-directors/</a></p>   |            |   |

#### Announcements / Resources

If any provider would like to announce any trainings or events please send information to [amott@ntbha.org](mailto:amott@ntbha.org)



## Updated Chemical Dependency Treatment Facility Complaint Posters and Filing a Complaint Webpage

HHSC updated the [File a Complaint Against a Health Facility or Health Care Regulation Representative](#) and the complaint posters found on the [chemical dependency treatment facility webpage](#) to update the contact information for HHSC Regulatory Services Complaint and Incident Intake. These posters provide information for reporting complaints, unethical conduct or practices:

- [Complaint Poster \(English\)](#)
- [Complaint Poster \(Spanish\)](#)

For easy access, create a new bookmark or update your existing bookmark to the new URL.

Note: HHSC plans to update posters further and will send out an additional notification when the updates are complete.

If you have questions, email [HCR\\_PRU@hhs.texas.gov](mailto:HCR_PRU@hhs.texas.gov).

## LMHA AUDIT SUMMARY

With the goal to proactively address any gaps and to enhance internal controls, NTBHA has compiled a list of issues and findings from previous audits completed across Texas LMHAs. The summary listed below will be used to further monitor our system and implement strategies for improvement.

### 2024 AUDIT SUMMARIES

| AUDIT FINDINGS/ISSUES  | LMHA 1 | LMHA 2 | LMHA 3 | LMHA 4 | LMHA 5 | LMHA 6 | LMHA 7 | LMHA 8 | LMHA 9* |
|--|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| Assessments were not completed on time   | X      |        |        |        |        |        |        |        |         |
| Financial Assessments were not done within the required time frame   | X      |        | X      | X      |        |        | X      |        |         |
| Services provided before completion of Recovery Plans  | X      |        | X      | X      |        |        | X      |        |         |
| Missing required elements of the Recovery Plan (e.g., signatures)  | X      |        | X      | X      |        |        |        |        | X       |
| Unacceptable justifications for deviating the Level of Care  | X      |        | X      |        |        |        |        |        |         |
| Failure to inform and/or document informing individuals when deviating the Level of Care                                     | X      |        | X      | X      |        | X      |        |        |         |
| Inpatient Waitlist Issues  | X      |        | X      | X      |        |        |        | X      |         |
| Made payments to hospitals with no active contract in place  | X      |        |        |        |        |        |        |        |         |
| Services completed by unlicensed individuals/Insufficient Supervision  |        | X      |        |        |        |        |        |        | X       |
| Clinicians did not complete all required training  |        | X      |        |        |        | X      |        |        |         |
| Staff not trained in CANS/ANSA   |        | X      |        |        |        | X      |        |        |         |
| Missing or incomplete Consent Forms  |        | X      |        |        |        | X      |        |        |         |
| Incorrect Claims (e.g., billing for an in-person appointment where the appointment was completed via telehealth)             |        | X      |        |        |        | X      |        |        | X       |
| Duplication of Services/Billing (billing of services for one individual provided by 2 different clinicians at the same time) |        | X      |        |        |        | X      |        |        |         |
| Use of incorrect CPT Codes   |        | X      |        |        | X      |        |        | X      |         |
| Insufficient documentation of medical necessity for an intervention  |        |        |        |        | X      |        |        | X      | X       |
| Billing for more units than were documented in the individual's chart  |        |        |        |        | X      | X      |        |        | X       |
| Lack of IT System internal controls  |        |        |        |        |        |        |        |        | X       |

\*Audit summary from 2016

# Financial Eligibility (FE) & Documentation

| <b>Comprehensive Mental Health Providers</b>   | <b>Substance Use Disorder Providers</b>  |
|--|--|
| <ul style="list-style-type: none"> <li>• Completed in the Provider Integration Gathering Eligibility Online (PIGEON)</li> <li>• Completed upon intake and annually thereafter. *FE should also be done when there is a change in the clients' financial situation. e.g. Client obtains Medicaid, third party insurance, job, inheritance, etc.</li> <li>• Supporting Documentation to verify FE should be uploaded to client profile in PIGEON.</li> <li>• Requirements of a complete financial: <ul style="list-style-type: none"> <li>○ Explanation of current financial circumstance</li> <li>○ Some form of Identification (DL, State ID, SS Card, etc.)</li> <li>○ Verification of Residency (at least 1 bill in name of consumer or head of household)</li> <li>○ Last 2 paystubs (for spouse as well if married)</li> <li>○ Verification of Assistance form, if not working or living independently</li> <li>○ Client Attestation</li> <li>○ Explanation of circumstance if homeless</li> <li>○ Claims for individuals with incomplete, missing, or inaccurate annual financials are subject to full recoupment of funds for services rendered</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Completed in Clinical Management for Behavioral Health Services (CMBHS)</li> <li>• Completed upon intake and every 180 days thereafter. *FE should also be done when there is a change in the clients' financial situation. e.g. Client obtains Medicaid, third party insurance, job, inheritance, etc.</li> <li>• Supporting Documentation to verify FE should be uploaded in the Financial Eligibility document in CMBHS.</li> <li>• Requirements of a complete financial: <ul style="list-style-type: none"> <li>○ Explanation of current financial circumstance</li> <li>○ Some form of Identification (DL, State ID, SS Card, etc.)</li> <li>○ Verification of Residency (at least 1 bill in name of consumer or head of household)</li> <li>○ Last 2 paystubs (for spouse as well if married)</li> <li>○ Verification of Assistance form, if not working or living independently</li> <li>○ Client Attestation form (printed from CMBHS and signed by consumer)</li> <li>○ Explanation of circumstance if homeless</li> <li>○ Medicaid Eligibility Verification (MEV) must be completed on each individual</li> <li>○ Claims for individuals without an MEV at the time of intake are subject to full recoupment of funds for services rendered</li> <li>○ If Medicaid or 3<sup>rd</sup> party benefits are awarded at any time during treatment, the provider must seek recoupment for services covered by Medicaid or 3<sup>rd</sup> Party insurer</li> </ul> </li> </ul> |

# Staff Trainings

## **Substance Use Disorder Providers**

- TCADA Rules
- Facility policies & procedures
- client rights
- client grievance procedures
- confidentiality of client-identifying information (42 C.F.R. pt 2; HIPAA)
- Standards of conduct
- emergency and evacuation procedures
- Abuse, Neglect, and Exploitation
- HIV, Hepatitis B and C, Tuberculosis and Sexually Transmitted Diseases
- Cardiopulmonary Resuscitation (CPR)
- Nonviolent Crisis Intervention
- Restraint and/or Seclusion
- Intake, Screening and Admission Authorization
- Self-administration of Medication.
- Training & Supervision necessary to ensure compliance with HHSC and NTBHA rules, provision of appropriate and individualized treatment, and protection of client health, safety and welfare.
- Receive Copy of Statement of work
- Receive Copy of SUD Program Guide
- Review all P&Ps related to program or organization
- MI Techniques or Motivational Enhancement Therapy
- Trauma, Abuse and Neglect, Exploitation, Violence, Post-Traumatic Stress Disorder
- Cultural Sensitivity and Competency, specifically including but not limited to gender and sexual identity and orientation
- Overdose Prevention Training
- Harm reduction trainings
- HIPAA & 42 CFR Part 2 training
- Medication Assisted Recovery and/or Certified Medication Assisted Treatment Advocacy Training
- Motivational Interviewing Techniques
- Cultural competencies
- Reproductive Health Education
- Risk and Harm Reduction Strategies
- Trauma-informed care
- Suicide prevention and intervention
- Trauma-informed care
- State of Texas co-occurring psychiatric and substance use disorder (COPSD) training
- "Substance Abuse Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP) – Comprehensive Case Management to as a guideline. [https://store.samhsa.gov/product/TIP-27-Comprehensive-Case-Management](https://store.samhsa.gov/product/TIP-27-Comprehensive-Case-Management/TIP-27-Comprehensive-Case-Management)
- Management-for-Substance-Abuse-Treatment/SMA15-4215"
- Alcohol, Tobacco and Other Drugs on the Developing Fetus
- Child Welfare Education

## 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**



**Physician Leadership Advisory Group (PLAG)**  
**Meeting Notes**  
**Feb 5, 2024**

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Attendees. Dr. Bennett, Dr Mehta, Dr. Young, Dr Grable, Dr. Chadalavada, Dr. Starling, Dr. Medlock, Dr Rashid, Toni Hughes. NTBHA Staff: Matt Roberts, Amy Cunningham, Caitlyn Taylor, Jessica Martinez. Guests: Melissa Hawkins (IPM) .

**1. Call to Order**

- a. Dr. Bennett Called the meeting to order at 8:10

**2. Routine Updates**

- a. Dr. Chadalavada reported that NTBHA and Terrell State Hospital will be meeting to plan for additional onsite services by NTHBA tomorrow (2/6)
- b. Pharmacy Highlights
  - IPM reported on Medication trends and LAI use among.
  - The group discussed Abilify Mantena access.

**3. New Business**

- a. Dr. Bennett brought up the recommendation of EKG screening prior to some medication use and asked if NTBHA could pay for EKG screening service. Mr. Roberts reported NTHBA was open to the idea but would consider buying leads as well. The matter was referred to NTHBA medical director and NTBHA leadership for consideration and follow up.

**4. Old Business**

- None.

**5. Adjournment**

- a. **Dr. Bennett adjourned the meeting at 8:46**



## **NTBHA Planning and Network Advisory Committee (PNAC)**

### **Minutes for the February 4, 2025 Meeting**

**Members Attending:** Dr. David Woody, David Gutierrez, Jordan Smelly, and Patrick LeBlanc

**NTBHA Staff:** Robert Johnson, Anthony Garcia, Priscilla Valdez, Janie Metzinger, Amy Cunningham, A'jae Alvarez-Tyler, and Dr. Walter Taylor

Call to Order and Introductions at 10:35 am by Dr. Walter Taylor, Chief Strategy Officer  
There **was not** a quorum.

Jordan Smelley gave a public comment about HB. 606 relates to de novo review and interpretation of state laws and state agency rules by reviewing court judges and administrative law judges.

#### **Quality & Evaluation (Continuous Quality Improvement)**

Anthony Garcia, Chief Compliance Officer, and Priscilla Valdez gave an update on NTBHA's Continuous Quality Improvement efforts. Lots of training for the providers and their new staff. Provided information on recovery planning, TAC, ANSA, CANS. Connecting people with services when the general line is called. NTBHA continues to engage with the community by working with organizations such as Sharing Life around the holidays and participating in the MLK parade to bring awareness to behavioral health. NTBHA will engage in similar activities for Cesar Chavez Day.

#### **Trauma-Informed Care Update**

Robert Johnson, Director of Outpatient, Utilization, and Evaluation, gave an update on NTBHA's Trauma-Informed Care initiatives. Robert also notified the PNAC of two upcoming training opportunities. Growing through Grief: An Educational Workshop for Caregivers to be held on Thursday, February 13th, from 12 pm—1:15 pm (CT). This is a free, 75-minute workshop designed to help caregivers support a child who has experienced loss. The workshop is sponsored by UT Health San Antonio and is facilitated by clinicians at the Trauma and Grief (TAG) Center at the Hackett Center for Mental Health, Meadows Mental Health Policy Institute. The second training opportunity is the 36<sup>th</sup> Annual Boston International Trauma Conference: Psychological Trauma, Neuroscience, Embodiment and the Restoration of the Self, which will take place May 14-17, 2025, in Boston, Mass. The objective of this conference is to present the current understanding of how people's minds, brains, bodies, and social organizations respond to traumatic experiences



and what currently appear to be optimal clinical interventions, including the role of relationships, movement, synchrony, justice, and processing to protect and restore safety and regulation.

### **Review Revised PNAC By-Laws**

The Revised PNAC By-Laws were reviewed by Amy Cunningham, Director of Clinical Innovation. The revisions, in summary, are:

1. The CEO of NTBHA has the discretion to allow PNAC members to continue to serve even if they have moved out of the 6-county NTBHA region. This will help to retain the expertise of committed PNAC members, even if they no longer reside in the NTBHA catchment area.
2. Per Certified Community Behavioral Health Clinic (CCBHC) guidelines, the PNAC is to comprise 51% percent of people with lived experience or their families, rather than the previous 50% threshold. NTBHA was already in compliance, but now the By-laws reflect the change.
3. The PNAC will meet every other month and not just quarterly. The PNAC has been meeting every other month. Now, the By-Laws reflect this. The minimum is once per quarter.

After thorough discussion, the PNAC recommended that these changes to the PNAC By-laws be adopted and forwarded to the NTBHA board for final approval.

### **Legislative Update**

Janie Metzinger, Legislative Coordinator, gave an overview of pending behavioral health-related bills for the upcoming 2025-2026 legislative session.

**Announcements:** Jordan Smelley announced a presentation he is to give on February 6, 2025, titled “Support Youth with Developmental Disabilities in Mental Health Crisis.”

### **Adjournment**

Dr. Taylor thanked the committee and adjourned the PNAC meeting at 11:52 am.

Next PNAC meeting: April 1, 2025

## **HOUSE BILLS**

[HB 1496](#)-Zwiener-Amends Texas Health and Safety Code 481.125 to decriminalize fentanyl testing equipment.

[HB 1536](#)-Craddick- Establishes a Rural Community-Based Care Pilot Program to implement a model of child welfare services to increase community engagement and improve outcomes for children and families. Companion to SB 513-Sparks.

- Lead entity must be a local nonprofit or a local government.
- Directs Texas Department of Family and Protective Services (DFPS) to gather information from local stakeholders regarding local needs to help in preparing requests for bids and proposals.
- Program model must include:
  - Early intervention services
  - Family preservation services
  - Case management
  - Foster care and kinship care
  - Adoption and post-adoption services
  - Transition for youth aging out of foster care
- Lead entity must develop and coordinate with a diverse network of providers including faith-based organizations and **Local Behavioral Health Authorities and Local Mental Health Authorities (LBHAs/LMHAs)**.
- Pilot Program should address:
  - Innovative approaches to improve outcomes
  - Quality assurance
  - Inequities in child welfare system
  - Financial management
- Requires lead agency to develop a collaborative governance structure.
- DFPS shall work with lead agency to develop a capitated funding model and budget.
- DSHS shall explore and leverage various state and federal funding sources.
- Pilot must implement a workforce development plan.
- DFPS must contract for an independent evaluation of the pilot program.
- Requires a formal conflict resolution process, a change order process, and an annual report.

[HB 1538](#)-Lalani-Amends authority of a peace officer in mental health emergency detentions.

Section 1-Amends Title 7 of Texas Health and Safety Code Chapter 573, Subchapter A to “Apprehension, Transportation, or Detention Without a Judge’s or Magistrate’s Order.

Section 2-Amends Texas Health and Safety Code 573.01, Subchapter A to add a provision that a peace officer may take a person into custody who has been admitted to “facility”.

Section 3-Amends Texas Health and Safety Code 573 to add a section on “Temporary Detention in Certain Facilities”.

*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](mailto:jmetzinger@ntbha.org)*

HB 1538-Lelani-continued

- Defines “Facility” as
  - An inpatient mental health facility other than a community center.
  - A facility operated under contract with a community center.
  - An entity HHSC designates to provide mental health services.
  - **An LBHA/LMHA.**
  - A facility operated by a local mental health authority (unless the facility is licensed under Chapter 577 as a private mental health facility).
  - A hospital or emergency department of a hospital licensed under Chapter 241.
  - A freestanding emergency medical care facility licensed under Chapter 254.
- Allows the facility’s governing body to adopt and implement a written policy that authorizes a physician at the facility to temporarily detain a person who
  - Voluntarily requests treatment or
  - Lacks capacity to consent to treatment if
    - The person expresses a desire to leave or
    - Attempts to leave before the examination or treatment is completed and
      - The physician has reason to believe and does believe that the person has a mental illness
      - And because of the mental illness there a substantial risk of serious to the person or others unless the person is immediately restrained and
      - Believes there is insufficient time to file an application for emergency detention or order of protective custody.
  - The physician may not be authorized to detain a person who has been transported to the facility for emergency detention.
  - The policy must require that:
    - The person must be notified that the physician intends to detain.
    - Physician’s decision to detain must be documented in the person’s chart must include the same elements that are required of a peace officer in Texas Health and Safety Code 573.002:
      - The physician has reason to believe and does believe that the person evidences a mental illness and
      - Evidences a substantial risk of serious to the person or others.
      - Specific description of the risk of imminent harm including recent behavior, overt acts, attempts, or threats witnessed by or reliably reported to the physician.
      - Name and relationship of the witness to the person in crisis.
      - Facility where the person is detained.
  - The person’s detention must be less than 4 hours after the person expressed a desire or attempted to leave unless the facility or physician arranges for a peace officer to place the person in emergency detention, or a judge or magistrate issues an Order of Protective Custody.
- Detention under this statute is not considered involuntary psychiatric hospitalization for the purposes of eligibility to obtain a license to carry a handgun.
- Facilities, facility staff, and physicians acting in good faith and without malice is not criminally or civilly liable for actions under this statute.

[HB 1583](#)-Hull-Amends Texas Health and Safety Code 573.02 regarding a peace officer's notification of emergency detention.

- Adds the word "emergency" before the word "detention" throughout 573.002.
- Deletes the requirement that the officer include a specific description of the risk of harm in 573.002, Section 2 (b) (3).
- Amends 573.002, Section 2 (d) to read "The peace officer shall provide the notification of emergency detention in substantially on the following form. Please click on the link to the text of HB1583 above. The entire form is in Section 2 (d).
- Requires the officer to retain a copy of the form.

[HB 1593](#)-Campos-Establishes an advisory committee to study the need for suicide prevention and peer support in fire departments in Texas. The Advisory Committee shall be composed of fire fighters, fire chiefs, licensed mental health professionals, a representative of the Texas A&M Engineering Extension Service, and the Executive Director of the Texas Commission on Fire Protection.

[HB 1594](#)-Plesa-Amends Texas Insurance Code 1355.001 to require health benefits plans to cover early treatment for first episode psychosis.

[HB 1621](#)-Lujan-Amends Texas Government Code 547 to add a matching grant program for technological enhancements at hospitals providing mental health services.

[HB 1644](#)-Oliverson-Amends Texas Health and Safety Code 481.125 to decriminalize use of fentanyl testing equipment.

[HB 1656](#)-Howard-Amends Texas Health and Safety Code 573.0001 to allow paramedics to detain a person with mental illness for a preliminary exam at a mental health facility.

#### Section 1-Definitions

- Medical Director-A licensed physician who supervises the provision of emergency medical services by a public or private entity that provides these services and employs one or more paramedics.
- Paramedic-A person licensed under Texas Health and Safety Code 773.

Section 2-Amends H&S Code 573 Adds a section on detention by a paramedic for preliminary examination.

- Allows a paramedic to detain a person for a preliminary examination at a mental health facility if:
  - The paramedic is specifically authorized by the Medical Director of the entity that employs or contracts with the paramedic.
  - The paramedic has reason to believe and does believe that the person has a mental illness and.
  - Believes that because of the mental illness the person is at substantial risk of serious harm to the person or others unless immediately restrained.
    - May be demonstrated by the person's behavior, evidence of severe emotional distress and deterioration in mental condition to the extent that the person cannot remain at liberty.
    - Paramedic's belief may be formed by the report of a credible person, the conduct of the person or the circumstances in which the person is detained.
  - Believes there is not time to obtain a warrant or for a peace officer to take the person into custody.

## HB 1565-Howard-continued

- Paramedic shall immediately transport the person to:
  - The nearest appropriate inpatient mental health facility or
  - A mental health facility deemed suitable by the **LBHA/LMHA** if an appropriate inpatient mental health facility is not available.
  - The paramedic who detains a person at a mental health facility shall immediately inform the person orally, and in non-technical language, the reason for the detention.
- Paramedic must immediately file a notification of detention with the mental health facility.
  - A sample notification of emergency detention is found in Section 573.007 of the HB 1656.
- A staff member of the facility must inform the person of patient's rights within 24 hours of detention.

Section 3-Amends Texas Health and Safety Code 573 to require the facility to accept and detain a person detained and transported by a paramedic for whom a notification of detention has been filed.

HB 1712-Collier-Amends Texas Health and Safety Code 191, Subchapter A regarding to issuance of a certified birth record, driver's license or identification certificate to a person who is homeless. Companion to HB 505-Bucy and HB 1042-Bojani.

HB 1716-Darby-Amends Texas Human Resources Code 32 to change wording regarding choice of Medicaid provider from “master” social worker to “clinical” social worker.

## SENATE BILLS

SB 528-Schwertner-Amends Texas Health and Safety Code Title 7, Subtitle C, adds Chapter 580 regarding inpatient competency restoration services.

- Applies to facilities that contract with HHSC to provide competency restoration services for a person to stand trial.
- Directs HHSC to require contracted facilities to enter into a memorandum of understanding powers and duties of regarding competency restoration with:
  - The county and municipality in which the facility is located.
  - **The Local Behavioral Health Authority/Local Mental Health Authority (LBHA/LMHA).**
- Requires each facility to report annually to HHSC regarding:
  - Total number of individuals who received inpatient competency restoration services.
  - Total number of individuals who were restored.
  - Average number of days an individual received services.
  - Number of individuals restored in less than 60 days.
  - Number of individuals not restored and for whom a treatment extension is sought.
  - Number of individuals not restored who were transferred to an inpatient mental health facility or residential care facility.
  - For individuals not restored, the average length of time between the time the determination was made that the person was not restored and the date of transfer to a mental health or residential care facility.
  - Separate data by whether individuals were charged with a misdemeanor or felony and other factor deemed relevant by HHSC.

- Annual report due to Legislator by September 1, first report due September 1, 2027.
  - Performance evaluation of each facility.
  - Aggregated demographic data on persons receiving competency restoration services at applicable facility.
  - Criminal offenses charged.
  - Countries of origin.
  - Diagnoses, if applicable.
  - Overall cost of competency restoration services at the facility.
    - At a state hospital.
    - Other competency restoration programs managed by the commission.

[SB 531](#)-Sparks-Amends Texas Occupations Code 501.260 to allow the licensing pf a psychologist as a licensed specialist in school psychology.

[SB 540](#)-Johnson-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). Companions: -[HB 253](#)-Talarico, SB 362-Eckhardt.

[SB 556](#)-Johnson-Amends Texas Education Code 51 to require Texas colleges and universities to train resident advisors in on-campus dormitories on opioid overdose and to equip them with opioid antagonist medications. Companion: [HB 1103](#)-Cole.

[SB 632](#)-Eckhardt-Amends Texas Code of Criminal Procedure 26.04(k) to impose consequences on appointed counsel who fail to meet and confer with a defendant in a timely manner after the defendant has been found competent to stand trial. Allows judge to disapprove payment to counsel until appointed counsel meets and confers with the defendant in compliance with Texas Code of Criminal Procedure 46B,084 (a)(1).

[SB 679](#)-Hughes-Amends Texas Health and Safety Code 481.102 to add Etodesnitazene, N-pyrrolidino etonitazene, and Protonitazene to the Texas Controlled Substances Act under Penalty Group 1.



## **HOUSE BILLS**

[HB 1](#)-Bonnen-General Appropriations Bill.

[HB 1747](#)-Campos-Amends Texas Government Code 403, Subchapter V.

Would establish a Mental Health, Substance Use, and Public Health Initiative Council, a Mental Health, Substance Use, and Public Health Initiative Trust Fund and a grant program.

- The Mental Health, Substance Use, and Public Health Initiative Council:
  - Would be established to ensure that money in the trust fund is allocated fairly and spent to coordinate mental health, substance use and public health services in Texas.
  - Would have a 14-member board consisting of:
    - Current or retired health care operations professionals experienced in mental health, substance use and public health. (Appointed by Governor, Lt. Governor, and Speaker of the Texas House.)
    - Three members appointed by the HHSC Commissioner from academia or the medical profession having significant experience in mental health, substance use and public health.
    - Seven members appointed by the HHSC Commissioner from:
      - A rural hospital.
      - A local health authority.
      - An **LBHA/LMHA**.
      - A Federally Qualified Health Center (FQHC).
      - A person with lived experience of a mental health condition or a substance use condition.
      - Health philanthropy nonprofit or foundation (two members).
    - The Texas Comptroller of Public Accounts or the Comptroller's designee, who would serve as the nonvoting presiding officer.
  - Council would be administratively attached and staffed by the Texas Department of State Health Services (DSHS).
  - Grants awarded by the Council would have to be by unanimous decision.
- Mental Health, Substance Use, and Public Health Initiative Trust Fund.
  - Trust fund would not be part of state's general funds.
  - Would be administered by the Texas Treasury Safekeeping Trust Company.
  - Trust fund would consist of legislative appropriations and interest.
- Mental Health, Substance Use, and Public Health Grant Program.
  - Grants would be aimed at improving coordination between mental health, substance use and public health services for people with co-occurring mental health and substance use disorders.
  - Grantees must use evidence-based preventative or therapeutic measures, research new technology, data collection, education programs or capital improvements.
  - Proposals should support and coordinate personnel, capitol improvements, data interoperability, long-term sustainability of mental health care, substance use treatment and public health providers.

Annual report required by October 1 each year.

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[HB 1819](#)-Ray Lopez-Amends Texas Government Codes 547.0304 and 0305 related to community mental health grant programs assisting veterans and their families.

- Changes the matching funds requirements for single-county applicants to:
  - 25 percent of the grant amount if the county has a population of less than 100,000.
  - 50 percent of the grant amount if the county has a population of over 100,000.
  - Eliminates the 100 percent match for counties with populations over 250,000.
- Changes the matching funds requirements for multiple-county applicants to:
  - 25 percent of the grant amount if the largest county in the group has a population of less than 100,000.
  - 50 percent of the grant amount if the largest county in the group has a population of more than 100,000.
  - Eliminates the 100 percent match if the largest county has a population over 250,000.

[HB 1826](#)-Bowers-Amends Texas Government Code 501-Corrections-Inmate Welfare-Subchapter B-General Medical and Mental Health Care Provisions to require county jails and the Texas Department of Criminal Justice to provide depression screenings to each inmate who is pregnant or has given birth in the preceding year.

- Once each trimester during pregnancy.
- Once during the six weeks after giving birth.
- At six months and twelve months after giving birth.

[HB 1831](#)-Johnson-Amends Texas Government Code 123.002 regarding eligibility to participate in a drug court program. Changes the exclusion from drug courts juveniles accused of carrying, possessing or using a firearm or other dangerous weapon, the use of force against another person, or the death or serious bodily injury of another person. Amendment would allow juveniles with the above charges to participate in drug courts if the prosecution agrees.

[HB 1850](#)-Vo-Amends Texas Government Code 403.509 to direct the Texas Comptroller of Public Accounts to allocate a portion of money in the Opioid Abatement Fund to the Texas Department of Criminal Justice to provide programming and treatment to prisoners with a history of opioid addiction.

[HB 1920](#)-Meza-Amends Texas Human Resources Code 32, Subchapter B to expand Medicaid for individuals diagnosed with bipolar disorder, dysthymia, schizophrenia or severe chronic depression.

[HB 1938](#)-Campos-Amends Texas Health and Safety Code regarding emergency detention. Section 1 573.021(b) to extend the length of time a person could held in custody from 48 hours to 72 hours.

[HB 1965](#)-J. Garcia-Directs Texas Veterans Commission to study mental health services provided by the Military Veteran Peer Network, focusing especially on rural communities. Report due December 1, 2026.

[HB 2035](#)-Oliverson-Amends Texas Health and Safety Code 462.022 to require a chemical dependency treatment facility that refuses to admit a minor for treatment and rehabilitation shall inform the parent, managing conservator or guardian of the right to seek treatment at another facility.

[HB 2036](#)-Oliverson-Amends Texas Government Code 540.0703 (a) to add behavioral health services to the Medicaid Managed Care Program to include:

- Intensive Outpatient Services for SUD, depression, eating disorders, other mental health conditions not requiring detoxification or 24-hour supervision. At minimum:
  - Individual, family and group counseling.
  - Motivational enhancement training.
  - Relapse prevention, drug refusal and coping skills training.
- Partial Hospitalization, defined as distinct and organized intensive ambulatory treatment services for a period not to exceed 24 hours, provided at a location other than the patient's home or a residential care setting, including services in 42 CFR.
  - Individual and group therapy.
  - Occupational therapy.
  - Services by social workers, psychiatric nurses or other specially trained staff.
  - Therapeutic drugs and biologicals.
  - Non-recreational or diversionary therapies.
  - Family counseling aimed at treatment of the individual's condition.
  - Patient training and education clearly and closely related to the person's care and treatment.
  - Diagnostic services.
- Authorizes HHSC to seek any necessary federal waivers.

[HB 2089](#)-Martinez-Amends Transportation Code 502, Subchapter B.

- Directs the Texas Department of Motor Vehicles (DMV) to amend the form for application for registration of a motor vehicle to provide a space for an applicant to voluntarily indicate that the vehicle may transport a person with a disability.
- Defines "Person with a disability" as a person with a physical, intellectual, behavioral or cognitive impairment, autism, or a health condition or impairment that may impede effective communication with a peace officer.
- Directs the Department of Motor Vehicles to provide the vehicle registration information to the Texas Department of Public Safety (DPS) but prohibits the DMV from providing information concerning the type of health condition or disability that the person has.
- Directs DPS to establish a system in the Texas Law Enforcement Telecommunications System (TLETS) to alert a peace officer making a traffic stop that the operator of the stopped vehicle may be transporting a person with a disability.
- Restricts access to the information to certain contractors.
- DMV may not issue license plates indicating disability without the person's consent.
- Information relating to the person with the disability is confidential and may not be disclosed by DMV or DPS.

[HB 2096](#)-Martinez-Amends Texas Transportation Code 502.061 relating to notification of a peace officer through an indication associated with vehicle registration that a person has a health condition or disability that may impede effective communication.

- Allows the DMV to request a written statement from a licensed physician, psychologist, mental health professional, speech-language pathologist, occupational therapist, audiologist, school psychologist, or other health care provider.
- Requires the applicant to indicate whether the health condition or disability is an impairment of:
  - Speech or language
  - Hearing
  - Autism Spectrum Disorder
- Prohibits the DMV from providing DPS with information that shows the type of health condition or disability that the person has.

[HB 2103](#)-Ashby-Amends Texas Government Code 614.015 to add jailers to required mental health leave policies.

[HB 2126](#)-Bryant-Amends Texas Health and Safety Codes 481.002(17) and 481.125 to remove drug testing equipment from the list of drug paraphernalia in statute.

[HB 2157](#)-Allen-Amends Texas Occupations Code 501.260 to set procedures to license a psychologist as a licensed specialist in school psychology.

[HB 2173](#)-Shaheen-Amends Texas Health and Safety Code 161 to require social media platforms to display a warning concerning the association between a minor's social media use and significant mental health issues.

[HB 2276](#)-Howard-Amends Texas Government Code 548.0001(b) to add applied behavioral analysis, behavior supports, and associated evaluation services through telehealth to beneficiaries of Medicaid, CHIP and other programs administered by HHSC.

## SENATE BILLS

### SB 1-Huffman-General Appropriations Act

SB 719-Eckhardt-Directs the Texas Health and Human Services Commission (HHSC) to conduct a study on the availability of inpatient mental health care facility beds in Texas. Study must include:

- Current number of beds available for specific purposes and the current number of patients admitted for:
  - Competency restoration
  - Civil commitment
  - Voluntary admissions
  - Patients found not guilty by reason of insanity
  - Patients 18 years of age or younger
  - Patients 18 years of age or older
  - Patients requiring long term care
  - Patients diagnosed with an intellectual or developmental disability (IDD)
- The projected number of crisis inpatient psychiatric beds needed over the next several years.
- The projected number of long-term inpatient psychiatric beds needed over the next several years.
- Current and anticipated needed resources.
- Current and anticipated workforce needs.
- HHSC may collaborate with medical schools in Texas on this study.

Written report due September 2026.

SB 801-Menéndez-Related to issuance of a certified birth record for a person who is homeless.

Companion HB 510-Lopez of Bexar, filed in November 2024.

SB 897-Blanco- Amends Texas Government Codes 547.0304 and 0305 related to community mental health grant programs assisting veterans and their families. Companion to HB 1819-Ray Lopez, above



Fiscal Year  
AllService Month  
AllProvider  
AllMeasure  
All6 Month View  
True

## Performance Measures FYAll - All

| Measure                   | Description  | 2024 FY Second Half |        |        | 2025 FY First Half |        |        | YTD   |
|---------------------------|--|---------------------|--------|--------|--------------------|--------|--------|-------|
|                           |  | 202407              | 202408 | 202409 | 202410             | 202411 | 202412 |       |
| Adult Improvement         | At least 20% of all adults authorized in a FLOC shall show improvement in at least one domain  |                     |        |        |                    |        |        | 42.8% |
| Adult Service Target      | 100% of 23,677   | 107.6%              | 105.9% | 103.1% | 101.1%             | 99.5%  | 98.5%  |       |
|                           | Count  | 25489               | 25094  | 24430  | 23960              | 23570  | 23334  |       |
| Child Improvement         | At least 25.0% of all children authorized in a FLOC shall show improvement in at least one domain  |                     |        |        |                    |        |        | 35.0% |
| Child Service Target      | 100% of 8,173  | 92.7%               | 90.0%  | 90.1%  | 91.2%              | 90.6%  | 85.9%  |       |
|                           | Count  | 7581                | 7356   | 7364   | 7461               | 7406   | 7022   |       |
| 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%  |       |
| 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 | 21.3%               | 18.0%  | 16.6%  | 37.5%              | 34.6%  | 16.3%  |       |
| 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                                   | 96.7%               | 98.6%  | 93.2%  | 93.9%              | 97.7%  | 98.7%  |       |
| 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                  | 67.9%               | 65.5%  | 43.2%  | 46.4%              | 45%    | 36.7%  |       |

**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:**

|                      | <b>Number of contacts with individuals eligible for program services</b> | <b>Number of substance use services, including intervention and treatment, referrals, linkage, and support provided to individuals eligible for program services</b> | <b>Number of mental health referrals, linkage and support provided to individuals eligible for program services</b> | <b>Number of medical services referrals, linkage and support provided to individuals eligible for program services</b> | <b>Number of referrals, linkage and support provided to other services and community resources to individuals eligible for program services</b> | <b>Number of Overdose Reversal Kits distributed to eligible individuals</b> |
|----------------------|--|--|---|--|---|---|
| <b>September</b>     | 1074   | 35   | 26  | 10   | 321   | 190   |
| <b>October</b>       | 662  | 12   | 14  | 10   | 185   | 71  |
| <b>November</b>      | 431  | 8  | 12  | 6  | 164   | 54  |
| <b>December</b>      | 667  | 3  | 5   | 12   | 78  | 12  |
| <b>January</b>       | 3153   | 31   | 66  | 35   | 416   | 144   |
| <b>February</b>      |  |  |   |  |   |   |
| <b>March</b>         |  |  |   |  |   |   |
| <b>April</b>         |  |  |   |  |   |   |
| <b>May</b>           |  |  |   |  |   |   |
| <b>June</b>          |  |  |   |  |   |   |
| <b>July</b>          |  |  |   |  |   |   |
| <b>August</b>        |  |  |   |  |   |   |
| <b>Yearly Totals</b> | 5987   | 109  | 123   | 73   | 1164  | 471   |
| <b>Yearly Target</b> | <b>4800</b>  | <b>240</b>   | <b>120</b>  | <b>120</b>   | <b>120</b>  | <b>120</b>  |

**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:**

With the onset of winter weather, the CHW team has re-focused our outreach presence at Newly established inclement weather shelters throughout the Dallas County while working closely with Housing Forward on facilitating this process. The CHW team has begun direct staffing, and distribution of cold weather items (gloves, beanies, scarves, socks) to three Inclement Weather Stations (Austin Street Shelter, Fair Park Grand, Fair Park Tower). 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.

**Success Stories:**

Joyce –I had a wonderful experience with Housing Forward, CTI, APAA, the HOT team and many other NTBHA partners and organizations. Several church organizations were also available to support individuals during the Inclement Weather Service (IWS). After completing the intake process with the Homeless Outreach Team (HOT) One church organization allowed me to advocate for an individual who needed more shelter time than provided for IWS. We thanked the Pastor of the organization and helped the individual gather his belongings and to follow the church group into an organized shelter nearby granting him additional time to find a more sustainable place to live.

David – A client I've worked with is my success story he continues to push through in his recovery process. He has almost 90 days clean and just got accepted into Truck driving school starting in May. He is on his way to a job interview in the meantime for a warehouse worker as well.

Derrell – This month has been fully devoted to our neighbors in cold shelters. In addition to working my regular hours of the shelters, I was able to do an additional 13 nights. We have passed out mini swag items and could meet with more than 600 people when I was serving dinner and told each person as they went by about our services. As the weather continues the more and more outreach that we will be able to do. It has also been nice to get to know our neighbors on a first name basis.

Cirilo – This month was a very successful month for me as I experienced working the inclement weather stations and was able to get to older women housed at Austin Street that were previously unhoused at the time also, I was able to participate in my first point in time count and was able to count a few of the neighbors for my team I was with.

Victoria – I had 58 ID appointments scheduled for the month of January.

## Substance Use Disorder Treatment (Month of November 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.  | 1739  |
| <b>TRA: Ambulatory Detoxification - Adult</b>                            | 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   |
| <b>COPSD - Adult</b>   | To provide adjunct services to clients with COPSD, emphasizing integrated treatment for both mental health needs and SUDs.  | 120   |
| <b>TRA: Intensive Residential - Adult</b>                                | 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.  | 113   |
| <b>TRY: Intensive Residential - Youth</b>                                | *Same as TRA: Intensive Residential   | 0   |
| <b>TRF: Intensive Residential (Specialized Female) - Adult</b>           | *Same as TRA: Intensive Residential   | 26  |
| <b>TRF: Intensive Residential (Women and Children) - Adult</b>           | To provide high intensity treatment services in a residential setting that facilitate recovery from SUDs for clients who require a more structured environment.   | 13  |
| <b>Office Based Opioid Treatment – Adult &amp; SF</b>                    | 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. | 80  |
| <b>Opioid Substitution Therapy (Medication Assisted Therapy) - Adult</b> | 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.  | 765   |
| <b>TRA: Outpatient - Adult</b>   | 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.   | 669   |
| <b>TRY: Outpatient - Youth</b>   | *Same as TRA: Outpatient  | 28  |
| <b>TRF: Outpatient (Specialized Female) - Adult</b>                      | *Same as TRA: Outpatient  | 39  |
| <b>TRA: Residential Detoxification - Adult</b>                           | 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.  | 88  |
| <b>TRF: Residential Detoxification (Specialized Female) - Adult</b>      | *Same as Residential Detoxification – Adult but for (SF)  | 16  |

### 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.

# Homeless Outreach & Engagement

## Purpose:

To provide housing-focused street outreach that improves access to care, quality of care and produce stable housing outcomes for individuals who are homeless and suffer from mental illness or co-occurring psychiatric and substance use disorders.

| Street Outreach Monthly Report                                    |     |     |     |     |     |     |     |     |     |     |     |     |      |       |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|
|   | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Goal | Total |
| <b>Number of unduplicated neighbors enrolled in Outreach</b>      | 25  | 25  | 3   | 3   | 9   |     |     |     |     |     |     |     | 200  | 65    |
| <b>Number of neighbors moved into PHS/RRH</b>                     | 1   | 0   | 7   | 8   | 2   |     |     |     |     |     |     |     | 40   | 18    |
| <b>Number of neighbors moved into Boarding Home /Sober Living</b> | 0   | 0   | 0   | 0   | 0   |     |     |     |     |     |     |     | N/A  | 0     |
| <b>Number of neighbors referred to Mental Health Services</b>     | 3   | 9   | 1   | 3   | 6   |     |     |     |     |     |     |     | N/A  | 22    |
| <b>Number of neighbors assisted with critical documents</b>       | 6   | 1   | 2   | 7   | 7   |     |     |     |     |     |     |     | N/A  | 23    |

\*PHS - Permanent Supportive Housing. Offers case manager and wraparound services as long as the neighbor is in the program. Requires 12 months of documented homelessness within the last 3 years and the individual must have a disability, (mental health, addiction, or physical).

\*RRH – Permanent housing with limited case management from 12 - 24 months. (depending on the program). The individual can be homelessness for less than a month with no prior homeless history or documented disability.

## Outreach Staff:

Shupon Mitchell, Manager of Outreach & Engagement

Aundrea Lawson, Lead Outreach Case Manager

Solomon Parker, Outreach Case Manager

Christiana Edouard, Outreach Case Worker

## Good News:

In January, the HOT (Homeless Outreach Team) provided support at the Inclement Weather Shelter (IWS) located in Fair Park. Neighbors received essential services, including three meals a day, showers, mental health support, and access to resources aimed at providing secure housing. Additionally, neighbors also received critical document assistance and the chance to reconnect with family members through diversion services. A particularly impactful success story from the Diversion Team involved the reunification of a young woman with her family in Chicago; after hearing the neighbor's testimony a one-way ticket was purchased for her to ensure that she could reunite with her loved one's.

A key highlight from our time at the IWS involved the successful support of a 24-year-old Venezuelan immigrant who had become homeless in Dallas after fleeing the political and economic instability in his home country. Despite his struggles to find stability in the U.S., he was left unable to return home due to a lack of resources and additional barriers outside of his control. He expressed overwhelming feelings of loss and grief stated that this had been a very harrowing and lonely experience. After encountering the neighbor and hearing his story, one of our dedicated Outreach Workers (OW) worked diligently to connect him with the appropriate resources. Through collaborating with Austin Street and Our Calling, our valued community partners, the OW was able to locate a transitional living shelter for Latin American individuals where the neighbor could stay indefinitely. The group home provided him with a sense of safety, security, and support as he works towards navigating the system to seek asylum. This experience not only highlights the resilience of our neighbors, but also demonstrates the power of collaboration and community in offering hope and new opportunities for those facing adversity.

## RESOLUTION

### NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

**RESOLUTION NO:** 429-2025 Accept FY 2024 External Audit

**DATE:** February 12, 2025

**STATE OF TEXAS** }

**COUNTY OF DALLAS** }

**BE IT REMEMBERED** at a regular meeting of the North Texas Behavioral Health Authority held on the 12th day of February 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 12th day of February 2025.

Recommend by:

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

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



## **BOARD OF DIRECTORS MEETING**

### **Summary**

**DATE: February 12, 2025**

#### **AGENDA ITEM #11: Resolution 429-2025 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., express 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:** 11. NTBHA FY 2024 Audit Report

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

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

**Presented By:** Carol Lucky, Chief Executive Officer

## RESOLUTION

### NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

**RESOLUTION NO:** 430-2025 Approve Revised NTBHA Planning and Network Advisory Committee (PNAC) Bylaws

**DATE:** February 12, 2025

**STATE OF TEXAS** }

**COUNTY OF DALLAS** }

**BE IT REMEMBERED** at a regular meeting of the North Texas Behavioral Health Authority held on the 12th day of February 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 Revised NTBHA Planning and Network Advisory Committee (PNAC) Bylaws.

**DONE IN OPEN MEETING** this the 12th day of February 2025.

Recommend by:

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

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

# **NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY**

## **PLANNING AND NETWORK ADVISORY COMMITTEE BYLAWS**

### **PURPOSE**

The Planning and Network Advisory Committee (PNAC) is comprised of Individuals with lived experience of mental health and/or substance use disorders, their Family Members, and Community Stakeholders. In accordance with requirements of the Texas Department of State Health Services (DSHS) under the Texas Health and Human Services Commission (HHSC), the Local Behavioral Health Authority must, through its Board of Directors, (hereinafter “Board”), form, charge, and appoint members of and support one or more Planning and Network Advisory Committees. The PNAC of the North Texas Behavioral Health Authority (NTBHA) serves as a resource to NTBHA’s Board and employees and provides formal recommendations to the Board regarding NTBHA’s service delivery system and Provider Network in the following areas:

- Needs and priorities for NTBHA’s Local Service Area;
- Planning, budget, and contract issues;
- Processes for implementation of plans and contracts; and
- Provider Network development, design, management, and quality management processes

The PNAC must be committed to excellence, maintaining diversity and appropriate representation in its membership. Members must adhere to the highest standards of ethics and be devoted to the success of NTBHA’s efforts to provide both direct care and care coordination to Individuals in services. The PNAC will also conduct reviews to recognize areas of excellence and strategies for improvement with reported outcomes.

### **DEFINITIONS**

**Community Stakeholders:** Persons and organizations in NTBHA’s Local Service Area that serve NTBHA’s indigent Consumer population or have special interest in achieving the very best program outcomes for Consumers. These include advocacy organizations, service agencies, volunteer programs, faith-based organizations, appointing agencies, other local officials and the general public.

**Individual in Services:** Person with mental health and/or substance use disorder(s) who receives or is eligible for services from NTBHA or an agency within the NTBHA Provider Network.

**Family Member:** Member of an Individual’s family who is actively involved in person- or family-centered recovery planning and/or is concerned for the quality of behavioral health services the Individual receives.

**Local Authority:** An entity designated as the Local Behavioral Health Authority (LBHA) in accordance with the Texas Health and Safety Code §533.035(a).

**Local Service Area:** The geographic area served under which defines the population that may receive long-term, NTBHA-funded behavioral healthcare services. The Local Service Area includes Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall Counties.

**Consolidated Local Service Plan (CLSP):** A formal document required by Texas law and developed to maximize federal, state, and local resources while providing a process for Community Stakeholder involvement; determining community needs and priorities; providing input for statewide strategic plans; and setting the foundation for the performance contracting process with HHSC.

**Provider:** An organization with a current contractual arrangement with NTBHA to provide behavioral healthcare or auxiliary services to Individuals receiving NTBHA-funded services.

**Provider Network:** The entire group of providers contracted with NTBHA to provide services to Individuals.

**Local Provider Network Development Plan (LPND):** A document that describes who is providing services and how the LBHA will assemble and maintain a network of providers.

## ARTICLES

The PNAC shall be governed by the following Articles:

### ***Article I. Functions***

A. Review NTBHA's mission, vision, values, and goals and make recommendations as needed.  
B. Provide input related to the development of NTBHA's CLSP and LPND, including making recommendations to the Board related to implementation of applicable laws and regulations including, but not limited to:

1. Understanding of the issues and processes necessary for effective and efficient Provider Network development and management;
2. Provider appeals and sanctions;
3. Consumer choice among the broadest range of services; and
4. Availability of the Safety Net as defined by the state and the Community Stakeholders.

C. Promote involvement and input from Individuals and Community Stakeholders as one mechanism for identifying community needs and desired community impacts/ outcomes.  
D. Demonstrate commitment to publicly addressing unmet service needs and other relevant issues through written or spoken testimony provided to decision makers.

E. Receive reports from NTBHA staff about the effectiveness and efficiency of the Provider Network and NTBHA services and responses to services from Individuals and other Community Stakeholders.

F. Present PNAC recommendations to NTBHA employees and the Board on a regular basis.

## ***Article II. Composition***

### **Section A. PNAC Membership:**

1. The PNAC shall have a maximum of 21 members and a minimum of 9. All members shall live or work in the Local Service Area unless special exceptions are granted by NTBHA's CEO.
2. PNAC members may not be current employees of NTBHA. However, a NTBHA Liaison (and other staff as required) will be assigned to provide administrative and functional assistance to the PNAC. If previously employed by NTBHA, potential members must have been separated from employment for a minimum of two years prior to appointment to the PNAC. This latter provision may be waived by the Board.
3. PNAC members may not be employees of NTBHA sub-contractors. However, exceptions can be made on a case-by-case basis.
4. The PNAC strives to have members who possess or develop direct understanding of behavioral health-related issues and knowledge, as well as:
  - a. Good interpersonal and communication skills and the ability to work as a team member to focus on pertinent issues;
  - b. The ability to be impartial in developing and implementing NTBHA plans and state guidelines; and
  - c. Demonstrated community leadership and stewardship.
5. Individuals in Services or their Family Members must comprise at least 51% of the PNAC membership and reflect the diversity of the Local Service Area regarding race, gender, ethnicity and geographic representation.
6. The remaining PNAC members are unrestricted and may be filled by Community Stakeholders.

### **Section B. Appointments:**

In selecting PNAC members, the Board may consider the individual's knowledge, skills, abilities, expertise, involvement in behavioral health and ability to be impartial in developing and implementing NTBHA plans. PNAC members may not have any financial interest in NTBHA or in any person or entity with which NTBHA contracts, unless such interest is fully disclosed by the potential member to the Board prior to appointment.

### **Section C. Membership Selection:**

1. Prospective PNAC members must disclose data necessary for NTBHA to conduct a background check.
2. The prospective member must sign an agreement that describes the obligations of PNAC members which include, among other things, regularly and reliably attending PNAC meetings, contributing to PNAC discussions, respecting all viewpoints and remaining open to productive dissent, accepting an appropriate share of work, and showing commitment to help other PNAC members better understand the matters involved with appropriate NTBHA employee and professional supports.
3. An applicant who receives a PNAC vote of recommendation shall be reviewed by the Board and, upon Board approval, will become a member of the PNAC.
4. The applicant shall be notified in writing of the Board's decision.

**Section D. Regular Terms:**

The PNAC members serve a two-year term unless the term ends earlier due to (1) resignation or (2) revocation of membership. Terms may be staggered among members so that the terms of no more than one-third (1/3) of the members end concurrently, and members may be reappointed to an unlimited number of terms, provided that such member meets all requirements of Article II Section C.

**Section E. Resignations:**

A member may resign by submitting a written resignation to the Chair of the PNAC. The letter of resignation is forwarded to the Board for action.

**Section F. Revocation of Membership:**

The Board may revoke PNAC membership for any reason that it finds would render the individual inappropriate for membership on the PNAC including, but not limited to, the following:

1. Two or more consecutive unexcused absences of regular PNAC meetings or five or more unexcused absences from regularly scheduled PNAC meetings in one calendar year. Excused absences are those related to illness or civic obligations. Requests for excused absences must be sent in writing to the NTBHA employee designated as the liaison assigned to PNAC. The NTBHA Liaison is responsible for tracking attendance and notifying members of any failure to meet attendance requirements. A member may apply for a leave of absence in a letter to the PNAC Chair outlining reasons for the extended absence. Approval is determined by a majority vote of a quorum of the PNAC members.
2. When the situation described in point 1 of this Section F occurs, the PNAC Chair must contact the member in writing requesting an explanation within thirty (30) calendar days from the receipt of the letter for absences and the member's intent for future participation. The Chair reports the information to the PNAC for consideration for referral to the Board for revocation of membership. The majority of a quorum of the

PNAC members present shall determine whether the member will be referred to the Board for consideration of revocation. The PNAC will provide a memorandum to the Board outlining the specific reasons for any request to revoke membership in the PNAC.

#### Section G. Training:

Orientation for new PNAC members is required within 30 calendar days of appointment by the Board. Additional training will be provided as needed.

### ***Article III. Officers***

#### Section A. Officers:

1. PNAC Officers include the Chairperson and Vice Chairperson.
2. Other supporting officers, such as a Secretary, may be appointed by the Chair.

#### Section B. Duties of Officers:

1. Chairperson (Chair): The Chair shall preside over all meetings of the PNAC and shall represent the PNAC as a liaison before the Board or any other official body of NTBHA. The Chair shall appoint all subcommittees, including their officers. The Chair shall be responsible for all duties and reporting that the Board requires of the PNAC. The Chair shall sign all documents and perform other duties that may be assigned by the PNAC.
2. Vice Chairperson: The 1st Vice Chair shall act as the Chair in the Chair's absence. The 1st Vice Chair shall perform other duties as assigned by the Chair.

#### Section C. Terms of Services for Officers:

Officers shall be elected for one year and shall serve in their elected positions until their respective successors take office.

#### Section D. Officer Vacancies:

Upon the formal announcement of a vacancy in an Officer position, the PNAC Chairperson shall convene the Nominations Committee, which nominates a replacement and presents the nominee at the next regularly scheduled PNAC meeting following the Nominations Committee's selection of the replacement. The PNAC Chairperson shall also receive any nominations from the floor. Any person nominated from the floor must have agreed, prior to being nominated, to serve if elected. The elected individual shall assume office immediately.

#### Section E. Officer Election Process:

1. A Nominations Committee, comprised of at least three (3) PNAC members, shall be elected by the members present at each September PNAC meeting. The Nominations Committee shall elect its own Chairperson.
2. The Nominations Committee shall nominate a slate of Officers and submit the nominations at the PNAC meeting immediately following the election of the

Nominations Committee. The PNAC Chairperson shall also receive any officer nominations from the floor. Any person nominated by the floor must have agreed, prior to nomination, to serve if elected.

3. Annual elections shall be held at or before the July PNAC meeting. The elections shall be decided by a majority of a quorum of the PNAC.
4. Newly elected PNAC officers shall assume their offices on September 1 and serve for that entire calendar year unless otherwise replaced.

#### ***Article IV. Meetings***

##### **Section A. Regular Meetings:**

The PNAC shall hold a minimum of one (1) regular meeting per quarter with a standing bimonthly meeting cadence totaling six meetings per year. Meetings may be held or canceled as determined by a majority vote of a quorum of the PNAC as deemed necessary. Members may participate via telephone conferencing, provided that any applicable Texas Open Meetings Act requirements are met.

##### **Section B. Special Meetings:**

Special meetings may be called by the Chair or by the written request of at least five (5) PNAC members.

##### **Section C. Quorum:**

A quorum shall consist of the attendance of at least 51% of the PNAC membership in good standing as described in Article II, Section F.1. Meeting attendance includes participation in PNAC meetings through telephone or video conferencing as provided above.

##### **Section D. Agenda:**

The Chair or the NTBHA Liaison shall be responsible for ensuring that an agenda is prepared for each meeting. Except in cases of emergency, each agenda shall be sent to PNAC members via email at least five (5) days in advance of any PNAC meeting.

##### **Section E. Minutes:**

Minutes shall be taken for each meeting and sent to PNAC members with the agenda for the immediately following PNAC meeting. The Employee Liaison is responsible for taking the minutes and for ensuring that minutes of all PNAC meetings are made available to all PNAC members and to anyone who requests them.

##### **Section F. Parliamentary Authority:**

Meetings of the PNAC and of its subcommittees shall be subject to these Bylaws and the then-current edition of Robert's Rules of Order.

#### ***Article V. Training Needs***

To ensure that PNAC members have the basic training needed to fulfill their duties:

1. Members and appropriate NTBHA employees will be surveyed to determine areas of knowledge that would be of value to members in their work as PNAC members.
2. At least four (4) training programs per calendar year will be designed and coordinated through the Employee Liaison.

#### ***Article VI. Subcommittees***

##### **Section A. Creation of Subcommittees:**

1. PNAC may establish subcommittees as necessary to promote the work of the PNAC to carry out Article 1.B of these Bylaws. Standing subcommittees include the Executive Committee.
2. Special Subcommittees may be appointed by the PNAC Chair who must apprise the PNAC of any such subcommittee appointments.

##### **Section B. Standing Subcommittees:**

**Executive Committee:** Includes the Chairperson and Vice Chairperson. The Executive Committee may work independently on action items when the PNAC is unable to meet in a timely manner on a particular issue. Measures will be taken to ensure that the Executive Committee receives maximum input from all PNAC members. The Chairperson may also invite Subcommittee Chairs to join the Executive Committee on an ad hoc basis or otherwise.

##### **Section C. Notice:**

Notice of any proposed subcommittee meeting(s) shall be distributed with the agenda for the upcoming regular PNAC meeting.

##### **Section D. Subcommittee Chair:**

The PNAC Chair shall be a non-voting member of each subcommittee and, with the exception of the Nominations Committee, shall appoint each subcommittee chair.

#### ***Article VII. Relationship with NTBHA Employees and Liaison***

The PNAC, through its Chair, shall direct all requests for administrative, logistical and training support to Page 6 the NTBHA Employee Liaison.

#### ***Article VIII. Relationship with NTBHA Board***

The PNAC shall perform functions at the request of the Board and in adherence to the PNAC's Bylaws.

#### ***ARTICLE IX. Amendments***

The Board must approve any change to the PNAC Bylaws. The PNAC may propose amendments to its Bylaws to the Board for the Board's consideration.

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Effective Date:

Revised Date:

Approved:

Signature: