



# **NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY**

## **BOARD OF DIRECTORS MEETING**

**May 14, 2025**  
**12:00 PM**

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## 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, May 14, 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/83633159054?pwd=ioyitEOXUAfadPXpYjFe0az72uo5Y5.1>

Passcode: 78987

Due to limited accommodations, the general public is encouraged to join the meeting via Zoom using information above.

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## A G E N D A

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

*\*denotes item which requires a vote*

Item #	Agenda Item	Attachment
1.	Call to Order and Declaration of Quorum	Commissioner Dr. Elba Garcia, Chair
2.	Secretary's Report <i>*Present Minutes for approval: April 2025</i>	Judge Cody Beauchamp, Secretary <input checked="" type="checkbox"/>
3.	Finance Committee Report <i>*Financial Reports for approval: March 2025</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
8.	Legislative Update	Janie Metzinger <input checked="" type="checkbox"/>
	<b>Agenda Item</b>	
9.	<b>Presentation:</b> <i>Ellis County Jail Services</i>	Chad Anderson, Chief of Intensive and Forensic Services

10.	Chief Executive Officer's Overview and Analysis	Carol Lucky	X
11.	*Resolution 433-2025 Ratify HHSC Mental Health First Aid Training Grant Amendment No. 2 for FY2026 – FY2027	Carol Lucky	X
12.	*Resolution 434-2025 Approve NTBHA Services/Office Space Lease in Hunt County	Carol Lucky	X
13.	*Resolution 435-2025 Approve AI ( <i>Artificial Intelligence</i> ) Policy as Mandated by Health and Human Services Commission	Carol Lucky	X
14.	*Resolution 436-2025 Approve NTBHA Quality Management Plan for FY2025 – FY2026	Carol Lucky	X
15.	*Resolution 437-2025 Approve New Financial Audit Firm	Carol Lucky/Elizabeth Goodwin	X
16.	*Resolution 438-2025 Approve Paycom as New HR and Payroll System	Carol Lucky	X
17.	Executive Session <i>The Board may go into Executive Session pursuant to Chapter 551, Subchapter D, Texas Govt. Codes as shown below:</i>		
18.	Discussion and possible vote in open session on matters considered in Executive Session	Commissioner Dr. Elba Garcia, Chair	
19.	Next Regular Board of Directors Meeting: <a href="#">June 11, 2025</a>	Commissioner Dr. Elba Garcia, Chair	
20.	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**  
**April 9, 2025, at 12:00 PM**

<b>2025 Attendance</b>	Jan 10	Feb 12	Mar	Apr 9	May 14	Jun 11		Jul	Aug 13	Sep 10	Oct 8	Nov 12	Dec
Commissioner Dr. Elba Garcia, <u>Chair</u> <b>Dallas County</b>	X	X	N	X									N
Janis Burdett, <u>Vice-Chair</u> <b>Ellis County</b>	X	X	N	X									N
Ryan Brown, <u>Treasurer</u> <b>Dallas County</b>	X	X	N	X									N
Judge Cody Beauchamp, <u>Secretary</u> <b>Navarro County</b>	X	A	N	X									N
Judge Mary Bardin, <b>Kaufman County</b>	X	A	N	X									N
Judge Lela Lawrence Mays <b>Dallas County</b>	X	X	N	X									N
Maricela Canava <b>Dallas County</b>	X	X	N	X									N
Major Todd Calkins <b>Rockwall County</b>	X	X	N	X									N
Deputy Michael Allen <b>Rockwall County</b>	X	A	N	A									N
Captain Charlie York <b>Navarro County</b>	X	A	N	X									N
Sergeant Brad Elliott <b>Ellis County</b>	A	A	N	X									N
Nikki Haynes <b>Hunt County</b>	A	X	N	A									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 12:02 PM. This meeting was conducted as a videoconference via Zoom with limited board members and staff physically onsite. Approximately 47 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 February 12, 2025, board meeting were presented for approval. No revisions were noted.

- Vote. Judge Beauchamp moved for approval, seconded by Janis Burdett. The motion carried.

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

The January and February 2025 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 Major Todd Calkins. 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**

- Vote. Judge Cody Beauchamp moved for approval of the **Consent Agenda** reports, seconded by Maricela Canava. The motion carried.

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

***Mobile Crisis Outreach Team***, Jessica Martinez, NTBHA Chief Clinical Officer and Ashley Radar, MA, LPC, Sr. Director of Crisis Services

Jessica Martinez and Ashley Radar gave an overview of the Mobile Crisis Outreach Services. The team is composed of qualified mental health professionals that triage calls from NTBHA's Crisis Hotline and dispatches a mobile crisis team of two accordingly. The team performs crisis assessments and screens for suicide, homicide risks as well as risk of mental health deterioration and follows up within 24 to 48 hours. Individuals in need are met in schools, jails, emergency rooms, State Hospitals, Adult or Juvenile departments or where the crisis episode occurs in the community. The program covers six NTBHA counties, operates 24 hours a day, seven days a week including holidays. The MCOT team provides coordination of services and provides transportation if needed. The goal of the Mobile Crisis team is to reach crisis resolutions and link individuals to community services and appropriate levels of care. This service results in a reduction of inpatient and law enforcement interventions.

The MCOT team also provides detailed relevant education to individuals and families to keep themselves safe and that will help stabilize the crisis.

NTBHA Crisis Hotline: 1-866-260-8000

**Item #10**

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

**Carol Lucky, CEO, reported.**

**Funding Cuts**

- The remaining COVID funding has been pulled back.
- Outpatient Capacity Expansion Grant– Loss of \$11,294
- Kaufman Drop-Off Center – loss of under \$200,000. NTBHA plans on sustaining funding for next year.
- Peer Support Grant – \$56,000 remaining. NTBHA plans on sustaining funding.
- MCOT approximately loss of \$92,000. NTBHA plans on sustaining funding.
- OSAR money for purchase of Narcan – \$191,000 lost. (Unable to purchase due to stock issues) NTBHA will look for ways to continue to fund the purchase of Narcan, however, will determine strategy for future limited Narcan distribution.
- Major impact on Housing with \$1.9M loss. NTBHA will focus on developing sustainability plans for those already housed through the coming year and may need to use some reserves but will not be able to house new individuals.
- NTBHA hopes for level funding and will continue to monitor legislative budgets.
- Concerns include potential federal cuts to SUD services.

**Item #11**

**\*Resolution 431-2025 Ratify Health and Human Services Commission Contract for Transition Support Specialist Program for FY2025 – FY2026**

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

This resolution ratified the signature of the CEO on the HHSC Contract for the Transition Support Specialist Program for FY 2025—FY 2026.

- Vote: Ryan Brown motioned approval, seconded by Major Todd Calkins. The motion carried.

**Item #12**

**\*Resolution 432-2025 Ratify HHSC Local Mental Health Authority Performance Contract Agreement Amendment No. 2 for FY2024 – FY2025 (Specifically for Inpatient Psychiatric Beds - PPB)**

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

This resolution ratified the signature of the CEO on the HHSC Local Mental Health Authority Performance Contract Agreement, Amendment No. 2 for FY 2024 – FY 2025 (*specifically for Private Psychiatric Beds—PPB*).

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

**Item #13**

**Executive Session**

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

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

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

None.

**Item #15****Next NTBHA Board Meeting**

- The next meeting is scheduled for **May 14, 2025, at 12:00 Noon.**

**Item #16****Adjournment**

- Janis Burdett moved to adjourn, seconded by Major Todd Calkins.
- By vote of agreement, the NTBHA Board of Directors Meeting was adjourned at 12:55 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, SFY22	Texas State Fiscal Years. SFY21 began Sept. 1, 2020, and ended Aug. 31, 2021. SFY22 began Sept. 1, 2021.
SGA	Second Generation Atypical Antipsychotics (class of medication)
SIM	Sequential Intercept Model (source: SAMHSA, The Smart Justice Program)
SME	Subject Matter Expert
SMI	Serious Mental Illness (also see SPMI)

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

Pending Board Approval

**North Texas Behavioral Health Authority**  
**Statement of Revenue, Expenses and Changes in Net Position**  
FY2025 All Combined Contracts MTD - MAR25

	<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	745,505	1,545,676	0	0	2,291,180
State Revenue	988,519	9,367,919	143,184	37,801	0	10,537,423
Local Revenue	138,578	213,669	68,514	0	155,467	576,228
Match Revenue	0	54,026	0	0	0	54,026
IN KIND Revenue	0	482,066	0	0	0	482,066
Interest Income	0	0	0	0	43,908	43,908
<b>Total Revenue</b>	<b>1,127,098</b>	<b>10,863,184</b>	<b>1,757,374</b>	<b>37,801</b>	<b>199,374</b>	<b>13,984,831</b>
<b>Operating Expenses</b>						
Provider Payments	0	8,791,775	1,566,422	0	260,735	10,618,932
In-Kind Provider Payments	0	482,066	0	0	0	482,066
Personnel Expenses	392,135	380,052	110,739	6,469	430,897	1,320,292
Personnel Fringe Benefits	109,117	88,320	27,836	1,785	97,440	324,497
Travel Expense	1,774	3,025	985	0	1,813	7,597
Supplies Expense	2,267	995	2,332	0	231,042	236,636
Contractual Expense	7,885	643,618	217	0	81,271	732,991
Other Expense	15,958	236,469	29,047	30,028	107,056	418,559
Depreciation Expense	0	0	0	0	43,276	43,276
<b>Total Expenses</b>	<b>529,136</b>	<b>10,626,319</b>	<b>1,737,578</b>	<b>38,282</b>	<b>1,253,532</b>	<b>14,184,847</b>
<b>Admin Allocation</b>						
Admin Allocation	597,962	281,084	19,796	3,424	(902,266)	0
<b>Total Admin Allocation</b>	<b>597,962</b>	<b>281,084</b>	<b>19,796</b>	<b>3,424</b>	<b>(902,266)</b>	<b>0</b>
<b>Total</b>	<b>0</b>	<b>(44,219)</b>	<b>0</b>	<b>(3,905)</b>	<b>(151,891)</b>	<b>(200,016)</b>
<b>NET SURPLUS/(DEFICIT)</b>	<b>0</b>	<b>(44,219)</b>	<b>0</b>	<b>(3,905)</b>	<b>(151,891)</b>	<b>(200,016)</b>

**North Texas Behavioral Health Authority**  
**Statement of Revenue, Expenses and Changes in Net Position**  
FY2025 All Combined Contracts YTD MAR 25

	<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	17,118,142	8,170,628	0	261,721	25,550,491
State Revenue	6,928,927	36,828,681	789,872	212,434	0	44,759,914
Local Revenue	778,118	777,091	443,784	0	1,115,517	3,114,511
Match Revenue	0	409,633	0	0	0	409,633
IN KIND Revenue	0	5,054,541	0	0	0	5,054,541
Other Revenue	0	0	0	0	200,838	200,838
Interest Income	0	0	0	0	333,638	333,638
<b>Total Revenue</b>	<b>7,707,045</b>	<b>60,188,089</b>	<b>9,404,285</b>	<b>212,434</b>	<b>1,911,714</b>	<b>79,423,567</b>
<b>Operating Expenses</b>						
Provider Payments	0	45,048,062	8,384,165	0	1,245,899	54,678,126
In-Kind Provider Payments	0	5,054,541	0	0	0	5,054,541
Personnel Expenses	2,507,193	2,414,769	614,336	44,809	2,711,675	8,292,782
Personnel Fringe Benefits	683,433	606,545	194,535	11,783	721,261	2,217,558
Travel Expense	16,999	47,469	6,940	272	29,847	101,527
Supplies Expense	24,170	514,614	4,715	0	763,270	1,306,769
Contractual Expense	178,957	2,399,126	1,477	0	693,263	3,272,822
Other Expense	127,669	2,497,892	89,457	214,375	1,165,232	4,094,625
Depreciation Expense	0	0	0	0	254,709	254,709
<b>Total Expenses</b>	<b>3,538,421</b>	<b>58,583,018</b>	<b>9,295,625</b>	<b>271,240</b>	<b>7,585,156</b>	<b>79,273,461</b>
<b>Admin Allocation</b>						
Admin Allocation	4,168,624	1,737,295	108,660	25,876	(6,040,455)	0
<b>Total Admin Allocation</b>	<b>4,168,624</b>	<b>1,737,295</b>	<b>108,660</b>	<b>25,876</b>	<b>(6,040,455)</b>	<b>0</b>
<b>Total</b>	<b>0</b>	<b>(132,225)</b>	<b>0</b>	<b>(84,682)</b>	<b>367,013</b>	<b>150,106</b>
<b>NET SURPLUS/(DEFICIT)</b>	<b>0</b>	<b>(132,225)</b>	<b>0</b>	<b>(84,682)</b>	<b>367,013</b>	<b>150,106</b>

**North Texas Behavioral Health Authority**  
**FY2025 BOD Budget Variance Report**  
**March 31, 2025**

	Month to Date			Year to Date		
	Actual	Budget	Variance	Actuals	Budget	Variance
<b>Revenue</b>						
Federal Revenue	2,291,180	3,715,484	(1,424,304)	25,550,491	26,008,385	(457,894)
State Revenue	10,537,423	7,946,800	2,590,623	44,759,914	55,627,598	(10,867,684)
Local Revenue	576,228	1,032,978	(456,750)	3,114,511	7,230,845	(4,116,334)
Match Revenue	54,026	639,473	(585,447)	409,633	4,476,309	(4,066,676)
IN KIND Revenue	482,066	-	482,066	5,054,541	-	5,054,541
Other Revenue	-	-	-	200,838	-	200,838
Interest Income	43,908	-	43,908	333,638	-	333,638
<b>Total Revenue</b>	<b>13,984,831</b>	<b>13,334,734</b>	<b>650,097</b>	<b>79,423,567</b>	<b>93,343,138</b>	<b>(13,919,572)</b>
<b>Operating Expenses</b>						
<b>Direct Expenses</b>						
Provider Payments	10,618,932	7,639,453	(2,979,479)	54,678,126	53,476,172	(1,201,954)
In-Kind Provider Payments	482,066	-	(482,066)	5,054,541	-	(5,054,541)
Personnel Expenses	1,320,292	1,426,132	105,840	8,292,782	9,982,925	1,690,143
Personnel Fringe Benefits	324,497	312,425	(12,072)	2,217,558	2,186,976	(30,582)
Travel Expense	7,597	26,383	18,786	101,527	184,681	83,154
Supplies Expense	236,636	97,704	(138,932)	1,306,769	683,927	(622,842)
Contractual Expense	732,991	3,070,797	2,337,806	3,272,822	21,495,578	18,222,756
Other Expense	418,559	743,322	324,763	4,094,625	5,203,251	1,108,626
Depreciation Expense	43,276	18,518	(24,758)	254,709	129,628	(125,081)
<b>Total Operating Expenses</b>	<b>14,184,847</b>	<b>13,334,734</b>	<b>(850,112)</b>	<b>79,273,461</b>	<b>93,343,138</b>	<b>14,069,679</b>
<b>Net Surplus/(Deficit)</b>	<b>(200,016)</b>	<b>-</b>	<b>(200,016)</b>	<b>150,106</b>	<b>-</b>	<b>150,106</b>

**NTBHA Provider Network Meeting**

**April 25, 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	Presenter	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>➤ NTBHA Provider Manual <a href="https://ntbha.org/providers/manuals-forms/">https://ntbha.org/providers/manuals-forms/</a></li> </ul>
CMHP Updates	Alvin Mott	<ul style="list-style-type: none"> <li>➤ Encounter Submission: Required data to be entered <ul style="list-style-type: none"> <li>○ Column AB: SERVER NAME</li> </ul> </li> </ul>
SUD Updates	Alvin Mott	<ul style="list-style-type: none"> <li>➤ Billing/Documentation <ul style="list-style-type: none"> <li>○ Denied Claims Reports</li> </ul> </li> <li>➤ Daily Capacity &amp; Current Census</li> </ul>
Outpatient, Utilization and Evaluation Updates	Robert Johnson	<ul style="list-style-type: none"> <li>➤ CMHP: Deviations</li> <li>➤ Quick Reminders 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>➤ Review Reminders</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 Provider.Relations@NTBHA.org by COB on the Monday following each provider meeting.</p>		
<p>**The Next Meeting: May 30, 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)



North Texas Mental Health Forum- April 29 - Dallas College East Field Campus, "S" Building, Rooms S100-S101

Battlefield Home- Breaking the Silence- May 8th, Waxahachie Bible Church

Mental Health Summit Sponsored by NTBHA- Rockwall Friendship Baptist Church May 17<sup>th</sup> 9 am -1:45 pm

NAMI North Dallas- MST Presentation requested by Carrie Marshall May 24<sup>th</sup> 12:30-1:30 pm at the Balch Springs Library.

Below Health Fairs - June 14 (Duncanville ISD) and June 15 (City of Lancaster)- Still in planning TBA



<https://www.samhsa.gov/about/digital-toolkits/mental-health-awareness-month/toolkit>

## Overall Theme

Mental health is essential for overall well-being at every stage of life. Regardless of age, background, or experience, prioritizing mental health strengthens individuals, families, and communities.

The following key messages and weekly themes provide a foundation for developing messages and posts that resonate with your specific audiences throughout the month. Feel free to use these messages as well as the sample social media shareables in the toolkit.

### Week 1: May 1-3

#### Supporting Older Adults' Mental Health

This week focuses on supporting the **mental health needs of older adults**.

##### Key messages:

**As we age, we may experience life changes that impact our mental health.**

- Life changes in older adults can impact mental health, but help is always available.
- Mental health conditions in older adults may present differently, such as through changes in interests or energy levels.
- Open conversations about mental health can encourage older adults to seek support.
- Mental health care can enhance quality of life, independence, and social connections.
- Spending time with older adults fosters meaningful connections and well-being.

### Week 2: May 4-10

#### Building Strong Foundations for Children's Mental Health

This week highlights the importance of **early mental health support, resilience, and self-care for children and teens**.

##### Key messages:

**Supportive families, communities, and resources help children lay the groundwork for lifelong well-being.**

- Supportive families, schools, and communities help children and teens build strong mental health.
- Teaching coping skills early empowers young people to manage emotions and challenges.
- Recognizing early signs of mental health concerns can lead to timely support and positive outcomes.
- Open conversations about emotions help children develop resilience and feel safe seeking help.
- Regular physical activity can help improve children's mental health and enhance their well-being.
- **Many children** face mental health challenges—**early intervention and support** can make a difference.

### Week 3: May 11-17

#### Hope and Support for Serious Mental Illness and Serious Emotional Disturbance

This week focuses on **raising awareness, reducing stigma, and promoting recovery for people living with serious mental illness (SMI) or serious emotional disturbance (SED) and their families**.

##### Key messages:

**Support, understanding, and access to care help people with SMI or SED—and their families—pursue recovery and live meaningful lives.**

- People younger than 18 who have mental health conditions that severely affect their ability to function in school, family, or within the community are described as having SED.
- Millions of people live with SMI or SED, but treatment and support can help them thrive.
- Early diagnosis and continuous support help people with SMI manage symptoms and live enjoyable, productive lives.
- People with conditions like bipolar disorder, schizophrenia, and major depression can benefit from personalized care that helps them navigate challenges.
- Coordinated care and strong community connections improve quality of life for people with SMI or SED. There is hope—many people with SMI are living, working, and flourishing in recovery.

### Week 4: May 18-24

#### The Connection Between Mental and Physical Health

This week explores **how deeply connected mental and physical health are.**

**Key messages:**

***Mental and physical health are deeply connected—and integrated care for co-occurring conditions supports lifelong wellness.***

- Mental and physical health are equally important—taking care of one supports the other.
- Depression and anxiety increase the risk of chronic illnesses like heart disease and diabetes.
- Regular activity, good nutrition, and quality sleep support both mental and physical well-being.
- Integrated treatment for co-occurring mental health and substance use conditions improves outcomes.
- Preventive care, strong support networks, and early intervention promote lifelong wellness.

**Week 5: May 25-31**

**The Power of Community and Connection in Mental Health**

This week focuses on the role of **community, support networks, and recovery in promoting well-being.**

**Key messages:**

***Supportive relationships and connected communities foster a sense of belonging and promote mental well-being for all.***

- Strong mental health is for everyone—and support should be available to all.
- Each person's mental health journey is unique—a strong support system makes a difference.
- Prioritizing self-care and seeking support strengthen resilience and well-being.
- Social connection and community support play a vital role in mental health and recovery.
- Open conversations about mental health help break stigma and encourage people to seek support.

**It's okay to ask for help.**



**You are not alone.**

**Every journey is unique—make it a healthy one!**



**Serious mental illnesses include:**



**People with SMIs can:**

- Manage their conditions
- Overcome challenges
- Lead meaningful and productive lives

**MENTAL HEALTH is for EVERYONE.**

**DON'T WAIT,**

take care of yours by getting the right help for your needs.



You are not alone. Call or text 988 or chat 988lifeline.org.

## Quality Management Reminders to all Providers

- When you receive emails from QM, please acknowledge receipt of them.
- SUD Providers: please make follow up calls for missed groups/sessions/appts.
- In-person signatures are required on financial eligibility, consents, recovery plans and reviews, discharge plans.
- Make sure MH FEs are completed in PIGEON.
- 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
- Ensure accurate coding by properly justifying billed services to mitigate liability and prevent potential repayment of funds
- Review Treatment Plans prior to requesting authorization for continuation of services.
- A correlating progress note must be documented when completing an ANSA/CANS assessment, whether conducted face-to-face or via telehealth. If a deviation is being requested, this progress note must include in detail the discussion you have with the individual and/or LAR, that explains the reason for deviation, and the information provided for them to be informed and aware of the services they are declining if deviating by choice to a lower level of care.
- 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 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.
- 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.

- MH Providers: if you provide ACT services but are at capacity, please ensure you are referring individuals who score into ACT, to another provider who can serve them at this LOC.
- MH Providers: please ensure that individuals who are returning after a MH or SUD hospitalization are being reassessed to determine if a higher level of care is needed. You do not have to wait to do this. If you are getting a new individual after they have been hospitalized, please ensure that their ANSA is being scored correctly to determine if a higher level of care is needed based on the recent crisis.
- NTBHA QM conducts mystery calls each quarter with an emphasis on access to care.

1. Voicemail messages for individuals seeking services should be called back by the end of the next business day; credit is given if calls are returned within 2 business days.
2. Each caller should be assessed for SI/HI or other crisis and then connected immediately to services if they indicate needing urgent/emergent care. The NTBHA Care Coordinators can assist with this if needed.
3. Inform callers of the NTBHA program and ensure it is presented accurately & inform them of what documents they need to bring with them to first appt.

- Please keep up with all your staff's required training and continue consistent supervision of your staff and reviewing if they have completed trainings and the quality of their documentation. We understand everyone is busy, but we want to emphasize consistent supervision always helps staff feel educated and supported and helps continuous quality improvement.
- We thank all our providers for turning in all your monthly reports, incidents, and death reviews timely to us. As you all know we have deadlines at our end, and we appreciate your diligence.

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

## **ANSA/CANS/SARS Expectations**

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

**If you have any questions, feel free to contact:**

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

## SUD Service Authorization Request (SAR)

Service Authorization Requests (SAR) are submitted by the provider once the individual's Financial, Residential, and Diagnosis Eligibility has been verified to determine the service package to be provided.

Service Packages	Typical Amount Requested	MAX Amount in CMBHS
Residential Detoxification	5 units	NA
Ambulatory Detox	5 units	NA
Adult Intensive Residential	28 units	180 units
Adult Outpatient	100 units	180 units
OST/OTS	365 units	NA
OBOT	365 units	NA
Youth Intensive Residential	60 units	180 units
Youth Outpatient	100 units	180 units
Adult W&C, Intensive Residential	45 units	180 units
Adult SF Intensive Residential	45 units	180 units
Adult SF Outpatient	100 units	NA
COPSD	90 units	NA

*Units = Days*

Service packages can be authorized up to the allowable Service Package Amount or the SAR as long as an appropriate narrative is provided for the Authorizer to approve.

Clinicians should take the information gathered through screening and assessment to document the individual's need for service that address the DSM criteria. The narrative should include:

1. Basis for the DSM SUD Diagnosis: Description of how the client meets diagnosis criteria
2. Impairments related to the SUD: Description of life areas most severely affected by the substance use
3. Corresponding level of care: what is indicated based on diagnosis and severity of impairments that will meet the individual's needs

**SYMPTOMS OF SUD  
+ BEHAVIOR  
+ IMPAIRMENT**

**SAR**

### Recommended Format for SAR Submission:

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

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

## Helpful Hints for CMBHS Deviations

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

For a request for a lower LOC:

*(Name) calculated to LOC-\_\_\_\_ and have requested a lower LOC. (Name) has been informed of the service array in the calculated LOC and the service array in the lower LOC and has chosen the lower LOC. By signing the Recovery Plan they understand the service array that they will receive.*

For a deviation into a higher LOC:

*(Name) has calculated to LOC-\_\_\_\_. Due to current symptoms-\_\_\_\_,\_\_\_\_,\_\_\_\_, and manifested behaviors-\_\_\_\_,\_\_\_\_,\_\_\_\_ a higher level of care to LOC-\_\_\_\_ is clinically indicated.*

**If you have any questions, feel free to contact:**

Robert Johnson, Director of Outpatient, Utilization and Evaluation  
[Rjohnson@ntbha.org](mailto:Rjohnson@ntbha.org)

## Announcements / Resources



**MENTAL  
HEALTH  
FIRST AID®**

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

### ***Amy Sanders***

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



Want to Take a MHFA Class?

## Community Presentations Available



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

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

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



### NTBHA Virtual Series:

MAY  
7



#### Neurodivergence and Substance Use

Online event

Wednesday, May 7, 2025 at 12:00 PM CDT

Registration Link: <https://www.eventbrite.com/e/neurodivergence-and-substance-use-tickets-1301335673029?aff=oddtdtcreator>

MAY  
28



#### Alcohol Use Disorder and Treatment Review

Online event

Wednesday, May 28, 2025 at 12:00 PM CDT

Registration Link: <https://www.eventbrite.com/e/alcohol-use-disorder-and-treatment-review-tickets-1301349875509?aff=oddtdtcreator>

JUN  
11



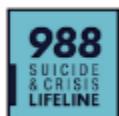
#### Fentanyl Awareness and Naloxone

Online event

Wednesday, June 11, 2025 at 12:00 PM CDT

Registration Link: <https://www.eventbrite.com/e/fentanyl-awareness-and-naloxone-tickets-1301356836329?aff=oddtdtcreator>

JUN  
25



#### 988 Suicide and Crisis Lifeline: Information and Updates

Online event

Wednesday, June 25, 2025 at 12:00 PM CDT

Registration Link: <https://www.eventbrite.com/e/988-suicide-and-crisis-lifeline-information-and-updates-tickets-1301367578459?aff=oddtdtcreator>

### **Documents / Deliverables to Submit to NTBHA**

\*\*\*If any documents are needed please contact Alvin Mott at [amott@ntbha.org](mailto:amott@ntbha.org)

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

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

Example: NTBHA FY21 March CMBHS Security and Attestation Form

#### **Documents To Submit to NTBHA:**

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

#### **Administrative Task Per SOW for SUD Providers:**

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

### **NTBHA SUD Providers: HHSC and/or NTBHA Held Meetings**

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

#### **NTBHA Meetings and/or Calls:**

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

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

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

#### **Texas Targeted Opioid Response Calls:**

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

#### **CMBHS**

- CMBHS: [cmbhstrainingteam@hhs.texas.gov](mailto:cmbhstrainingteam@hhs.texas.gov)
  - Monthly call alternating topic of SUD and MH; 2<sup>nd</sup> Tuesday at 10 am
  - Contact cmbhstraining team to receive link to register

## Training Opportunities

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

## **89<sup>th</sup> Texas Legislature**

### **Behavioral Health Bills**

**State Budget, Companion Bills, House Bills, Senate Bills**

#### **STATE BUDGET BILLS**

[HB 1](#)-Bonnen-General Appropriations Act.-Referred to Appropriations Committee.

[SB 1](#)-Huffman-General Appropriations Act

**Current Status:** Passed Senate. House passed a substitute bill with amendments. Senate did not agree with changes, so on April 15, a Conference Committee of five Senators and five Members of the House was appointed to work out the differences.

[HB 500](#)-Bonnen-Supplemental Appropriations—Texas Health and Human Services Commission (HHSC).  
**Current Status:** Passed House April 2, Sent to Senate and referred to Finance Committee April 16.

Section	Amount	Purpose
2.02	\$150,000,000	G.4.2-Facility Capital Repairs and Renovation New capacity for mental health services and inpatient facilities. To complete construction at El Paso State Hospital-50 forensic bed expansion.
2.03	\$10,000,000	Brazoria County Mental Health Inpatient Facility Grant.
2.04	\$10,000,000	Tarrant County Mental Health Inpatient Facility Grant.
2.05		414 Full Time Equivalent Employees to staff newly renovated state hospitals.
2.06	\$2,154,376,606	<ol style="list-style-type: none"> <li>1. \$33,600,000-Uvalde Behavioral Health Campus</li> <li>2. \$21,400,000-Grants Management System</li> <li>3. \$101,890,000-Dallas State Hospital-200 bed adult unit with at least 75% of the beds to be used for forensic purposes.</li> <li>4. State Hospitals electronic health record system upgrade           <ul style="list-style-type: none"> <li>o \$38,772,184-Information Technology Projects</li> <li>o \$100,870-Central Program Support</li> <li>o \$48,206 from federal funds</li> </ul> </li> <li>5. \$50,000,000-Deferred Maintenance Needs</li> <li>6. \$14,000,000-Emergency Facility Repairs</li> <li>7. \$121,000,000-Lubbock Campus=50 bed maximum security.</li> <li>8. \$15,000,000-San Antonio State Hospital-40-bed maximum security.</li> <li>9. \$159,000,000-Amarillo State Hospital-75-bed facility, (50 max security).</li> <li>10. \$120,000,000-Rio Grande Valley-50-bed state hospital, max security</li> <li>11. \$573,000,000-Terrell State Hospital-275 beds           <ul style="list-style-type: none"> <li>o 50 maximum security beds</li> <li>o 50 adolescent beds</li> <li>o 150 forensic beds</li> <li>o 25 civil beds</li> </ul> </li> </ol>

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

**Current Status:** The stage the bill has reached at the time of writing. No Current Status listed means the bill has been filed and referred to a committee, but no further action has been taken to-date.

*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 500-continued

Section	Amount	Purpose
2.06 Cont.		12. \$452,000,000-North Texas State Hospital-Wichita Falls-225 beds <ul style="list-style-type: none"> <li>o 25 maximum security beds</li> <li>o 159 forensic beds</li> <li>o 25 adolescent beds</li> <li>o 16 civil beds</li> </ul> 13. \$50,000,000-El Paso State Hospital-50 beds (50% forensic)           14. \$45,000,000-Sunrise Canyon in Lubbock-30 beds (50% forensic)           15. \$100,000,000-Community Mental Health Grant programs-one-time grants for county-based collaboratives           16. \$175,000,000 Mental Health Inpatient Facility Grant Program <ul style="list-style-type: none"> <li>o \$85,000,000 for Rio Grande Valley region.-100 beds.</li> <li>o \$50,000,000 for Montgomery County-100 beds.</li> <li>o \$30,000,000 for Victoria County-60 beds.</li> </ul> 17. \$4,712,356-To implement Psychiatric Residential Youth Treatment Facility Voluntary Quality Standards           18. \$64,000,000-Beaumont Baptist Hospital-72 beds (36 forensic, 36 civil).           19. \$15,852,990-Children's Hospitals Construction Grant-matching requirements based on county population.
2.07	\$7,380,403	Civil Commitment Office shortfall
2.08	\$12,900,000	Harris County Psychiatric Hospital-renovations



## COMPANION BILLS

*Companion bills contain identical language, but one is filed in the House, and the other in the Senate. This can assist in moving the bill through the legislative process more quickly.*

[HB 114](#)-Cortez-Amends Texas Government Code 434, Subchapter A to move the current Grant Program for Mental Health Services for Veterans and Their Families from HHSC to the Texas Veterans Commission.   
Current Status: Passed House April 28.

Companion: [SB 2926](#)-Zaffirini was reported favorably by Senate Veterans Affairs on April 24.

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

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

Companion: [SB 2305](#)-N. Johnson

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

[HB 305](#)-Hays-Amends Texas Code of Criminal Procedure 46b.084(d-1) to require that any pretrial hearing in a case involving a criminal defendant who has been restored to competency must be held by the 30<sup>th</sup> day after the court has determined that competency has been restored.

Current Status: Considered in Calendars April 17. Companion: [SB 2096](#)-Cook

[HB 381](#)-Guillen-Amends Texas Health and Safety Code Title 2, Subtitle B, adds Chapter 49 to establish a Veteran's Pilot Program to provide personalized treatment protocols for veterans diagnosed with post-traumatic stress disorder (PTSD). Requires a report by October 1, 2030. Companion: [SB 2932](#)-Menendez.   
Current Status: Pending in Subcommittee after hearing March 10.

HB 510-Lopez-Amends Texas Health and Safety Code 191 to facilitate issuance of a certified birth record to a homeless individual. Companion: [SB 801](#)- Menéndez

Current Status: On General State Calendar May 6.

[HB 528](#)-Goodwin-Amends Texas Education Code 37.0832 to require public schools to notify parents or guardians if their child has been an alleged victim of bullying and to provide with suicide prevention materials and information on limiting access to lethal means such as firearms or medications. Requires ISDs and open-enrollment charter schools to adopt policies and procedures for providing notice and maintaining records of notification. Companion: [SB 2851](#)-Menéndez

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

**Current Status:** Companion [SB 400](#)-Passed Senate on March 24, sent to House Public Education April 9.

[HB 1103](#)-Cole-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: [SB 556](#)-N. Johnson

[HB 1455](#)-J. Jones-Amends Texas Code of Criminal Procedure 2B, Subchapter B to add a required report by peace officers regarding an arrested person that the officer has cause to believe may have a mental illness or an intellectual disability, and evaluation of the officer's actions regarding jail diversion.

**Current Status:** Hearing in Homeland Security, Public Safety and Veterans Affairs on April 23.

Companion: [SB 2264](#)-Cook

[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 **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.

**Current Status:** Companion: [SB 513](#)-Sparks Passed Senate and House, sent to Governor May 1.

[HB 1583](#) Campos-Directs the Texas Commission on Fire Protection to study suicide prevention and peer support programs in fire departments in Texas.

Companion: [S 1131](#)-Middleton

**Current Status:** HB 1583 Passed House 4/30, sent to Senate Criminal Justice Committee May 1.

[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.

Current Status: Passed House May 2. Companion [SB 1131](#)-Middleton

[HB 1620](#)-Leach-Non-substantive additions and / revisions [LBHA LMHA](#) statutes.

Current Status: On House General State Calendar May 5.

Companion: SB 2375-N. Johnson-Passed Senate, sent to House May 1.

[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.

HB 1656-Howard-continued

- 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.
- 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.

Current Status: Pending after hearing in House Public Health Committee April 28.

Companion: [SB 2706](#)-Hagenbuch

[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.

Current Status: Companion HB 505-Bucy reported favorably without amendments from House Inter-governmental Affairs April 28.

[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.

Current Status: Passed House and sent to Senate April 24. Companion: [SB 469](#)-Sparks.

[HB 1741](#)-Johnson-Amends Texas Code of Criminal Procedure 46C.264.(a) regarding court-ordered outpatient or community-based treatment and supervision that may be provided to an acquitted person.

- Applies only when treatment and supervision is sought to be provided in a county other than the county of the committing court.
- Allows either party to file a motion to transfer the case.
- Requires that the LBHA/LMHA of the proposed county has been notified and agrees to provide the treatment and supervision.
- Requires that the person has received services from the proposed LBHA/LMHA in the past five years.
- Requires that the person has a support system in the proposed county.
- After transfer, the person’s discharge planning shall be completed by the accepting court, the accepting LBHA/LMHA, and the state hospital serving the accepting county.

Current Status: Passed House and sent to Senate Criminal Justice April 28. Companion: [SB 2758](#)-Cook

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

Current Status: Companion: [SB 897](#)-Blanco-Passed Senate April 10. Passed House April 30.

[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. Companion: [SB 680](#)-Hughes

[HB 2157](#)-Allen-Amends Texas Occupations Code 501.260 to allow the licensing pf a psychologist as a licensed specialist in school psychology. Companion: [SB 531](#)-Sparks

[HB 2234](#)-Dutton-Changes the age of criminal responsibility

Amends Texas Health and Safety Code 614.019(b) regarding a child with a mental illness who is receiving continuity of care services during parole from the Texas Juvenile Justice Department and who no longer is eligible to receive service from an **LBHA/LMHA** based on the local service area plan.

- Changes the age eligibility ends from 17 years to 18 years of age.
- Allows the child to continue to receive continuity of care services from the parole office until the completion of parole.

Current Status: Committee Substitute favorably reported May 1.

Companion: [SB 1306](#)-Cook

[HB 2617](#)-Anchia-Procedures for expunction of arrest records and files of persons who complete certain court programs or pretrial intervention programs.

Section 1-Amends the Texas Code of Criminal Procedure 55A.203.

- Requires (by changing may to shall) the trial court that is a district court or in which the trial court is located to enter an expunction order for the person entitled to one under 55A.053(a) (2) (A) within 30 days after the court dismisses the case because of successful completion or receives information regarding a dismissal.
- The person for whom the expunction is required shall provide the state's attorney all information required to prepare petition for expunction.
- Strikes the provision for the consent of the attorney representing the state.

Section 2-Amends Texas Code of Criminal Procedure 55A.204 regarding duties of the attorney representing the state regarding an expunction order based on actual innocence.

HB 2617-Anchia-continued

Section 3-Amends Texas Code of Criminal Procedure 55A.205 to specify content of an expunction order based on actual innocence.

Section 4-Amends Texas Code of Criminal Procedure 55A.206 to specify required retention of certain documents collected under expunction order based on actual innocence.

Section 5-Amends Texas Code of Criminal Procedure 55A.353 regarding disposition of expunged records.

Section 6-Adds requirements for retention of records for development and operation of pretrial intervention programs.

Section 7-Amends Texas Code of Criminal Procedure 102.006(b-1) to waive fees upon successful completion of a pretrial intervention program.

Section 8-Amends Texas Government Code 124.001 regarding expunctions in veterans' courts.

Section 9-Amends Texas Government Code 125.001, regarding expunctions in mental health courts.

Section 10.-This act applies, regardless of when the arrest occurred, to a person who successfully completes a veterans court, a mental health court or a pretrial diversion program before, on, or after the effective date of the act, which, if passed, takes effect September 1.

Current Status: Pending after House Criminal Jurisprudence Committee hearing April 22.

Companion Bill: [SB 537](#)-N. Johnson

[HB 2711](#)-Vo-Authorizes a study of the feasibility of implementing an acute psychiatric bed registry.

Current Status: Companion: [2069](#)-Zaffirini-Committee Substitute Passed Senate May 1 and sent to House.

[HB 3503](#)-Darby. Amends the Texas Occupations Code to enact a Social Work Licensure Compact with other states to facilitate the interstate practice of social work and to improve public access to competent social work services. Companion: [SB 1726](#)-Johnson

[HB 3917](#)-Rose-Amends Texas Health and Safety Code to require Texas Health Steps to cover up to four screenings for maternal depression before the child's first birthday. Authorizes HHSC to seek a federal waiver to implement. Companion: [SB 2483](#)-Alvarado.

[HB 4783](#)-VanDeaver-Directs HHSC to prepare a biennial report on opioid antagonist programs for opioid overdose reversal and prevention to include a needs assessment, statewide saturation goal, data sources and methodology to estimate current supply insufficiencies, communication plan, a description of all state and federal money appropriated for the program, distribution strategies, and recommendations for improvement. Report is due by October 1 of even-numbered years.

Current Status: On General State Calendar May 2. Companion: [SB 2378](#)-Hancock.

[HB 4856](#)-Alders-Regarding governance of LBHAs/LMHAs, board composition, required financial reports. Section 1-Amends Texas Health and Safety Code 533 to require LBHA/LMHAs to submit a monthly expense report in electronic format, detailing every expenditure as reasonably practical by the LBHA/LMHA to each member of the governing body, including *ex officio* non voting members.

Section 2-Amends the heading of Texas Health and Safety Code 533.0351 to: "Required Composition and Governance of **Local Mental Health Authority** Governing Body.

Section 3- Amends Texas Health and Safety Code 533.0351

- Requires each **LMHA/LBHA** to have a governing body.
- Requires at least one member of the governing board must be a member of the public, have experience owning or operating a private business, and not have served in elected office.
- Requires the **LBHA/LMHA** to allow a sheriff selected to serve on the board as an *ex officio* non-voting member to be a voting member at the sheriff's request pursuant to the sheriff agreeing to comply with all standards and rules applicable to voting board members.
- Employees of a **LBHA/LMHA** may not serve as board members.

Section 4-Amends Texas Health and Safety Code 533, to add a section prohibiting diversity, equity and inclusion initiatives in **LBHA/LMHAs**.

Current Status: Companion: [SB 2446](#)-Sparks-Pending in Senate Health and Human Services Committee after hearing April 23.

[HB 5121](#)-Harris-Davila-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 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.

HB 5121/SB 528-continued

- 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.

Current Status: Companion: [SB 528](#)-Schwertner-Passed Senate and sent to House April 25. Hearing in House Public Health Committee May 5.

[HB 5251](#)-Leo Wilson-Amends Texas Education Code 25.087 (b) to allow a temporary excused absence from school to attend an appointment with a mental health professional.

Current Status: Companion: [SB 207](#)-Paxton and Johnson passed Senate April 1. House Public Education Committee hearing May 6.

[HB 5463](#)-Moody-Regarding Emergency Detention Orders for persons evidencing mental illness and court-ordered inpatient and extended mental health services.

Section 1-Amends Texas Health and Safety Code 573.001(b). Adds to the criteria to severe emotional distress and deterioration of the person's mental condition..."including the person's inability to recognize symptoms or appreciate the risks and benefits of treatment..."... to the extent that the person cannot remain at liberty.

Section 2-Changes heading of Texas Health and Safety Code 573.002 to "Peace Officer's Notification of Emergency Detention".

Section 3-Amends Texas Health and Safety Code 573.002.

- Adds the word "emergency" before the word "detention".
- Strikes the requirement for the officer to give a specific description of the risk of harm.
- Specifies a list of information that the emergency detention documentation must contain.
- Allows the peace officer or emergency medical services personnel to leave the facility after transporting
  - When the person and the person is taken into custody by appropriate facility staff and
  - The notification of emergency detention is given to the facility.

HB 5463/SB 1164

Section 4-Amends Texas Health and Safety Code 573.003(b) regarding emergency detention of a ward.  
Section 5-Amends Texas Health and Safety Code 573.012 add language regarding the person's inability to recognize symptoms or appreciate the risks and benefits of treatment.  
Section 6- Amends Texas Health and Safety Code 573.022(a) to include language of Section 5 here as well.  
Section 7-Amends Texas Health and Safety Code 574.001(b) regarding county in which the emergency detention order must be filed.  
Section 8-Amends Texas Health and Safety Codes 574.011 (a) and (d) to add lack of capacity language to the certificate of medical examination.

Section 9-Amends Texas Health and Safety Code 574.002(b) to add lack of insight language.  
Section 10-Amends Texas Health and Safety Codes 574.034(a) regarding the judge's options for court-ordered temporary inpatient mental health services.  
Section 11-Amends Texas Health and Safety Codes 574.034(a) regarding the judge's options for court-ordered extended inpatient mental health services  
Section 12-Amends Texas Health and Safety Codes 574.064(a-1) to add lack of insight language to physician's evaluation within 24 hours of detention.  
Section 13-If passed, this legislation only applies to emergency detentions that begin on or after the effective date of the act, September 1, 2025.  
Current Status: Companion: [SB 1164](#)-Zaffirini passed Senate and was sent to the House Judiciary and Civil Jurisprudence Committee on April 28.

[HB 5465](#)-Moody-Amends multiple sections of the Texas Code of Criminal Procedure and Texas Health and Safety Code regarding competency restoration.

Section 1-Amends 16.23. Requires local law enforcement agencies to:

- Make a good faith effort to divert persons in a mental health or substance use crisis to an appropriate treatment facility if it is reasonable under the circumstances.
- Adopt a local plan that is submitted to the county or municipal governing body and Texas Commission on Law Enforcement (TCOLE).

Section 2-Amends Chapter 45A, Subchapter C to add a section on Dismissal Based on Defendant's Lack of Capacity.

Section 3-Amends Article 46B.025(b) to require the appointed expert to state in the report whether the defendant is likely to be restored to competency in the initial restoration period, and any possible extension of restoration efforts.

Section 4-Amends Article 46B.055-Procedure After Findings of Incompetency, to add procedures based on whether the defendant is or is not likely to be restored to competency.

Section 5-Amends 46B.071(a) regarding a defendant found incompetent to stand trial but likely to be restored.

Section 6-Amends heading of 46B.0711 Release on Bail: Certain Offenses Not Involving Bodily Injury

Section 7-Amends 46B.0711 (b) regarding Class A and Class B misdemeanors.

Section 8-Amends heading of 46B.072 to Release on Bail: Felonies; Certain Offenses Involving Bodily Injury

Section 9-Amends 46B.072 (a-1) regarding release on bail of a defendant found incompetent to stand trial if the court determines that the defendant is not a danger to others and can be safely treated on an outpatient basis.

HB 5465/SB 2213-continued

Section 10-Amends 46B.073 regarding inpatient- or jail-based competency in Class A misdemeanor cases. SB 2213-continued

Section 11-Amends 46B.077(a) regarding extension of competency restoration.

Section 12-Amends 46B.079(b) and (b-1) regarding notification of the of whether the defendant is or is not likely to attain competency in the period authorized in statute including extensions.

Section 13-Amends 46B.084(a-1) regarding the defendant's return to court, determination of competence, setting a trial date if appropriate.

Section 14-Amends 46B to add .0855-Raising Issue of Incompetency when Criminal Proceedings Are Not Timely Resumed.

Section 15-Amends 46B.086 (a), (d) and (f) to substitute "a primary care provider to provide mental health services" and strikes the words "licensed psychiatrist".

Section 16-Amends 46B.091 (d), (g), (i), (j), and (j-1) regarding a jail-based competency restoration program provider, medication management, the defendant's treatment plan, appointment of experts, extensions of time in competency restoration, inpatient competency restoration, dismissal of charges.

Section 17-Amends 46B.101 regarding applicability of the chapter to the defendant.

Section 18-Amends 46B.103 (c) regarding commitment to a residential care facility.

Section 19-Amends 46B.104 regarding civil commitment in cases involving violence.

Section 20-Amends 46B.1055 (b) (c) (d), (g), and (i), regarding requests to modify the court's order.

Section 21-Amends heading of 46B.107 to Release of Defendant After Civil Commitment: Mental Illness.

Section 22-Amends 46B.107 regarding a defendant committed to an outpatient treatment program.

Section 23-Amends 46B, Subchapter E to add Release of Defendant after Civil Commitment: Intellectual Disability.

Section 24-Amends 46B.109(b) to require a report from the facility or outpatient treatment provider to include the reasons the facility or provider believes competency has been restored, list the medications and dosages prescribed, which shall be given to the defense and the prosecution. Either party may object to the report's findings.

Section 25-Amends 46B, Subchapter E to add Proceedings to Determine Restoration of Competency.

Section 26-Amends 46B.114 regarding prompt transportation to court of a defendant who has been committed to a facility. Allows the facility to transport the person to the custody of the county sheriff and bill the county for mileage and *per diem* expenses of the transporting personnel if the county that committed the person does not transport the person within 15 days of when the court received the notification that the defendant has been restored.

SB2213Section 27-Amends 46B.151 regarding finding that the defendant is a person with a mental illness or an intellectual disability.

Section 28-Amends Texas Government Code 121. Adds a section on Jurisdiction and Authority of Judge or Magistrate in a Non-Regional Specialty Court Program.

Section 29-Amends Texas Government Code 125.001 to add definitions of a mental health court program.

Section 30-Amends Texas Government Code 125.002 regarding the authority of County Commissioners Courts to establish a mental health court program,

Section 31-Amends Texas Government Code 125.003 to add defendants in a pending criminal case to choose a mental health court program or to proceed with a criminal trial.

Section 32-Amends Texas Government Code 125.005(a) to direct County Commissioners Courts with populations of 200,000 or more to establish a mental health court program under the supervision and direction of a court with criminal jurisdiction.

Section 33-Amends Texas Health and Safety code 574.101 to add a definition of ‘primary care provider’ to include a licensed physician, advanced practice registered nurse or physicians assistant.

Section 34-Amends Texas Health and Safety Code 574.104 to eliminate the word “~~Physician’s~~” and replacing it with the term Primary Care Provider’s to change the title of the section to “Primary Care Provider’s Application for Order to Authorize Psychoactive Medication: Date of Hearing.

Section 35-Amends Texas Health and Safety Code 574.104 (a) 104 to eliminate the word “~~Physician~~” and replacing it with the term “Primary Care Provider” in the statute.

Section 36-Amends Texas Health and Safety Code 574.106(a) and (a-1) regarding authorization of psychoactive medication.

- Eliminates the requirement that the defendant had been court-ordered to inpatient mental health services in the past six months.

- Strikes the term “~~mental disorder or mental defect~~” and adds “mental illness”.

Section 37-Amends Texas Health and Safety Code 574.1065 to strike the term “~~mental disorder or mental defect~~” and adds “mental illness”.

Section 38-Amends Texas Health and Safety Code 574.107 to require the county in which the criminal charges are pending or adjudicated to pay the costs of the hearing to evaluate the court-ordered administration of psychoactive medication to a person under the jurisdiction of a criminal court. Strikes Health and Safety Code 574.107 (b-1) and (b-2).

Section 39- Amends Texas Health and Safety Code 574.110 regarding expiration of court-ordered inpatient mental health services or jail-based competency restoration.

Section 40-Repeals Texas Code of Criminal Procedure 46B.071(b), 46B.073 (c), (d), (e), and (f).

Repeals Texas Health and Safety code 574.035 (d), and 574.0355(b).

Section 41-Requires each local law enforcement agency to submit an initial report required in Section 1 of this Act. Companion: [SB 2213](#)-Zaffirini.

Current Status: HB 5465-Pending after hearing in House Criminal Jurisprudence April 29.

## HOUSE BILLS

[HB 18](#)-VanDeaver-Establishes programs and services for health care in rural counties.

Sections 2-11-Establish programs and grants to assist rural hospitals

- Requires HHSC to develop and implement a strategic plan to ensure that rural Texans have access to hospital services.
- Establishes a State Office of Rural Hospital Finance and transfers some functions of HHSC to it.
- Establishes a Texas Rural Hospital Officers Academy.
- Establishes grant programs for rural hospitals, hospital districts and hospital authorities:
  - Financial Stabilization Grant Program
  - Innovation Grant Program
  - Rural Hospital Program Grant

• Establishes Pediatric Tele-Connectivity Resource Program for Rural Texas

[Section 12](#)-Amends Texas Health and Safety Code 113 to add a subchapter on Rural Pediatric Mental Health Care Access Program.

- Requires parental consent for services to a minor child
- Uses the Texas Child Mental Health Care Consortium to establish or expand access to telemedicine and telehealth to identify, assess, and provide behavioral health services to pediatric patients seeking care at rural hospitals.
- Sets requirements for reimbursement for services.
- Requires a report by December 1 of even-numbered years regarding participating rural hospitals and the cost to maintain the program.

Current Status: Passed House and sent to Senate Health and Human Services on April 28.

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

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

Current Status: Passed House April 25, sent to Senate Criminal Justice Committee April 29.

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

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

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

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

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

Current Status: Pending after hearing in Defense and Veterans’ Affairs Subcommittee March 10.

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

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

- Establish a \$100,000 or greater annual allotment to school districts to support mental health services.
- Designates an additional allotment for:
  - Small and mid-sized school districts eligible for the allotment in Texas Education Code 48.101 or
  - School districts at which more than 50 percent of enrolled students are educationally disadvantaged.
- Funds must be used to develop a school mental health system that implements programs, practices and procedures under Texas Education Code Subchapter G-Mental Health, Substance Abuse, and Youth Suicide, Section 38.351-Mental Health Promotion and Intervention, Substance Abuse Prevention and Intervention , and Suicide Prevention.
- Funds must provide a tiered array of supports and services in the educational setting, including support services provided by chaplains.
- Funds must be used to contribute to:
  - Positive school climate.
  - Managing emotions.
  - Positive relationships.
  - Responsible decision-making.
  - Learning and well-being of students at-risk for mental health or substance use conditions.
  - Family engagement.
  - Community engagement.
  - Reduced exclusionary discipline.
  - Staff wellness.
- Funds may be used for costs associated with:
  - Salary of school personnel, including chaplains responsible for planning, coordination, delivery or monitoring the program(s).
  - Training school personnel on supporting student mental health.
  - Contract-based collaborative efforts with one or more community programs.
  - Restorative justice programs.
- Funds may not be used to supplant other funds for the same purpose.

**HB 462-Guillen-continued**

- Annual report by school district to the Texas Commissioner of Education regarding outcomes and expenditures required by June 1 of each year.
- Texas Commissioner of Education is required to publish an annual report of funds used in previous school year regarding programs, personnel and resources implemented, employed, or purchased by school districts using these funds and other purposes for which funds are used.

**HB 473-Gervin-Hawkins-Notice of Rights to a patient receiving certain mental heal, chemical dependency or rehabilitation treatment or services.**

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

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

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

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

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

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

**Current Status:** Favorably reported without amendment from House Public Health May 1.

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

Amends Texas Human Resources Code 32, Subchapter B to add 32.04261 to direct HHSC to provide reimbursement for Functional Family Therapy for youth at risk of involvement in the child welfare or criminal justice systems. Current Status: Pending in Public Health subcommittee after hearing April 17.

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

Current Status: Favorably reported without amendment from House Public Education Committee May 1.

[HB 505](#)-Bucy-Re: Issuance of birth record, driver's license or personal identification to a homeless person.

Section 1-Amends Texas Health and Safety Code191, Subchapter A.

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

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

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

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

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

**HB 505-Bucy-continued**

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

**Current Status:** Favorably reported without amendment from House Intergovernmental Affairs April 28.

**HB 510-Ray Lopez-Issuance of a certified birth record to a homeless individual.**

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

**Current Status:** On House General State Calendar May 6.

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

**Current Status:** Pending after House Ways and Means Committee Scheduled for hearing on March 31.

**HB 586-Bucy-Amends Texas Insurance Code 1452 to add Subchapter F-Expedited Credentialling Process for Certain Behavior Analysts.**

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

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

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

- For persons who died of suicide who were taking psychoactive or psychotropic medications:
  - The period of time the person was taking the medication.
  - The medication the person was taking.
  - Evidence of withdrawal symptoms, and the period of time the person experienced withdrawal.
- For persons who died of suicide who were not taking psychoactive or psychotropic medications:
  - Evidence that the person had recently discontinued use of psychoactive or psychotropic medications.
  - Evidence of withdrawal symptoms.

HB 967-Toth-continued

- Study is to use autopsy, toxicology, and police reports between 2016 and 2022 in counties with a population of 450,000 or more. (Harris, Dallas, Tarrant, Bexar, Travis, Collin, Denton, Fort Bend, Hidalgo, El Paso, Montgomery, and Williamson Counties).
- Report due by October 1, 2025.

[HB 992](#)-Johnson-Amends Texas Government Code to allow an order of nondisclosure of criminal history record information of a criminal defendant who successfully completes a specialty court program. Eliminates references to veterans treatment court programs and inserts references to “specialty court programs”.

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

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

Current Status: On House General State Calendar May 6.

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

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

- Defines “Homeless individual” as someone who:
  - Lacks a fixed, regular and adequate nighttime residence or
  - Has a primary nighttime residence that is:
    - A supervised publicly- or privately- operated shelter, including welfare hotels, congregate shelters and transitional housing for people with mental illness.
    - A temporary residence for individuals intended to be institutionalized
    - A public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings
- Does not include persons in prison or detained in a correctional facility unless the person meets the above conditions at the time of arrest.
- Requires the State Registrar, a Local Registrar or a County Clerk to issue, without fee, a certified copy of the individual’s birth record upon the request of the homeless individual.
- Directs the Texas Department of State Health Services to adopt a process to adopt a process to verify the person’s status as a homeless individual and prescribe documentation necessary for the issuance of a certified copy of a birth record.
- Part of the verification process shall allow a letter certifying that the person is a homeless individual written by the director of:
  - An emergency shelter or transitional housing program funded by HUD.
  - A shelter for homeless individuals.
  - A transitional living program
  - A law enforcement agency of a political subdivision of Texas that appoints or appoints peace officers described in Texas Code of Criminal Procedure Title 1, Chapter 2A.001.

HB 1042-Bhojani-continued

- Homeless individual shall not be required to provide a physical address of residence.

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

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

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

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

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

**Current Status:** Similar HB 505-Bucy was left pending in House Intergovernmental Affairs March 25

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

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

**Current Status:** Passed House May 1.

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

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

**Current Status:** Hearing in House Intergovernmental Affairs on May 6.

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

Current Status: House Judiciary and Civil Jurisprudence Committee hearing March 26. No action taken.

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

[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. Adds “Temporary Detention in Certain Facilities”.

- 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.

## HB 1538-Lalani-continued

- 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.
- Gives civil liability to facilities, facility staff, and physicians acting in good faith and without malice.

[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.

Current Status: Passed House April 30. Sent to Senate Criminal Justice May 1.

[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.

Current Status: Committee substitute favorably reported by House Public Health Committee on April 28.

[HB 1644](#)-Oliverson-Amends Texas Health and Safety Code 481.125 to decriminalize use of fentanyl testing equipment. Current Status: Passed House and sent to Senate Criminal Justice April 24.

[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.

## HB 1747-Campos-continued

- 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, capital improvements, data interoperability, long-term sustainability of mental health care, substance use treatment and public health providers.

**Current Status:** Reported favorably without amendment from House Public Health April 28.

**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.

**Current Status:** Pending after hearing on April 30.

**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.

**Current Status:** Passed House, sent to Senate April 29.

[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. Current Status: Pending in House Judiciary and Civil Jurisprudence March 26.

[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. Current Status: Passed House April 30, sent to Senate Veterans' Affairs Committee on May 1.

[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.

Current Status: On General State Calendar May 5.

[HB 2036](#)-Oliverson-Amends Texas Government Code 540.0703 (a) to add behavioral health services to the Medicaid Managed Care Program and authorizes HHSC to seek any necessary federal waivers.

- 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.

Current Status: Pending after hearing in House Public Health Subcommittee on Disease Prevention and Women & Children's Health April 17.

[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.

HB 2089-continued

- 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 2103](#)-Ashby-Amends Texas Government Code 614.015 to add jailers to required mental health leave policies. **Current Status:** Passed House April 24, Sent to Senate Criminal Justice April 28.

[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 2129](#)- Moody- Amends Texas Education Code 38, Subchapter A regarding school-based mental health services and Medicaid reimbursement for those services. Allows a school district to contract with a **LMHA/LBHA** to provide mental or behavioral health services on campus.

[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.

[HB 2405](#)-Reynolds-Amends Texas Health and Safety Code 573.001(d) relating to emergency detention of a person with mental illness at a mental health facility and certain best practices for courts with jurisdiction over emergency mental health matters.

Section 1-Amends Section 573.001(d) to require a peace officer to immediately transport the person to the nearest appropriate inpatient mental health facility within 100 miles of the person’s apprehension or the nearest hospital emergency department if the person needs emergency medical care. Deletes wording regarding **a mental health facility deemed suitable by the LBHA/LMHA**.

Section 2-Amends Texas Health and Safety Code 573. Directs the Texas Office of Court Administration to provide each court that has jurisdiction to hear emergency mental health matters with best practices to ensure that a judge or magistrate is available 24/7 to respond to applications for emergency detention.

Section 3-Amends Texas Health and Safety Code 573.021 (a), (b), and (d) to specify a mental health facility, and that the person may only be detained for 48 hours, with exceptions for weekends and holidays.

HB 2405-continued

Section 4-Amends Texas Health and Safety Code 573.022 (c) to allow a peace officer in Fort Bend County to transport a person without a court order if the person is subject to an unexpired detention order. Exempts the treating physician or hospital administrator who recommends the transfer is immune from civil liability if the recommendation is based on a reasonable and prudent medical decision to ensure the person's care.

HB 2514-Moody-Amends Texas Government Code 123.002 regarding eligibility for drug court programs established by a county or municipality, including:

- Drug courts for adults charged with certain alcohol or drug offenses.
- Drug courts for juveniles detained, taken into custody or adjudicated for delinquent conduct, habitual felony conduct, or conduct indicating a need for supervision that involved alcohol, a controlled substance or its analogue, or marihuana.
- Re-entry drug courts.
- Family dependency drug treatment courts.
- Programs for persons who might benefit the program.
- Eliminates the restriction that the offense did not involve carrying, possessing or using a firearm or other dangerous weapon, use or force.
- Adds the requirement that the attorney representing the state must consent to the person's participation.
- A person is not eligible to participate in a drug court program for an offense involving the death or serious bodily injury of another person.
- Directs counties with populations greater than 200,000 to establish a drug court program.

HB 2528-Bucy-Amends Texas Insurance Code 1369 to require insurance companies to cover medication assisted treatment for opioid or substance use disorders.

**Current Status:** Pending in House Insurance Committee after hearing April 9.

HB 2567-Goodwin-Amends Texas Health and Safety Code 481.002(17) and 481.125 (a) and (b).

Removes testing equipment used to identify strength, effectiveness or purity of a controlled substance from the list of prohibited drug paraphernalia.

HB 2617-Anchia-Procedures for expunction of arrest records and files of persons who complete certain court programs or pretrial intervention programs.

Section 1-Amends the Texas Code of Criminal Procedure 55A.203.

- Requires (by changing may to shall) the trial court that is a district court or in which the trial court is located to enter an expunction order for the person entitled to one under 55A.053(a) (2) (A) within 30 days after the court dismisses the case because of successful completion or receives information regarding a dismissal.
- The person for whom the expunction is required shall provide the state's attorney all information required to prepare petition for expunction.
- Strikes the provision for the consent of the attorney representing the state.

Section 2-Amends Texas Code of Criminal Procedure 55A.204 regarding duties of the attorney representing the state regarding an expunction order based on actual innocence.

Section 3-Amends Texas Code of Criminal Procedure 55A.205 to specify content of an expunction order based on actual innocence.

**HB 2617-continued**

Section 4-Amends Texas Code of Criminal Procedure 55A.206 to specify required retention of certain documents collected under expunction order based on actual innocence.

Section 5-Amends Texas Code of Criminal Procedure 55A.353 regarding disposition of expunged records.

Section 6-Adds requirements for retention of records for development and operation of pretrial intervention programs.

Section 7-Amends Texas Code of Criminal Procedure 102.006(b-1) to waive fees upon successful completion of a pretrial intervention program.

Section 8-Amends Texas Government Code 124.001 regarding expunctions in veterans' courts.

Section 9-Amends Texas Government Code 125.001, regarding expunctions in mental health courts.

Section 10.-This act applies, regardless of when the arrest occurred, to a person who successfully completes a veterans court, a mental health court or a pretrial diversion program before, on, or after the effective date of the act, which, if passed, takes effect September 1.

**Current Status:** Hearing in House Criminal Justice Committee on April 22.

**HB 2622-Metcalf-Regarding the transport of female patients to a mental health or residential care facility.**

- Amends Texas Code of Criminal Procedure 46.04 to require that female patients being transported to a mental health facility or residential care facility must be accompanied by a female attendant unless a male attendant is wearing an actively recording body-worn camera or the vehicle is equipped with an actively recording audio or video recording device.
- Amends Texas Health and Safety Code 574.045(d) requires that a female patient must be accompanied by a female attendant unless the female patient is accompanied by her father, husband, adult brother or son. Male attendant must be wearing an actively recording body-worn camera or the vehicle is equipped with an actively recording audio or video recording device.

**Current Status:** Passed House April 30, sent to Senate April 30.

**HB 2633-Rodriguez Ramos-Amends Texas Education Code 38.0101 to require school districts to employ or contract with at least one non-physician mental health professional for every 600 students at each campus. Defines a non-physician mental health professional as a psychologist, registered nurse with a master's or doctorate in psychiatric nursing, a licensed clinical social worker, a professional counselor or a marriage and family therapist licensed to practice in Texas).**

**HB 2777-Rose-Amends Texas Code of Criminal Procedure to add Chapter 46D to abolish the death penalty for a capital offense committed by a person with severe mental illness.**

**Current Status:** Pending after hearing in House Criminal Jurisprudence Committee on April 8.

**HB 2880-Thompson-Amends Texas Education Code 33, Subchapter Z.**

- Establishes a school designation of an Advancing Wellness and Resiliency in Education (AWARE) for schools that meet certain requirements and directs the Texas Education Agency to award this designation to them.
- The AWARE designation requires schools to maintain community partnerships, including contracting with the **LBHA/LMHA** and the Texas Child Mental Health Care Consortium.

[HB 3325](#)-Allen-Amends Texas Education Code 12.104(b) regarding a public school student's return from alternative school back to regular school. Current law requires a personalized transition plan that may include recommendations for assistance in obtaining mental health services provided by the ISD, the LBHA/LMHA, or another entity.

[HB 3503](#)-Darby-Amends the Texas Occupations Code to enact a Social Work Licensure Compact with other states to facilitate the interstate practice of social work and to improve public access to competent social work services.

[HB 3551](#)-Cunningham-Amends Texas Education Code 37.008 (a-1)-alternative school back to regular school. Requirements related to providing information regarding LBHA/LMHAs remains unchanged.

[HB 3585](#)-Richardson-Amends Texas Health and Human Services Code 250.001(3) regarding employment policies and criminal history information obtained by mental health facilities including LBHA/LMHAs. Requires a written statement of policy for:

- Drug testing employees and applicants for employment who will have direct contact with those served by the facility
- Criminal history record information checks.

Requires that a copy of the policy be given to each person applying for services, the parent, guardian, or legally authorized representative of a child or incapacitated person, or anyone who requests the information.

[HB 4014](#)-Bucy-Authorizes the Texas Department of State Health Services (DSHS) to study the use of psychedelic therapies in the treatment of post-traumatic stress disorder, depression, and other co-occurring conditions. Report required by December 1, 2026.

Current Status: On House General State Calendar May 6.

[HB 4261](#)-Ward Johnson-Amends Texas Occupations Code 505 to direct the Texas Behavioral Health Executive Council to establish alternative methods to determine competency for baccalaureate or master social worker license applicants who have failed the licensure examination two or more times.

[HB 4420](#)-Rose-Amends Texas Health and Safety Code 311.0335(a) to require hospitals that provide mental health or chemical dependency services to submit information on the availability of inpatient psychiatric beds by age to the Department of State Health Services (DSHS).

Current Status: Committee Substitute favorably reported from House Public Health May 1.

[HB 4421](#)-Rose-Amends Texas Government Code 547 to require the following state agencies to identify resources, funding, training, and technical assistance to support and sustain peer recovery organizations.

- Texas Health and Human Services Commission
- Texas Department of Health and Human Services
- Texas Department of Family and Protective Services
- Texas Department of Housing and Community Affairs
- Texas Department of Criminal Justice
- Texas Juvenile Justice Department
- Texas Veterans Commission

Current Status: Committee substitute favorably reported by House Public Health on May 1.

[HB 4522](#)-Vo-Amends Texas Government Code 403.503(b) to add to the Texas Opioid Abatement Fund Council, one member with lived experience in substance use recovery. This member should be appointed by HHSC's Behavioral Health Advisory Committee.

[HB 4844](#)-Gamez-Establishes a Border County Mental Health Task Force It does not pertain to LBHA/LMHAs not located on the international border between Texas and Mexico.

[HB 4861](#)-Goodwin-Amends Texas Government Code 614, Subchapter A-1 to prohibit law enforcement agencies from terminating the employment of a peace officer solely because the officer sought or received mental health care.

[HB 4863](#)-Goodwin-Regarding required mental health awareness training for first responders.

- Amends Texas Health and Safety Code, Title 9, Subtitle B to add a chapter on Mental Health Awareness Training for First Responders.
- Directs HHSC to develop or adopt a curriculum for the training.
- Amends Texas Occupations Code 1701.253 to require officers to complete the mental health awareness training curriculum developed or adopted by HHSC.

[HB 5030](#)-A. Johnson-Amends various state codes re: Medicaid coverage of behavioral health services.

- Amends Texas Government Code to provide Medicaid coverage additional behavioral health services
  - Section 1-Crisis services, intensive outpatient services and partial hospitalization services.
  - Section 15-Multi-Systemic Therapy.
  - Section 17-Functional Family Therapy.
  - Section 18-Counseling.
- Amends Texas Health and Safety Code 577A.001 (c), to expand the subject of this section to "Psychiatric Residential Treatment Facilities" by deleting the word "Youth", and requires such facilities to be licensed, inspected, and meet federal criteria.
- Section 19 exempts LBHA/LMHAs from Texas Human Resources Code 42.041(b) which regulates certain facilities, homes and agencies that provide child care services.

[HB 5257](#)-Ward Johnson-Amends Texas Education Code 22.904 (a), (b), (c), to require that school district volunteers who regularly interact with students to complete an evidence-based mental health training program. Volunteers are exempt if they have previously completed such training offered by an LMHA/LBHA.

[HB 5342](#)-Langraf-Amends Texas Government Code 547 to establish a 988 Suicide and Crisis Lifeline Trust Fund. Current Status: On House General State Calendar May 5.

[HB 5528](#)-Louderback-Texas Law Enforcement Crisis Prevention Task Force Amends Texas Health and Safety Code, Title 9, Subtitle B to establish a Texas Law Enforcement Crisis Prevention Task Force appointed by the Governor, which shall include representatives from LMHA/LBHAAs, city, county and state law enforcement, fire departments and mental health and crisis prevention advocacy groups.

Current Status: Pending after hearing in House Homeland Security, Public Safety & Veterans' Affairs on April 30.

[HB 5488](#)-Plesa-Amends Texas Human Resources Code 32, Subchapter B to add Medicaid reimbursement for coordinated specialty care for first episode psychosis.

[HB 5521](#)-Vasut Amends Texas Health and Safety Code 773 to add a section directing HHSC to adopt rules regarding maintenance, administration, and disposal of an opioid antagonist at live music venues, amusement parks, and sports venues.

[HB 5592](#)-Bowers-Amends Texas Occupations Code 1701.253 to require opioid overdose training for peace officers

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

[HJR 72](#)-Noble-Proposes a constitutional amendment allowing a property tax exemption for a home that is the primary residence of an adult who has an intellectual disability and is related to the property owner.  
Current Status: Passed by House April 28. Sent to Senate Local Government April 29.

## SENATE BILLS

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

Purpose of grant program is to:

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

Funds may only be used for:

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

Requires a report by December 1 of even numbered years.

Companion: SB 1621-Lujan

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

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

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

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

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

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

### Definitions

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

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

Establishes Crisis Center Standards,

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

Directs HHSC to adopt rules to:

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

Establishes a 988 Suicide and Crisis Lifeline Trust Fund.

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

SB 188- Menéndez-continued

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

988 Suicide and Crisis Lifeline Fee

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

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

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

SB 207-Paxton and Johnson-Regarding excused absences for public school students to attend mental health appointments. Please see Companion Bill- HB 5251-Leo Wilson, above.

Current Status: SB 207 passed Senate April 1, hearing in House Public Education May 6.

SB 216-West-Amends Texas Occupations Code 1701.235 to require opioid overdose training for peace officers.

[SB 400](#)-Kolkhorst-Amends Texas Education Code 26.009. Requires parental consent for psychological or psychiatric examination, testing, or treatment conducted by a school district employee.

**Current Status:** Passed Senate March 24. Sent to House March 25. Referred to House Public Education Committee on April 9.

[SB 528](#)-Schwertner-Regarding inpatient competency restoration services.

Please see Companion Bill: [HB 5121](#)-Harris-Davila, above.

**Current Status:** SB 528 passed Senate. House Public Health Committee hearing on May 5

[SB 531](#)-Sparks-Please see Companion Bill [HB 2157](#)-Allen, above.

[SB 540](#)-Johnson-Please see Companion: [HB 253](#)-Talarico, above. [SB 362](#)-Eckhardt is also a Companion.

[SB 556](#)-Johnson-Please see Companion Bill [HB 1103](#)-Cole, above.

[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 646](#)-West-Amends the Texas Education Code 61.601.

- Adds licensed master social workers, licensed professional counselors associates, licensed marriage and family therapist associates, and certified school counselors with a master's degree to the list of mental health professionals eligible for educational loan repayment assistance.
- To be eligible for loan repayment assistance, a mental health professional must provide services at a state hospital, an **LBHA/LMHA** or a public school.

**Current Status:** Passed Senate, sent to House Higher Education Committee May 2.

[SB 672](#)-Hughes-Amends Texas Health and Safety Code 311, Subchapter B to require hospitals to submit a summary of emergency department diversion plans to HHSC.

**Current Status:** Favorably reported from Senate Health and Human Services on April 28.

[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.

[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.

**Current Status:** Pending in Senate Health and Human Services Committee after hearing on April 8.

[SB 837](#)-Kolkhorst-Amends Texas Family Code related to family preservation services.

Section 7 requires a family preservation plan to include the specific services that will be provided to the family, including services provided by an **LBHA/LMHA**.

[SB 897](#)-Blanco-Regarding grants mental health services for veterans and their families.

Please see Companion Bill [HB 1819](#)-Ray Lopez, above.

**Current Status:** SB 897 passed Senate April 10 and passed House April 30.

[SB 1131](#)-Middleton- Please see Companion Bill [HB 1593](#)-Campos, above.

Regarding suicide prevention and peer support for fire fighters.

**Current Status:** Companion HB 1593 passed House May 5.

[SB 1136](#)-Miles-Amends Texas Local Government Code 352.0165 regarding inspection of group homes by county fire marshals.

[SB 1137](#)-Miles-Creates a criminal offense related to group home consultant referrals.

**Current Status:** Passed Senate April 29, sent to House Human Services Committee on April 30.

[SB 1164](#)-Zaffirini-Please see Companion Bill [HB 5463](#)-Moody, above re: Emergency Detention Orders.

**Current Status:** Passed Senate on April 24. Hearing in House Judiciary and Civil Jurisprudence May 8.

[SB 1306](#)-Cook-Please see Companion Bill [HB 2234](#)-Dutton, above.

[SB 1342](#)-N. Johnson-Amends Texas Health and Safety Code 577.002(b) regarding regulation of psychiatric residential treatment facilities.

[SB 1580](#)-Blanco-Amends Texas Health and Safety Code to require that the governing body of a **LBHA/LMHA** must include a veteran selected by a majority of the governing body members.

**Current Status:** Passed Senate April 24. Sent to House Public Health Committee April 28.

[SB 1681](#)-Menéndez-Amends Texas Health and Safety Code 260.0105 to require counties and municipalities that regulate boarding homes to make an annual report to HHSC regarding

- Local standards or ordinances.
- Policies and procedures for reasonable accommodations requests
- Annual number of reasonable accommodation requests received, approved, rejected, and the reason for the rejection.
- Complaints.
- Number and reasons for boarding home closures.

SB 1681- Menéndez-continued

- Local government activities to support boarding homes in compliance
- Updates to local standards.

Current Status: Passed Senate April 30, Sent to House Human Services Committee May 2.

SB 1726-Johnson-Please see Companion Bill HB 3503-Darby, above.

SB 1753-Blanco-Amends Texas Government Code 540.0272 to allow Medicaid Managed Care Organizations (MCOs) to offer certain mental health, substance use, or nutrition assistance services in lieu of other state Medicaid plan services.

SB 1775-Miles-Amends Texas Health and Safety Code 614 to prohibit LBHA/LMHAs from refusing to provide services to a person who has been processed by a local jail on that basis alone. Directs the Texas Commission on Jail Standards to require local jails to notify the LBHA/LMHA to ensure continuity of care.

SB 1777-Miles-Amends Texas Health and Safety Code 767 to prohibit health care providers, their employees or contractors from accepting any form of payment for referring a potential resident to a group home, including a group home operating under the home and community-based services waiver program.

Current Status: Passed Senate May 1, sent to House Human Services Committee May 2.

SB 1986-Hall-Amends Texas Health and Safety Code 481.074(a) to require a warning label for opioid prescription labels advising the patient of the risk of respiratory depression, overdose, and addiction.

Current Status: Pending in Senate Health and Human Services Committee after hearing April 30.

SB 2069-Zaffirini-Please see Companion Bill HB 2711-Vo, above.

Current Status: Passed Senate May 1. Sent to House Public Health Committee May 2.

SB 2096-Cook-Please see Companion Bill HB 305-Hays, above.

Regarding study of implementing an acute psychiatric bed registry in Texas.

Current Status: Passed Senate May 1. Sent to House Public Health Committee May 2.

SB 2213-Zaffirini-Please see Companion Bill HB 5465-Moody, above.

SB 2264-Cook-Please see Companion Bill HB 1455-J. Jones, above.

SB 2375-Johnson-Please see Companion Bill HB 1620-Leach, above. Non-substantive corrections.

Current Status: SB 2375 passed Senate May 1, sent to House Judiciary and Civil Jurisprudence May 2. Companion HB 1620 is already on House General State Calendar for May 6.

SB 2378-Hancock- Please see Companion Bill HB 4783-VanDeaver, above re: opioid antagonist programs. Current Status: HB 4783 on General State Calendar May 2.

[SB 2397](#)-Perry-Amends Texas Government Code, Title 4, Subtitle I to establish a Task force on Disability Policy to develop a 10-year plan on disability policy and to provide strategic recommendations for state policies to emphasize innovation, efficiency and dignity for individuals with disabilities in Texas. The task force would include at least one non-voting member appointed by the Governor who is a representative of a **LMHA/LBHA**.

[SB 2446](#)-Sparks-Please see Companion Bill [HB 4856](#)-Alders, above. Re: **LBHA** governance,   
Current Status: SB 2446 is pending in Senate Health and Human Services after hearing April 23.

[SB 2483](#)-Alvarado-Please see Companion Bill [HB 3917](#)-Rose, above.

[SB 2487](#)-Parker-Regarding emergency detention at facilities providing crisis and mental health services. Section 1-Amends Texas Health and Safety Code 573, Subchapter C to add a section titled “Initial Examination” to require immediate examination of the person if:

- An application for detention has been filed or
- The person is transported by a peace officer or emergency medical services personnel.
- Allows the facility to detain the person if the person has rejected voluntary mental health services and meets emergency detention criteria.

Section 2-Requires an examination by a physician as soon as possible within 24 hours.

Section 3-Amends Texas Health and Safety Code 573.023 to require the person to be released unless the person meets emergency detention criteria. Upon release, the facility must provide information on available outpatient or community-based mental health services.

Section 4-Amends Texas Health and Human Services Code Title 7, Subtitle C.

- Adds a new chapter titled “Crisis Service Centers” authorizing a county with a population of over 1.2 million to establish a 24/7 crisis service center employing licensed mental health professionals and offering crisis intervention and stabilization; short-term residential care; medical detoxification; care coordination; specialized services for individuals experiencing homelessness, coordination with emergency shelters, rapid re-housing, and permanent supportive housing.
- Allows HHSC to solicit gifts, grants and donations to support counties in this endeavor.
- Requires quarterly reports to the Texas Department of Housing and Community Affairs regarding individual outcomes, reductions in county-wide homelessness and other effects.
- Requires an HHSC Crisis Service Center Advisory Board appointed by the Governor to include representatives from mental health professionals, homelessness service providers, law enforcement, county officials, continuum of care programs and HHSC.

Current Status: Hearing in Senate State Affairs April 14. Vote taken in committee April 28.

[SB 2555](#)-West-Amends Texas Health and Safety Code Title 2, Subtitle E to add a chapter to direct the Texas Commission on Fire Protection and the Texas Commission on Law Enforcement to jointly develop first responder peer support network for fire fighters and law enforcement officers.

[SB 2706](#)-Hagenbuch- re: Paramedic’s role in emergency detention at a mental health facility.

Current Status Please see Companion Bill [HB 1656](#)-Howard, above. HB 1656 is pending in House Public Health Committee after hearing April 28.

[SB 2926](#)-Zaffirini-Please see Companion Bill [HB 114](#)-Cortez, above transfers mental health initiatives for veterans from HHSC to the Texas Veterans Commission.

**Current Status:** SB 2926 was favorably reported from Senate Veteran Affairs on April 24. HB 114 passed the House and was sent to Senate Veteran Affairs on April 30.

[SB 3020](#)-Menendez and Blanco-to establish a biennial report of suicide rates in Texas

Section 1- Amends Texas Government Code 547.

- Establishes a Biennial State Report on Suicide to include:
  - Prevalence of suicide and suicide-related events.
  - Statewide and regional data.
  - Longitudinal data.
  - Highest risk categories.
  - Data related to prevalence of suicide-related events among active-duty military, veterans, first responders, children and adolescents.
  - Statutes, agency rules and policies related to suicide prevention, intervention and postvention.
  - Funding sources

Section 2-Amends Texas Health and Safety Code 193.11-Death Records to add DSHS, HHSC, and the Statewide Behavioral Health Coordinating Council to the list of “authorized entities”. LBHA/LMHAs are already authorized entities.

Section 3- Establishes a Texas Violent Death Reporting System to participate in the National Violent Death Reporting System operated by the federal Center for Centers for Disease Control and Prevention.



89<sup>th</sup> Texas Legislature  
Progress on Behavioral Health Bills to Hearing and Beyond  
Status as of May 5, 2025

Companion Bills

Bill #	Sponsor	Subject	Committee	Hearing	Calendar	H/S Vote	To Other Chamber	Opposite Committee	Hearing	Calendar	H/S Vote	Conf. Comm.	To Gov
HB 1	Bonnen	General Appropriations Act	Appropriations										
SB 1	Huffman		Finance			Passed	→H	Appropriations			CS refused	4/15	
HB 500	Bonnen	Supplemental Appropriations	Appropriations			Passed	→S	Finance					
HB 114	Cortez	Veterans & Families Grant Program	Homeland Security, Public Safety, VAf.			Passed	→S	Veteran Affairs					
SB 2926	Zaffirini		Veteran Affairs										
HB 305	Hays	Competency Restoration	Criminal Jurisprudence		4/17								
SB 2096	Cook		Criminal Justice										
HB 510	Lopez	Certified birth records for a person who is homeless	Public Health		5/6								
SB 801	Menéndez		State Affairs		4/22								
HB 789	Swanson	Parental Consent for Psychiatric/Psychological Exams	Public Education										
SB 400	Kolkhorst		Education			Passed	→H	Public Education					
HB 1455	J. Jones	Mental Health Jail Diversion Documentation at Arrest	Homeland Security, Public Safety, VAf.	4/23									
SB 2264	Cook												
HB 1536	Craddick	Rural Pilot Project for DFPS Children and Families	Human Services										
SB 513	Sparks		Health and Human Services			Passed	→H	Human Services					5/1
HB 1593	Campos	Study of Suicide Prevention and Peer Support for Firefighters	Intergovernmental Affairs				→S	Criminal Justice					
SB 1131	Middleton		Local Government										
HB 1620	Leach	Non-Substantive Revisions/Additions	Judiciary & Civil Jurisprudence	+4/3	5/5								
SB 2375	N. Johnson		Administration			Passed	→H						
HB 1656	Howard	Emergency Detention By Paramedics	Public Health	4/28									
SB 2706	Hagenbuch		Health and Human Services										

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 Sabrina Conner at [sconner@ntbha.org](mailto:sconner@ntbha.org) or Janie Metzinger at [jmetzinger@ntbha.org](mailto:jmetzinger@ntbha.org)

## Companion Bills-continued

Bill #	Sponsor	Subject	Committee	Hearing	Calendars	H/S Vote	To Other Chamber	Opposite Committee	Hearing	Calendar	H/S Vote	Conf. Comm.?	To Gov
HB 1741	A.Johnson	Court-Ordered Outpatient Treatment	Public Health			Passed	→S	Criminal Justice					
HB 2758	Cook		Health and Human Services										
HB 1819	R. Lopez	Veterans and Families Community Mental Health Grants	Homeland Security, Public Safety, VA		4/22								
SB 897	Blanco		Veterans' Affairs			Passed	→H	Homeland Sec.			4/30		
HB 2234	Dutton	Continuity of Care for Children in Juvenile Justice System	Criminal Jurisprudence	+ 5/1									
SB 1306	Cook		Criminal Justice										
HB 2711	Vo	Feasibility Study of Acute Psychiatric Bed Registry	Public Health										
SB 2096	Zaffirini		Health and Human Services			Passed	→H						
HB 4783	VanDeaver	Report on Opioid Antagonist Programs	Public Health	+4/17	5/2								
SB 2378	Hancock												
HB 4856	Alders	LMHA/LBHA Board Composition	Public Health										
SB 2446	Sparks		Health and Human Services	4/23									
HB 5121	Harris-Davila	Inpatient Competency Restoration Services	Public Health										
SB 528	Schwertner		Health and Human Services			Passed	→H	Public Health	5/5				
HB 5251	Leo	Excused School Absence for Mental Health Appointments	Public Education										
SB 207	Paxton		Education			Passed	→H	Public Education	5/6				
HB 5463	Moody	Emergency Detention Orders	Judiciary & Civil Jurisprudence										
SB 1164	Zaffirini		Criminal Justice			Passed	→H	Jud.& Civ. Jurisp.	5/8				
HB 5465	Moody	Competency Restoration	Criminal Jurisprudence	4/29									
SB 2213	Zaffirini		Criminal Justice										

## House Bills

Bill #	Sponsor	Subject	Committee	Hearing	Calendars	H/S Vote	To Other Chamber	Opposite Committee	Hearing	Calendar	H/S Vote	Conf. Comm.?	To Gov
<a href="#">HB 18</a>	VanDeaver	Rural Health care, MH	Public Health			Passed	→S	H&HS					
<a href="#">HB 171</a>	Guillen	Court ordered SUD treatment	Judiciary & Civil Jurisprudence			Passed	→S	Criminal Justice					
<a href="#">HB 381</a>	Guillen	Veteran's PTSD Pilot	Defense & Veterans' Affairs	3/10									
<a href="#">HB 475</a>	A. Johnson	Multi-Systemic Therapy	Public Health	+ 5/1									
<a href="#">HB 488</a>	A. Johnson	Functional Family Therapy	Public Health	4/17									
<a href="#">HB 497</a>	Patterson	Parental Consent	Public Education	+ 5/1									
<a href="#">HB 505</a>	Bucy	Certified Identification-Homeless	Intergovernmental Affairs	+ 4/28									
<a href="#">HB 510</a>	R. Lopez	Certified Identification-Homeless	Intergovernmental Affairs		5/6								
<a href="#">HB 511</a>	Bernal	Caregiver Property Tax Break	Ways and Means	3/31									
<a href="#">HB 1027</a>	Shaheen	Telepharmacy	Public Health		5/6								
<a href="#">HB 1119</a>	Gámez	Regional Allocation of MH Beds	Public Health			Passed	→S						
<a href="#">HB 1173</a>	Raymond	Homeless Programs	Intergovernmental Affairs	5/6									
<a href="#">HB 1239</a>	Guillen	120-Hour Protective Custody	Judiciary and Civil Jurisprudence	3/26									
<a href="#">HB 1583</a>	Hull	Emergency Detention	Homeland Security & Public Safety			Passed	→S	Criminal Justice					
<a href="#">HB 1621</a>	Lujan	Matching Grants for MH Hospitals	Public Health	4/28									
<a href="#">HB 1644</a>	Oliverson	Fentanyl Testing Equipment	Public Health			Passed	→S	Criminal Justice					

## House Bills-continued

Bill #	Sponsor	Subject	Committee	Hearing	Calendars	H/S Vote	To Other Chamber	Opposite Committee	Hearing	Calendar	H/S Vote	Conf. Comm.?	To Gov
<a href="#">HB 1747</a>	Campos	MH/SUD/Public Health Grants	Public Health	4/28									
<a href="#">HB 1826</a>	Bowers	MH Screenings-Pregnant Inmates	Corrections	4/30									
<a href="#">HB 1831</a>	A. Johnson	Juvenile Drug Courts	Criminal Justice			Passed	→S						
<a href="#">HB 1938</a>	Campos	Emergency Detention-72 hours	Judiciary & Civil Jurisprudence	3/26									
<a href="#">HB 1965</a>	J. Garcia	Military Veteran Peer Support	Homeland Sec., Public Safety & Veterans			Passed	→S						
<a href="#">HB 2035</a>	Oliverson	Chemical Dependency Treatment	Public Health		5/5								
<a href="#">HB 2036</a>	Oliverson	IOP and Partial Hospitalization	Public Health	4/17									
<a href="#">HB 2103</a>	Ashby	MH Leave for Jailers	Corrections			Passed	→S	Criminal Justice					
<a href="#">HB 2528</a>	Bucy	MAT for OUD/SUD	Insurance	4/9									
<a href="#">HB 2617</a>	Anchía	Expunction of Arrest Records	Criminal Justice	4/22									
<a href="#">HB 2622</a>	Metcalf	Transportation of Female Inmates	Public Health			Passed	→S						
<a href="#">HB 4420</a>	Rose	Psychiatric Bed Availability	Public Health	5/1									
<a href="#">HB 4421</a>	Rose	Peer Recovery Organizations	Public Health	5/1									
<a href="#">HB 5342</a>	Langraf	988 Trust Fund	Public Health		5/5								
<a href="#">HB 5528</a>	Louderback	Crisis Prevention Task Force	Homeland Security/Public Safety/VA	4/30									

## Senate Bills

Bill #	Sponsor	Subject	Committee	Hearing	Calendars	H/S Vote	To Other Chamber	Opposite Committee	Hearing	Calendar	H/S Vote	Conf. Comm.?	To Gov
<a href="#">SB 207</a>	Paxton	School Absences for MH Appts	Education			Passed	→H	Public Education	5/6				
<a href="#">SB 400</a>	Kolkhorst	Parental Consent	Education			Passed	→H	Public Education	5/6				
<a href="#">SB 646</a>	West	Educational Loan Repayment	Education			Passed	→H	Public Education					
<a href="#">SB 672</a>	Hughes	Emergency Department. Diversion	Health and Human Services	4/28									
<a href="#">SB 719</a>	Eckhardt	Inpatient MH Bed Availability	Health and Human Services	4/8									
<a href="#">SB 1137</a>	Miles	Group Homes	Health and Human Services			Passed	→H	Human Services					
<a href="#">SB 1580</a>	Blanco	LBHA/LMHA Board Membership	Health and Human Services			Passed	→H	Public Health					
<a href="#">SB 1681</a>	Menéndez	Boarding Home Regulation	Health and Human Services			Passed	→H	Human Services					
<a href="#">SB 1777</a>	Miles	Prohibits Group Home Referral Fee	Health and Human Services			Passed	→H	Human Services					
<a href="#">SB 1986</a>	Hall	Warning Labels on Opioids	Health and Human Services	4/30									
<a href="#">SB 2487</a>	Parker	Emergency Detention	State Affairs		5/5								

**Key:**

- The bill numbers in the first column contain links to the text of the bill.
- House Bills (HB) are shaded in blue. Senate Bills (SB) are shaded in salmon. Bills that have died because they failed to progress by deadlines are shaded in grey.
- Bills related to Local Behavioral Health Authorities or Local Mental Health Authorities are highlighted in yellow.
- Dates of recent bill action such as hearings, dates votes are taken, etc. are noted as month/day.
- + means favorably referred from committee, followed by the date it was approved by the committee.
- →H means “Sent to the House” once a Senate bill has passed the Senate. →S means “Sent to the Senate” once a House bill has passed the House.
- w/am means “with amendment”. A bill’s author must a) concur with amendments added in the other chamber or b) not concur and request a conference committee to work out the disagreement, or c) kill the bill.



Informational Report

# Community Centers with Local Mental Health Authority and Local Behavioral Health Authority Designations in Texas

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Informational Report



**Inspector  
General**

Texas Health  
and Human Services

Issued: March 14, 2025

Revised: April 23, 2025

OIG Report No. AUD-25-010



# Community Centers with Local Mental Health Authority and Local Behavioral Health Authority Designations in Texas

## Informational Report

## Results in Brief

### Why OIG Compiled This Report

During state fiscal year 2024, which covered the period from September 1, 2023, through August 31, 2024, community centers in Texas received \$1.47 billion in state and federal funding from the Texas Health and Human Services Commission (HHSC).

Community centers received \$977.3 million to provide programs and services through their functions as local mental health authorities (LMHAs) or local behavior health authorities (LBHAs) and reported 4.6 million LMHA and LBHA encounters for 416,063 individuals to HHSC.

### This Informational Report

This informational report is not an audit report under generally accepted government auditing standards. The report includes (a) the Texas Health and Human Services (HHS) Office of Inspector General Audit and Inspections Division's (OIG Audit's) compilation and analysis of non-audited information obtained from multiple sources and (b) observations drawn from encounter data obtained for the period from September 1, 2023, through August 31, 2024. It is intended to provide information only and should not be considered guidance. OIG Audit performed research and analysis to provide this informational report.

For more information, contact:  
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### Overview

To deliver mental health services in Texas, the Texas Health and Human Services Commission (HHSC) contracts with 37 entities that have been designated as local mental health authorities (LMHAs) and two entities that have been designated as local behavioral health authorities (LBHAs). LMHAs and LBHAs have similar functions and provide similar services. Each LMHA and LBHA:

- Supports mental health services through planning, policy development, coordination, and resource allocation and development.
- Provides adults and children in the mental health priority population with clinically appropriate assessment, crisis, intensive, and comprehensive services.
- Provides substance use disorder services.
- Incorporates jail diversion strategies to reduce involvement of the criminal justice system.
- Is a Texas Certified Community Behavioral Health Clinic.

Texas LMHAs and LBHAs reported to HHSC that they served 416,063 individuals with 4.6 million mental health encounters in 2024. Of these mental health encounters, the LMHAs and LBHAs completed 3,520,241 (76.46 percent) adult encounters and 1,083,665 (23.54 percent) child encounters for:

- 326,801 individual adults.
- 81,305 individual children.
- 7,957 individuals who received both adult and child LMHA or LBHA mental health services during the year.

Of the 4.6 million mental health encounters the 39 authorities reported in 2024, 14.17 percent were for crisis services and the remaining 85.83 percent were for routine care services.

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# Introduction

To deliver mental health services in Texas, the Texas Health and Human Services Commission (HHSC) contracts with 37 entities that have been designated as local mental health authorities (LMHAs) and two entities that have been designated as local behavioral health authorities (LBHAs).<sup>1,2</sup> For each entity, this LMHA or LBHA designation is part of its overall role as a community center.<sup>3,4</sup>

LMHAs and LBHAs have similar functions and provide similar services. Each LMHA and LBHA:

- Supports mental health services through planning, policy development, coordination, and resource allocation and development.
- Provides adults and children in the mental health priority population with clinically appropriate assessment, crisis, intensive, and comprehensive services.<sup>5</sup>

## This Informational Report

This informational report is not an audit report under generally accepted government auditing standards. The report includes (a) the Texas Health and Human Services (HHS) Office of Inspector General Audit and Inspections Division's (OIG Audit's) compilation and analysis of non-audited information obtained from multiple sources and (b) observations drawn from encounter data obtained for the period from September 1, 2023, through August 31, 2024. It is intended to provide information only and should not be considered guidance.

OIG Audit performed research and analysis to provide this informational report.

Unless otherwise described, any year referenced is the state fiscal year, which covers the period from September 1 through August 31. For state fiscal year 2024, the period was September 1, 2023, through August 31, 2024.

<sup>1</sup> When referring to each entity's LMHA and LBHA functions specifically, this report collectively refers to the 37 designated LMHAs and two designated LBHAs in Texas as the 39 "authorities."

<sup>2</sup> Tex. Health & Safety Code §§ 533.035 and 533.0356 (Apr. 2, 2015).

<sup>3</sup> For simplicity, this report refers to the 39 entities collectively as "community centers" when discussing the entities as a whole, including their roles as LMHAs, LBHAs, community centers, and local intellectual and developmental disability authorities (LIDDAAs). However, one of the 39 entities—North Texas Behavioral Health Authority (NTBHA)—is not a community center. References to "community centers" in this report do not include Metrocare, which is a community center that does not have an LMHA or LBHA function.

<sup>4</sup> Community centers (a) develop services for individuals with a mental illness or intellectual disability and (b) may provide requested services that are effective alternatives to treatment in a large residential facility for individuals with developmental disabilities or with substance use disorders.

<sup>5</sup> The mental health priority population consists of (a) adults with a severe and persistent mental illness and (b) children aged 3–17 with a serious emotional disturbance or functional impairment.

- Provides substance use disorder services.
- Incorporates jail diversion strategies to reduce involvement of the criminal justice system.
- Is a Texas Certified Community Behavioral Health Clinic.<sup>6</sup>

Per Texas Health and Safety Code, LMHAs provide substance use disorder services for individuals who are dually diagnosed with both a substance use disorder and a mental illness or an intellectual disability while LBHAs provide substance use disorder services to individuals diagnosed with a substance use disorder whether or not the individual is also diagnosed with a mental illness or intellectual disability.<sup>7</sup> Additionally, (a) 38 authorities operate as community centers and (b) 37 authorities operate as local intellectual and developmental disability authorities (LIDDAs).<sup>8</sup>

This report highlights various data points and dollar amounts regarding community center funding and funding specific to LMHA and LBHA services. These data points and dollar amounts are provided for informational purposes only and are not necessarily reflective of mental health care. Therefore, several of the cost comparisons in this report should only be used to compare community center services overall unless specifically identified as mental health care only.

As shown in Figure 1 on the following page, during 2024, LMHAs and LBHAs in Texas received \$977.3 million in state and federal funding from HHSC<sup>9</sup> and reported 4,603,906 LMHA or LBHA encounters<sup>10</sup> for 416,063 individuals to HHSC.<sup>11</sup>

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<sup>6</sup> Texas Certified Community Behavioral Health Clinics use a model based on federal principles designed to ensure access to coordinated comprehensive behavioral health care. These clinics are required to serve any individual—regardless of age, ability to pay, or place of residence—who requests care for mental health or substance use.

<sup>7</sup> Tex. Health & Safety Code §§ 533.035(b)(2) and 533.0356(a)(1–2) (April 2, 2015).

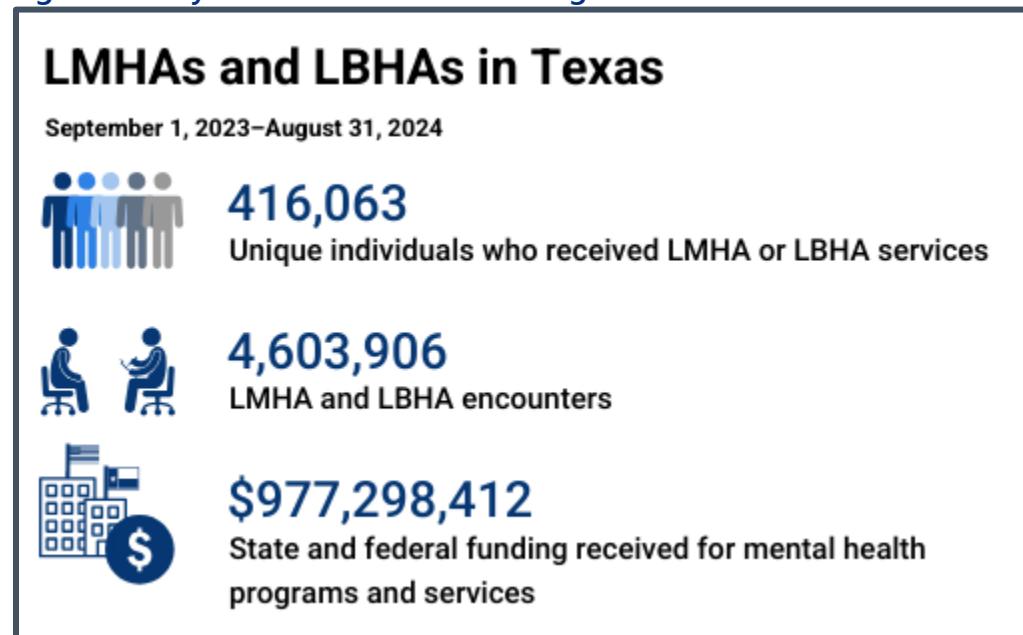
<sup>8</sup> LIDDAs serve as the points of entry for publicly funded intellectual and developmental disability programs.

<sup>9</sup> All 2024 funding data referenced in this report is as of October 29, 2024, from HHSC CAPPs and is not reflective of all payments received by each community center from other sources or payors.

<sup>10</sup> In the context of this report, mental health encounters are records about mental health services delivered by an LMHA or LBHA for eligible services provided to an eligible individual. The LMHA or LBHA submits the non-audited, self-reported data to HHSC.

<sup>11</sup> All 2024 encounter data referenced in this report is as of October 10, 2024.

Figure 1: Key LMHA and LBHA Coverage in Texas<sup>12</sup>



Source: OIG Audit

This report provides information about LMHA and LBHA:

- Coverage in Texas.
- Services provided.
- Delivery methods.
- State and federal funding from HHSC.
- Service delivery processes.
- Requirements.

Per Texas Health and Safety Code, the two LBHAs have all the responsibilities and duties of an LMHA.<sup>13</sup> OIG Audit will provide information specific to LBHAs at a later time.

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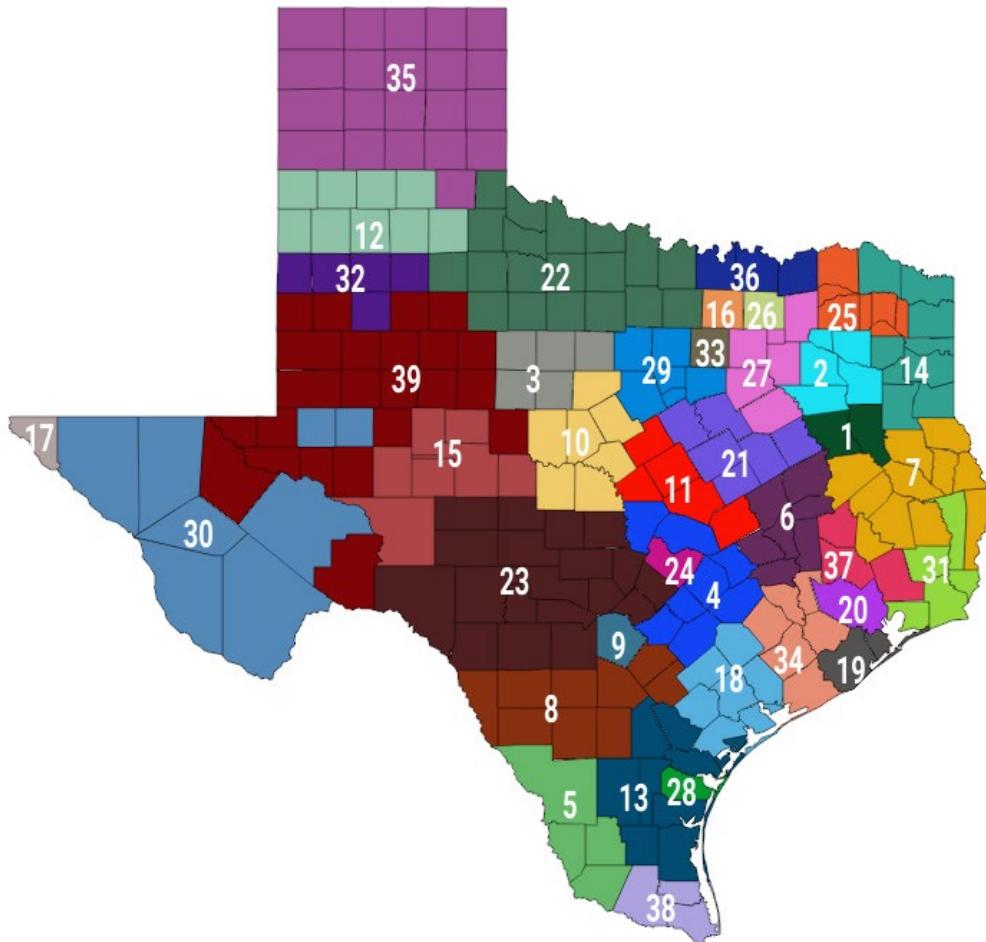
<sup>12</sup> OIG Audit calculated total mental health encounters and associated individuals served based on encounter data that the LMHAs and LBHAs self-reported to HHSC. OIG Audit calculated the individuals who received mental health services per LMHA or LBHA, which does not account for any individuals who received services from more than one LMHA or LBHA during 2024. OIG Audit excluded encounters that (a) did not have a Client Assignment and Registration System (CARE) identification number or (b) had total client hours equal to 0.

<sup>13</sup> Tex. Health & Safety Code § 533.0356(a) (2015).

## Coverage in Texas

As of February 12, 2025, there were 39 authorities in Texas. Figure 2 shows each authority's coverage area, and Table 1, on the following page, details each authority's name and, for 2024, number of reported LMHA or LBHA encounters and associated individuals who received LMHA or LBHA services.

**Figure 2: LMHAs and LBHAs in Texas as of February 12, 2025**



Source: OIG Audit, compiled from information contained in "Find Your Local Mental Health or Behavioral Health Authority," HHS, <https://www.hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/find-your-local-mental-health-or-behavioral-health-authority> (accessed Feb. 12, 2024)

**Table 1: LMHAs and LBHAs in Texas During 2024**

Type	Name	LMHA and LBHA Encounters	Individuals Who Received LMHA or LBHA Services
1	LMHA Anderson Cherokee Community Enrichment Services (ACCESS)	28,452	3,359
2	LMHA Andrews Center Behavioral Healthcare System (Andrews Center)	82,056	9,268
3	LMHA Betty Hardwick Center (Betty Hardwick)	51,671	5,278
4	LMHA Bluebonnet Trails Community Services (Bluebonnet Trails)	162,568	15,753
5	LMHA Border Region Behavioral Health Center (Border Region)	100,102	7,812
6	LMHA MHMR Authority of Brazos Valley (Brazos Valley)	36,924	5,041
7	LMHA Burke Center	103,295	8,616
8	LMHA Camino Real Community Services (Camino Real)	102,730	6,233
9	LMHA The Center for Health Care Services (CHCS)	231,416	28,256
10	LMHA Center for Life Resources (Life Resources)	27,264	3,078
11	LMHA Central Counties Services (Central Counties)	51,335	4,943
12	LMHA Central Plains Center (Central Plains)	14,807	1,468
13	LMHA Coastal Plains Integrated Health (Coastal Plains)	56,232	6,146
14	LMHA Community Healthcare	69,912	9,347
15	LMHA My Health My Resources Concho Valley (Concho Valley)	16,984	2,123
16	LMHA Denton County MHMR Center (Denton County)	65,152	7,536
17	LMHA Emergence Health Network (Emergence)	156,840	11,324
18	LMHA Gulf Bend Center (Gulf Bend)	26,552	3,781
19	LMHA Gulf Coast Center (Gulf Coast)	70,444	7,701
20	LMHA The Harris Center for Mental Health and IDD (Harris Center)	418,161	37,850
21	LMHA Heart of Texas Behavioral Health Network (Heart of Texas)	74,194	7,549
22	LMHA Helen Farabee Centers (Helen Farabee)	57,697	6,269
23	LMHA Hill Country Mental Health and Developmental Disabilities Centers (Hill Country)	84,192	10,964
24	LMHA Integral Care	225,838	19,329

Type	Name	LMHA and LBHA Encounters	Individuals Who Received LMHA or LBHA Services	
25	LMHA	Lakes Regional Community Center (Lakes Regional)	34,827	3,833
26	LBHA	LifePath Systems (LifePath)	94,460	8,151
27	LBHA	North Texas Behavioral Health Authority (NTBHA)	652,875	59,985
28	LMHA	Nueces Center for Mental Health and Intellectual Disabilities (Nueces Center)	74,309	4,622
29	LMHA	Pecan Valley Centers for Behavioral and Developmental Healthcare (Pecan Valley)	77,693	7,620
30	LMHA	PermiaCare	78,707	5,049
31	LMHA	Spindletop Center (Spindletop)	163,789	12,930
32	LMHA	StarCare Specialty Health System (StarCare)	67,289	4,655
33	LMHA	My Health My Resources of Tarrant County (Tarrant County)	282,629	24,618
34	LMHA	Texana Center	88,458	7,610
35	LMHA	Texas Panhandle Centers (Texas Panhandle)	65,481	4,953
36	LMHA	Texoma Community Center (Texoma)	47,804	4,799
37	LMHA	Tri-County Behavioral Healthcare (Tri-County)	105,837	10,588
38	LMHA	Tropical Texas Behavioral Health (Tropical)	363,750	22,826
39	LMHA	West Texas Centers (West Texas)	91,180	4,800
<b>Total</b>		<b>4,603,906</b>	<b>416,063</b>	

Source: OIG Audit, partially compiled from information contained in "Find Your Local Mental Health or Behavioral Health Authority," HHS, <https://www.hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/find-your-local-mental-health-or-behavioral-health-authority> (accessed Sept. 18, 2024)

## Services Provided

The community centers (a) provide mental health and other services to adults and children through local, state, and federally funded programs and (b) connect individuals with services through other providers. These services include:

- Behavioral health services
- Case management
- Counseling
- Crisis services
- Early childhood intervention<sup>14</sup>
- Intellectual and developmental disabilities services
- Justice system services<sup>15</sup>
- Medication services
- Mental health first aid<sup>16</sup>
- Peer support
- Routine mental health services
- Skills training
- Substance use disorder services
- Supported employment
- Supported housing
- Veteran services
- Youth empowerment services (YES)<sup>17</sup>

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<sup>14</sup> Early childhood intervention services are available to eligible children ages 0–3 with developmental delays, disabilities, or certain medical diagnoses that may impact development.

<sup>15</sup> Justice system services provide options for individuals who are both involved in the criminal justice system and have a mental health diagnosis.

<sup>16</sup> Mental health first aid is a type of training that teaches participants how to (a) recognize the signs and symptoms of mental health and substance use challenges and (b) help individuals in a variety of mental health-related situations. This training also covers available treatment and resources.

<sup>17</sup> Youth empowerment services help children and adolescents with serious mental, emotional, and behavioral difficulties to live with their families rather than in out-of-home placements.

# Data and Observations

OIG Audit calculated total mental health encounters and associated individuals served based on encounter data the 39 authorities self-reported to HHSC. When discussing encounters, this report focuses exclusively on LMHA and LBHA mental health encounters and does not include information about other types of encounters—such as substance use disorder services or intellectual and developmental disability services—the community centers may provide.<sup>18</sup> OIG Audit calculated the individuals who received mental health services per LMHA and LBHA, which does not account for any individuals who received services from more than one LMHA or LBHA during 2024.

The following sections of this report present OIG Audit's research and analysis of LMHAs and LBHAs in Texas.

## Section 1: Individuals Who Received LMHA or LBHA Mental Health Services

Overall in 2024, 1.36 percent of individuals in the estimated population covered in Texas utilized LMHA and LBHA mental health services. Table 2 details, for each LMHA or LBHA in 2024, the Texas counties in its service area, estimated population covered in those counties, and percent of the estimated covered population in each service area utilizing LMHA or LBHA mental health services.

**Table 2: Service Area Counties and Percent of Estimated Population Covered That Received LMHA or LBHA Mental Health Services in 2024**

Type	Abbreviated Name	Counties in Service Area	Est. Population Covered <sup>19</sup>	Est. Percent of Covered Individuals Utilizing Mental Health Services
1	LMHA	ACCESS	Anderson and Cherokee	109,953
2	LMHA	Andrews Center	Henderson, Rains, Smith, Van Zandt, and Wood	456,274

<sup>18</sup> Outside of the "Facility Fee Encounters for Mental Health Services" section of this report, OIG Audit excluded facility fee charges the LMHAs and LBHAs reported as encounters under codes Q3014, Q3014ET, Q3014ETHA, Q3014H9, and Q3014HA.

<sup>19</sup> Estimated populations covered are as of July 1, 2023, and based on U.S. Census Bureau information.

Type	Abbreviated Name	Counties in Service Area	Est. Population Covered <sup>19</sup>	Est. Percent of Covered Individuals Utilizing Mental Health Services	
3	LMHA	Betty Hardwick	Callahan, Jones, Shackelford, Stephens, and Taylor	194,163	2.72%
4	LMHA	Bluebonnet Trails	Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee, and Williamson	1,163,917	1.35%
5	LMHA	Border Region	Jim Hogg, Starr, Webb, and Zapata	353,538	2.21%
6	LMHA	Brazos Valley	Brazos, Burleson, Grimes, Leon, Madison, Robertson, and Washington	381,116	1.32%
7	LMHA	Burke Center	Angelina, Houston, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, and Tyler	346,649	2.49%
8	LMHA	Camino Real	Atascosa, Dimmit, Frio, La Salle, Karnes, Maverick, McMullen, Wilson, and Zavala	221,408	2.82%
9	LMHA	CHCS	Bexar	2,087,679	1.35%
10	LMHA	Life Resources	Brown, Coleman, Comanche, Eastland, McCulloch, Mills, and San Saba	96,483	3.19%
11	LMHA	Central Counties	Bell, Coryell, Hamilton, Lampasas, and Milam	535,903	0.92%
12	LMHA	Central Plains	Bailey, Briscoe, Castro, Floyd, Hale, Lamb, Motley, Parmer, and Swisher	82,498	1.78%
13	LMHA	Coastal Plains	Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, and San Patricio	223,994	2.74%
14	LMHA	Community Healthcare	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rush, and Upshur	457,931	2.04%
15	LMHA	Concho Valley	Coke, Concho, Crockett, Irion, Reagan, Sterling, and Tom Green	134,651	1.58%
16	LMHA	Denton County	Denton	1,007,703	0.75%
17	LMHA	Emergence	El Paso	869,880	1.30%
18	LMHA	Gulf Bend	Calhoun, DeWitt, Goliad, Jackson, Lavaca, Refugio, and Victoria	180,891	2.09%
19	LMHA	Gulf Coast	Brazoria and Galveston	760,682	1.01%
20	LMHA	Harris Center	Harris	4,835,125	0.78%
21	LMHA	Heart of Texas	Bosque, Falls, Freestone, Hill, Limestone, and McLennan	385,657	1.96%
22	LMHA	Helen Farabee	Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise, and Young	318,636	1.97%
23	LMHA	Hill Country	Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde, and Val Verde	815,974	1.34%

Type	Abbreviated Name	Counties in Service Area	Est. Population Covered <sup>19</sup>	Est. Percent of Covered Individuals Utilizing Mental Health Services	
24	LMHA	Integral Care	Travis	1,334,961	1.45%
25	LMHA	Lakes Regional	Camp, Delta, Franklin, Hopkins, Lamar, Morris, and Titus	161,977	2.37%
26	LBHA	LifePath	Collin	1,195,359	0.68%
27	LBHA	NTBHA	Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall	3,315,166	1.81%
28	LMHA	Nueces Center	Nueces	352,289	1.31%
29	LMHA	Pecan Valley	Erath, Hood, Johnson, Palo Pinto, Parker, and Somervell	528,004	1.44%
30	LMHA	PermiaCare	Brewster, Culberson, Ector, Hudspeth, Jeff Davis, Midland, Pecos, and Presidio	379,036	1.33%
31	LMHA	Spindletop	Chambers, Hardin, Jasper, Jefferson, and Orange	482,049	2.68%
32	LMHA	StarCare	Cochran, Crosby, Hockley, Lubbock, and Lynn	355,587	1.31%
33	LMHA	Tarrant County	Tarrant	2,182,947	1.13%
34	LMHA	Texana Center	Austin, Colorado, Fort Bend, Matagorda, Waller, and Wharton	1,111,223	0.68%
35	LMHA	Texas Panhandle	Armstrong, Carson, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Potter, Randall, Roberts, Sherman, and Wheeler	403,050	1.23%
36	LMHA	Texoma	Cooke, Fannin, and Grayson	228,260	2.10%
37	LMHA	Tri-County	Liberty, Montgomery, and Walker	900,894	1.18%
38	LMHA	Tropical	Cameron, Hidalgo, and Willacy	1,345,218	1.70%
39	LMHA	West Texas	Andrews, Borden, Crane, Dawson, Fisher, Gaines, Garza, Glasscock, Howard, Kent, Loving, Martin, Mitchell, Nolan, Reeves, Runnels, Scurry, Terrell, Terry, Upton, Ward, Winkler, and Yoakum	206,576	2.32%

Source: OIG Audit, compiled from information contained in "Find Your Local Mental Health or Behavioral Health Authority," HHS, <https://www.hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/find-your-local-mental-health-or-behavioral-health-authority> (accessed Sept. 18, 2024) and U.S. Census Bureau, "Annual Estimates of the Resident Population for Counties: April 1, 2020 to July 1, 2023 (CO-EST2023-POP)-Texas," (Population estimate as of July 1, 2023), <https://www.census.gov/data/datasets/time-series/demo/popest/2020s-counties-total.html> (accessed Sept. 18, 2024)

## Encounters in 2024

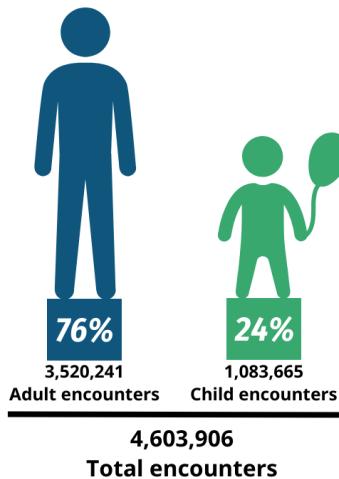
### Mental Health Encounters

Texas LMHAs and LBHAs reported to HHSC that they served 416,063 individuals with 4.6 million mental health encounters in 2024.<sup>20</sup> Of these mental health encounters, the LMHAs and LBHAs completed 3,520,241 (76.46 percent) adult encounters and 1,083,665 (23.54 percent) child encounters for:

- 326,801 individual adults.
- 81,305 individual children.
- 7,957 individuals who received both adult and child LMHA or LBHA mental health services during the year.

Figure 3 shows the total adult and child LMHA or LBHA mental health encounters the 39 authorities delivered in 2024.

**Figure 3: Adult and Child LMHA or LBHA Mental Health Encounters**

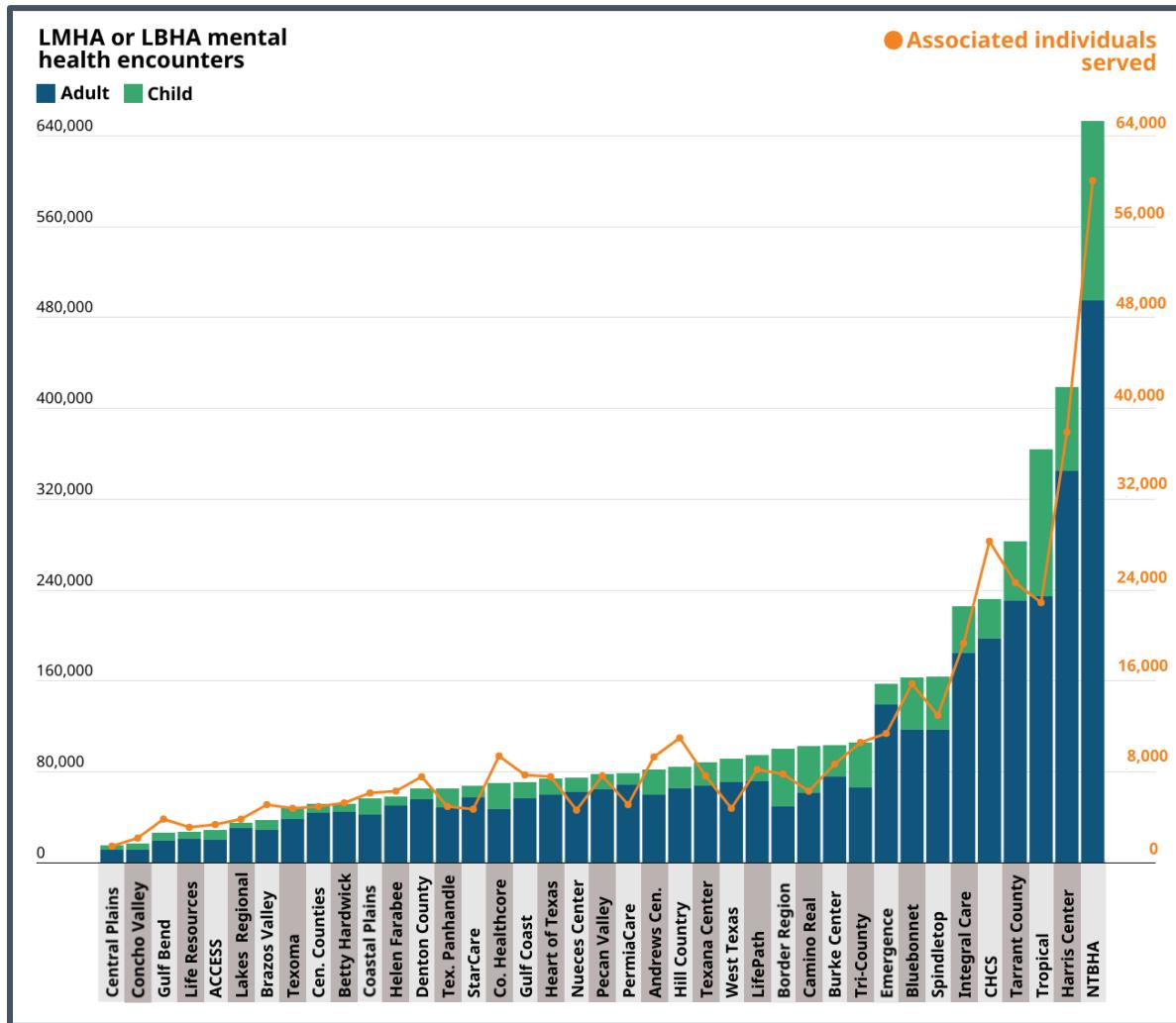


Source: OIG Audit

Overall, the 39 authorities delivered an average of 11 encounters for each individual that received mental health services in 2024—ranging from 7 encounters per individual at Brazos Valley, Community Healthcare, and Gulf Bend to 19 encounters per individual at West Texas. Figure 4 on the following page illustrates each authority's adult and child mental health encounters and unique individuals who received mental health services in 2024.

<sup>20</sup> All 2024 encounter data referenced in this report is as of October 10, 2024.

**Figure 4: Mental Health Encounters and Unique Individuals Who Received LMHA or LBHA Mental Health Services**



Source: OIG Audit

### Facility Fee Encounters for Mental Health Services

Facility fees are charged by patient site providers, which assist individuals with connecting to a provider at a distant site that is rendering the medical or mental health service through telemedicine or telehealth.<sup>21</sup> In addition to the 4.6 million

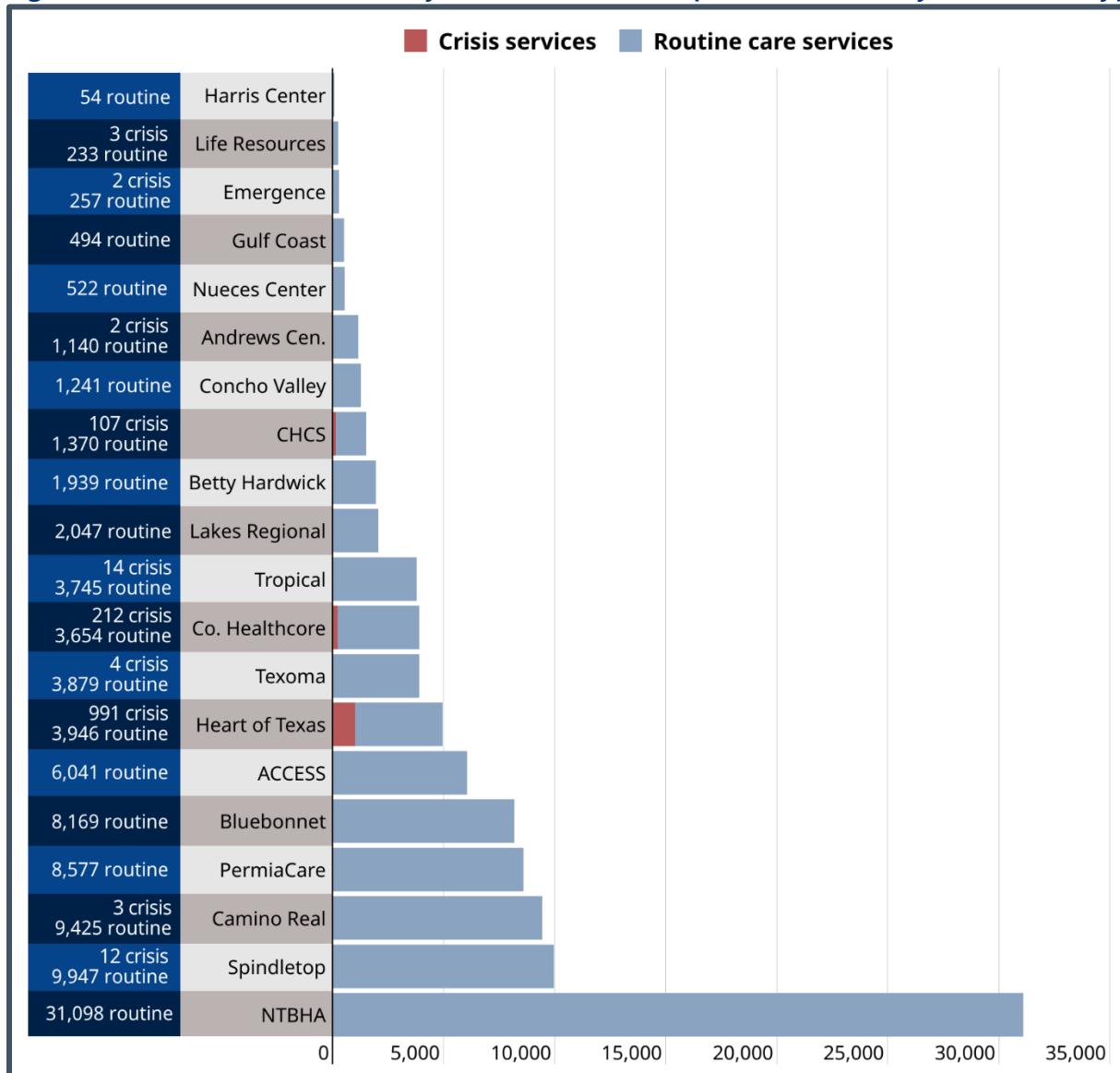
<sup>21</sup> Telemedicine is medical service delivered by a physician or a health care professional under delegation and supervision of a physician. Telehealth is a health service that is (a) separate from a telemedicine medical service or teledentistry service and (b) delivered by a health care professional, who is not a physician or under supervision of a physician, acting within the scope of the health care professional's license, certification, or entitlement.

LMHA or LBHA mental health services encounters in 2024, 20 authorities reported 99,128 facility fee encounters for mental health services. Specifically, the 20 authorities reported:

- 97,778 facility fee encounters for routine care services.
- 1,350 facility fee encounters for crisis services.

Figure 5 provides additional details about number of facility fee encounters each of these 20 authorities reported in 2024.

**Figure 5: LMHA or LBHA Facility Fee Encounters Reported in 2024 by Encounter Type**



Source: OIG Audit

## Requirements for Receiving LMHA or LBHA Mental Health Services

Adults qualify for LMHA or LBHA mental health services when they have a severe and persistent mental illness that requires crisis resolution or ongoing and long-term support and treatment, such as anorexia nervosa, an anxiety disorder, attention-deficit/hyperactivity disorder, bipolar disorder, bulimia nervosa, delusional disorder, major depression, obsessive-compulsive disorder, posttraumatic stress disorder, schizophrenia, or another severely disabling mental disorder.

Children qualify for LMHA or LBHA mental health services when they are aged 3–17 and (a) have a serious emotional disturbance<sup>22</sup> or functional impairment; (b) are at risk of disruption of a preferred living environment due to psychiatric symptoms; (c) are at risk of disruption in child care due to psychiatric symptoms; or (d) are enrolled in special education because of a serious emotional disturbance.

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<sup>22</sup> Serious emotional disturbances exclude singular diagnoses of substance use disorder; intellectual or developmental disability; or autism spectrum disorder.

## Section 2: LMHA or LBHA Mental Health Services

When an individual contacts an LMHA or LBHA to seek mental health services, the authorities gather information—primarily through around-the-clock hotlines—to determine whether the individual needs crisis or routine care mental health services. As outlined in Table 3, crisis services include emergency and urgent care services while individuals who are not in crisis receive routine care services.

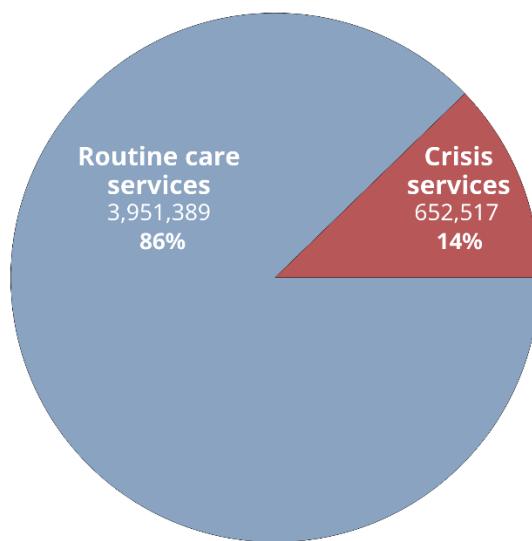
**Table 3: Crisis and Routine Care Services at LMHAs and LBHAs**

Individual's Need	Description
Emergency care services	Services to address the immediate needs of individuals in crisis and assure safety for each individual and others who may be placed at risk by the individual's behaviors.
Urgent care services	Services for individuals in crisis who do not need emergency care services but are potentially at risk of serious deterioration.
Routine care services	Services for individuals who are not in crisis.

Source: OIG Audit, based on 26 Tex. Admin. Code § 301.303 (Mar. 15, 2020)

Of the 4.6 million mental health encounters the 39 authorities reported in 2024, 14.17 percent were for crisis services and the remaining 85.83 percent were for routine care services. Figure 6 provides additional information about the breakdown of crisis and routine care services at the 39 LMHAs and LBHAs.

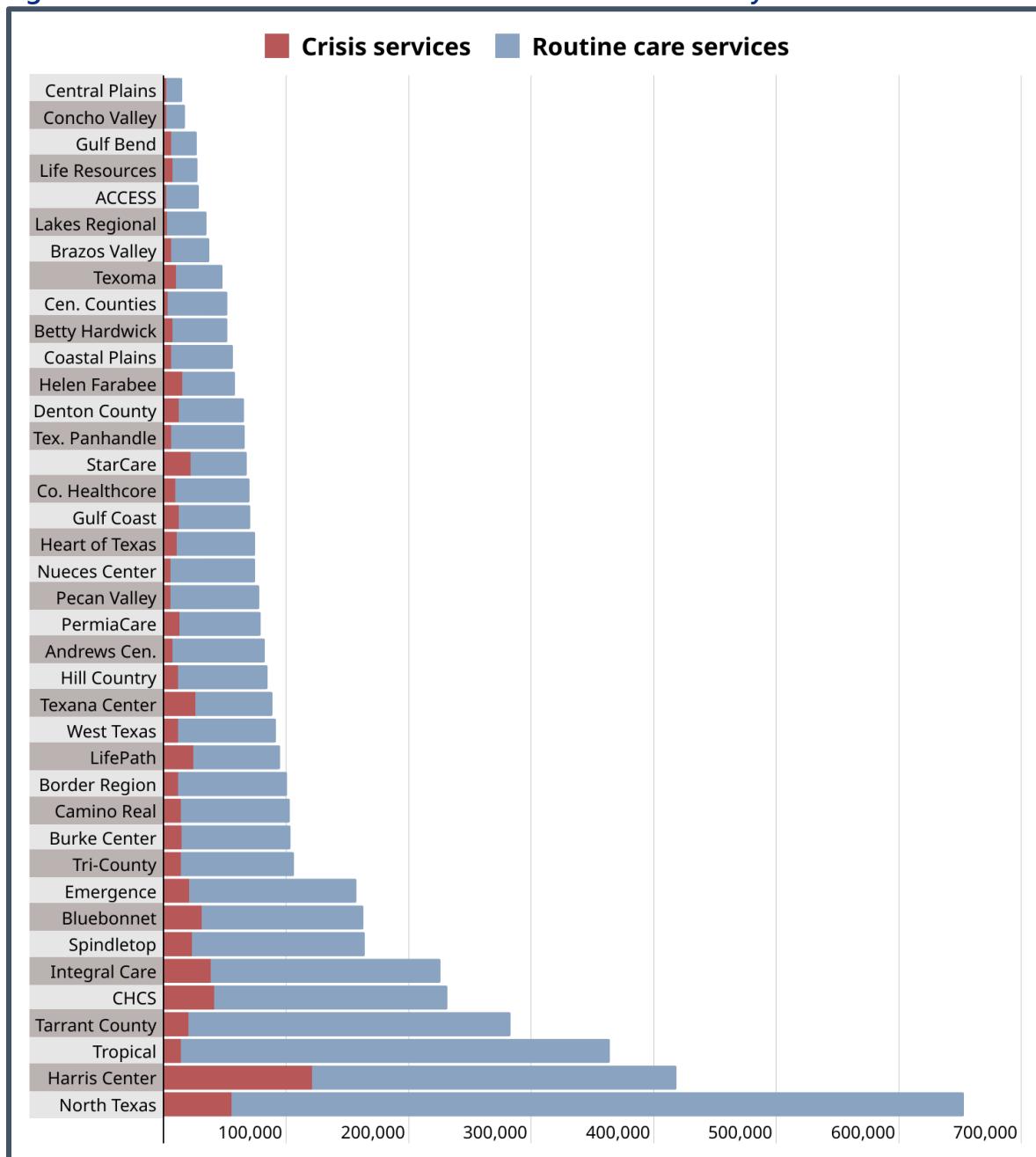
**Figure 6: Crisis and Routine Care Services in 2024**



Source: OIG Audit

Harris Center reported the most crisis services encounters at 120,724, which represented 28.87 percent of its total encounters. NTBHA reported the most routine care services encounters at 597,722, which represented 91.55 percent of its total encounters. Figure 7 compares the crisis and routine care services each of the 39 authorities reported.

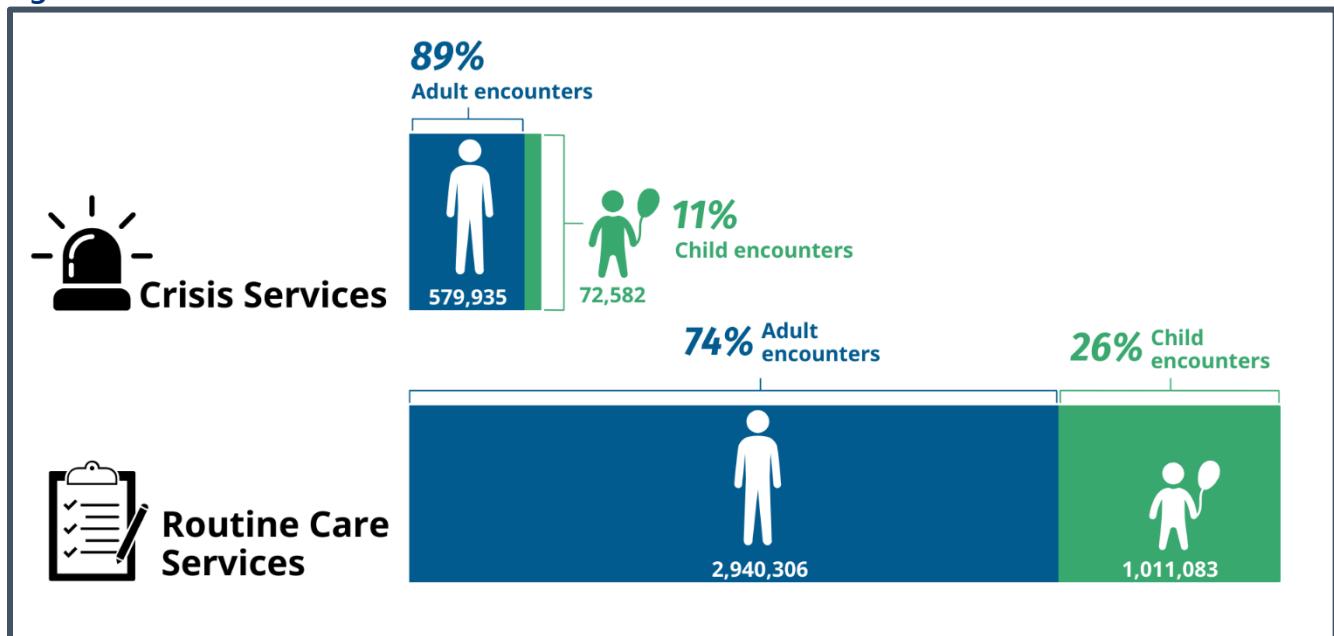
**Figure 7: Crisis and Routine Care Mental Health Services by LMHA or LBHA**



Source: OIG Audit

Of the 652,517 crisis services LMHAs and LBHAs delivered in 2024, the authorities provided 579,935 (88.88 percent) to adults and 72,582 (11.12 percent) to children. Of the 3,951,389 routine care services delivered, LMHAs and LBHAs provided 2,940,306 (74.41 percent) to adults and 1,011,083 (25.59 percent) to children. Figure 8 summarizes these services.

Figure 8: LMHA or LBHA Crisis and Routine Care Services to Adults and Children

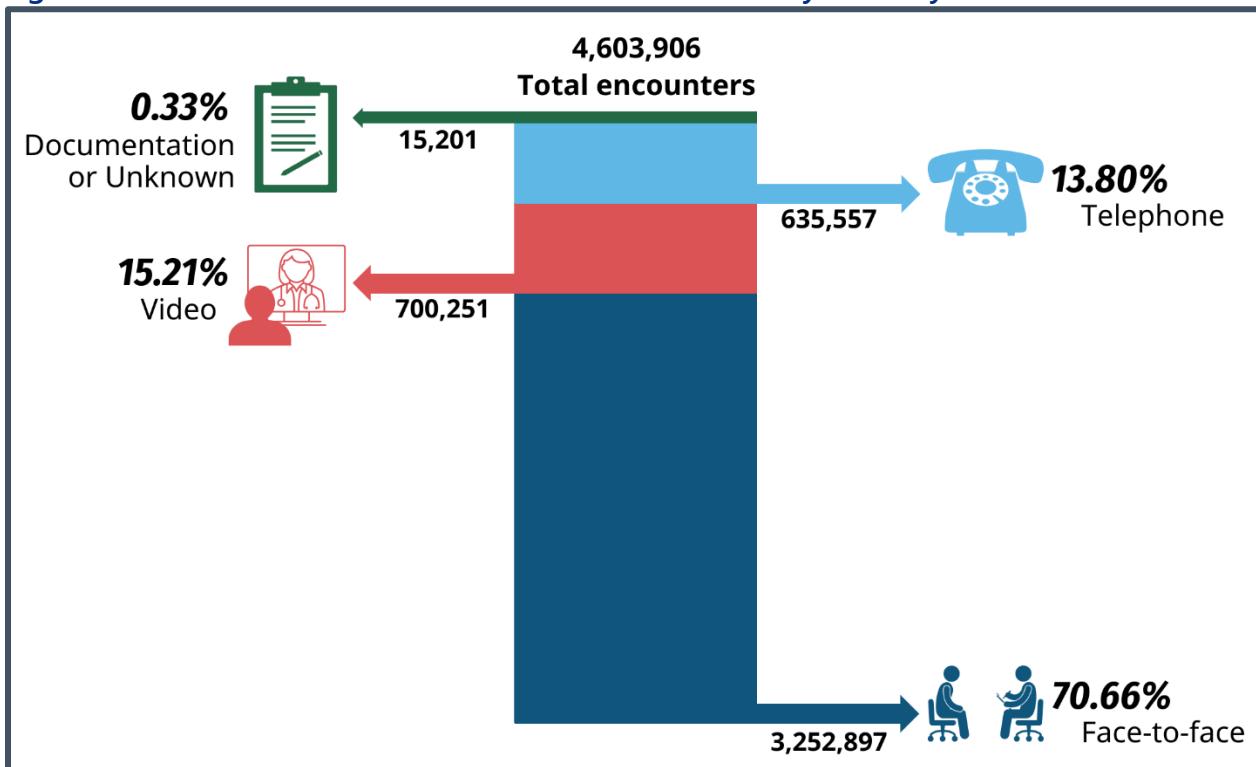


Source: OIG Audit

## Section 3: Delivery Methods

The 39 authorities delivered mental health services through face-to-face interactions, video calls, and telephone calls, which comprised 99.67 percent of all mental health encounters at LMHAs and LBHAs in 2024. The authorities used the remaining 0.33 percent of encounters to update medical record documentation or did not specify a delivery method or encounter type. Figure 9 illustrates the delivery methods the LMHAs and LBHAs used in 2024.

Figure 9: LMHA and LBHA Mental Health Encounters by Delivery Method



Source: OIG Audit

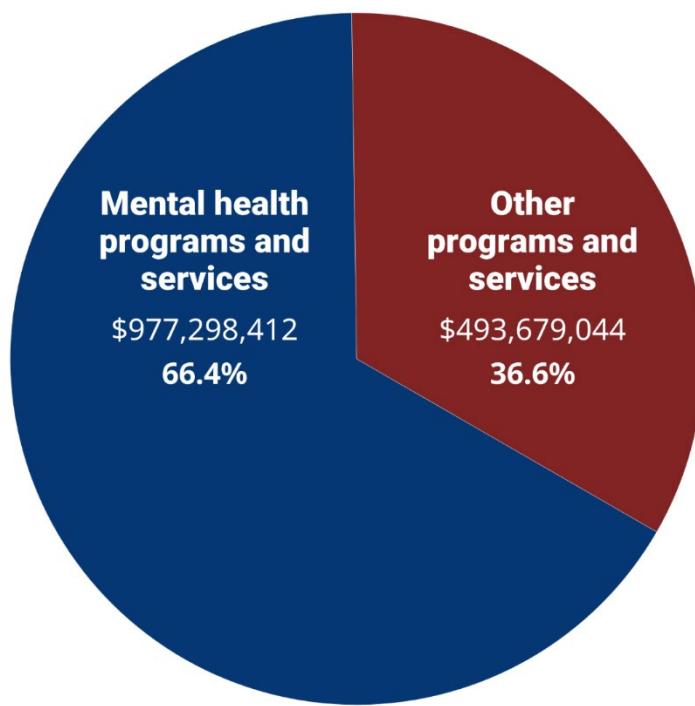
## Section 4: State and Federal Funding from HHSC<sup>23</sup>

Texas community centers received \$1.47 billion in state and federal funding for mental health programs and services and other programs and services delivered during 2024.<sup>24</sup>

### Funding by Category

The community centers received \$977.30 million (66.44 percent) for mental health programs and services and \$493.68 million (33.56 percent) for other programs and services, as shown in Figure 10.

Figure 10: Community Center Funding in 2024



Source: OIG Audit

<sup>23</sup> All 2024 funding data referenced in this report is as of October 29, 2024, from HHSC CAPPs and is not reflective of all payments received by each community center from other sources or payors.

<sup>24</sup> The funds referenced in this report were received by the respective community centers for state fiscal year 2024 and include transactions through October 29, 2024, that were related to state fiscal year 2024. Therefore, differences between the funding information in this report and the individual community centers' financial information or amounts reported to or by HHSC may be due to timing differences or the classification categories OIG Audit used.

As detailed in Table 4, the community centers received \$977.30 million in funding for mental health programs and services.

**Table 4: Community Center Mental Health Programs and Services Funding Details<sup>25</sup>**

Category	Funding		
	State	Federal	Total
Community mental health services for adults	\$318,533,408	\$ 84,690,853	<b>\$403,224,261</b>
Mental health community hospitals	223,210,075	5,005,854	<b>228,215,930</b>
Community mental health crisis services	136,496,889	25,754,660	<b>162,251,549</b>
Community mental health services for children	68,838,753	28,273,905	<b>97,112,657</b>
Community mental health grant programs	45,367,169	—	<b>45,367,169</b>
Sunrise Canyon construction <sup>26</sup>	36,054,952	—	<b>36,054,952</b>
Uvalde behavioral health campus <sup>27</sup>	3,899,284	—	<b>3,899,284</b>
Other mental health programs and services	636,850	—	<b>636,850</b>
Mental health state hospitals	274,364	—	<b>274,364</b>
Behavioral health waivers	125,987	95,517	<b>221,505</b>
Disaster crisis counseling program	—	39,890	<b>39,890</b>
<b>Mental health programs and services total</b>	<b>\$833,437,732</b>	<b>\$143,860,680</b>	<b>\$977,298,412</b>

Source: OIG Audit

<sup>25</sup> Discrepancy between the individual amounts and the total is due to rounding.

<sup>26</sup> Sunrise Canyon Hospital in Lubbock, Texas, is a 30-bed inpatient facility that provides short-term psychiatric treatment through StarCare.

<sup>27</sup> Uvalde Regional Behavioral Health Campus, which is expected to open in summer 2025, will be operated by Hill Country Mental Health and Developmental Disabilities Centers.

Table 5 breaks down funding community centers received in 2024 for other (non-mental health) programs and services.

**Table 5: Community Center Other Program and Services Funding Details<sup>28</sup>**

Category	Funding		
	State	Federal	Total
Long-term care intake and access	\$60,991,659	\$41,173,756	\$102,165,415
Home and community-based services	28,352,714	44,375,676	72,728,390
Public health providers—Charity Care Program	—	64,903,532	64,903,532
Early childhood intervention services	30,343,041	34,048,161	64,391,202
Substance use prevention, intervention, and treatment	9,956,720	47,316,717	57,273,438
Non-Medicaid intellectual and developmental disabilities community services	43,526,223	—	43,526,223
Medicaid contracts and administration	—	42,518,141	42,518,141
Intermediate care facilities for individuals with intellectual disability	7,446,588	11,462,879	18,909,467
Program of All-Inclusive Care for the Elderly (PACE)	2,976,694	4,493,039	7,469,733
Upper payment limit supplemental payment program for intermediate care facilities for individuals with an intellectual disability or related conditions	2,549,975	4,010,509	6,560,484
Nursing facility payments	4,559,561	—	4,559,561
Texas Home Living waiver	1,616,261	2,788,234	4,404,495
Autism program	2,704,974	—	2,704,974
Disability determination services	—	397,670	397,670
Community living assistance and support services	146,190	225,961	372,151
Integrated eligibility and enrollment	—	329,286	329,286
Cost pool	165,725	69,340	235,065
Day activity and health services	49,452	76,672	126,124
Uncompensated care	34,033	51,370	85,404
Medicaid prescription drugs	5,800	8,782	14,582
Late payment interest	3,859	—	3,859
Texas women's health program	13	88	101
Facility/community-based regulation	(74)	(178)	(252)
<b>Total</b>	<b>\$195,429,408</b>	<b>\$298,249,636</b>	<b>\$493,679,044</b>

Source: OIG Audit

<sup>28</sup> Discrepancy between the individual amounts and the total is due to rounding.

Table 6 shows the overall funding the community centers with LMHA and LBHA functions received in 2024 from HHSC for both mental health programs and services and other programs and services.

**Table 6: Individual Community Center Funding During 2024 for Both Mental Health Programs and Services and Other Programs and Services**

	Abbreviated Name	Community Center Funds Received from HHSC
1	ACCESS	\$ 11,956,371
2	Andrews Center	18,458,579
3	Betty Hardwick	12,606,941
4	Bluebonnet Trails	45,015,615
5	Border Region	20,572,114
6	Brazos Valley	13,601,820
7	Burke Center	26,499,162
8	Camino Real	22,275,857
9	CHCS	82,875,401
10	Life Resources	9,580,164
11	Central Counties	23,031,405
12	Central Plains	8,016,772
13	Coastal Plains	18,217,828
14	Community Healthcare	30,809,270
15	Concho Valley	12,684,362
16	Denton County	27,491,482
17	Emergence	41,045,049
18	Gulf Bend	9,059,677
19	Gulf Coast	30,653,814
20	Harris Center	199,383,113
21	Heart of Texas	29,140,529
22	Helen Farabee	21,303,962
23	Hill Country	37,820,716
24	Integral Care	61,057,279
25	Lakes Regional	28,278,517
26	LifePath	38,571,023
27	NTBHA <sup>29</sup>	100,442,671
28	Nueces Center	15,204,803

<sup>29</sup> NTBHA is not a community center.

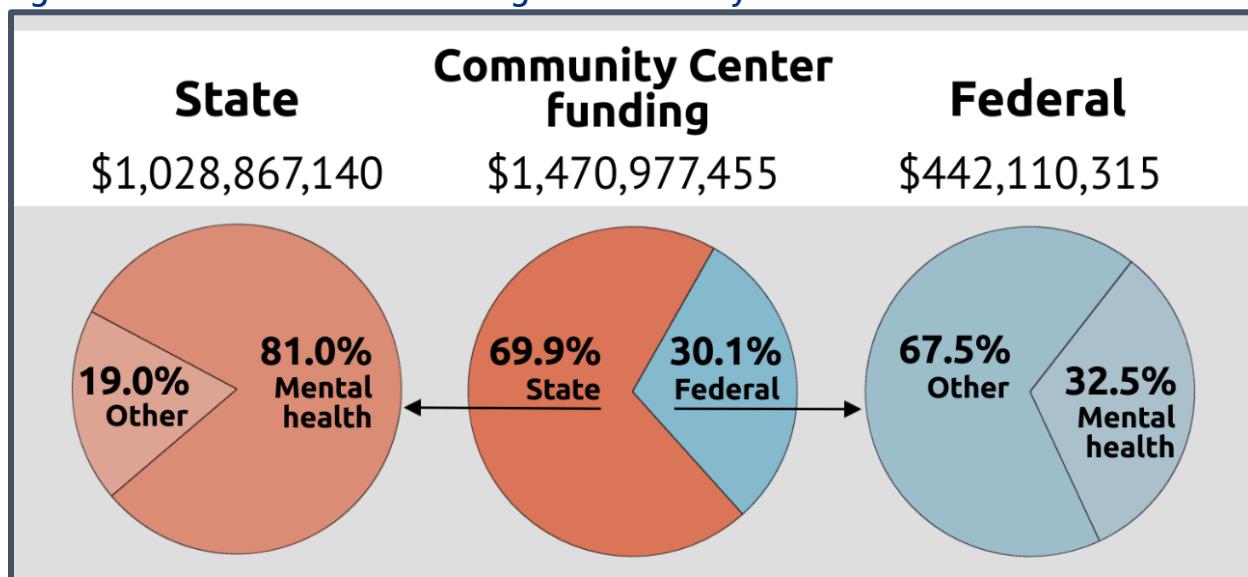
	Abbreviated Name	Community Center Funds Received from HHSC
29	Pecan Valley	19,643,436
30	PermiaCare	24,246,667
31	Spindletop	33,343,969
32	StarCare	74,120,336
33	Tarrant County	125,538,218
34	Texana Center	53,132,862
35	Texas Panhandle	24,422,371
36	Texoma	8,668,440
37	Tri-County	29,836,209
38	Tropical	61,067,820
39	West Texas	21,302,834
Total		\$1,470,977,455

Source: OIG Audit

## Funding by Source

For 2024, the community centers collectively received \$1.03 billion in state funds and \$442.11 million in federal funds through grants and contracts with HHSC, totaling \$1.47 billion. Figure 11 includes additional information about these amounts.

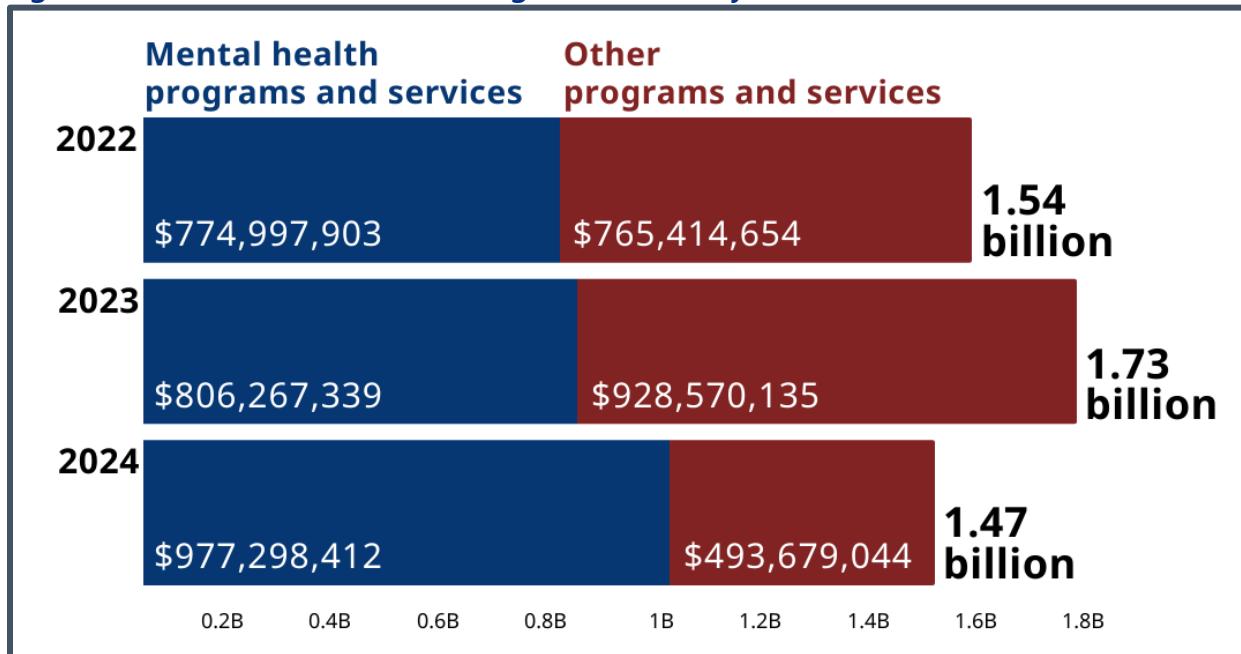
Figure 11: State and Federal Funding to Community Centers in 2024



Source: OIG Audit

As shown in Figure 12, the overall state and federal funding the community centers received from HHSC decreased in 2024 compared to 2022 and 2023; however, the state and federal funds designated specifically for mental health programs and services increased in 2024.

**Figure 12: State and Federal Funding to Community Centers in 2022, 2023, and 2024**



Source: OIG Audit

## 2024 Funding<sup>30</sup>

In 2024, the 39 community centers' state and federal funding through HHSC for mental health programs and services averaged \$212 per LMHA or LBHA mental health encounter and \$2,349 per individual who received LMHA or LBHA mental

<sup>30</sup> All 2024 funding data referenced in this report is as of October 29, 2024, from HHSC CAPPs and is not reflective of all payments received by each community center from other sources or payors.

health services.<sup>31,32</sup> In addition to state and federal grants and contracts through HHSC, community centers may also receive funding from:

- Grants and contracts with other state agencies.
- Federal grants and contracts.
- Local government funding via a memorandum of understanding, grant, or contract.
- Private and public insurance payments.
- Direct payments from patients.
- Donations.

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<sup>31</sup> These averages are based on, for 2024, (a) the state and federal funding the community centers received from HHSC for mental health programs and services, (b) the total mental health encounters the 39 authorities self-reported to HHSC, and (c) the total unique individuals who received mental health services at the 39 authorities per the self-reported data to HHSC.

<sup>32</sup> This report highlights various data points and dollar amounts regarding community center funding and funding specific to LMHA and LBHA services. These data points and dollars amounts are provided for informational purposes only and are not necessarily reflective of mental health care. Therefore, several of the cost comparisons in this report should only be used to compare community center services overall unless specifically identified as mental health care only.

# LMHA and LBHA Service Delivery Processes

## Service Delivery Process Overview

When an individual contacts an LMHA or LBHA to seek mental health services, the authorities conduct screenings as needed<sup>33</sup> to gather information to determine whether the individual needs (a) crisis<sup>34</sup> or routine mental health services and (b) a mental health assessment.<sup>35</sup>

Once an LMHA or LBHA identifies an individual's needs through a screening, the authority performs a standardized mental health assessment as applicable<sup>36</sup> to measure those needs and strengths and recommend a level of care under the Texas Resiliency and Recovery model.<sup>37</sup> In this model, providers apply utilization management guidelines<sup>38</sup> to determine the authorized level of care for the individual, which may differ from the level of care recommended by the assessment.

LMHAs and LBHAs complete a written recovery plan in collaboration with the individual and based on the mental health assessment, which outlines services and supports.<sup>39</sup> The LMHAs and LBHAs then provide services to the individual according to the recovery plan or as medically necessary for crisis services.

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<sup>33</sup> The LMHAs and LBHAs predominantly conduct screenings for individuals in crisis or who contact the LMHA or LBHA through its crisis hotline.

<sup>34</sup> Crisis services may include either emergency or urgent care services.

<sup>35</sup> These assessment tools are commonly known as the Adults Needs and Strengths Assessment (ANSA) and the Child and Adolescent Needs and Strengths (CANS) assessment.

<sup>36</sup> Depending on the age of the individual, LMHAs and LBHAs perform an ANSA or CANS assessment. Mental health assessments help support decision making—including level of care and service planning—to facilitate quality improvement initiatives and to allow for outcomes monitoring.

<sup>37</sup> The Texas Resiliency and Recovery model describes the service delivery system in Texas for community mental health services. This model promotes early intervention, a person-centered approach to mental health treatment, recovery from psychiatric disorders, and resilience from severe emotional disturbances.

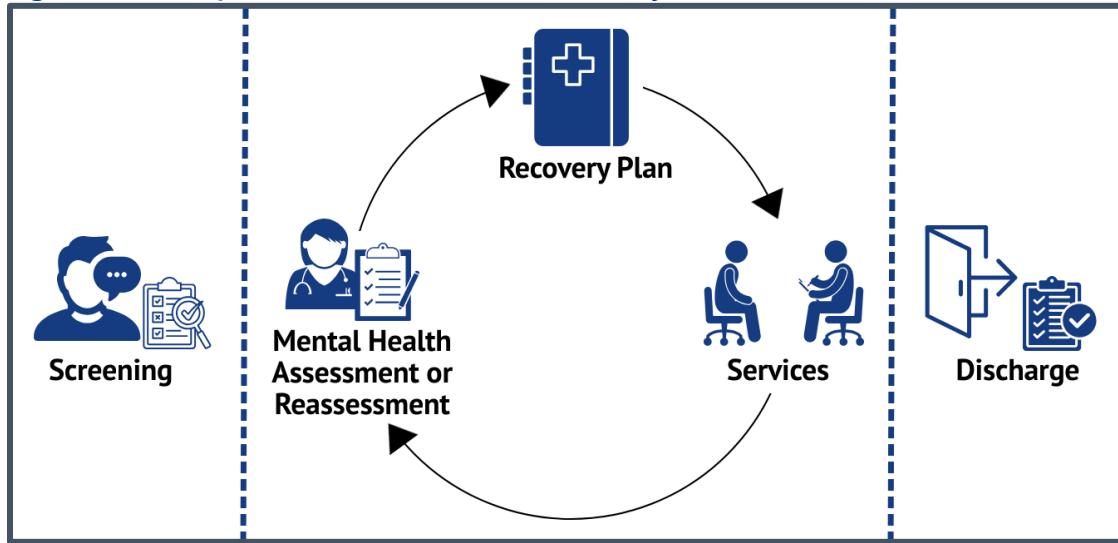
<sup>38</sup> The utilization management guidelines aim to ensure delivery of mental health services are properly tailored to each individual's needs and strengths while utilizing limited available resources.

<sup>39</sup> This report uses the term "recovery plan" to refer to the written plan—for either crisis or routine care services—that is sometimes also referred to as a treatment plan, person-centered treatment plan, or family-centered treatment plan.

Based on the authorized level of care, the LMHAs and LBHAs reassess the individual and review the recovery plan as needed or within specific time frames depending on the level of care. Discharge from services may be planned or unplanned depending on the circumstances surrounding the individual.

Figure 13 illustrates the major components of the service delivery process for individuals seeking mental health services at LMHAs and LBHAs.

**Figure 13: Components of the Service Delivery Process at LMHAs and LBHAs**



Source: OIG Audit

## Screenings

LMHAs and LBHAs must be available at all times to perform immediate screenings and mental health assessments of individuals in crisis who (a) present or believe they present an immediate danger to self or others or (b) are at risk or believe they are at risk of serious deterioration of their mental or physical health. LMHAs and LBHAs determine each individual's need from the screening and must subsequently complete a mental health assessment for each individual within the time frames detailed in Table 7.

**Table 7: LMHA and LBHA Mental Health Assessment Time Frame Requirements**

Individual's Need	Assessment Completion Time Requirements
Emergency care services	One hour
Urgent care services	8 hours
Routine care services	14 days

Source: OIG Audit, based on 26 Tex. Admin. Code §§ 301.327, and 301.351 (Mar. 15, 2020)

## Mental Health Assessments for Routine Care Services

LMHAs and LBHAs may perform mental health assessments in person or through telemedicine or telehealth models,<sup>40</sup> and they must document routine care services mental health assessments that include the (a) assessment date and (b) signature and credentials of the qualified staff member who performed the assessment.<sup>41</sup>

## Levels of Care

The Texas Resilience and Recovery Utilization Management Guidelines (TRRUMG) detail levels of care for adults and children. For each individual, the LMHAs and LBHAs recommend a level of care based on the mental health assessment. For adults who are not in crisis, the LMHAs and LBHAs must authorize the level of care prior to delivering services. Each authorization is valid for a maximum authorization time period before the issuing authority must complete a new mental health assessment, and the authority must authorize continuation of services for the associated individual. In some circumstances, the authorized level of care may deviate from the recommended level of care. Table 8 on the following page outlines TRRUMG's (a) 9 adult levels of care with associated services<sup>42</sup> and (b) 11 levels of care for children, which includes adolescents aged 17 or younger.<sup>43</sup>

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<sup>40</sup> Telemedicine is a medical service delivered by a physician or a health care professional under delegation and supervision of a physician. Telehealth is a health service that is (a) separate from a telemedicine medical service or teledentistry service and (b) delivered by a health care professional, who is not a physician or under supervision of a physician, acting within the scope of the health care professional's license, certification, or entitlement.

<sup>41</sup> 26 Tex. Admin. Code § 301.353(a) (Mar. 15, 2020).

<sup>42</sup> TRRUMG lists three additional adult levels of care that do not have associated services. Specifically, (a) level of care 6, which identifies individuals who refused services, (b) level of care 8, which identifies individuals waiting for authorized services via a waitlist, and (c) level of care 9, which identifies individuals who are not eligible for services. TRRUMG does not list a level of care 7 for adults.

<sup>43</sup> TRRUMG lists two additional levels of care for children that do not have associated services. Specifically, (a) level of care 8, which identifies individuals waiting for services and (b) level of care 9, which identifies individuals who are not eligible for services. TRRUMG does not list levels of care 6 or 7 for children.

**Table 8: TRRUMG Levels of Care with Associated Services**

Age Group	Category	Description	Maximum Authorization Period
<b>LOC-0</b>			
Adults Children	Crisis services	Brief interventions to address crisis situations and prevent the need for more intensive services.	7 days
<b>LOC-1</b>			
Children	Medication management	Medication management services for children and adolescents who do not have ongoing treatment needs outside of medication-related services.	90 days
<b>LOC-1M</b>			
Adults	Basic services (Medication management)	Medication management services for adults who have maintained a level of recovery that, other than an ongoing need for medications, qualifies for discharge from services.	365 days
<b>LOC-1S</b>			
Adults	Basic services (Skills training)	Skills training for individuals that present very little risk of harm and do not require more intensive levels of care.	180 days
<b>LOC-2</b>			
Adults	Basic services, including counseling	Basic services and counseling for individuals that have symptoms of major depressive disorder who present very little risk of harm, have supports, do not require more intensive levels of care, and can benefit from psychotherapy.	180 days
Children	Targeted services	Counseling or individual skills training services to target either identified behavioral or emotional treatment needs but not both.	90 days
<b>LOC-3</b>			
Adults	Intensive services with team approach	Intensive services with a team approach for individuals who require intensive rehabilitation to function effectively in their social environment.	180 days
Children	Complex services	Services for children and adolescents with both identified behavioral and emotional treatment needs.	90 days
<b>LOC-4</b>			
Adults	Assertive community treatment	Treatment, rehabilitation, and support services for individuals that may have a serious mental illness and have experienced multiple psychiatric hospital admissions.	180 days

Age Group	Category	Description	Maximum Authorization Period
Children	Intensive family services	Services to meet identified behavioral and emotional treatment needs for children and adolescents that are involved with multiple child-serving systems or at risk for removal from their home or community.	90 days
<b>LOC-5</b>			
Adults Children	Transitional services	Transitional services that assist individuals in maintaining stability, preventing further crisis, and engaging into the appropriate level of care or community-based services.	90 days
<b>LOC-EO</b>			
Adults Children	Early Onset	Specialized treatment for individuals experiencing their first episode of psychosis.	90 days (adults) 180 days (children)
<b>LOC-RTC</b>			
Children	Residential treatment center services	Services to (a) meet the needs of children and adolescents admitted to private residential treatment centers and (b) prevent more restrictive psychiatric hospital care and parental custody relinquishment.	365 days
<b>LOC-TAY</b>			
Adults Children	Transition-age youth	Assistance for individuals aged 16–20 who are undergoing significant change in one or more life areas.	180 days
<b>LOC- YC</b>			
Children	Young child services	Services for young children ages 3–5 with identified behavioral treatment needs, emotional treatment needs, or both.	90 days
<b>LOC-YES</b>			
Children	YES waiver	Flexible community-based services and supports for children and adolescents enrolled in the Youth Empowerment Services (YES) program.	90 days

Source: OIG Audit, based on the Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services (Apr. 2017) and Texas Resilience and Recovery Utilization Management Guidelines: Child and Adolescent Services (2016)

## Recovery Plans

Recovery plans for routine care services outline services and supports for individuals who are not in crisis and must include information about each treatment type. Before providing services to each qualifying individual, LMHAs and LBHAs develop a recovery plan in collaboration with the individual and, if applicable, the individual's authorized representative.<sup>44</sup>

LMHAs and LBHAs review existing recovery plans as needed<sup>45</sup> or within specific time frames depending on the level of care. For example, (a) for adults in LOC-3 and LOC-4, the LMHAs and LBHAs must review each recovery plan within its 180-day effective period and (b) for adults in LOC-5, the LMHAs and LBHAs must review each recovery plan within its 90-day effective period.<sup>46</sup>

For each individual, the recovery plan must describe:

- Duration, frequency, and units of authorized services to be provided.
- Goals and objectives that address the individual's unique needs.
- Strategies for providing the services and achieving goals.<sup>47</sup>

## Core and Adjunct Services

In each recovery plan, LMHAs and LBHAs list the individual's core and adjunct services—specific to each individual's needs—including the frequency and duration of those services. As summarized in Figure 14 on the following page, levels of care may include (a) core services, which are essential services available to all individuals in the level of care, and (b) adjunct services, which are customized services to support the recovery of the individual.

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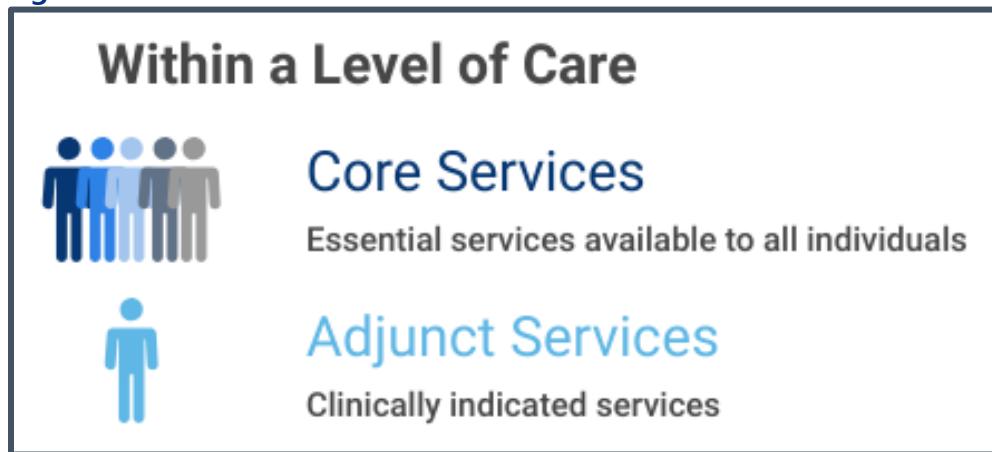
<sup>44</sup> 26 Tex. Admin. Code § 301.353(d)(1) (Mar. 15, 2020).

<sup>45</sup> 26 Tex. Admin. Code § 301.353(f) (Mar. 15, 2020).

<sup>46</sup> Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services, Texas Health and Human Services Commission (Apr. 2017).

<sup>47</sup> 26 Tex. Admin. Code § 301.353(e)(1)–(2) (Mar. 15, 2020).

Figure 14: Services Within a Level of Care



Source: OIG Audit

Available core services differ based on level of care. Table 9 outlines some common adult and child core services.

Table 9: Common Adult and Child Core Services<sup>48</sup>

Core Services	Description	Adult Level(s) of Care	Child Level(s) of Care
Counseling	Therapy focused on (a) reducing or eliminating an individual's symptoms of mental illness or emotional disturbance and (b) increasing the individual's ability to perform daily living activities.	LOC-2 LOC-5 LOC-EO LOC-TAY	LOC-2 LOC-3 LOC-4 LOC-EO LOC-YC LOC-YES <sup>49</sup>
Family partner supports	Peer mentoring and support for primary caregivers of children or adolescents receiving mental health services.	—	LOC-4 LOC-EO LOC-RTC
Intensive case management	Activities to assist children, adolescents, and their caregivers with accessing necessary care and services.	LOC-TAY	LOC-4 LOC-YES
Medication training and support	Guidance and education about medications and possible side effects.	LOC-EO LOC-TAY	LOC-EO LOC-YES

<sup>48</sup> LOC-5 includes some of the services listed in Table 6 as transitional services rather than core services.

<sup>49</sup> For LOC-YES, services listed in this table are entitled services rather than core services.

Core Services	Description	Adult Level(s) of Care	Child Level(s) of Care
Pharmacological management	Services for medication use and in-depth management of psychopharmacological agents to address an individual's mental health needs.	LOC-1M LOC-1S LOC-2 LOC-3 LOC-4 LOC-5 LOC-EO LOC-TAY	LOC-1 LOC-EO LOC-YES
Psychiatric Diagnostic Interview Examination	An assessment to evaluate the individual's psychiatric diagnosis and treatment needs.	LOC-5 LOC-EO LOC-TAY	LOC-1 LOC-2 LOC-3 LOC-4 LOC-EO LOC-YC LOC-YES
Psychosocial rehabilitative (individual or group)	Social, educational, vocational, behavioral, and cognitive interventions that address deficits in an individual's ability to develop and maintain social relationships; occupational or educational achievement; independent living skills; and housing.	LOC-3 LOC-4 LOC-EO	
Routine case management	Services to assist individuals with gaining or coordinating access to necessary care and services appropriate to each individual's needs.	LOC-1S LOC-2 LOC-EO	LOC-2 LOC-3 LOC-RTC LOC-YC LOC-YES
Skills training and development	Training to address persistent mental illness and symptom-related problems that interfere with the individual's functioning.	LOC-TAY	LOC-2 LOC-3 LOC-4 LOC-EO LOC-YC LOC-YES
Supported housing	Services to assist individuals with finding and maintaining housing.	LOC-3 LOC-4 LOC-EO LOC-TAY	LOC-EO

Source: OIG Audit, based on the Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services (Apr. 2017) and Texas Resilience and Recovery Utilization Management Guidelines: Child and Adolescent Services (2016)

Some levels of care include services listed in Table 6 as adjunct services, which may also include:

- Engagement activities, which are meant to enhance motivation for service participation to build rapport with the individual.
- Family case management, which assists individuals' family members with accessing and coordinating necessary care and services.
- Family training, which assists primary caregivers of children and adolescents who are receiving services and experiencing emotional disturbances.
- Flexible community supports, which assist individuals with community integration, reducing symptoms, and maintaining quality of life.
- Flexible funds, which may be used to support housing, transportation, tutoring, therapeutic activities, and other needs.
- Parent support groups, which are regular, scheduled meetings for primary caregivers of children and adolescents receiving services.
- Screening brief intervention and referral to treatment, which provides early intervention and treatments services for individuals who are experiencing alcohol or substance use disorders or are at risk of developing these disorders.

## Financial Assessments

Each authority must maximize its financial resources by utilizing funds outside of its performance contract whenever possible, with the state of Texas as the payer of last resort.<sup>50,51</sup> To determine whether each individual is able to pay for services, LMHAs and LBHAs must (a) conduct a financial assessment within the first 30 days of services and (b) update the financial assessment at least annually and whenever a significant financial change occurs as long as the individual continues to receive services.<sup>52</sup>

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<sup>50</sup> Texas HHSC Community Mental Health Contracts, Attachment A01, "Performance Contract Notebook (MH/PCN)," Attachment A01, § I(B)(3)(f) and (C)(3)(g), version 1 (2023).

<sup>51</sup> 26 Tex. Admin. Code § 301.107(5) (Aug. 15, 2024).

<sup>52</sup> 26 Tex. Admin. Code § 301.111(a) (Aug. 15, 2024).

## Appendix A: External Sources

OIG Audit used the following references when compiling this report:

- 26 Tex. Admin. Code §§ 301.107 and 301.111 (2024)
- 26 Tex. Admin. Code §§ 301.255, 301.303, 301.327, 301.351, 301.353, and 306.153 (2020)
- 26 Tex. Admin. Code § 306.45 (2021)
- Tex. Health & Safety Code §§ 533.035, 533.03521, 533.0354, 533.0356, and 534.0015 (2015)
- Tex. Health & Safety Code § 534.053 (2017)
- Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services (2017)
- Texas Resilience and Recovery Utilization Management Guidelines: Child and Adolescent Services (2016)
- Texas Certified Community Behavioral Health Clinics (T-CCBHC) Provider Manual (2024)
- *Reporting of Waiting Lists for Mental Health Services*, HHSC (2022)
- Texas Legislative Budget Board, Funding Trends and Challenges in Community Mental Health Services, Legislative Budget Board Staff Reports – ID: 4830 (Apr. 2019)
- Office of Congressman Tony Gonzales Press Release, “Rep. Tony Gonzales Secures Federal Funding for New Uvalde Regional Behavioral Health Campus” (2024)
- Office of the Texas Governor Press Release, “Governor Abbott Announces \$34 Million Behavioral Health Campus Project in Uvalde” (2024)
- Texas HHSC Community Mental Health Contracts, Attachment A01, “Performance Contract Notebook (MH/PCN),” version 1 (2023)

- "Community Mental Health Contracts," HHS, <https://www.hhs.texas.gov/providers/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts> (accessed Jan. 9, 2025)
- "Adult Mental Health," HHS, <https://www.hhs.texas.gov/services/mental-health-substance-use/adult-mental-health> (accessed Jan. 9, 2025)
- "Adult Needs and Strengths Assessments," HHS (accessed Jan. 9, 2025)
- "Certified Community Behavioral Health Clinics (CCBHCs)," U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), <https://www.samhsa.gov/communities/certified-community-behavioral-health-clinics> (accessed Jan. 9, 2025)
- "Child and Adolescent Needs and Strengths Assessment," HHS (accessed Jan. 9, 2025)
- "Find Your Local Mental or Behavioral Health Authority," HHS, <https://www.hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/find-your-local-mental-health-or-behavioral-health-authority> (accessed Sept. 18, 2024)
- "Local IDD Authority (LIDDA)," HHS, <https://www.hhs.texas.gov/providers/long-term-care-providers/local-idd-authority-lidda> (accessed Jan. 9, 2025)
- "Local Mental Health Authorities," HHS, <https://www.hhs.texas.gov/providers/behavioral-health-services-providers/local-mental-health-authorities> (accessed Jan. 9, 2025)
- "Mental Health First Aid," Texas Council of Community Centers, <https://txcouncil.com/initiatives/mental-health-first-aid/> (accessed Jan. 9, 2025)
- "Mental Health First Aid in Texas," HHS, <https://www.hhs.texas.gov/sites/default/files/documents/mental-health-first-aid-flyer.pdf> (accessed Jan. 9, 2025)

- "Mental Health First Aid Training," HHS, <https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/behavioral-health-services/mental-health-first-aid-training> (accessed Jan. 9, 2025)
- "Sunrise Canyon Hospital," StarCare Specialty Health System, <https://www.starcarelubbock.org/services/mental-health-services/sunrise-canyon-hospital/> (accessed Jan. 9, 2025)
- "Texas Certified Community Behavioral Health Clinics," HHS, <https://www.hhs.texas.gov/providers/behavioral-health-services-providers/texas-certified-community-behavioral-health-clinics> (accessed Jan. 9, 2025)
- "Texas Resilience and Recovery," HHS, <https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/behavioral-health-services/texas-resilience-recovery> (accessed Jan. 9, 2025)
- Individual LMHA and LBHA websites (each accessed Sept. 17, 2024)
  - <http://www.accessmhmr.org/>
  - <https://www.andrewscenter.com/>
  - <https://bettyhardwick.org/>
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- <https://www.spindletopcenter.org/>
- <https://www.starcarelubbock.org/>
- <https://www.texanacenter.com/>
- <https://www.texaspanhandlecenters.org/>
- <https://www.texomacc.org/>
- <https://tcbhc.org/>
- <https://www.ttbh.org/>
- <https://wtcmhmr.org/>

## Appendix B: Related Reports

- The Harris Center for Mental Health and Intellectual and Developmental Disabilities (IDD), [AUD-25-001](#), September 3, 2024
- Bluebonnet Trails Community Services: A Local Mental Health Authority Contracted with the Texas Health and Human Services Commission, [AUD-24-033](#), August 29, 2024
- Texana Center: A Local Mental Health Authority Contracted with the Texas Health and Human Services Commission, [AUD-24-031](#), August 28, 2024
- Betty Hardwick Center: A Local Mental Health Authority Contracted with the Texas Health and Human Services Commission, [AUD-24-030](#), August 28, 2024
- My Health My Resources Concho Valley: A Local Mental Health Authority Contracted with the Texas Health and Human Services Commission, [AUD-24-028](#), August 27, 2024
- Mental Health Private Psychiatric Bed Funds: Tropical Texas Behavioral Health, [INS-24-006](#), February 15, 2024
- Mental Health Private Psychiatric Bed Funds: PermiaCare, [INS-23-010](#), June 16, 2023
- Mental Health Targeted Case Management and Mental Health Rehabilitative Services in Managed Care: Local Mental Health Authorities and Local Behavioral Health Authorities in Texas Medicaid, [INS-21-008](#), August 30, 2021
- Documentation of Reductions to Authorized Levels of Care: Local Mental Health Authorities in Texas, [INS-21-005](#), July 28, 2021

## Appendix C: Report Team and Distribution

### Report Team

OIG staff members who contributed to this audit report include:

- Anton Dutchover, CPA, Deputy Inspector General of Audit and Inspections
- Ryan Belcik, CISA, Audit Director
- Karen Mullen, CGAP, CIGA, Senior Managing Auditor
- James Aldridge, CFE, Quality Assurance Reviewer
- Ashley Rains, CPE, CFE, Senior Audit Operations Analyst
- Mo Brantley, Senior Audit Operations Analyst

### Report Distribution

#### Texas Health and Human Services Commission

- Cecile Erwin Young, Executive Commissioner
- Kate Hendrix, Chief of Staff
- Maurice McCreary, Jr., Chief Operating Officer
- Jordan Dixon, Chief Policy and Regulatory Officer
- Karen Ray, Chief Counsel
- Michelle Alletto, Chief Program and Services Officer
- Sylvia Hernandez Kauffman, Chief Information Officer
- Nicole Guerrero, Chief Audit Executive
- Trina Ita, Deputy Executive Commissioner, Behavioral Health Services
- Roderick Swan, Associate Commissioner, Behavioral Health Contract Operations
- Jennifer Miller, Director, Behavioral Health Services
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- Emily Zalkovsky, Chief Medicaid and CHIP Services Officer, Medicaid and CHIP Services
- Camisha D. Banks, Deputy Executive Commissioner for Managed Care, Medicaid and CHIP Services
- Michael Lopez, Deputy Executive Commissioner for Operations, Medicaid and CHIP Services

**Texas Senate 89th Legislature Committee on Health and Human Services**

**Texas House of Representatives 89th Legislature Committee on Human Services**

## Appendix D: OIG Mission, Leadership, and Contact Information

The mission of OIG is to prevent, detect, and deter fraud, waste, and abuse through the audit, investigation, and inspection of federal and state taxpayer dollars used in the provision and delivery of health and human services in Texas. The senior leadership guiding the fulfillment of OIG's mission and statutory responsibility includes:

- Raymond Charles Winter, Inspector General
- Susan Biles, Principal Deputy Inspector General
- Kacy J. VerColen, Chief of Audit and Inspections
- Eugenia Krieg, Chief of Staff, Chief of Policy and Performance
- Erik Cary, Chief Counsel
- Diane Salisbury, Chief of Data Reviews
- Matt Chaplin, Chief of Operations
- Steve Johnson, Chief of Investigations and Utilization Reviews

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- OIG website: [ReportTexasFraud.com](http://ReportTexasFraud.com)

### To Report Fraud, Waste, and Abuse in Texas HHS Programs

- Online: <https://oig.hhs.texas.gov/report-fraud-waste-or-abuse>
- Phone: 1-800-436-6184

### To Contact OIG

- Email: [oig.generalinquiries@hhs.texas.gov](mailto:oig.generalinquiries@hhs.texas.gov)
- Mail: Texas Health and Human Services  
Office of Inspector General  
P.O. Box 85200  
Austin, Texas 78708-5200
- Phone: 512-491-2000



Fiscal Year  
2025

Service Month  
All

Provider  
All

Measure  
All

6 Month View  
True

## Performance Measures FY25 - All

Measure	Description	202410	202411	202412	2025 FY First Half		202501	202502	202503	2025 YTD
					202501	202502				
Adult Improvement	At least 20% of all adults authorized in a FLOC shall show improvement in at least one domain									44.5%
Adult Service Target	100% of 23,677	101.1%	99.5%	99.1%	98.6%	100.5%	103.0%			
	Count	23959	23572	23469	23364	23797	24409			
Child Improvement	At least 25.0% of all children authorized in a FLOC shall show improvement in at least one domain									40.3%
Child Service Target	100% of 8,173	91.2%	90.6%	86.4%	85.1%	88.7%	94.1%			
	Count	7461	7405	7064	6957	7257	7695			
Community Tenure	At least 96.8% of adults and children authorized in a FLOC shall avoid hospitalization in an HHSC Inpatient Bed	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	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	40.7%	42.5%	31.2%	23.8%	41.3%	31.9%			
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	93.2%	97.3%	97.5%	97.2%	96.6%	97.7%			
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	46.4%	45%	43.6%	50%	58.4%	61.8%			

## **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

### **News and Updates**

With spring now upon us, the CHW Team is gearing up for our warm weather outreach campaign. We look forward to providing much needed relief for our unhoused, and underserved neighbors. Our Narcan training and distribution program continues to grow while helping to combat the ever-increasing opioid/fentanyl crisis. The CHW Team is also collaborating with the Baylor Scott and White Street Medicine Outreach Team to provide much needed referrals and resources to our unhoused neighbors.

### **Team Success:**

- Jessie – Working together with CTI in helping their clients and unhoused neighbors get Stewpot, and DPS appointments to provide critical document recovery assistance.
- Joyce – The privilege of providing public transportation access for over 80 different individuals in the community. Bus passes are available to help get struggling residents get to doctors' appointments, job interviews, and individuals just starting new employment.
- David – I have been dealing with an ongoing individual who is still clean and celebrating six months clean today as we speak and will start truck driving school on the first of May. We have also provided bus passes for temporary employment.
- Derrell – This has been an exciting month. We continue to distribute NARCAN door-to-door and high-risk neighborhoods. We also implemented a lot of new groups this month, so we are reaching out to more people within the scope of our area. In reading online, it looks like the number of overdose deaths have slowed down because of the use and distribution of Narcan. Looking forward to next month and whatever it has to offer

## FY2025 Performance

	<b>Contacts with Eligible Individuals</b>	<b>Substance Use Services *</b>	<b>Mental Health Services **</b>	<b>Medical Services **</b>	<b>Other Services and Community Resources **</b>	<b>Overdose Reversal Kits Distributed</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>	3775	63	61	59	336	72
<b>March</b>	1171	46	35	29	436	130
<b>April</b>	804	34	33	21	265	120
<b>May</b>						
<b>June</b>						
<b>July</b>						
<b>August</b>						
<b>Total</b>	11737	<b>232</b>	252	182	<b>2201</b>	<b>793</b>
<b>Annual Target</b>	<b>4800</b>	<b>240</b>	<b>120</b>	<b>120</b>	<b>120</b>	<b>120</b>

\*Substance use services include intervention and treatment, referrals, linkage, and support services

\*\*Mental Health, Medical, and Other Services include referrals, linkage, and support services

### CHW Team

Kevin Fox, SUD CHW Program Manager  
 Derrell Harris, SUD CHW  
 Victoria Mitchell, SUD CHW  
 Cirilo Ramirez, SUD CHW

Jessie Garcia, SUD CHW Team Lead  
 David Yarbrough, SUD CHW  
 Joyce Evans, SUD CHW

## 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.

### **News and Updates**

The NTBHA Street Outreach Team has been working diligently to ensure the delivery of exceptional services to our clientele. Our commitment to excellence has garnered the attention of other service providers, who are now expressing interest in collaborating with us for mutual benefit.

**Team Success** - During the decommissioning process, we began assisting a neighbor who reported being homeless in Louisiana. After Solomon followed up with further questions, he was able to contact the local truck stop and confirmed that the neighbor was sleeping on their property for over 6 months. As a result, the neighbor is now able to be placed in the appropriate housing with comprehensive support services.

### **FY2025 Performance**

	<b>Unduplicated Enrollments</b>	<b>Moved into Permanent Housing* (including PSH* or RRH**)</b>	<b>Moved into Boarding Homes/Sober Living</b>	<b>Referred to Mental Health Services</b>	<b>Assisted with Critical Documents</b>
<b>September</b>	25	1	0	3	6
<b>October</b>	25	0	0	9	1
<b>November</b>	3	7	0	1	2
<b>December</b>	3	8	0	3	7
<b>January</b>	9	2	0	6	7
<b>February</b>	75	8	0	26	24
<b>March</b>	<b>31</b>	<b>0</b>	<b>1</b>	<b>18</b>	<b>12</b>
<b>April</b>					
<b>May</b>					
<b>June</b>					
<b>July</b>					
<b>August</b>					
<b>Annual Total</b>	<b>171</b>	<b>26</b>	<b>1</b>	<b>66</b>	<b>59</b>
<b>Annual Goal</b>	<b>200</b>	<b>40</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

\*PSH, Permanent Supportive Housing provides housing assistance through long-term leasing or rental assistance and supportive services (case management and wraparound services) as long as the individual is in the program. Requires a minimum of 12 months of documented homelessness within the past three years and a documented chronic disability.

\*\*RRH, Rapid Rehousing, provides short-term (12-24 months) housing assistance and case management to individuals experiencing homelessness for any amount of time, with no requirement of disability.

### **Outreach Team**

Shupon Mitchell, Manager of Outreach & Engagement  
Aundrea Lawson, Lead Outreach Case Manager

Solomon Parker, Outreach Case Manager  
Christiana Edouard, Outreach Case Manager



## Substance Use Disorder Treatment

**Reporting Month: February 2025**

**Report Source: CMBHS**

<b>SERVICE TYPE</b>	<b>INDIVIDUALS RECEIVING SERVICE</b>
TRA: Ambulatory Detoxification – Adult	1
COPSD – Adult	120
TRA: Intensive Residential – Adult	109
TRY: Intensive Residential – Youth	0
TRF: Intensive Residential (Specialized Female) – Adult	27
TRF: Intensive Residential (Women and Children) – Adult	6
Office-Based Opioid Treatment – Adult and SF	75
Opioid Substitution Therapy (Medication Assisted Therapy) – Adult	768
TRA: Outpatient – Adult	698
TRY: Outpatient – Youth	28
TRF: Outpatient (Specialized Female) – Adult	55
TRA: Residential Detoxification – Adult	80
TRF: Residential Detoxification (Specialized Female) – Adult	10
<b>UNIQUE INDIVIDUALS SERVED</b>	
<b>1737</b>	

### **Service Descriptions**

- Ambulatory Detoxification: 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.
- COPSD: To provide adjunct services to clients with COPSD, emphasizing integrated treatment for both MH and SUD needs.
- Intensive Residential: 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
- Office-Based Opioid Treatment: To provide office-based treatment 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.
- Opioid Substitution Therapy: To 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.
- Outpatient: 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.
- Residential Detoxification: 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.

**Terms for Texas Residents who meet financial and clinical criteria for HHSC-funded SUD treatment services:** 1) TRA: Adult 2) TRF: Adult Women with Children/ Pregnant Adult 3) TRY: Youth

## RESOLUTION

### NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

**RESOLUTION NO:** 433-2025 Ratify Mental Health First Aid Contract, Amendment No. 2, for FY 2026 – FY 2027 (HHSC Contract No. HHS001335500026, Amendment No. 2)

**DATE:** May 14, 2025

**STATE OF TEXAS** }

**COUNTY OF DALLAS** }

**BE IT REMEMBERED** at a regular meeting of the North Texas Behavioral Health Authority held on the 14th day of May 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 ratifies the signature of the CEO on the Mental Health First Aid Contract, Amendment No. 2, for FY 2026 – FY 2027 (HHSC Contract No. HHS001335500026, Amendment No 2).

**DONE IN OPEN MEETING** this the 14th day of May 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: May 14, 2025**

**AGENDA ITEM #11: Resolution 433-2025 Ratify Mental Health First Aid Contract, Amendment No. 2, for FY 2026 – FY 2027 (HHSC Contract No. HHS001335500026, Amendment No. 2)**

**Recommendation/Motion:** Ratify the signature of the CEO on the Mental Health First Aid Contract, Amendment No. 2, for FY 2026 – FY 2027 (HHSC Contract No. HHS001335500026, Amendment No. 2).

#### **Background:**

**Grant Agreement is amended to add \$276,100.00 in federal funds and \$450,000.00 in state funds to the Grant Agreement. The total for FY 2024-FY2025 was \$726,100.00. The revised total not to exceed amount is \$1,452,200.00.**

This contract is to provide Adult Mental Health First Aid or Youth Mental Health First Aid training to public school district employees, public school resource officers, university employees, and any other HHSC-authorized course participants by Mental Health First Aid certified instructors as a preventative measure to assist in early identification of children and adults at risk of social-emotional disorders. Mental Health First Aid (MHFA) is an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis.

#### **Evaluation:**

NA

#### **Financial Information:**

Grant Agreement is amended to add \$276,100.00 in federal funds and \$450,000.00 in state funds to the Grant Agreement. The total for FY 2024-FY2025 was \$726,100.00. The revised total not to exceed amount is **\$1,452,200.00**.

**Implementation Schedule:** Upon ratification by the NTBHA board.



**Attachments:** 11. MHFA HHS001335500026 A.2 FY26-FY27

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

#### NTBHA Strategic Visions

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

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

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

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

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

**HEALTH AND HUMAN SERVICES COMMISSION  
CONTRACT NO. HHS001335500026  
AMENDMENT NO. 2**

The **HEALTH AND HUMAN SERVICES COMMISSION** ("HHSC" or "System Agency") and **NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY** ("Grantee"), each a "Party" and collectively the "Parties" to that certain grant contract for providing training within the service area by MHFA instructors to assist in early identification of children at risk of social-emotional disorders effective September 1, 2023 and denominated HHSC Contract No. HHS001335500026 (the "Grant Agreement" or "Contract"), as amended, now desire to further amend the Grant Agreement.

**WHEREAS**, HHSC desires to exercise its option to extend the term of the Grant Agreement;

**WHEREAS**, HHSC desires to add state and federal funding to the Grant Agreement value to support services being provided from September 1, 2025 to August 31, 2027 and update the Federal award information under the Grant Agreement; and

**WHEREAS**, HHSC desires to revise the Statement of Work and reporting requirements under the Grant Agreement to align with project requirements and needs.

**NOW, THEREFORE**, the Parties amend and modify the Grant Agreement as follows:

1. **ARTICLE III, DURATION**, of the Grant Agreement is revised to reflect an expiration date of **August 31, 2027**.
2. **ARTICLE V, BUDGET AND INDIRECT COST RATE**, of the Grant Agreement is amended to add \$276,100.00 in federal funds and \$450,000.00 in state funds to the Grant Agreement. The revised total not to exceed amount is \$1,452,200.00.
3. **ARTICLE VI, REPORTING REQUIREMENTS**, of the Grant Agreement is revised and restated as follows:

Grantee shall submit the following reports to System Agency:

Report	Frequency	Due Date
Invoices/Requests for Reimbursement – monthly	Monthly	On or before the 15th day of the month after the month of service
Attachment A-1, MHFA Training Plan	Every other year, on even numbered years	July 1st

Attachment A-2, MHFA Coordinator Form	As needed	By or before 2 weeks after designating the new MHFA Coordinator or/and MHFA Outreach Worker
Attachment A-3, MHFA Upcoming Courses	Monthly	By or before 15th of each month
Attachment A-4, MHFA Annual Report	Annually	September 30
Attachment A-6, Property Inventory Report	Annually, if required	Upon purchase of vehicle and thereafter by or before October 1
MHFA Monthly Report	Monthly	15th of each month for previous month
Email confirmation to HHSC that survey link has been distributed to all training course participants	Quarterly	December 15, March 15, June 15, September 15

4. **ARTICLE IX, FEDERAL AWARD INFORMATION**, of the Grant Agreement is amended to add the following:

**GRANTEE'S UNIQUE ENTITY IDENTIFIER IS: MSNLLGML43G3**

**Federal funding under this Grant Agreement is a subaward under the following  
federal award.**

**Federal Award Identification Number (FAIN): B09SM090328**

- A. Assistance Listings Title, Number, and Dollar Amount:
  - Block Grants for Community Mental Health Services – 93.958 – \$35,630,311
- B. Federal Award Date: 2/3/2025
- C. Federal Award Period: 10/01/2024 – 09/30/2026
- D. Name of Federal Awarding Agency: Department of Health and Human Services  
SAMHSA

- E. Federal Award Project Description: Block Grants for Community Mental Health Services
- F. Awarding Official Contact Information: Wendy Pang, Grants Management Specialist, Center for Mental Health Services, [wendy.pang@samhsa.hhs.gov](mailto:wendy.pang@samhsa.hhs.gov), (240) 276-1419
- G. Total Amount of Federal Funds Awarded to System Agency: \$35,630,311.00
- H. Amount of Funds Awarded to Grantee: \$552,200.00
- I. Identification of Whether the Award is for Research and Development: No

5. **ATTACHMENT A, STATEMENT OF WORK, VERSION 2**, of the Grant Agreement is deleted in its entirety and replaced with **ATTACHMENT A, STATEMENT OF WORK VERSION 3**, which is attached to this Amendment and incorporated into and made part of the Grant Agreement for all purposes.

6. This Amendment shall be effective as of the date last signed below.

7. Except as amended and modified by this Amendment, all terms and conditions of the Grant Agreement, as previously amended, shall remain in full force and effect.

8. Any further revisions to the Grant Agreement shall be by written agreement of the Parties.

9. Each Party represents and warrants that the person executing this Amendment on its behalf has full power and authority to enter into this Amendment.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT No. 2**  
**HEALTH AND HUMAN SERVICES COMMISSION CONTRACT No. HHS001335500026**

**HEALTH AND HUMAN SERVICES  
COMMISSION**

Signed by:  
  
Trina Ita  
BB6DC1CFC21D4C3...

Trina Ita

Deputy Executive Commissioner, BHS

Date of Execution: May 7, 2025

**NORTH TEXAS BEHAVIORAL HEALTH  
AUTHORITY**

DocuSigned by:  
  
Carol Lucky  
8CEA892CF99146F...

Carol Lucky

CEO

Date of Execution: May 2, 2025

## RESOLUTION

### NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

**RESOLUTION NO:** 434-2025 Approve NTBHA Services/Office Space Lease in Hunt County

**DATE:** May 14, 2025

**STATE OF TEXAS** }

**COUNTY OF DALLAS** }

**BE IT REMEMBERED** at a regular meeting of the North Texas Behavioral Health Authority held on the 14th day of May 2025, the following Resolution was adopted:

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

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

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

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

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

**IT IS THEREFORE RESOLVED** that the North Texas Behavioral Health Authority Board of Directors approves the CEO, in consultation with NTBHA legal counsel, to negotiate and execute a lease for services and office space in Hunt County, Texas.

**DONE IN OPEN MEETING** this the 14th day of May 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

## RESOLUTION

### NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

**RESOLUTION NO:** 435-2025 Approve AI (Artificial Intelligence) Policy as Mandated by the Texas Health and Human Services Commission (HHSC)

**DATE:** May 14, 2025

**STATE OF TEXAS** }

**COUNTY OF DALLAS** }

**BE IT REMEMBERED** at a regular meeting of the North Texas Behavioral Health Authority held on the 14th day of May 2025, the following Resolution was adopted:

**WHEREAS,** the Health and Human Services 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 AI (Artificial Intelligence) Policy as mandated by the Texas Health and Human Services Commission (HHSC).

**DONE IN OPEN MEETING** this the 14th day of May 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: May 14, 2025**

#### **AGENDA ITEM #13: Resolution 435-2025 Approve AI (Artificial Intelligence) Policy as Mandated by the Texas Health and Human Services Commission (HHSC)**

**Recommendation/Motion:** Approve the AI (Artificial Intelligence) Policy as Mandated by the Texas Health and Human Services Commission (HHSC)

#### **Background:**

Texas Health and Human Services Commission (HHSC) has mandated specific policies for the use of AI (Artificial Intelligence). NTBHA is subject to and seeks to adopt these policies. The specific AI policies being brought forward for board approval are: (1) Use of Artificial Intelligence (AI) Notetaking Tools and (2) Controlled Use of Generative Artificial Intelligence (AI) Tools.

#### **Evaluation:**

NA

#### **Financial Information:**

NA

**Implementation Schedule:** Upon approval by the NTBHA board of directors

**Attachments:** 13. Draft AI Policies



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

**NTBHA Strategic Visions**

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

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

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

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

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

# Use of Artificial Intelligence (AI) Notetaking Tools

GEN.017

**Effective Date:**  
Xx/xx/yyyy

**Date of Last Review:**  
04/28/2025

**Revision Dates:**  
04/28/2025

## Approved By:

### I. Policy

Texas Health and Human Services Commission (HHSC) prohibits the use of artificial intelligence (AI) notetaking tools for recording, transcribing, summarizing, distributing, or otherwise capturing meeting notes for both internal and public meetings, unless HHSC has formally approved the tool. Approved tools may only be used following the execution of a signed agreement, approved by HHSC, that includes appropriate security and privacy safeguards.

### II. Purpose

To promote a meeting culture of trust and reliability, where the privacy and accuracy of meeting discussions are preserved.

### III. Scope

This policy applies to all NTBHA employees, contractors, volunteers, students, interns, and contracted providers who participate in NTBHA meetings. It encompasses both virtual and in-person meetings and all types of AI notetaking tools, including, but not limited to, transcription software, voice recognition applications, and automated meeting assistants.

### IV. Definitions

a. AI meeting notetaker: A tool that uses artificial intelligence to automatically record, transcribe, and summarize key points of a meeting.

### V. References

None.

# Controlled Use of Generative Artificial Intelligence (AI) Tools

GEN.018

**Effective Date:**  
Xx/xx/yyyy

**Date of Last Review:**  
04/28/2025

**Revision Dates:**  
04/28/2025

## Approved By:

### I. Policy

Texas Health and Human Services Commission (HHSC) permits the responsible and controlled use of Artificial Intelligence (AI) tools. All AI-generated outputs must undergo human review and approval before being shared, published, or implemented. The use of these tools must adhere to all applicable policies and regulations related to privacy.

HHSC permits the use of generative AI tools under the following conditions:

- Drafting non-confidential communications, reports, and summaries
- Generating creative content (e.g., marketing drafts, design ideas)
- Brainstorming and problem-solving support

Unless formally approved, HHSC prohibits the use of generative AI tools for:

- Handling, inputting, or processing confidential, sensitive, or personally identifiable information (PII)
- Making final decisions, judgments, or recommendations without human oversight
- Producing legal, financial, compliance, or human resources (HR) communications
- Recording, transcribing, or summarizing meetings

### II. Purpose

To ensure the responsible use of generative AI tools to support innovation and efficiency while protecting sensitive information and organizational integrity.

### III. Scope

This policy applies to all NTBHA employees, contractors, volunteers, students, interns, and contracted providers using generative AI tools in the course of their work for NTBHA.

### IV. Definitions

- a. Generative AI: a type of artificial intelligence that can create new content, such as text, images, or music, based on the data it has been trained on. Typically, this is achieved through advanced machine learning models.

## **V. References**

None.

DRAFT

## RESOLUTION

### NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

**RESOLUTION NO:** 436-2025 Approve NTBHA Quality Management Plan for FY 25-FY 2026

**DATE:** May 14, 2025

**STATE OF TEXAS** }

**COUNTY OF DALLAS** }

**BE IT REMEMBERED** at a regular meeting of the North Texas Behavioral Health Authority held on the 14th day of May 2025, the following Resolution was adopted:

**WHEREAS**, the Health and Human Services 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 NTBHA Quality Management Plan for FY 2025 - FY 2026.

**DONE IN OPEN MEETING** this the 14th day of May 2025.

Recommend by:

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

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



## **BOARD OF DIRECTORS MEETING**

### **Summary**

**DATE: May 14, 2025**

**AGENDA ITEM #14: Resolution 436-2025 Approve NTBHA Quality Management Plan for FY 25 - FY 26**

**Recommendation/Motion:** Approve the NTBHA Quality Management Plan for FY 25 - FY 26

**Background:**

In order to guide NTBHA's quality management operations and to comply with all clinical best practices, board policies, state, and Federal laws, the CEO of NTBHA established an overall Quality Management Plan for accomplishing the following: 1. Guiding the activities of the Quality Management Department, 2. Establishing processes for assessing the quality of services, 3. Identifying standards against which performance is measured, 3. Reviewing, discussing, and determining changes based on data and outcome measures, 4. Creating a focused work plan that directs time, effort, and resources, and 5. Communicates and coordinates significant changes in its contract monitoring procedures with relevant staff.

**Evaluation:** N/A

**Financial Information:** N/A

**Implementation Schedule:** The NTBHA Quality Management Plan (FY 25 - FY 26) will become effective upon board approval.



**Attachments:** 14. NTBHA QM Plan SFY25-26

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

#### NTBHA Strategic Visions

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

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

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

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

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



## **NTBHA Quality Management Plan SFY 2025-2026**



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- VIII. Review of the Quality Management Plan
- IX. Attachment: CCBHC CQI Plan



## I. Introduction

The North Texas Behavioral Health Authority (NTBHA) provides services to those experiencing mental illness and/or a substance use disorder in Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties. We support a network of providers for eligible individuals that offer a comprehensive array of behavioral health services and specialty programs.

NTBHA's Board of Directors and staff are committed to improving the overall health of these individuals by forming partnerships with all stakeholders in the delivery of mental health and substance use disorder services to enhance the health of the entire community. One-way NTBHA accomplishes this is by continually monitoring and improving the quality of care (QOC) and quality of services (QOS) provided to the individuals receiving services. The objective is for each program, provider or staff to provide care that is accessible, culturally sensitive, effective, equitable, evidence-based, person-centered, and safe.

NTBHA is a Certified Community Behavioral Health Clinic (CCBHC) with partner organizations Child and Family Guidance Center, Homeward Bound, and Southern Area Behavioral Healthcare. This ensures that there is no "wrong door" approach to providing accessible, high-quality, recovery-oriented services.

NTBHA is committed to providing quality mental and behavioral health services for individuals, regardless of their ability to pay, place of residence, and/or their experience of homelessness. NTBHA will waive or reduce fees for those experiencing financial hardship, according to equitable use of the sliding fee discount schedule provided by the Texas Health and Human Services Commission.

We serve individuals seeking assistance with Mental Health and/or Substance Use treatment to children and adults, aged 3 throughout the lifespan.

### **Certified Community Behavioral Health Clinic (CCBHC) Mission**

Certified Community Behavioral Health Clinic (CCBHC) mission is to strengthen individuals, support families, and serve communities through well-coordinated and integrated healthcare with a holistic, "no wrong door" approach providing accessible, high-quality, recovery-oriented services.

### **Values**

**Approach:** We believe that the public healthcare system, which serves a community, is the responsibility of the community.



**Sustainability:** We believe that a public health care system must be able to sustain quality services to the community in order for those we serve to thrive.

**Community Support:** We believe in forming partnerships within the community that we serve that provides opportunities for that community to take part in greater health for all.

**Overseen Locally:** Each community is unique; therefore, its stakeholders and administrators must reside locally in order to best meet the needs of the community. Our board members are appointed by elected county officials from each of our six counties.

## **Defining Quality**

NTBHA defines quality as the degree of excellence of our processes, employees, decisions, providers, and interactions with the individuals receiving our services. Quality can also be described as an attitude and orientation that permeates the entire organization while conducting internal and external business. NTBHA strives to meet the highest expectations of the individuals served by standing by how the Agency for Healthcare Research and Quality (AHRQ)'s defines quality, "as doing the right thing for the right patient, at the right time, in the right way to achieve the best possible results".

## **II. Scope**

The scope of the Quality Management (QM) Program is comprehensive; quality of care, quality of service, quality of access, safety and reduced risk must extend to all facets of our network providers' and CCBHC providers' mental health and substance abuse disorder services, both clinically and administratively. Our QM plan, which includes the CCBHC CQI Plan, covers the comprehensive mental health services prescribed by the Texas Resilience and Recovery (TRR) Guidelines and CCBHC guidelines, for both adult and youth, mobile crisis services, crisis residential and respite services and a full array of substance use disorder services for both adult and youth, that includes outpatient, residential, detoxification, medicated assisted treatment (MAT), and recovery support services (RSS).

## **III. Purpose**

The mission of NTBHA's quality management department is to forge and implement a program that leads and supports network providers and CCBHC staff in effective



quality management processes that promote hope, support recovery, build resilience, and reduce risk.

In addition, the quality management department establishes processes that promote working collaboratively with our network providers and CCBHC staff to maintain compliance and to improve the quality of all aspects of their services.

NTBHA is committed to continuous quality improvement that aligns with our LBHA responsibilities and CCBHC quality measures and goals.

Our Quality Management (QM) Plan serves as an overarching framework for all our network providers, ensuring clarity and consistency in how quality-related activities are implemented. Within this unified framework, the CCBHC Continuous Quality Improvement (CQI) Plan is integrated as a key component for our CCBHC staff, to align with overall quality initiatives and CCBHC data driven measures and goals.

The Quality Management (QM) Plan and the Continuous Quality Improvement (CQI) Plan work together to enhance service delivery, ensure compliance, and improve outcomes for individuals receiving care. The QM Plan provides the foundation and structure to support and sustain these improvements through systematic monitoring and oversight.

The purpose of the Quality Management Plan is to have a guide that describes NTBHA's continuous quality improvement activities that align with our oversight responsibilities for our mental health and substance use disorder providers and with our commitment as a CCBHC. NTBHA's QM plan incorporates required elements mandated by the Texas Health and Human Services Commission (HHSC) and CCBHC guidelines, that are intended to go above and beyond these mandates. Our plan should systematically evaluate service access and delivery, monitor quality, and reduce risk. The activities described in the QM plan and CCBHC CQI Plan will assist all of our network providers and CCBHC staff with moving in a positive direction for change and improvement.

The main functions of Quality Management Program are:

- Ensuring compliance with rules, regulations, contracts, and CCBHC guidelines.
- Reviewing and analyzing data collected through QM and network provider and CCBHC staff activities.
- Preparing reports identifying areas needing improvements and requests for corrective action plans.



- Collaborating with network providers and CCBHC staff to identify and implement improvements and changes that will mitigate risk to the individuals receiving our services and improve compliance with program standards.
- Assisting network providers and CCBHC staff with corrective action plans to meet the requirements set forth in the Performance Contract with Texas Health and Human Services (HHS) or CCBHC guidelines.
- Providing technical assistance related to quality oversight necessary to improve the quality and accountability of services.
- Ensuring implementation of the Quality Management Plan and reviewing and updating the plan as required.
- Reporting and trending data collection related to reported significant incidents events, and complaints.
- Recommending policies and developing procedures.
- Allow for review, discussion, and determination of needed changes based on data and outcomes.
- Use QM findings to develop current and future strategies for quality access and service delivery.
- Ensuring network providers and CCBHC staff have processes in place to promote continuous quality improvement.
- Feedback and training opportunities based on identified trends and areas of improvement.
- Addressing T-CCBHC continuous quality improvement topics (deaths by suicide or suicide attempts, fatal and non-fatal overdoses, all-cause mortality and 30-day hospital re-admissions) and reviewing those significant events that impact care quality and outcomes.

#### **IV Authority, Leadership, and Delegation of Responsibility**

The Board of Directors is ultimately accountable for the level of quality and safety of NTBHA's business and clinical operations and the providers in NTBHA's network and CCBHC staff. The Board approves the initial Quality Management Plan and again at each subsequent revision of the plan, at a minimum of two-year intervals or more frequently if substantial changes are made in the Quality Management Program.

The Board entrusts the responsibility for the QM Program to NTBHA's Chief Executive Officer (CEO). The CEO has delegated responsibility for the development, implementation, monitoring, and evaluation of the QMP to the Chief Compliance Officer, who oversees the QM, Compliance, and UM Departments. The QM and



Compliance Department consists of the QM and Compliance Managers and a team of QM Specialists. The Quality Management Department works directly with NTBHA's network providers and CCBHC staff to complete the tasks and activities associated with the QM Program and plan.

The CEO or the Chief Compliance Officer will periodically report on Quality Management Program activities to the Board and to community stakeholders.

## **V. Quality Management Committees**

### **Death Review Committee**

The Death Review Committee meets routinely and is comprised of NTBHA's Chief Medical Officer (CMO), Chief Clinical Officer (CCO), Chief Compliance Officer (CCO), Quality Management Manager, Compliance Manager, and Quality Management Specialists. The purpose of the committee is to review reported significant deaths of NTBHA funded individuals to identify and address any administrative and clinical issues.

### **UM/QM Meeting**

The purpose of the UM/QM committee is to ensure effective management of clinical resources, fiscal resources, and the efficiency and ongoing improvement of UM and QM processes. The committee meets quarterly to review and discuss reports related to utilization of services, quality management, operations, and to review trends and provide recommendations. The committee is comprised of the following staff: Director of Outpatient, Utilization, and Evaluation, Medical Director, Chief Clinical Officer, Chief Compliance Officer, Chief Operations Officer, Quality Management Manager, Compliance Manager, Finance Department Manager, and other UM staff as needed.

### **CCBHC Strategy Meetings**

Our CCBHC Strategy Meetings are held twice monthly and provide opportunities to reach internal consensus on CCBHC-related decisions before they are presented to and discussed with the CCBHC Collaborative. Decisions cover all areas of operation including administrative and clinical processes, uniform documents, policies and procedures, review of quality metrics/CQI and necessary follow up – including reporting, electronic health record implementation, etc. Attendees include Medical Director, Chief Administrative Officer, Chief Clinical Officer, Chief Compliance Officer, Chief of Intensive and Forensic Services, Chief Operations Officer, Chief of Regional Operations, Chief Strategy Officer, Director of Clinical Innovation and



Equity, Director of Grant Development and Implementation, Human Resources Director, and Quality Management Manager.

### **CCBHC Collaborative Meetings**

Our CCBHC Collaborative Meetings occur once monthly with the goal of promoting uniformity in quality and approach within our NTBHA CCBHC. It is an opportunity for clinical and administrative leaders from each of the Joint Employment Agencies that make up our cooperative NTBHA CCBHC to contribute information and feedback, which NTBHA receives and considers in an effort to implement administrative and clinical processes, policies and procedures, documents, etc. that function well CCBHC-wide. Other regularly discussed topics include reviews of quality metrics/CQI and necessary follow up, electronic health record implementation, etc. Attendees include the following staff from NTBHA, Medical Director, Chief Clinical Officer, Chief Operations Officer, Chief of Regional Operations, Director of Clinical Innovation and Equity, Director of Grant Development and Implementation, and Director of Revenue Cycle Enhancement; and from Child and Family Guidance Center (CFG), Chief Finance Officer, Senior Director of Mental Health Services, Senior Director of Specialty Programs, Director of Clinical Processes, and Director of Revenue Cycle Management.

## **VI. Quality Management Plan**

NTBHA's Quality Management Plan will look different from those of other LBHAs and LMHAs due to the fact that NTBHA subcontracts with network providers for the provision of mental health and substance use disorder services outlined in our contractual agreement with HHSC. Due to our designation as a certified CCBHC, we have additional guidelines we follow that will be included in NTBHA's QM program that apply only to CCBHC staff.

### **CCBHC CQI**

The QM Department in conjunction with NTBHA's Operations, Provider Relations and Clinical Departments, will work with the appropriate staff at each of NTBHA's CCBHC providers to maintain continuous quality improvement (CQI) for clinical services and clinical management for CCBHC populations. Overall, CQI activities will include and demonstrate improved quality of care, consumer safety and will address/focus on indicators related to improved behavioral and physical health outcomes, adherence to CCBHC criteria and evidence-based protocols; and include processes for consumer input. The Medical Director reviews all components of our



CQI process that involve medical care and the coordination and integration with primary care and attends monthly strategy and collaborative meetings.

The FY25 CCBHC CQI Plan, which is part of NTBHA's QM Program and included as an attachment to the QM Plan, addresses improvements in the Unhealthy Alcohol Use and Depression Screening measures. Each CQI activity implemented documents the reasons for the projects and the measurable progress, with the goal of demonstrating improvement in the CCBHC performance and who is responsible for operating the CQI program. Data outcomes will be reviewed for effectiveness and addressed with CCBHC staff monthly collaborative meetings to discuss measures not meeting targets, and to implement changes to staffing, training, services, and availability that will improve the quality and timeliness of services.

When improvements to the measures for CY25 are identified and goals are met, modifications to the CCBHC CQI plan will be discussed and determined during the CCBHC Strategy and Collaborative Meetings. Review of data will determine what additional CQI activities should be the new focus.

The following are the main activities performed by the NTBHA QM Department that meet our HHSC oversight responsibilities and our commitment as a CCBHC.

### **Routine Audits**

QM audits mental health and substance use disorder network providers and CCBHC staff, to determine if they are in compliance with contractual, federal, state or CCBHC guidelines and standards, as applicable. Audits include a review of the following areas: treatment records, assessing for accuracy of assessments and treatment planning, required policies and procedures, environment/safety, quality management including ensuring providers are monitoring continuous quality improvement measures and fidelity of their evidence-based practices, medication management, and personnel, including monitoring for compliance with required trainings. QM will request Corrective Action Plans (CAPS) for all areas that are identified as needing improvement, to ensure that all deficiencies are addressed. QM will review all submitted CAPs to determine if they satisfactorily address the identified areas of improvement. QM will work collaboratively with network providers and CCBHC staff until CAPs are considered adequate and are implemented.

### **Incident Reviews**



The QM Department reviews significant incidents to determine if there are any potential safety or risk issues, or other opportunities to improve patterns of access and care delivery, address and improve physical health outcomes, decrease non-fatal overdoses, reduce hospitalizations and repeated crisis episodes, that should be addressed with CCBHC staff or network providers. Significant incidents include deaths, psychiatric emergencies/suicide attempts, medical emergencies, medication errors and reports of allegations of abuse, neglect or exploitation. These incidents are reviewed to determine if the individuals' needs are being met both administratively and clinically. QM will follow up with CCBHC staff or network providers if additional information or response is needed. If QM determines that a higher level of review is necessary, concerns will be reviewed with the Chief Compliance Officer and the Chief Clinical Officer to determine next steps. Follow-up with CCBHC staff or network providers might include a request for additional information, request for agency policies and procedures, or a corrective action. QM will work collaboratively with CCBHC staff or network providers until it is determined that concerns have been appropriately addressed, or a corrective action plan is implemented. Incident data is reviewed for trends on a quarterly basis and presented at the UM/QM committee meeting or CCBHC collaborative meetings.

## **Death Reviews**

QM reviews significant deaths that are reported to NTBHA to identify any address any administrative and clinical issues. Significant deaths include those reported or confirmed as suicides, drug related/fatal overdoses and may include natural deaths for individuals in higher levels of care. QM will review the treating provider's treatment records, autopsy report if available, and other clinical information as applicable, and complete NTBHA's QOC analysis form that provides detailed pertinent information from the records review. Deaths reviews may be reviewed further at the next Death Review Committee Meeting by the Medical Director, Chief Clinical Officer, and other committee members. If administrative and/or clinical issues are identified, QM will follow up with network providers or CCBHC staff to request additional information and potentially corrective actions, that might include feedback, education, or training. New information received will be reviewed by QM to determine if questions and concerns have been satisfactorily addressed and if so, the case will be considered closed. Deaths will only be brought back to committee if it is felt that further review of new information is needed, until the committee concludes that the information appropriately addresses questions and concerns. Other significant all cause-mortality deaths are reviewed by QM on a case-by-case



basis and presented at the Death Review Committee Meeting if potential administrative or clinical issues are identified. Deaths are reported to HHSC in CARE and emailed per requirements. In addition, CCBHC measure outcomes will be reviewed to determine how they can be impacted to improve rates of suicides and fatal overdoses.

### **Mystery Calls**

QM conducts quarterly mystery calls to network outpatient mental health providers and CCBHC staff on a rotating basis, to determine if they are following the current Provider Contract Notebook (PCN) requirements, Customer Service Protocols and are providing appropriate access to routine services, crisis screenings and accurate information, referrals, and resources. QM will request corrective action plans from network providers and CCBHC staff for all identified findings and will work collaboratively with them until CAPs are approved and implemented. QM will monitor compliance with subsequent mystery calls to determine if improvements are demonstrated and/or require additional corrective actions. Trends will be discussed at the monthly provider as needed.

### **Outpatient Utilization Review of Uniform Assessments**

QM will review outpatient service documentation to ensure that it includes accurate clinical documentation, recovery planning that supports Person Centered Recovery (PCR), Trauma-Informed Care (TIC), and Culturally Sensitive language. NTBHA's Director of Outpatient, Utilization, and Evaluation and other designated NTBHA staff, review authorization requests and recovery plans, submitted by NTBHA's outpatient mental health network providers and CCBHC staff. Reviews include identifying missing recovery plans, insufficient recovery planning, lack of clinical justifications, lack of TIC, PCR and culturally sensitive language, and other missing required clinical elements and/or standards.

QM maintains a database to document and track data for each network provider or CCBHC staff. This database includes the name of the provider or staff name, date of service, Local Case Number (LCN), Level of Care (LOC), and identified issues that do not meet clinical standards and need correction and/or improvement. QM will evaluate data to identify staff who continue to demonstrate repeated issues and who may need additional identified supervision, training, and monitoring to facilitate improvements in quality of care and quality of documentation. For network providers, identified issues are sent to NTBHA Provider Relations who communicate this information to the appropriate contact person at each network provider location on an ongoing basis, identifying provider staff, with the



expectation they will notify NTBHA when they resubmit and/or correct missing information for re-review of the authorization request. For CCBHC internal staff, the appropriate clinical supervisor will be informed and responsible for follow-up.

QM and/or NTBHA Provider Relations will communicate the findings of the evaluations to network providers or CCBHC staff on an ongoing basis, along with NTBHA training PowerPoints to utilize and address identified issues with their staff. Response from network providers or CCBHC supervisors will be requested describing how they provide additional ongoing supervision, training, and monitoring to address identified issues with staff. QM will be responsible for ensuring sufficient responses are received and actions are implemented by network providers or CCBHC staff, to ensure improvements. When identified staff are not demonstrating improvements, QM will involve Provider Relations or clinical supervisors to collaborate directly with staff to determine appropriate next steps. The goal is to improve the quality of Outpatient authorization requests, which can lead to improved clinical outcomes, while decreasing identified issues.

### **Review of 30-Day Hospital Re-Admissions**

QM works with the Clinical Department to address processes and improve care coordination follow ups with individuals being discharged from a mental health or substance abuse related hospitalization. The desired outcomes are to increase successful contacts upon or after hospital discharge, to improve 7-day follow-up appointment attendance and reassessment for effective level of care, which will decrease repeated crisis episodes and emergency department use; and increase the likelihood of individuals remaining stabilized in the community and not being re-hospitalized. QM reviews, compares and tracks data from the 30-day readmissions reports to determine if these measures are improving. This project impacts a CCBHC measure related to monitoring and improving rehospitalization rates and NTBHA's desire to overall improve access and utilization of routine services after hospitalization. The Clinical Department has facilitated improvements by assigning Care Coordinators (CCs) to follow up with PPB and State Hospital (SH) discharges with the purpose of making contact and assisting in eliminating the obstacles for individuals to attend their 7-day hospital discharge follow up appointments, that have been scheduled with either their already established or new outpatient provider. QM reviews clinical documentation to determine if individuals were contacted by CCs after discharge and if they attended their follow-up appointments.

This fiscal year, CCs will implement a process to meet with individuals at the hospital before they discharge to establish them as a point of contact and will continue to



communicate with the individuals to the best of their ability, after discharge to further assist them with the transition to outpatient services. In addition, QM will review the 7-day follow-up reports to better determine if individuals are attending their scheduled follow-up appointments.

With the implementation of our new EHR in FY25, additional documentation will be utilized to determine how improvements to this process can be identified and made.

### **Complaint Resolution**

The QM department may receive a complaint directly regarding one of our internal programs, CCBHC staff or network providers. QM's goal is to resolve complaints and concerns within 10 business days. QM will work directly with internal staff, CCBHC staff or network providers to resolve complaints and concerns to the best of their ability and to the satisfaction of both parties. If complaints or concerns are determined to need a higher level of review, they will be presented to clinical staff, or other departments for consultation and/or assistance on an as needed basis. If quality of care concerns or other compliance issues are identified there will be additional follow-up with internal staff, CCBHC staff or the network provider. QM will continue to work collaboratively with internal staff, CCBHC staff and network providers beyond complaint/concern resolution to ensure concerns are addressed appropriately and/or approved corrective action is implemented. Complaint data is reviewed for trends on a quarterly basis and presented at the UM/QM committee meetings or CCBHC collaborative meetings, to determine if there is a need for additional quality improvement activities. QM receives complaint data from each CCBHC staff and network mental health outpatient provider monthly and combines with NTBHA's internal complaint data and submits monthly to HHSC per their Complaint Data reporting requirements.

New for FY2025, QM will create and implement a plan to review complaint details and resolutions from CCBHC staff and network providers when they report substantiated complaints with their monthly data reports. This process is still being developed as of the time of the revision of the QM plan.

### **NTBHA QM Satisfaction Survey**

The goal of our Satisfaction Survey is to evaluate client satisfaction with their services, measure and improve quality of care and service, improve access, and improve overall outcomes in mental health and substance abuse recovery, at our provider locations. The categories on the survey are demographic information, clinical experience, access to care, outcome of services, and overall satisfaction. We



added questions to address culturally sensitive services, Trauma Informed Care (TIC), spiritual beliefs or non-beliefs and more gender identity options, making the survey more inclusive. The survey also includes questions to rate the individual's experience with telehealth and telemedicine.

Coordination with our network providers or CCBHC staff will take place, and the survey will be administered in both English and Spanish. Once surveys for all provider locations have been completed, NTBHA's Director of Health Economics will compile and analyze the data. Outcomes will be reviewed by NTBHA's leadership and presented to the NTBHA Board of Directors, providers and other NTBHA committees.

The information collected will be utilized to provide feedback to network providers and CCBHC staff and for NTBHA to determine what quality improvement projects or corrective actions might be beneficial to pursue in order to improve systematic concerns, community needs, and overall quality of care, access, and service. Our survey will benefit NTBHA, network providers, CCBHC staff, the individuals we serve and the counties and communities they live in.

With the implementation of our new EHR at the start of FY25, new ways to administer the satisfaction survey this fiscal year or next are being explored.

## **VII QM Functions Performed by other NTBHA Departments:**

**Strategy Department:** As the Local Mental Health Authority (LMHA) and the Local Behavioral Health Authority (LBHA), NTBHA is required to develop two planning documents: the Consolidated Local Service Plan (CLSP) and the Local Provider Network Development (LPND) Plan. The CLSP is a formal document that communicates service priorities and plans to various audiences including the Health and Human Services Commission (HHSC), consumer and constituency groups, private behavioral health providers, the LMHA's/LBHA's employees, and the general public. It describes the array of local services and how the local service delivery system will respond to crisis situations and divert individuals from the criminal justice system and emergency rooms. The LPND Plan describes who provides services and how the LMHA/LBHA will assemble and maintain a network of providers.

NTBHA conducts needs assessments for Providers, Individuals in Services, and the Community. The community needs assessment (CNA) is conducted every biennium to inform the development of the CCBHC, the goals established in the CLSP and the



LPND. The CNA allows NTBHA to identify strengths in service provision as well as opportunities to remove barriers and gaps in services for individuals seeking care.

**Contract Monitoring:** Contract monitoring is a function of gathering and evaluating fiscal and qualitative indicators specific to a contracted service to determine whether staff and providers are in compliance with the contract. Data is evaluated to make informed decisions regarding renewing contracts with external providers. The qualitative indicators should be tailored to the service provided and ensure achievement of desired outcomes, compliance with applicable rules, laws, and standards which relate to the contracted service.

**Utilization Management (UM):** NTBHA's Utilization Management Department is part of the QM/Compliance Department and ensures individuals are receiving appropriate services, accurate assignments of level of need; determination of medical necessity, focused treatment plan development and active monitoring of progress towards objectives.

**Feedback from State Contract:** NTBHA uses reports, data and results from onsite reviews or desk reviews from Health and Human Services Commission (HHSC) to identify performance improvement activities and to assess unmet needs of individuals receiving services and service delivery problems.

**Compliance Billing Reviews:** Compliance Billing Reviews will assess timeliness and completion of documentation, appropriateness of service coding and compliance with billing requirements. Quality Management may be involved with these reviews in conjunction with another department.

**MBOW Data Warehouse:** The reports generated in the state database are constantly reviewed by appropriate NTBHA staff as well as the UM Department to monitor the NTBHA network performance on a variety of indicators for both authority and provider roles. The reports are used to judge accuracy of data collection as well as to evaluate the NTBHA network performance on outcome measures.

**Provider Relations/Operations:** NTBHA desires a successful partnership with network providers and CCBHC staff to best serve our eligible individuals. Provider Relations maintains open communication with network providers and CCBHC staff and serves as an advocate for them to voice their concerns and to seek assistance. To this end, NTBHA encourages network providers and CCBHC staff to call with concerns, problems and complaints regarding NTBHA operations and interactions.



Network providers and CCBHC staff can either reach out to Provider Relations or direct complaints and concerns to the QM Department. Every effort will be made to address the issues involved.

**Planning and Network Advisory Committee (PNAC):** The Planning and Network Advisory Committee is composed of at least 9 people, 50 percent of whom shall be individuals receiving NTBHA services or their family members. Other interested citizens from our community may also apply to be part of this committee. The PNAC meets monthly to bi-monthly to discuss current issues and policies on a variety of topics that impact service delivery, network expansion, evaluation, and development. It is the goal of the PNAC to enhance the quality of services by providing information and feedback to NTBHA's Board of Directors regarding Behavioral Health (mental health and substance use) services.

## **VIII**

### **Review of the Quality Management Plan**

The Quality Management Plan will be updated and revised every two years, or more frequently, if changes to the QM program occur and will be approved by the Board of Directors. Priorities and goals will be considered at each revision. The CCCBHC CQI plan will be reviewed quarterly for progress and modifications.



Attachment: CCBHC FY25 CQI Plan

<b>Screening for Unhealthy Alcohol Use</b>	
<b>Project/Goal:</b>	To improve this measure to 50% by the end of the calendar year.
<b>Project Description:</b>	<p>Metric 3: Percentage of patients in a full level of care (LOC 1-4) who were screened for unhealthy alcohol use using the AUDIT Measure, at least once within the last 12 months <u>and</u> who received brief counseling, if identified as an unhealthy alcohol user.</p> <p>Initial Observation: We reported that in calendar year 2023, of the 5397 individuals we screened, 53 received brief counseling. (1%)</p> <p>Plan:</p> <ol style="list-style-type: none"><li>1. Educate appropriate staff at CCBHC collaborative meetings on the importance of this measure and the screening(s) that will be used, what clinical services and/or referrals should be provided, what documentation and referral follow-up should look like.</li><li>2. Review and determine how pop-up messages in MyAvatar can be used to flag individuals identified and tracked for monitoring of the services and referrals being provided.</li><li>3. Capture and review data from the AUDIT Measure and report at CCBHC collaborative meetings, to determine if improvements are being demonstrated and if not, what else can be implemented or improved to impact this measure.</li></ol>
<b>Reason/Need for the Project:</b>	<p>CCBHC Measure</p> <p>Success with this measure will potentially improve mental health, substance use, and other physical health outcomes, reduce emergency department use and hospitalization/rehospitalization, and reduce alcohol related deaths.</p> <p>An average of 10,647 annual deaths in Texas are attributable to excessive alcohol use. 56.9% of excessive alcohol use deaths are from chronic causes, such as Alcohol Use Disorder. (National Center for Drug Abuse Statistics)</p> <p>1.34 billion people consumed harmful amounts of alcohol in 2020. 38% of deaths from cirrhosis and other liver diseases are attributable to high alcohol use. 1.8 million deaths were attributable to high alcohol use in 2021. (Institute for Health Metrics and Evaluation).</p> <p>Abstinence or reduced alcohol consumption improves overall physical and mental health, including better sleep, more energy, improved memory, better immunity, better skin, better cognition, and reduced anxiety and other mental health symptoms. Long- term benefits include</p>



	reducing risk of stroke, heart attack, liver disease and cancer and weight management. (Alcohol and Drug Foundation)
<b>Measurable Progress Will Be Evidenced By:</b>	<p>CCBHC meets to discuss this measure and how it is reported.</p> <p>CCBHC reviews to determine if this measure is being documented and coded correctly.</p> <p>CCBHC reviews to determine if this measure is being tracked reliably and numbers are correct.</p> <p>Data demonstrates the percentage of individuals identified and receive brief counseling increases.</p> <p>MBOW and EHR reports will be used to track progress monthly.</p>
<b>Target Date for Completion:</b>	End of CY25
<b>Staff Member(s) Responsible:</b>	NTBHA CCBHC Staff, CCBHC Collaborative Meetings
<b>Depression Screening with Focus on Youth</b>	
<b>Project/Goal:</b>	To improve this measure to 50% by the end of the calendar year.
<b>Project Description:</b>	<p>Metric 1: Percentage 12 -17 years of age with Major Depression or Dysthymia who reach Remission Six Months (+/- 60 days) after an Index Event Date.</p> <p>Initial observation: of 228 youth meeting criteria in calendar year 2023, 42 had remission. Adolescent 18.4% Adult 43%</p> <p>Plan:</p> <ol style="list-style-type: none"> <li>1. Educate appropriate staff at CCBHC collaborative meetings about importance of the measure, which screenings will be used, discuss and provide staff training/education on EBPs interventions for MDD and Dysthymia.</li> <li>2. Review and determine how pop-up messages in MyAvatar can be used to flag individuals identified and tracked for monitoring of the services being provided.</li> <li>3. Capture and review data from PHQ9-A and PHQ9 and report at CCBHC collaborative meetings, to determine if improvements are being demonstrated and if not, identify barriers and what process changes can be implemented to impact improvement.</li> </ol>



	Adult data will be monitored monthly and evaluated quarterly to determine if interventions are needed to impact this measure. Reports will be pulled and distributed monthly for CCBHC leadership to review. Data will be reviewed and discussed quarterly at CCBHC collaborative meetings.
<b>Reason/Need for the Project:</b>	<p>CCBHC Measure</p> <p>Success with this measure could potentially affect initial and repeat hospitalizations and deaths by suicide or overdose.</p> <p>In 2020, 75 % of youth with major depression in the state of Texas did not receive mental health treatment (Reinert et al., 2022)</p> <p>In Texas, two-thirds of children living with major depression receive no treatment whatsoever. Early identification and intervention are critical to reducing the prevalence and severity of mental illness in young Texans. (Data Brief: Youth in Texas Mental Health).</p> <p>Depression is estimated to occur among 1.4% of adolescents aged 10–14 years, and 3.5% of 15–19-year-olds. (World Health Organization)</p> <p>Depression has been linked to many chronic illnesses, including diabetes, asthma, cancer, chronic joint pain, gastrointestinal problems, cardiovascular disease, sleep problems, and arthritis. (WebMD: National Alliance on Mental Illness, CDC, National Institute of Mental Health)</p>
<b>Measurable Progress Will Be Evidenced By:</b>	<p>CCBHC meets to discuss this measure and how it is reported.</p> <p>CCBHC reviews to determine if this measure is being documented and coded correctly.</p> <p>CCBHC reviews to determine if this measure is being tracked reliably and numbers are correct.</p> <p>Data demonstrates the percentage of individuals who reach remission increases.</p> <p>MBOW and EHR reports will be used to track progress monthly.</p>
<b>Target Date for Completion:</b>	End of CY25



<b>Staff Member(s) Responsible:</b>	NTBHA CCBHC Staff, YCOT, CCBHC Collaborative Meetings
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## RESOLUTION

### NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

**RESOLUTION NO:** 437-2025 Approve New Financial Audit Firm

**DATE:** May 14, 2025

**STATE OF TEXAS** }

**COUNTY OF DALLAS** }

**BE IT REMEMBERED** at a regular meeting of the North Texas Behavioral Health Authority held on the 14th day of May 2025, the following Resolution was adopted:

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

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

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

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

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

**IT IS THEREFORE RESOLVED** that the North Texas Behavioral Health Authority Board of Directors approves the CEO to release a Request for Quote (RFQ) for a new Financial Audit Firm.

**DONE IN OPEN MEETING** this the 14th day of May 2025.

Recommend by:

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

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



## **BOARD OF DIRECTORS MEETING**

### **Summary**

**DATE: May 14, 2025**

#### **AGENDA ITEM #15: Resolution 437-2025 Approve New Financial Audit Firm**

**Recommendation/Motion:** Approve the CEO to release a Request for Quote (RFQ) for a new Financial Audit Firm

#### **Background:**

Due to the current audit firm undergoing internal challenges, prohibiting them from effectively continuing to meet NTBHA's audit needs, the CEO seeks to release a Request for Quote (RFQ) in order to retain a new audit firm. The purpose of the RFQ is to gather details on available service offerings, qualifications, methodologies, and costs to inform NTBHA's decision-making process before selecting which audit firm to retain.

The RFQ will seek the following information about the responding firm's ability to:

- Conduct annual financial audits in accordance with applicable state and federal regulations.
- Ensure compliance with accounting standards and reporting requirements specific to an entity such as NTBHA.
- Assess internal controls and provide recommendations for improvements.
- Offer strategic insights to enhance financial transparency and operational efficiency.
- Provide timely detailed audit reports to NTBHA leadership and the board of directors.

**Evaluation:** N/A

**Financial Information:** N/A



**Implementation Schedule:** Upon approval by the NTBHA board of directors

**Attachments:** N/A

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

NTBHA Strategic Visions
<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