



# **NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY**

## **BOARD OF DIRECTORS MEETING**

**June 11, 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, June 11, 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/87343475195?pwd=pXXAIOb0Wx2Aaqhnbmnm7MOV0hka.1>

**Passcode: 857656**

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

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### AGENDA

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: May 2025</i>	Judge Cody Beauchamp, Secretary	X
3.	Finance Committee Report <i>*Financial Reports for approval: April 2025</i>	Ryan Brown, Treasurer	X
4.	Public Commentary - Limited to 2 minutes – only those who are registered		
	<b>Consent Agenda Items</b>		
5.	Provider Meeting Update	Matt Roberts	X
6.	PLAG - Psychiatrists Leadership & Advocacy Group Update	John Bennett, M.D.	X
7.	PNAC - Planning & Network Advisory Committee Update	Walter Taylor, PhD	
8.	Legislative Update	Janie Metzinger	X
	<b>Agenda Item</b>		
9.	<b>Presentation:</b> Consumer Benefits Programs and Services	David Kemp, Chief of Administrative Services	

10.	Chief Executive Officer's Overview and Analysis	Carol Lucky	X
11.	*Resolution 439-2025 Approve RFP Awardees for Expansion of Behavioral Health Services	Carol Lucky	X
12.	Executive Session <b><i>The Board may go into Executive Session pursuant to Chapter 551, Subchapter D, Texas Govt. Codes as shown below:</i></b> <b>Tex. Gov't Code § 551.074</b>		
13.	Discussion and possible vote in open session on matters considered in Executive Session	Commissioner Dr. Elba Garcia, Chair	
14.	Next Regular Board of Directors Meeting: <b>August 13, 2025</b>	Commissioner Dr. Elba Garcia, Chair	
15.	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**  
**May 14, 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	X								N
Janis Burdett, <u>Vice-Chair</u> <b>Ellis County</b>	X	X	N	X	X								N
Ryan Brown, <u>Treasurer</u> <b>Dallas County</b>	X	X	N	X	X								N
Judge Cody Beauchamp, <u>Secretary</u> <b>Navarro County</b>	X	A	N	X	X								N
Judge Mary Bardin, <b>Kaufman County</b>	X	A	N	X	X								N
Judge Lela Lawrence Mays <b>Dallas County</b>	X	X	N	X	A								N
Maricela Canava <b>Dallas County</b>	X	X	N	X	X								N
Major Todd Calkins <b>Rockwall County</b>	X	X	N	X	A								N
Deputy Michael Allen <b>Rockwall County</b>	X	A	N	A	A								N
Captain Charlie York <b>Navarro County</b>	X	A	N	X	A								N
Sergeant Brad Elliott <b>Ellis County</b>	A	A	N	X	X								N
Nikki Haynes <b>Hunt County</b>	A	X	N	A	X								N

**Attendance Legend:**

**X** = Attended monthly BOD meeting

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

**-** = Position not appointed

**E** = Absent Excused

**A** = Absent

**R** = Resigned

**N** = No meeting held

**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 12:03 PM. This meeting was conducted as a videoconference via Zoom with limited board members and staff physically onsite. Approximately 44 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 April 9, 2025, board meeting were presented for approval. No revisions were noted.

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

**Item #3****Finance Committee Report**

**Ryan Brown, Treasurer, reported.**

The March 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 Judge Cody Beauchamp. The motion carried.

**Item #4****Public Commentary**

None

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

Commissioner Dr. Elba Garcia asked about House Bill HB234 relating to firearms in buildings. Ms. Metzinger stated that the bill did not pass.

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

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

***Ellis County Jail Services, Chad Anderson, NTBHA Chief of Intensive and Forensic Services***

Chad Anderson provided a timeline of the forensic services NTBHA provides in Ellis County which began in June 2023 and later expanded projects through late 2024. Currently, there are QMHP Care Coordinators working in the jail and a licensed staff leading the team. The team will begin doing additional services beyond 16.22s, referrals, and screenings.

Board member, Sergeant Brad Elliott, defined NTBHA's services as efficient and effective. He expressed his gratitude to the NTBHA team for all their assistance. In particular for the critical incident response during the passing of Corporal Isaiah Bias.

Commissioner Dr. Garcia recognized the NTBHA leadership and Janis Burdett for expanding the services in Ellis County. Madam Vice-Chair Burdett added that the NTBHA team has brought much needed and impactful services to Ellis County.

**Item #10****Chief Executive Officer's Overview and Analysis**

**Carol Lucky, CEO, reported.**

*Community Centers with Local Mental Health Authority and Local Behavioral Health Authority Designations in Texas – Report discussion.*

Ms. Lucky discussed the revisions made to the Community Centers with Local Mental Health Authority and Local Behavioral Health Authority audit report issued by the OIG.

NTBHA leads the way in the encounters for services provided by LMHA's and LBHA's across the state with 652,875 encounters in 2024 and serving 59,985 individuals.

NTBHA has an estimated population of 3,315,166 including Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties and served and estimated 1.81% of the individuals in these counties.

NTBHA has the highest outreach in the communities of the large urban areas in the State.

**Item #11****\*Resolution 433-2025 Ratify HHSC Mental Health First Aid Training Grant Amendment No. 2 for FY2026 – FY2027**

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

This resolution 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). The contract is a continuation at level funding, adding \$276,000 in federal funds and \$450,000 in state funds to the grant agreement.

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

**Item #12****\*Resolution 434-2025 Approve NTBHA Services/Office Space Lease in Hunt County, Texas**

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

This resolution approves the CEO, in consultation with NTBHA legal counsel, to negotiate and execute a lease for services and office space in Hunt County, Texas.

- Vote: Nikki Haynes motioned approval, seconded by Judge Cody Beauchamp. The motion carried.

**Item #13****\*Resolution 435-2025 Approve AI (Artificial Intelligence) Policy as Mandated by Health and Human Services Commission**

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

This resolution approved the AI (Artificial Intelligence) Policy as mandated by the Texas Health and Human Services Commission (HHSC). The policy restricts the use of automatic artificial intelligence tools to take notes during meetings. It also requires that any memos, presentations written with generative artificial intelligence tools should be human reviewed.

Judge Cody Beauchamp expressed concern in using AI (Artificial Intelligence) supported systems in client interactions due to the nature of sensitive client information, such as automated phone lines or website pop

ups. Ms. Lucky stated NTBHA is not utilizing any AI (Artificial Intelligence) in those areas and will ensure future policies are in place.

- Vote: Janis Burdett motioned approval, seconded by Judge Cody Beauchamp. The motion carried.

#### Item #14

##### **\*Resolution 436-2025 Approve NTBHA Quality Management Plan for FY2025 – FY2026**

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

This resolution approved the NTBHA Quality Management Plan for FY 2025 - FY 2026.

- Vote: Janis Burdett motioned approval, seconded by Judge Cody Beauchamp. The motion carried.

#### Item #15

##### **\*Resolution 437-2025 Approve New Financial Audit Firm**

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

This resolution approved the CEO to release a Request for Quote (RFQ) for a new Financial Audit Firm.

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

#### Item #16

##### **\*Resolution 438-2025 Approve Paycom as New HR and Payroll System**

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

This resolution approved Paycom as the new Human Resources and Payroll system for NTBHA. Several processes, and reporting will be incorporated into one single system. Commissioner Dr. Garcia advised us to have systems tested and fully ready prior to transition.

- Vote: Ryan Brown motioned approval, seconded by Judge Cody Beauchamp. The motion carried.

#### Item #17

##### **Executive Session**

The Board may go into Executive Session pursuant to Chapter 51, Subchapter D, Texas Govt.

Codes. If during the source of the meeting covered by this notice, the Board of Directors should.

determine that a closed or executive meeting session of the Board of Directors is required, then.

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

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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 #18

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

None.

**Item #19****Next NTBHA Board Meeting**

- The next meeting is scheduled for **June 11, 2025, at 12:00 Noon.**

**Item #20****Adjournment**

- Ryan Brown moved to adjourn, seconded by Maricela Canava.
- By vote of agreement, the NTBHA Board of Directors Meeting was adjourned at 1:20 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
ONDCP	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

# North Texas Behavioral Health Authority

## Statement of Revenue, Expenses and Changes in Net Position

### FY2025 All Combined Contracts MTD - APR25

	<u>MH/SUD Authority</u>	<u>MH</u>	<u>SUD</u>	<u>Housing</u>	<u>Other</u>	<u>MTD Total</u>
Revenue						
Federal Revenue	0	1,655,686	1,583,455	0	216,226	3,455,366
State Revenue	825,224	9,124,962	48,490	36,763	0	10,035,439
Local Revenue	504,855	137,695	0	0	(155,467)	487,083
Match Revenue	0	52,659	0	0	0	52,659
IN KIND Revenue	0	436,688	0	0	0	436,688
Interest Income	0	0	0	0	40,248	40,248
Total Revenue	<u>1,330,079</u>	<u>11,407,690</u>	<u>1,631,945</u>	<u>36,763</u>	<u>101,007</u>	<u>14,507,484</u>
Operating Expenses						
Provider Payments	0	9,902,382	1,467,770	0	(155,467)	11,214,685
In-Kind Provider Payments	0	436,688	0	0	0	436,688
Personnel Expenses	446,363	340,412	106,468	6,472	425,319	1,325,034
Personnel Fringe Benefits	112,002	89,284	28,978	1,785	96,170	328,219
Travel Expense	883	2,047	2,142	0	4,297	9,370
Supplies Expense	1,055	1,396	4,656	0	112,788	119,896
Contractual Expense	31,047	207,207	547	0	96,328	335,129
Other Expense	20,656	170,403	12,056	42,781	356,948	602,843
Depreciation Expense	0	0	0	0	41,555	41,555
Total Expenses	<u>612,006</u>	<u>11,149,821</u>	<u>1,622,617</u>	<u>51,037</u>	<u>977,937</u>	<u>14,413,419</u>
Admin Allocation						
Admin Allocation	718,073	268,440	9,328	(1,737)	(994,104)	0
Total Admin Allocation	<u>718,073</u>	<u>268,440</u>	<u>9,328</u>	<u>(1,737)</u>	<u>(994,104)</u>	<u>0</u>
Total	<u>0</u>	<u>(10,572)</u>	<u>0</u>	<u>(12,537)</u>	<u>117,174</u>	<u>94,065</u>
<b>NET SURPLUS/(DEFICIT)</b>	<u><b>0</b></u>	<u><b>(10,572)</b></u>	<u><b>0</b></u>	<u><b>(12,537)</b></u>	<u><b>117,174</b></u>	<u><b>94,065</b></u>

**North Texas Behavioral Health Authority**  
**Statement of Revenue, Expenses and Changes in Net Position**  
FY2025 All Combined Contracts YTD APR25

	<u>MH/SUD Authority</u>	<u>MH</u>	<u>SUD</u>	<u>Housing</u>	<u>Other</u>	<u>YTD Total</u>
Revenue						
Federal Revenue	0	18,773,828	9,754,083	0	477,947	29,005,857
State Revenue	7,754,151	45,953,643	838,362	249,197	0	54,795,353
Local Revenue	1,282,973	914,786	443,784	0	960,050	3,601,595
Match Revenue	0	462,293	0	0	0	462,293
IN KIND Revenue	0	5,491,229	0	0	0	5,491,229
Other Revenue	0	0	0	0	200,838	200,838
Interest Income	0	0	0	0	373,886	373,886
Total Revenue	<u>9,037,125</u>	<u>71,595,778</u>	<u>11,036,230</u>	<u>249,197</u>	<u>2,012,721</u>	<u>93,931,051</u>
Operating Expenses						
Provider Payments	0	54,950,445	9,851,934	0	1,090,432	65,892,811
In-Kind Provider Payments	0	5,491,229	0	0	0	5,491,229
Personnel Expenses	2,953,556	2,755,181	720,804	51,282	3,136,995	9,617,817
Personnel Fringe Benefits	795,435	695,830	223,513	13,568	817,431	2,545,777
Travel Expense	17,882	49,516	9,082	272	34,144	110,897
Supplies Expense	25,226	516,010	9,372	0	876,058	1,426,665
Contractual Expense	210,004	2,606,333	2,024	0	789,590	3,607,952
Other Expense	148,325	2,668,295	101,512	257,156	1,522,180	4,697,468
Depreciation Expense	0	0	0	0	296,263	296,263
Total Expenses	<u>4,150,427</u>	<u>69,732,839</u>	<u>10,918,242</u>	<u>322,277</u>	<u>8,563,094</u>	<u>93,686,880</u>
Admin Allocation						
Admin Allocation	<u>4,886,697</u>	<u>2,005,735</u>	<u>117,988</u>	<u>24,138</u>	<u>(7,034,559)</u>	<u>0</u>
Total Admin Allocation	<u>4,886,697</u>	<u>2,005,735</u>	<u>117,988</u>	<u>24,138</u>	<u>(7,034,559)</u>	<u>0</u>
Total	<u>0</u>	<u>(142,796)</u>	<u>0</u>	<u>(97,219)</u>	<u>484,187</u>	<u>244,171</u>
<b>NET SURPLUS/(DEFICIT)</b>	<b><u>0</u></b>	<b><u>(142,796)</u></b>	<b><u>0</u></b>	<b><u>(97,219)</u></b>	<b><u>484,187</u></b>	<b><u>244,171</u></b>

**North Texas Behavioral Health Authority**  
**FY2025 BOD Budget Variance Report**  
**April 30, 2025**

	Month to Date			Year to Date		
	Actual	Budget	Variance	Actuals	Budget	Variance
Revenue						
Federal Revenue	3,455,366	3,715,484	(260,117)	29,005,857	29,723,869	(718,012)
State Revenue	10,035,439	7,946,800	2,088,639	54,795,353	63,574,398	(8,779,045)
Local Revenue	487,083	1,032,978	(545,894)	3,601,595	8,263,823	(4,662,229)
Match Revenue	52,659	639,473	(586,814)	462,293	5,115,782	(4,653,489)
IN KIND Revenue	436,688	-	436,688	5,491,229	-	5,491,229
Other Revenue	-	-	-	200,838	-	200,838
Interest Income	40,248	-	40,248	373,886	-	373,886
Total Revenue	14,507,484	13,334,734	1,172,750	93,931,051	106,677,872	(12,746,821)
Operating Expenses						
Direct Expenses						
Provider Payments	11,214,685	7,639,453	(3,575,232)	65,892,811	61,115,625	(4,777,187)
In-Kind Provider Payments	436,688	-	(436,688)	5,491,229	-	(5,491,229)
Personnel Expenses	1,325,034	1,426,132	101,098	9,617,817	11,409,057	1,791,240
Personnel Fringe Benefits	328,219	312,425	(15,794)	2,545,777	2,499,401	(46,377)
Travel Expense	9,370	26,383	17,013	110,897	211,064	100,167
Supplies Expense	119,896	97,704	(22,192)	1,426,665	781,631	(645,034)
Contractual Expense	335,129	3,070,797	2,735,668	3,607,952	24,566,375	20,958,424
Other Expense	602,843	743,322	140,479	4,697,468	5,946,573	1,249,105
Depreciation Expense	41,555	18,518	(23,036)	296,263	148,147	(148,117)
Total Operating Expenses	14,413,419	13,334,734	(1,078,685)	93,686,880	106,677,872	12,990,992
Net Surplus/(Deficeit)	94,065	-	94,065	244,171	-	244,171



**NTBHA Provider Network Meeting**  
**May 30, 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> </ul>
CMHP Updates	Alvin Mott	<ul style="list-style-type: none"> <li>➤ TBD</li> </ul>
SUD Updates	Alvin Mott	<ul style="list-style-type: none"> <li>➤ Billing</li> <li>➤ Daily Capacity &amp; Current Census</li> </ul>
Outpatient, Utilization and Evaluation Updates	Robert Johnson	<ul style="list-style-type: none"> <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 <a href="mailto:Provider.Relations@NTBHA.org">Provider.Relations@NTBHA.org</a> by COB on the Monday following each provider meeting.</p>		
<p style="text-align: center;">**The Next Meeting: June 27, 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)





### **Announcements / Resources**

Region 10 Interagency Brown Bag event: October 23<sup>rd</sup> from 9am -12pm.

To sign up use link: <https://forms.gle/s8fKAzMEdfr2DkTS6>

Contact: Amy Reeves at [amy.reeves@region10.org](mailto:amy.reeves@region10.org)

What is this event:

Each year, Region 10 Education Service Centers host an Interagency Brown Bag Event. This event is designed for agencies to quickly (maybe 2 minutes) share about their organization with other agencies and educators throughout Region 10.



## 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

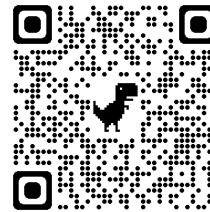
## Announcements / Resources



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:**

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=oddtcreator>

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=oddtcreator>



## **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 Wavier Inquiry List (YES Waiver)**
- **NTBHA Inquiry Data (CMHP)**
- **Form LL – Consumer Complaint Reporting (CMHP)**
- **Encounter Data (CMHP)**

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

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





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

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

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

- NTBHA Monthly Provider Network / Provider Advisory Council Meeting
  - Last Friday of every month. 10 am – 11:30 am
  - Meeting (normally in person; currently call-in or video conferencing format)
  - Contact Alvin Mott, Director, Provider Relations at [amott@ntbha.org](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.



## **Physician Leadership Advisory Group (PLAG)**

### **Agenda**

**June 4 ,2024**

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Attendees: Drs. Hunter, Bennett, Rashid, Mehta and Starling. NTBHA staff attending: Amy Cunningham, David Kemp, Jessica Martinez, Matt Roberts, Robert Johnson. IPM Staff: Melissa Daniels, Jaspreet Sing.

#### **1. Call to Order**

Dr. Bennett Called the meeting to order at 8:15

#### **2. Routine Updates**

- a. State Hospital Update. Dr. Chadalavada could not attend the call, but Jessica Martinez provided an update on the project to assist with Walk Ins. THS and NTBHA are waiting on state approval of the MOU that will allow NTBHA to have staff on site. Nonetheless, NTBHA is assisting with front door diversion with MCOT staff and are facilitating transfers remotely including 3 last night.
- b. Pharmacy Highlights (IPM representative): Melissa Daniels reported that the change in some numbers is a result of the PAP medications arriving at the clinics pre-labeled. This is no issue other than those medications will not appear in her reporting going forward.

#### **3. New Business**

- None

#### **4. Old Business**

- Per Dr. Bennett's inquiry at the last meeting NTBHA looked at F20.9 diagnosis code and did find it in our encounter data. As a result NTBHA asked for a meeting with Metrocare's IT staff to see if NTBHA can assist with resolving issues.
- Mr. Roberts reported that the NTBHA mid-year formulary assessment will be next month and anticipated resolution on recent requests for additions to the formulary. Dr. Mehta invited the PLAG members to send in any request they may have for additions to the formulary.

#### **5. Adjournment**

- a. Dr. Bennett adjourned the meeting at 8:45

Next Meeting: August 6, 2025



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

### **Minutes for the June 3, 2025, Meeting**

**Members Attending:** Amy Gill, Patrick LeBlanc, David Gutierrez, Dr. David Woody, and Kaye Odom

**NTBHA Staff:** Robert Johnson, Sylvia Orozco-Joseph, Amy Cunningham, Elizabeth Zane, David Kemp, Priscilla Valdez, Janie Metzinger, and Dr. Walter Taylor

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

Jordan Smelley signed up for public comment but was unable to attend the meeting due to starting his new job.

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

Anthony Garcia, Chief Compliance Officer, gave an update on the Continuous Quality Improvement efforts. The current comprehensive HHSC audit is reviewing providers and internal programs. The focus is primarily on mental health programs and services. These typically occur every two years. Things are going well.

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

Robert Johnson, Director of Outpatient, Utilization, and Evaluation, gave an overview of NTBHA's Trauma-Informed Care efforts and resources. Robert highlighted the trauma experienced by children who have lost a parent or parents and relevant resources. Robert also shared the June 2025 training calendar of the Institute for Trauma-Informed Care. One of the PNAC members shared his story of returning from military service and being called upon to raise children in his family who had lost their parents. He highlighted the trauma that everyone in the family experienced, but particularly the trauma that the children experienced. His story highlighted the need for more awareness of trauma-related resources, particularly for children.



### **NTBHA Update**

Dr. Taylor and Amy Cunningham, Director of CCBHC Implementation, gave an overview of a newly developed PNAC Recommendation form, which will be used to gather feedback from the PNAC to be shared with the NTBHA CEO and the NTBHA Board.

### **Legislative Update**

Janie Metzinger, Director of External Affairs, gave a wrap-up of the overall 2025 legislation that impacted behavioral health.

**Announcements:** No announcements

### **Adjournment**

Dr. Taylor thanked the committee and adjourned the PNAC meeting at 11:50 am.

Next PNAC meeting: August 5, 2025

## STATE BUDGET BILLS

### SB 1-Huffman-General Appropriations Act

**Current Status:** Conference Committee Report passed Senate June 1. Passed House June 2 and was sent to the Comptroller for certification.

### HB 500-Bonnen-Supplemental Appropriations—Texas Health and Human Services Commission (HHSC).

**Current Status:** Conference Committee Report passed House and Senate June 1, and was sent to the Comptroller for certification June 2.

## HOUSE BILLS

### HB 18-VanDeaver-Rural Health Stabilization and Innovation Act.

Establishes programs and services for health care in rural counties.

Section 2-Requires HHSC to develop and implement a strategic plan to ensure that rural Texans have access to hospital services using at least one of the following methods:

- Enhanced cost reimbursement for hospitals participating in Medicaid managed care and a supplemental payment program for rural hospitals.
- Hospital rate enhancement for rural hospitals.
- Reduction in punitive actions under Medicaid and an enhancement of merit-based programs for rural hospitals.
- Reduction of state regulatory-related costs.
- Establishment of a minimum fee schedule for Medicaid managed care organizations (MCOs), based on federal rules by the Center for Medicare and Medicaid Services.

### Section 3-Requires HHSC:

- To develop a rural hospital financial needs assessment and financial vulnerability index to quantify the hospital's ability to:
  - Maintain current patient services
  - Meet hospital's financial obligations and
  - Remain operational.
- Establishes a State Office of Rural Hospital Finance to provide technical assistance to rural hospitals.
- Establishes a Texas Rural Hospital Officers Academy.

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

**Current Status:** The stage the bill has reached at the time of writing.

*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 18-continued

Section 4-Establishes grant programs for rural hospitals, hospital districts and hospital authorities:

- Financial Stabilization Grant Program
- Emergency Hardship Grant Program
- Innovation Grant Program
- Rural Hospital Support Gant Program
- General Grant Program

Section 5-Directs HHSC to develop and calculate an add-on reimbursement rate for rural hospitals that have obstetrics and gynecology departments.

Section 6-Defines Rural Health Clinic and Rural Hospital.

Section 7-Establishes a Pediatric Tele-Connectivity Resource Program for Rural Texas,

Section 8-Specifies use of program grants.

Section 9-Defines grant recipient selection procedures.

Section 10-Requires a biennial report by December 1 of even-numbered years.

Section 11-Amends Texas Health and Safety Code to reflect Federal of Code Regulations chapter 42, Section 491.2.

Section 12-Amends Texas Health and Safety Code 113 to add a subchapter on Rural Pediatric Mental Health Care Access Program for Rural Hospitals and Rural Clinics, using the Texas Child Mental Health Consortium.

Section 13-Requires the Texas Child Mental Health Consortium to make a biennial report on its activities including rural hospitals and rural health clinics.

Section 14-repeals Texas Government Codes 548.0351 (1) and 548.0356.

Section 15-Authorizes HHSC to seek any necessary federal waivers to implement HB 18.

Section 16-Directs HHSC to contract with institutions of higher education to administer the Texas Rural Hospital Officers Academy.

**Current Status:** Passed House and Senate. Sent to Governor May 31.

HB 114-Cortez-Transfers current veteran-related grants and programs from HHSC to the Texas Veterans Commission, including:

- Mental Health Program for Veterans.
- Texas Veterans and Family Alliance Grant Program.
- Veteran Suicide Prevention Action Plan,

**Current Status:** HB 114 Passed House and Senate. Sent to Governor May 31.

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.

Section 7-Amends 462.081(a) and (d) to allow a misdemeanor court judge to remand a defendant to a treatment facility approved by the commission for at least 30 days but not more than 90 days instead of incarceration or fine if the defendant

- Has been found guilty of a Class A or B misdemeanor
- The court finds that the offense related to or resulted from the defendant's chemical dependency.
- An HHSC-approved treatment facility is available and
- The HHSC-approved treatment facility agrees to admit the defendant.

A juvenile court may remand a child to treatment for at least 30 days but not more than 90 days if:

- The court finds that the child has engaged in delinquent conduct or conduct indicating a need for supervision and
- The conduct resulted from or was related to the child's chemical dependency.
- A facility approved by HHSC to accept court commitments is available to treat the child and
- The HHSC-approved facility agrees in writing to receive the child.

Section 8-Provisions of this bill apply only after the effective date.

Section 9-Effective date is September 1 if signed by the Governor.

Current Status: Passed House and Senate. Sent to Governor May 31.

HB 305-Hays-Amends Texas Code of Criminal Procedure 46b.084(d-1), which applies in cases in which the defendant has been found competent to stand trial to read:

(d-1) This article does not require the criminal case to be finally resolved within any specific period, except that, in a jurisdiction to which (d) (1) applies, a pretrial hearing on any evidentiary or procedural issue that must be resolved for the criminal proceedings in the case to proceed to trial or another resolution must be conducted not later than the 14<sup>th</sup> day after the date of the court's determination under this article that the defendant's competency has been restored."

Companion: SB 2096-Cook

Current Status: Passed House. Passed Senate May 23. Sent to Governor May 26.

HB 1593-Campos-Establishes advisory committee to study the need for suicide prevention and peer support in fire departments in Texas. Companion SB 1131-Middleton

- 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.
- Requires the advisory committee to prepare a report, by September 1, 2026, to the Governor and the Legislature including an overview of peer support in fire departments and recommendations on:
  - Possible licensing requirements and confidentiality concerns.
  - Recommendations for the need for legislation.
  - Whether to encourage local governments to develop suicide prevention and peer support groups in fire departments.
  - Specific programs to be implemented

Current Status: Passed House and Senate. Sent to the Governor on May 20, and signed May 28. Effective September 1, 2025.



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

Companion: SB 2375-N. Johnson

[Current Status](#): HB 1620 Passed House and Senate, Sent to Governor on May 16. Effective September 1.

[HB 1965](#)-J. Garcia-Directs Texas Veterans Commission to study mental health services to evaluate:

- Strategies to improve and expand mental health services provided by the Military Veteran Peer Network,
  - Recommendations on expanding the number of certified peer service coordinators who provide mental health services to members of the armed forces, veterans, and their families.
  - The study must include a focused section on certified peer service coordinators in rural communities.
- Report due December 1, 2026.

[Current Status](#): Passed House April 30. Passed Senate May 21. Sent to Governor May 26.

[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 voluntary treatment and rehabilitation shall inform the parent, managing conservator or guardian of the right to seek treatment at another facility.

[Current Status](#): Passed House and Senate. Sent to Governor May 31.

[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 established by state agencies and institutions of higher education.
- Establish a statewide saturation goal, including data sources and methodology to estimate current supply insufficiencies.
- A communication plan to address opioid overdoses in areas of Texas at higher risk for increased numbers of overdoses.
- A description of all state and federal money appropriated for the program.
- List and describe all available state and federally funded purchase and distribution programs for opioid antagonists.
- Establish distribution strategies.
- Make recommendations for improvement for addressing opioid overdoses among high-risk populations, including school-aged children, pregnant and postpartum women, and individuals residing in rural Texas.
- Coordination and consultation with state agencies and institutions of higher education that receive resources for distribution.
- Report is due by October 1 of even-numbered years. Companion: [SB 2378](#)-Hancock.

[Current Status](#): HB 4783 Passed House and Senate. Sent to Governor May 26.

[HB 5342](#)-Langraf-Amends Texas Government Code 547, 988 Suicide and Crisis Lifeline Trust Fund.

- Defines “crisis center” as a center participating in the 988 Suicide & Crisis Lifeline network to respond to statewide or regional communications.
- Requires an annual report of the use of crisis centers in Texas and the services provided by the centers to the Texas Legislature and to US Substance Abuse and Mental Health Services Administration.
- Directs HHSC to conduct a study on implementation, maintenance, and improvement.

[Current Status](#): Passed House and Senate. Sent to Governor May 22.

## SENATE BILLS

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

Companion Bill- HB 5251-Leo Wilson.

**Current Status:** SB 207 passed Senate and House, Signed by Governor May 30, Effective immediately.

SB 513-Sparks -Establishes a Rural Community-Based Care Pilot Program to implement a sustainable, replicable model of child welfare services that increases innovation, community engagement and improves outcomes for children and families.

- 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
- Qualifications of a lead entity:
  - Must be a non-profit agency that has a board of directors composed entirely of residents of the catchment area or a local government entity.
  - Have a strong community support and partnerships.
  - Experience in leading regional collaborative initiatives.
  - Capacity to coordinate with local child- and family-serving agencies.
- DFPS shall request necessary regional information to assist preparation of the request for bids, proposals or interest.
- DFPS and the lead agency shall develop a pilot program model including;
  - A timeline.
  - Identified funding.
  - Services to families and children that are family-based.
    - Ensure child safety.
    - Prevent entry into foster care.
    - Include family preservation, case management, foster care and kinship care.
    - Adoption and post-adoption services.
    - Transition services for youth aging out of foster care.
    - Additional services to meet needs of children and families in the region.
  - Development and coordination with a diverse network of providers including faith-based organizations, **LBHAs/LMHAs**, and others.
  - Use innovative approaches to improve outcomes.
  - Address geographic disparities in service availability and access in the child welfare system.
  - Create an oversight and quality assurance system.
  - Financial management of risks and resources.
  - Develop policies and procedures to provide services within applicable laws, unless waived by DFPS.

### SB 513-continued

- DFPS and lead entity shall establish a community alliance of stakeholders to provide a forum for community participation and governance to include:
  - Local families with lived experience with the child welfare system..
  - Local representative from the judiciary, education and health care.
  - Other community stakeholders.
- Community alliance duties include planning, use of resources, needs assessment, community priorities, outcome goals resource development.
- Funding and Resource Development-DFPS shall seek input from the lead entity regarding a capitated funding model for the pilot, using a fixed rate per child served.
- DFPS shall determine the feasibility of an integrated electronic case management system.
  - Provide technical support and access to data, information sharing outcome tracking.
  - Establish protocols to ensure privacy, security and efficient data sharing.
- DFPS and pilot program must implement a workforce development plan that addresses rural challenges, recruitment and retention of child welfare workers.
- 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.

Companion: [HB 1536](#)-Craddick

[SB 513](#)-Sparks Passed Senate and House, sent to Governor May 1. Signed by Governor May 13, effective September 1, 2025.

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

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.
  - 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.
  - Data should be separated by whether individuals were charged with a misdemeanor or felony and other factors deemed relevant by HHSC.
  - Annual report due to Legislator by September 1, first report due September 1, 2027.
    - Performance evaluation of each facility.

SB 528-continued

- 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.

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

**Current Status:** SB 528 passed Senate and House. Sent to Governor May 28.

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

- Adds licensed master social workers, licensed professional counselor 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 and House. Sent to the Governor June 1.

[SB 897](#)-Blanco- Amends Texas Government Codes 547.0304 and .0305 related to community mental health grant programs assisting veterans and their families. Companion Bill [HB 1819](#)-Ray Lopez.

- Amends the county match required for single counties to:
  - 25% of the grant amount for counties with population of less than 100,000.
  - 50% of the grant amount for counties with population of 100,000 to less than 250,000.
  - 75% (reduced from 100%) for counties with population greater than 250,000.
- Amends the county match required for multiple counties to the size of the largest county in the community mental health program:
  - 25% of the grant amount for counties with population of less than 100,000.
  - 50% of the grant amount for counties with population of 100,000 to less than 250,000.
  - 75% (reduced from 100%) for counties with population greater than 250,000.

**Current Status:** SB 897 Senate and House. Signed by the Governor May 15. Effective September 1, 2025.

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

- Requires owners or operators of group homes to obtain criminal history record information from the Texas Department of Public Safety for employees or applicants for employment.
- Prohibits collection of compensation for referral to a group home.
- Prohibits referral to an unlicensed or unpermitted group home unless no licensed or permitted group home operates in the geographic region where the person desires to reside.
- Or the person's family cannot afford the cost of residing in a licensed or permitted home.
- Requires that the consultant must inform the person of any complaints against the group home "of which the consultant has actual knowledge.
- Violations are a Class B misdemeanor.

**Current Status:** Passed Senate and House. Sent to Governor June 1.

[SB 1164](#)-Zaffirini-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,"... and that the person is likely without immediate detention to suffer serious risk of harm or to inflict serious harm on another person".

[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.

[Section 4](#)-Amends Texas Health and Safety Code 573.003(a) regarding emergency detention of a ward.

[Section 5](#)-Amends Texas Health and Safety Code 573.012 (b)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 (b) to add lack of capacity language to the certificate of medical examination.

[Section 9](#)-Amends Texas Health and Safety Code 574.034(a) and (d) to add lack of insight language and likelihood of suffering or inflicting harm.

[Section 10](#)-Amends Texas Health and Safety Codes 574.035 (a) and (e) regarding the judge's options for court-ordered temporary inpatient mental health services, adds updated language.

[Section 11](#)-Amends Texas Health and Safety Codes 574.064(a-1) regarding the judge's options for court-ordered extended inpatient mental health services. Adds updated language, strikes previous reference to "substantial risk of serious harm".

[Section 12](#)-Repeals Texas Health and Safety Codes 573.001.(b), .003(b) and .012(c).

[Section 13 and 14](#)-If passed, this legislation only applies to emergency detentions that begin on or after the effective date of the act, September 1, 2025. Companion Bill [HB 5463](#)-Moody,

[Current Status](#): Passed Senate and House. Sent to Governor June 1.

[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 and House. Sent to Governor June 1.

[SB 2069](#)-Zaffirini-Authorizes a study of the feasibility of implementing an acute psychiatric bed registry. Companion Bill [HB 2711](#)-Vo

[Current Status](#)-SB 2069 Passed Senate and House. Sent to Governor May 27.





Fiscal Year  
2025

Service Month  
All

Provider  
All

Measure  
All

6 Month View  
True

## Performance Measures FY25 - All

Measure	Description	2025 FY First Half				2025 FY Second Half		YTD
		202411	202412	202501	202502	202503	202504	2025
Adult Improvement	At least 20% of all adults authorized in a FLOC shall show improvement in at least one domain							45.4%
Adult Service Target	100% of 23,677	99.5%	99.1%	98.7%	100.5%	103.3%	105.4%	
	Count	23576	23472	23370	23809	24476	24978	
Child Improvement	At least 25.0% of all children authorized in a FLOC shall show improvement in at least one domain							42.7%
Child Service Target	100% of 8,173	90.6%	86.4%	85.1%	88.8%	94.3%	97.9%	
	Count	7406	7065	6958	7258	7713	8006	
Community Tenure	At least 96.8% of adults and children authorized in a FLOC shall avoid hospitalization in an HHSC Inpatient Bed	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	
Crisis 7 Day Follow-up	At least 22% of crisis episodes for adults and children in LOC-A 0 with a follow-up service contact 1-7 days after the date of the last crisis service in the crisis episode	42.5%	31.2%	23.8%	41.3%	38.0%	38.9%	
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	97.3%	97.5%	97.2%	96.4%	96.8%	99.2%	
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	45%	43.6%	50%	59.1%	65.9%	44.7%	



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

### **Purpose**

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

### **Goals**

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

### **News and Updates**

The CHW Team is continuing to increase our warm weather outreach campaign. We were also able to provide much-needed De-escalation training for the staff at Empowering the Masses. 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.
- Victoria - I had 43 ID appointments scheduled for the month.
- Derrell – May has been a busy month. We were able to distribute 106 NARCAN kits continuing to work in the population and grow within it to help more people get the resources they need. Cirilo and I have spent a lot of time delivering PPE and coming up with new ways to distribute NARCAN.



## 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>	1031	10	15	20	213	106
<b>June</b>						
<b>July</b>						
<b>August</b>						
<b>Annual Total</b>	12768	<b>242</b>	267	<b>202</b>	<b>2414</b>	<b>899</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 HOT and CHW teams collaborated to deliver an impactful training session for Empower the Masses. Together, they shared real-life examples and practical strategies for engaging with individuals experiencing homelessness, particularly those who may be non-compliant with their medication or resistant to services. Empower the Masses greatly appreciated the session and has invited both teams to facilitate a second training.

**Team Success** - We had the privilege of working with and securing housing for a neighbor whose criminal history included multiple criminal trespassing charges. Throughout this process, the neighbor was arrested at least three times, including two days before her scheduled move-in date. Thanks to Aundrea's consistent communication with the neighbor's father, he was able to post bail in time, allowing her to be released and retain her housing voucher.

### **FY2025 Performance**

	Unduplicated Enrollments	Moved into Permanent Housing* (including PSH* or RRH**)	Moved into Boarding Homes/Sober Living	Referred to Mental Health Services	Assisted with Critical Documents
September	25	1	0	3	6
October	25	0	0	9	1
November	3	7	0	1	2
December	3	8	0	3	7
January	9	2	0	6	7
February	75	8	0	26	24
March	31	0	1	18	12
April	7	22	0	7	7
May	1	25	0	1	1
June					
July					
August					
<b>Annual Total</b>	<b>179</b>	<b>73</b>	<b>1</b>	<b>74</b>	<b>67</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



## **Substance Use Disorder Treatment**

**Reporting Month: April 2025**

**Report Source: CMBHS**

<b>SERVICE TYPE</b>	<b>INDIVIDUALS RECEIVING SERVICE</b>
TRA: Ambulatory Detoxification – Adult	<b>0</b>
COPSD – Adult	<b>160</b>
TRA: Intensive Residential – Adult	<b>101</b>
TRY: Intensive Residential – Youth	<b>0</b>
TRF: Intensive Residential (Specialized Female) – Adult	<b>4</b>
TRF: Intensive Residential (Women and Children) – Adult	<b>11</b>
Office-Based Opioid Treatment – Adult and SF	<b>71</b>
Opioid Substitution Therapy (Medication Assisted Therapy) – Adult	<b>756</b>
TRA: Outpatient – Adult	<b>819</b>
TRY: Outpatient – Youth	<b>32</b>
TRF: Outpatient (Specialized Female) – Adult	<b>86</b>
TRA: Residential Detoxification – Adult	<b>83</b>
TRF: Residential Detoxification (Specialized Female) – Adult	<b>8</b>
<b>UNIQUE INDIVIDUALS SERVED</b>	<b>1854</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:** 439-2025 Approve RFP Awardees for MH Service Expansion

**DATE:** June 11, 2025

**STATE OF TEXAS** }

**COUNTY OF DALLAS** }

**BE IT REMEMBERED** at a regular meeting of the North Texas Behavioral Health Authority held on the 11th day of June 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 as needed, to negotiate and execute contracts with RFP Awardees for Expansion of Mental Health Services within the NTBHA Local Service Area.

**DONE IN OPEN MEETING** this the 11th day of June 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