

NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

BOARD OF DIRECTORS MEETING

November 11, 2026
12:00 PM

NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY

Board of Directors Meeting

A Videoconference Meeting *(Pursuant to Tex. Gov't Code § 551.127)* **will be held on**

Wednesday, November 11, 2026 @ 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/81516653046?pwd=Tno7Tv0w0V1SBdWxAAJM8QwChqMmvL.1

Passcode: 336644

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

A G E N D A

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

Item #	**Agenda Item**		**Attachment**
1.	Call to Order and Declaration of Quorum	Commissioner Dr. Elba Garcia, Chair	
2.	Swearing in of New Board Member (Rockwall County)	Commissioner Dr. Elba Garcia, Chair	
3.	Swearing in of Sheriff's Ex-officio Appointment (Dallas County)	Commissioner Dr. Elba Garcia, Chair	
4.	Swearing in of Sheriff's Ex-officio Appointment (Hunt County)	Commissioner Dr. Elba Garcia, Chair	
5.	Secretary's Report **Present Minutes for approval: October 2026*	Judge Cody Beauchamp, Secretary	X
6.	Finance Committee Report **Financial Reports for approval: August & September 2026*	Ryan Brown, Treasurer	X
7.	Public Commentary - *Limited to 2 minutes – only those who are registered*		
	Consent Agenda Items		
8.	Provider Meeting Update	Matt Roberts	X
9.	*PLAG* - Psychiatrists Leadership & Advocacy Group Update	John Bennett, M.D.	X
10.	Legislative Update	Janie Metzinger	X

	Agenda Item		
11.	*PNAC* - Planning & Network Advisory Committee Update	Walter Taylor, PhD	
12.	**Presentation:** *Multisystemic Therapy Services Overview*	Gloria Fobbs, LMSW, *MST Southern Dallas Program Manager*	
13.	Chief Executive Officer's Overview and Analysis	Carol Lucky	X
14.	*Resolution 529-2026 Approve the Resolution Recognizing Carol Lucky's 10 Years of Service as CEO of NTBHA	Commissioner Dr. Elba Garcia, Chair	X
15.	Executive Session ***The Board may go into Executive Session pursuant to Chapter 551, Subchapter D, Texas Govt. Codes as shown below:*** **Texas Government Code, Section 551.071**		
16.	Discussion and possible vote in open session on matters considered in Executive Session	Commissioner Dr. Elba Garcia, Chair	
17.	Next Regular Board of Directors Meeting: January 13, 2027	Commissioner Dr. Elba Garcia, Chair	
18.	Adjourn	Commissioner Dr. Elba Garcia, Chair	

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

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

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

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

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

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

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

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

North Texas Behavioral Health Authority
Minutes of the Board of Directors Videoconference Meeting
Presiding Officer and NTBHA CEO were present at 8111 LBJ Fwy, Dallas, TX 75251
October 14, 2026, at 12:00 PM

2026 Attendance	Jan 14	Feb 11	Mar	Apr 8	May 13	Jun 10		Jul	Aug 12	Sep 9	Oct 14	Nov 11	Dec
Commissioner Dr. Elba Garcia, Chair **Dallas County**	X	A	N	X	X	X		N	X	X	X		N
Janis Burdett, Vice-Chair **Ellis County**	X	A	N	X	X	X		N	A	X	X		N
Ryan Brown, Treasurer **Dallas County**	X	X	N	X	X	X		N	X	X	X		N
Judge Cody Beauchamp, Secretary **Navarro County**	X	X	N	X	X	X		N	X	X	X		N
Judge Mary Bardin, **Kaufman County**	X	X	N	A	X	X		N	X	A	A		N
Judge Lela Lawrence Mays **Dallas County**	X	X	N	X	A	X		N	A	X	X		N
Maricela Canava **Dallas County**	X	X	N	X	X	X		N	X	X	X		N
Major Todd Calkins **Rockwall County**	X	X	N	A	X	A		N	R	R	R		N
Deputy Michael Allen **Rockwall County**	A	A	N	A	A	A		N	A	A	A		N
Captain Charlie York **Navarro County**	A	X	N	A	X	X		N	A	A	X		N
Sergeant Brad Elliott **Ellis County**	X	A	N	A	A	A		N	A	A	A		N
Nikki Haynes **Hunt County**	X	X	N	A	X	A		N	X	X	A		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 12:06 PM. This meeting was conducted via Zoom with limited board members and staff physically onsite. Approximately 51 participants were in attendance, including
  - Board members,
  - NTBHA staff and
  - No in-person visitors

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Item #2
Secretary's Report
Commissioner Dr. Elba Garcia reported that the minutes from the September 9, 2026, meeting were reviewed. No revisions were noted, and the Board approved the minutes as presented.

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

Item #3
Finance Committee Report
Treasurer Ryan Brown anticipates that the August 2026 financial reports will be available for the November Board meeting, as they are being finalized following the close of the fiscal year.

Item #4
Public Commentary
None

CONSENT AGENDA

Item #5
Provider Meeting

Item #6
PLAG – Psychiatrists Leadership & Advocacy Group

Item #7
Legislative Update

Provider Meeting, PLAG Report, and Legislative Update were presented as part of the Consent Agenda.

- Vote. Janis Burdett moved for approval of the **Consent Agenda**, seconded by Ryan Brown. The motion carried.

Item #8
PNAC – Planning & Network Advisory Committee Update
Dr. Walter Taylor, CSO, reported that the PNAC met on October 6, 2026, and received its routine reports. He noted that the Planning and Network Development activities and the Consolidated Local Service Plan (CLSP) continue to be presented to PNAC for input. The CLSP is required to be submitted to the State biennially, with the next submission due by December 31, 2026. Dr. Taylor anticipates providing an additional update at the next board meeting.

Item #9
Presentation:
Mental Health Crisis and Emergency Detention. Chad Anderson, MA, LPC Supervisor,
Chief of Intensive and Forensic Services, presented an overview of emergency detentions (APOWWs) and Mental Illness Warrants (MIWs), explaining their purpose, statutory authority, eligibility criteria, and respective processes. He emphasized that both are intended to provide temporary detention, not arrest, of individuals experiencing a psychiatric crisis so they can receive an appropriate clinical assessment and, if necessary, crisis stabilization or inpatient treatment, while protecting individual rights.
Mr. Anderson explained that an APOWW may be initiated by a commissioned peace officer when there is insufficient time to obtain a warrant, whereas an MIW may be requested by any adult with personal knowledge of specific behaviors or circumstances demonstrating a substantial and imminent risk of serious harm. He reviewed transportation and hospital notification requirements, as well as differences in how counties handle MIW applications. He also discussed the role of Mobile Crisis Outreach Teams (MCOT), which

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may assess individuals, assist families with warrant applications, and facilitate the process when law enforcement does not initiate an emergency detention.
During the discussion, Judge Beauchamp requested a copy of the presentation for local law enforcement training, and Mr. Anderson agreed to provide it and offered to conduct an in-person presentation. In response to Dr. Garcia's question, Mr. Anderson confirmed that law enforcement agencies are required to use the state-approved APOWW notification form, which generally takes approximately 10–15 minutes to complete and is one to two pages in length.
Dr. Garcia also noted that Dallas County has been exploring implementation of a model that pairs healthcare providers with law enforcement to help address challenges in responding to individuals experiencing mental health crises, including those who refuse treatment.

Item #10
Chief Executive Officer's Overview and Analysis
CEO Carol Lucky Carol Lucky provided updates on legislative and budget developments, noting that early information indicates HHS may be considering an approximately 3% across-the-board budget reduction. The impact on individual LMHAs and services has not yet been determined, and NTBHA will continue to monitor developments closely.
Ms. Lucky reported that the Office of Inspector General (OIG) has begun an extensive review of NTBHA, as required under Senate Bill 26 (2023), which mandates reviews of every LMHA at least once every five years. The review is expected to take up to six months and is occurring concurrently with NTBHA's external financial audit.
She also provided updates on several operational matters:
- Metrocare: NTBHA continues to work with Metrocare as it addresses its current challenges. No significant decrease in service delivery has been observed.
- State Hospital: The state hospital is open and currently serving primarily the forensic population. NTBHA will meet with the superintendent and his team to begin coordinating discharge planning and continuity of care.
- Scurry State Hospital Step-Down Program: The facility successfully passed inspection and received positive feedback. NTBHA is awaiting state referrals for the eight-bed program, which will support individuals transitioning from long-term state hospital stays back into the community.
- Best Southwest MST Team: The team has begun operations and will be co-located at Southern Area Behavioral Health, serving DeSoto, Duncanville, and Cedar Hill.
- Hunt County Living Room: The facility is open and accepting individuals as it transitions toward full operations. A soft opening is underway, with a grand opening to be announced.
Ms. Lucky concluded by noting that NTBHA is in the second year of its current biennium funding cycle. Most funding remains level, while competitively awarded grants continue to support ongoing programs. She indicated that the budget remains in a solid position, while the agency will continue monitoring potential state budget reductions.

Item #11
***Resolution 521-2026 Approve Renaming of March 31st (NTBHA Holiday) to Farmworkers Day**
This resolution recommended that March 31, previously recognized as Cesar Chavez Day, be renamed Farm Works Day in response to state directives. Ms. Lucky explained that the change follows Dallas County's approach and would allow NTBHA to continue recognizing and celebrating the important heritage of farm workers within the community while complying with state requirements.
The Board approved renaming of March 31st NTBHA Holiday to Farmworkers Day.

- Vote: Judge Cody Beauchamp moved for approval, seconded by Maricela Canava. The motion carried.

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Item #12

***Resolution 522-2026 Approve Receipt of SAMHSA Youth and Family Tree Award**

The Board approved the receipt of SAMHA Youth and Family Tree Award.

Ms. Lucky explained that approval was being requested to accept the SAMHSA Youth and Family Tree Award, as a formal contract would not be issued until the award was accepted. The five-year award totals approximately $2.5 million, or $500,000 annually, for the project titled Meeting Kids Where They Are: Building Age-Appropriate Substance Use Care and Prevention in North Texas. The initiative will provide substance use prevention and treatment services for children and youth, while also engaging families to reduce the risk of substance use, particularly among children from families with a history of addiction..

- Vote: Ryan Brown moved to approve the resolution, seconded by Maricela Canava. The motion carried unanimously.

Item #13

***Resolution 523-2026 Approve Inpatient Psychiatric Hospital Contract Renewals for FY2027**

The Board approved the Inpatient Psychiatric Hospital Contract Renewals for FY2027.

Ms. Lucky explained that NTBHA is renewing its contracts with all seven currently contracted psychiatric hospitals, initially at level funding, with the ability to negotiate adjustments throughout the year based on services provided and utilization. The hospitals include Texas Health Presbyterian, Glen Oaks, Hickory Trails, Dallas Behavioral Health, Perimeter Arlington, Perimeter Dallas, and Millwood.

She reported that NTBHA received $18,740,800 in state funding to cover psychiatric bed utilization and administrative costs. Payments are based on actual beds used rather than contracted bed capacity. During the previous year, approximately 1,631 individuals were served, accounting for nearly 20,000 bed days. Ms. Lucky also discussed the ongoing utilization management and patient transfer coordination required to ensure adequate psychiatric bed availability, distribute demand among hospitals, and support the continued capacity of psychiatric providers in the community.

- Vote. Janis Burdett moved to approve the resolution, seconded by Ryan Brown. The motion carried unanimously.

Item #14

***Resolution 524-2026 Approve Harris County Crisis Hotline Interlocal Agreement (Renewal) for FY2027**

The Board approved the Harris County Crisis Hotline Interlocal Agreement (Renewal) for FY2027.

CEO Carol Lucky explained that this is a renewal of NTBHA's agreement with the Harris County Crisis Hotline, which provides 24/7 crisis hotline services and clinical screening for several LMHAs across Texas. The service assesses calls to determine the level of urgency and coordinates appropriate responses, including referrals to NTBHA's Mobile Crisis Outreach Team (MCOT) and local providers. She noted that the renewal maintains the same cost as the previous year. During the prior year, the hotline handled 12,453 calls, averaging more than 1,000 calls per month, and served approximately 518 individuals monthly. Ms. Lucky emphasized the importance of the service in ensuring timely access to appropriate crisis care.

- Vote. Janis Burdett moved to approve the resolution, seconded by Judge Cody Beauchamp. The motion carried unanimously.

Item #15

***Resolution 525-2026 Approve Clinical Pathway Laboratories (CPL) Contract Renewal for FY2027**

The Board approved the CEO's signature on the Clinical Pathway Laboratories Contract Renewal for 2027.

CEO Carol Lucky explained that Clinical Pathway Laboratories provides laboratory testing services used by NTBHA and its contracted providers, primarily for individuals requiring lab work ordered by a prescriber, including medication monitoring. She reported that the program averages just under 3,000 laboratory tests per month. The proposed renewal is for $250,000, with the current year's budget at approximately $226,000,

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reflecting a slight decrease from the prior year based on year-end projections. Additional funding may be allocated if needed.

- Vote. Judge Lela Lawrence Mays moved to approve the resolution, seconded by Maricela Canava. The motion carried unanimously.

Item #16

***Resolution 526-2026 Approve Pharmacy Benefits Manager (PBM) Contract Renewal for FY2027**

The Board approved the CEO's signature on the Pharmacy Benefits Manager (PBM) Contract Renewal for FY2027. CEO Carol Lucky explained that NTBHA anticipates lower pharmacy expenditures due to prior-year underspending, reduced administrative costs associated with prior authorizations, declining contract costs, and the availability of generic medications. The proposed pharmacy budget is $7.3 million, compared to $9.3 million in the previous year's budget. She reported that approximately 227,500 prescriptions were filled during the prior year. Ms. Lucky also highlighted NTBHA's extensive pharmacy network, which includes approximately 200 contracted pharmacies in Dallas and additional locations throughout the six-county service area, allowing individuals to fill prescriptions at convenient locations and improving access to and continuity of medications.

- Vote: Janis Burdett moved to approve the resolution, seconded by Judge Lela Lawrence Mays. The motion carried unanimously.

Item #17

***Resolution 527-2026 Approve Substance Use Disorder Provider Contract Renewals for FY2027**

The Board approved the CEO's signature on the of Substance Use Disorder Provider Contract Renewals for 2027. CEO Carol Lucky explained that the resolution renews contracts with NTBHA's 16 current substance use disorder providers. Payments are made on a fee-for-service basis, based on actual services delivered, rather than fixed contract amounts. She reported that approximately $17.919 million is allocated for these services, about $1 million less than the prior year due to a previous funding arrangement with LifePath. The anticipated funding adjustment is related primarily to Nexus services, and the final contracting and funding arrangements remain under review. Ms. Lucky noted that NTBHA will continue monitoring the state's contracting requirements and any resulting changes to ensure continuity of services.

- Vote: Ryan Brown moved to approve the resolution, seconded by Janis Burdett. The motion carried unanimously.

Item #18

***Resolution 528-2026 Approve Mental Health Provider Contract Renewals for FY2027**

The Board approved the CEO's signature on the Mental Health Provider Contract Renewals for FY2027.
CEO Carol Lucky explained that the resolution seeks a one-year extension of NTBHA's existing contracts with 12 comprehensive mental health providers and 14 specialty providers, including APAA, Transicare, and The Bridge. The total allocation is $53,762,000, with payments determined by the types of services provided and the number of individuals served.

- Vote: Janis Burdett moved to approve the resolution, seconded by Judge Lela Lawrence Mays. The motion carried unanimously.

Item #19

Executive Session

The Board may go into Executive Session pursuant to Chapter 51, Subchapter D, Texas Govt. Codes. If during the source of the meeting covered by this notice, the Board of Directors should. determine that a closed or executive meeting session of the Board of Directors is required, then. such closed or executive meeting or session is authorized by the Texas Open Meetings Act, Texas government code, Section 551.001 et seq., including but not limited to the following sections and purposes:
Tex. Gov't Code § 551.071 – Consultation with attorney to seek advice on legal matters.
Tex. Gov't Code § 551.072 – Discussion of purchase, exchange, lease, or valued real property.

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Tex. Gov't Code C 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 in Executive Session.**

Item #20
Open Session - Executive Session Matters:

- None.

Item #21
Next NTBHA Board Meeting
- The next NTBHA Board meeting is scheduled for **November 11, 2026, at 12:00 Noon.**

Item #22
Adjournment
- Janis Burdett moved to adjourn the meeting, seconded by Ryan Brown.
- The motion carried and the NTBHA Board of Directors Meeting was adjourned at 1:05 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)

Pending Board Approval

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 Education – 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

Pending Board Approval

HUD	Housing and Urban Development
ICD-10	10th 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

Pending Board Approval

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

Pending Board Approval

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

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North Texas Behavioral Health Authority
Statement of Revenue, Expenses and Changes in Net Position
FY 2026 ALL COMBINED CONTRACTS MTD - AUG26

	MH/SUD Authority	MH	SUD	Housing	Other	MTD Total
Revenue						
Federal Revenue	50,486	8,163,417	489,859	(31,749)	481,643	9,153,656
State Revenue	(6,566,291)	7,328,743	328,388	109,833	0	1,200,673
Local Revenue	235,612	810,641	109,833	0	(395,261)	760,826
Match Revenue	0	69,109	77,642	0	0	146,751
IN KIND Revenue	0	1,973,892	1,160,285	0	0	3,134,177
Other Revenue	0	342,794	0	0	1	342,796
Interest Income	0	0	0	0	17,167	17,167
Third Party Revenue	0	183,431	0	0	0	183,431
Total Revenue	(6,280,193)	18,872,028	2,166,008	78,084	103,550	14,939,477
Operating Expenses						
Provider Payments	1,236	8,345,933	839,899	(31,749)	(12,547)	9,142,772
In-Kind Provider Payments	0	1,973,892	1,080,635	0	0	3,054,527
Personnel Expenses	356,846	338,130	88,427	6,473	921,974	1,711,850
Personnel Fringe Benefits	117,482	103,717	27,193	2,107	147,630	398,129
Travel Expense	(1,291)	16,019	3,132	0	33,767	51,626
Supplies Expense	5,115	22,379	6,732	0	273,229	307,455
Contractual Expense	(188,465)	194,500	795	0	159,922	166,752
Other Expense	98,282	(406,252)	31,416	44,815	3,339	(228,399)
In-Kind Other Expense	0	0	79,650	0	0	79,650
Depreciation Expense	0	0	0	0	6,592	6,592
Total Expenses	389,205	10,588,318	2,157,879	21,647	1,533,906	14,690,954
Admin Allocation						
Admin Allocation	(6,463,023)	8,143,909	42,863	5,008	(1,775,861)	(47,104)
Total Admin Allocation	(6,463,023)	8,143,909	42,863	5,008	(1,775,861)	(47,104)
Total	(206,374)	139,800	(34,734)	51,429	345,505	295,626
NET SURPLUS/(DEFICIT)	**(206,374)**	**139,800**	**(34,734)**	**51,429**	**345,505**	**295,626**

North Texas Behavioral Health Authority
Statement of Revenue, Expenses and Changes in Net Position
FY 2026 ALL COMBINED CONTRACTS YTD - AUG26

	MH/SUD Authority	MH	SUD	Housing	Other	YTD Total
Revenue						
Federal Revenue	548,698	22,371,865	13,056,275	182,364	746,166	36,905,367
State Revenue	5,755,057	80,664,484	1,214,228	457,425	0	88,091,194
Local Revenue	3,120,022	1,973,523	7,760,231	0	0	12,853,775
Match Revenue	0	786,200	77,642	0	0	863,842
IN KIND Revenue	0	16,485,601	1,462,755	0	0	17,948,356
Other Revenue	0	479,156	0	0	1,752	480,909
Interest Income	0	0	0	0	290,652	290,652
Third Party Revenue	0	2,054,442	0	0	0	2,054,442
Total Revenue	9,423,777	124,815,270	23,571,132	639,788	1,038,570	159,488,536
Operating Expenses						
Provider Payments	0	84,554,219	19,981,418	182,364	176,913	104,894,914
In-Kind Provider Payments	0	16,485,601	1,383,105	0	0	17,868,706
Personnel Expenses	4,354,065	5,309,192	1,151,753	77,649	7,519,651	18,412,310
Personnel Fringe Benefits	1,341,643	1,683,278	393,570	21,868	1,637,611	5,077,970
Travel Expense	41,678	106,527	16,224	592	110,774	275,795
Supplies Expense	53,455	105,502	23,421	1,503	2,391,448	2,575,329
Contractual Expense	589,432	3,094,210	4,401	0	1,568,878	5,256,922
Other Expense	275,529	1,585,312	222,084	401,283	2,208,396	4,692,603
In-Kind Other Expense	0	0	79,650	0	0	79,650
Depreciation Expense	0	0	0	0	452,925	452,925
Total Expenses	6,655,801	112,923,842	23,255,625	685,259	16,066,597	159,587,124
Admin Allocation						
Admin Allocation	2,972,231	11,967,353	350,241	83,708	(15,373,533)	0
Total Admin Allocation	2,972,231	11,967,353	350,241	83,708	(15,373,533)	0
Total	(204,255)	(75,926)	(34,735)	(129,178)	345,505	(98,588)
NET SURPLUS/(DEFICIT)	**(204,255)**	**(75,926)**	**(34,735)**	**(129,178)**	**345,505**	**(98,588)**

FY2026 BOD Budget Variance Report

August , 2026

	Month to Date			Year to Date			
	Actual	Budget	Variance	Actuals	Budget	Variance	Total Budget
Revenue							
Federal Revenue	9,153,656	3,074,421	6,079,235	36,905,367	36,893,053	12,314	36,893,053
State Revenue	1,200,673	8,882,458	(7,681,785)	88,091,194	106,589,497	(18,498,303)	106,589,497
Local Revenue	760,826	1,437,340	(676,514)	12,853,775	17,248,078	(4,394,303)	17,248,078
Match Revenue	146,751	906,450	(759,699)	863,842	10,877,405	(10,013,563)	10,877,405
IN KIND Revenue	3,134,177	-	3,134,177	17,948,356	-	17,948,356	
Other Revenue	342,796	3,333	339,462	480,909	40,000	440,909	40,000
Interest Income	17,167	46,667	(29,500)	290,652	560,000	(269,348)	560,000
Third Party Revenue	183,431	-	183,431	2,054,442	-	2,054,442	
Total Revenue	14,939,477	14,350,669	588,807	159,488,536	172,208,033	(12,719,497)	172,208,033
Operating Expenses							
Provider Payments	9,142,772	8,513,631	629,141	104,894,914	102,163,572	2,731,342	102,163,572
In-Kind Provider Payments	3,054,527	-	3,054,527	17,868,706	-	17,868,706	
Personnel Expenses	1,711,850	1,870,660	(158,811)	18,412,310	22,447,924	(4,035,614)	22,447,924
Personnel Fringe Benefits	398,129	427,021	(28,892)	5,077,970	5,124,255	(46,285)	5,124,255
Travel Expense	51,626	32,075	19,551	275,795	384,897	(109,102)	384,897
Supplies Expense	307,455	207,253	100,203	2,575,329	2,487,031	88,298	2,487,031
Contractual Expense	166,752	2,733,931	(2,567,179)	5,256,922	32,807,169	(27,550,247)	32,807,169
Other Expense	(195,853)	526,932	(722,785)	4,772,253	6,323,185	(1,550,932)	6,323,185
Depreciation Expense	6,592	39,167	(32,575)	452,925	470,000	(17,075)	470,000
Total Expenses	14,643,850	14,350,669	293,181	159,587,124	172,208,033	(12,620,909)	172,208,033
Net Surplus (Deficit)	295,626	-	295,626	(98,588)	-	(98,588)	

North Texas Behavioral Health Authority
Statement of Revenue, Expenses and Changes in Net Position
FY 2027 ALL COMBINED CONTRACTS MTD - SEP26

	MH/SUD Authority	MH	SUD	Housing	Other	MTD Total
Revenue						
Federal Revenue	41,447	4,406,622	1,012,056	0	0	5,460,125
State Revenue	1,251,509	3,828,211	0	31,252	0	5,110,972
Local Revenue	0	76,241	423,383	0	0	499,625
Match Revenue	0	48,237	0	0	0	48,237
IN KIND Revenue	0	1,696,849	0	0	0	1,696,849
Other Revenue	0	0	0	0	2,813	2,813
Interest Income	0	0	0	0	14,027	14,027
Third Party Revenue	0	174,599	0	0	0	174,599
Total Revenue	1,292,956	10,230,759	1,435,440	31,252	16,840	13,007,246
Operating Expenses						
Provider Payments	13,875	7,163,149	1,290,512	0	3,750	8,471,286
In-Kind Provider Payments	0	1,696,849	0	0	0	1,696,849
Personnel Expenses	352,821	479,925	92,325	6,464	629,297	1,560,831
Personnel Fringe Benefits	111,437	140,007	29,123	2,107	146,501	429,175
Travel Expense	928	376	0	0	8,093	9,397
Supplies Expense	2,303	2,997	695	569	285,344	291,907
Contractual Expense	58,459	182,452	224	0	72,283	313,418
Other Expense	27,804	133,804	17,307	30,362	152,675	361,953
Depreciation Expense	0	0	0	0	6,592	6,592
Total Expenses	567,628	9,799,558	1,430,185	39,502	1,304,535	13,141,408
Admin Allocation						
Admin Allocation	725,338	375,884	182,973	5,054	(1,289,248)	0
Total Admin Allocation	725,338	375,884	182,973	5,054	(1,289,248)	0
Total	(9)	55,316	(177,718)	(13,304)	1,553	(134,162)
NET SURPLUS/(DEFICIT)	**(9)**	**55,316**	**(177,718)**	**(13,304)**	**1,553**	**(134,162)**

FY2026 BOD Budget Variance Report

September, 2026

	Month to Date		
	Actual	Budget	Variance
Revenue			
Federal Revenue	5,460,125	2,855,593	2,604,532
State Revenue	5,110,972	8,833,416	(3,722,444)
Local Revenue	499,625	2,071,851	(1,572,226)
Match Revenue	48,237	1,487,481	(1,439,245)
IN KIND Revenue	1,696,849	0	1,696,849
Other Revenue	2,813	0	2,813
Interest Income	14,027	50,000	(35,973)
Third Party Revenue	174,599	0	174,599
Total Revenue	13,007,246	15,298,342	(2,291,095)
Operating Expenses			
Provider Payments	8,471,286	8,650,075	(178,788)
In-Kind Provider Payments	1,696,849	0	1,696,849
Personnel Expenses	1,560,831	1,976,414	(415,582)
Personnel Fringe Benefits	429,175	522,241	(93,066)
Travel Expense	9,397	42,246	(32,849)
Supplies Expense	291,907	213,283	78,624
Contractual Expense	313,418	2,895,389	(2,581,970)
In-Kind Contractual Expense	0	243,797	(243,797)
Other Expense	361,953	705,909	(343,956)
In-Kind Other Expense	0	5,000	(5,000)
Depreciation Expense	6,592	43,990	(37,398)
Total Expenses	13,141,408	15,298,342	(2,156,933)
Net Surplus (Deficit)	(134,162)	-	(134,162)

NTBHA Provider Network Meeting
October 30, 2026
10am
Teleconference: Microsoft Teams

*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	➢ Operational Changes notify NTBHA at provider.relations@ntbha.org or call Alvin Mott at 469-530-0246 ➢ SUD & Mental Health Providers o **OIG @ NTBHA: As a result, NTBHA may be sending 'out of the blue' requests that will have a very quick response time.** o **Reminder: AuthRequests@ntbha.org – Uniform Assessment (UA) & Service Authorization Request (SAR) designated email box for communicating directly with the Utilization Management team.** o **Holiday Season closure notifications** o Client Financial Updates: financial assessments should be completed at the start of services and whenever there is a material change in the individual's financial situation. You shouldn't just wait until it expires. ▪ PIGEON (MH) ▪ CMBHS (SUD) o HHSC's Consumer Rights Handbook ➢ SUD Providers o **Documentation: All treatment services should be in client record within 72 hours of service. *Closed Complete status in CMBHS** o **Financial Eligibility (FE) – these should be signed and attached to FE in CMBHS.** o Daily Capacity Reporting o Treatment Client Satisfaction Survey: Ambulatory Detox/Residential Detox/Intensive Residential (Adult, HIV, Women & Children)/Outpatient. Survey can be conducted within 90 calendar days after client discharge. ▪ English: Patient Satisfaction Survey ▪ Spanish: Encuesta de Satisfacción del Paciente o CCMS Follow-ups o Complaint Posters for CDTF: ▪ English: https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/substance-trtmt/substance-trtmt-complaint-poster.pdf ▪ Spanish: https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/substance-trtmt/substance-trtmt-complaint-poster-es.pdf ➢ Mental Health Providers o New prescribers – Notify NTBHA ASAP. NTBHA can provide you with a form to complete and submit to provider.relations@ntbha.org to add or remove individuals from your prescription management roster. Request the form and submit prior to new prescriber start date or before they start writing prescriptions for NTBHA eligible individuals. o Staff Access to CMBHS / PIGEON or any other database.

		▪ Adding New Staff Access for either or both CMBHS and PIGEON: There is a NTBHA form that can be requested at provider.relations@ntbha.org . The same form can be used to remove users as well. Instructions on Form. ▪ Remove non-users; if MH providers need assistance with Pigeon, contact help@ntbha.org ▪ Remove non-users; if MH providers need assistance with CMBHS, contact provider.relations@ntbha.org ➢ Monthly QM Deliverables: qm@ntbha.org ○ Incident Data Report – to be used when notified of incidents (MH & SUD) ▪ Type 1 Incidents: Reported within one (1) business day ▪ Type 2 Incidents: Reported within two (2) business days ○ Incident Monthly Summary Report (MH & SUD) ○ Complaint Data Reports (MH only) ○ Inquiry Data Report (MH only) ○ Resources: https://ntbha.org/providers-procurement/
Compliance / Quality Management/ Utilization Management	QM/UM	➢ QM Reminders:
Announcement	Alvin Mott	➢ Please review the attachments to agenda
Questions From Providers	Alvin Mott	➢
Presentation	Robert Johnson	➢ MH Reports: Monthly RX/SNA/Medicaid/Error Report

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

The Next Meeting: **December 11, 2026, at 10am

****Meeting notes are included in NTBHA Board Meeting Documents. You can access NTBHA Board Meeting Documents at: https://ntbha.org/about-us/

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

Director, Zero Suicide & MHFA
North Texas Behavioral Health Authority
8111 LBJ Frwy | Suite 900 | Dallas, TX
Direct 469-530-0574
Cell 469-595-1211
mhfa@ntbha.org

Want to Take a MHFA Class?

Community Presentations Available



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

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

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

CMBHS Monthly Provider Call

The next Monthly Provider Call is scheduled for 2nd Tuesday of every month, from 10:00 to 11:00 AM CST. The Training and Technical Assistance Team will present on either Mental Health or Substance Abuse topic. CMBHS Training Team send the link out to all Security Administrators on the SUD side. NTBHA will share sign up link once shared by CMBHS to everyone else.

Check out the CMBHS Video Training Library:
https://cmbhs.dshs.state.tx.us/cmbhs/CMBHS%20Help/CMBHS_Online_Help/Video_Training_Library.htm

NAMI North Texas

NORTH TEXAS Mental Health Symposium
Save the Date Nov 17 2026

NAMI North Texas is now accepting **breakout session proposals** for the **2026 North Texas Mental Health Symposium**, taking place on **November 17, 2026.**

Each year, the symposium brings together professionals and community leaders working across the mental health system — including educators, social workers, clinicians, first responders, and justice system professionals — to share ideas, practical strategies, and innovative approaches to supporting mental health in our communities.

NTBHA
North Texas Behavioral Health Authority

Training Opportunities

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

Physician Leadership Advisory Group (PLAG)
Meeting Notes
October 7, 2026

Attendees: Dr. John Bennett, Dr. Asif Rashid, Dr. Tomekia Starling, Dr. Kristen Grable, Dr. Patrick Young.
NTBHA Staff: Matt Roberts, Robert Johnson, Amy Cunningham, Shiranda Williams, Caitlyn Traylor. IPM **Staff**: Melissa Hawkins

1. **Call to Order**
   Dr. Bennett called the meeting to order at 8:15.

2. **Routine Updates**
   State Hospital Update:
   - Mr. Roberts reported that the deflection service was continuing.
   - Dr. Grable referenced a recent case and asked about the screening process for individuals presenting to TSH from the community.
   - Since Jessica Martinez was not present at the call, Dr. Benett suggested that the group revisit the process question at the next meeting.

   Pharmacy Update:
   - Ms. Hawkins provided the Pharmacy Report for September.
   - Ms. Hawkins reported that the service had no noteworthy issues that month.

3. **New Business**
   None
4. **Old Business**
   Dr. Bennett asked Mr. Roberts if CPL had confirmed the change NTBHA requested to the Lithium alert values. Mr. Roberts reported that they had not and agreed to reengage with CPL and report back.

5. **Adjournment**

   Dr. Bennett adjourned the meeting at 8:36.

Next Meeting: November 4, 2026

Health and Human Services Commission
Texas State Hospitals Long Range Plan for Fiscal Year 2025

Link to Report:
https://www.hhs.texas.gov/sites/default/files/documents/tx-st-hospitals-long-range-2026.pdf

1. Introduction

This biennial report is required by Texas Health and Safety Code 533.02 (c) and must include:

- Future state hospital bed requirements.
- Methodology used to develop projections.
- Project maintenance costs.
- Recommend strategies to maximize use of facilities.
- Specify how each state hospital will
  - Serve and support individual and community needs its service areas.
  - Fulfill statewide needs for specialized services.

2. State Hospital Overview

- Shift in service delivery-Over the last two decades, the majority of admissions have shifted from voluntary admissions or civil commitments to forensic admissions.
  - In 2006, 72% of state hospital admissions were civil commitments, and 28% were forensic.
  - In 2025, 31% of state hospital admissions were civil commitments, and 69% were forensic.
- In FY 2025, 44% of forensic waitlist additions came from the top five urban counties:
  - Harris-569, Dallas-455, Travie-304-Tarrant-202, Bexar 154.
  - In FY 2019, 2,791 individuals were added to the forensic waitlist for competency restoration. By FY 2025, that number had grown to 3,732.
- Length of Stay-Civil commitments compared to forensic commitments
  - In January 2026, 19% of total state hospital population were forensic commitments due to the person being adjudicated Not Guilty by Reason of Insanity (NGRI).
  - The average length of stay for a person under an NGRI commitment was 1,2,94 days.
    The average length of stay for a person under civil commitment was 103 days.
  - Longer lengths of stay result in lower rates of bed turnover, fewer open beds on any given day.
- Individuals Found Unlikely to Restore Competency or Unrestorable.
  - In April 2026, 243 individuals under forensic admission were evaluated as unlikely to restore competency or unrestorable, and had an average length of stay of three and a half years.
    - Most have significant psychiatric impairment, co-occurring medical or cognitive conditions, functional impairments, and lack of insight or awareness of mental illness.

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

2. State Hospital Overview-continued

- Civil Population and the Inpatient Care Waitlist
  - Total number of individuals on the Inpatient Care Waitlist was 7,739 in FY 2019, dropped precipitously in FY 2021, and was at 2,209 in FY 2025.
  - However, in that same period, average number of days on the wait list went from 6.7 days to 16.2 days.
  - In that same period, the percentage of individuals on the waitlist who were youth under age 18 increased from 1% FY 2019 to 14% in FY 2025.
  - In FY 2025, approximately 75% of the individuals waiting in inpatient settings were located in the catchment areas served by Terrell State Hospital (TSH) and Wichita Falls State Hospital (WFSH)
    - Construction of replacement facilities at TSH and WFSH is underway and are expected to be operational in Winter 2027 and early 2028, respectively.
    - Panhandle State Hospital in Amarillo is under construction, expected to be open Fall 2027.
    - Texas Behavioral Health Center at University of Texas Southwestern Medical Center has recently opened. Children and Adolescent unit still under construction, expected open in 2027.

3. Need for Specialized Services

- Population Aged 65 and Older
  - Present with co-occurring medical conditions, cognitive impairment, limited mobility, neurocognitive disorders and other age-related conditions that require coordination, monitoring, accommodations, and detailed discharge planning, etc.
  - HHSC is renovating a 40-bed maximum security unit at San Antonio State Hospital to meet the needs of forensic patients who are over 65.
- Intellectual and Developmental Disabilities (IDD)
  - In FY 2025, 354 individuals in state hospitals were identified as having IDD
    - 51 were under 18 years of age.
    - 75% were on forensic commitments.
    - Mexia State Supported Living Center and San Angelo State Supported Living Center have separate forensic facilities for residents deemed high-risk alleged offenders.
    - State hospitals are expanding capacity and programming for patients with IDD.
- Child and Adolescent Population
  - Currently four state hospitals and one residential treatment center offer inpatient services for children and adolescents, with a total capacity of 612 beds.
  - Texas Behavioral Health Center operated by UT Southwestern will increase capacity by adding 92 child and adolescent inpatient beds.
  - “Employees working on youth units are at higher risk of injury due to severe behaviors.”
- Residential Treatment Services
  - Waco Center for Youth is a 74-bed facility.
  - Terrel State Hospital recently opened a 30-bed facility.

3. Need for Specialize Services-continued

- Inpatient Psychiatric Services
  - Vernon State Hospital South Campus operates an Adolescent Forensic Program under Texas Family Code 55 for youth ages 13 to 17 for youth determined to be manifestly dangerous or admitted as a condition of probation or parole

4 Projection of Future Bed Requirements and Methodology

- Texas expects to add 821 beds between FY 2026 and FY 2029.
  - Expansion of inpatient capacity could reduce forensic waitlist.
  - Capacity is also affected by population growth, criminal justice trends, legislation, judicial actions, workforce, temporary unit closures, emergency events and natural disasters.
  - Long-term system effectiveness also depends on a strong behavioral health continuum of care.
- Facility and Contracted Capacity

Anticipated Full Capacity at State-owned State Hospitals by End of FY 2027

Facility	Bed Capacity
Austin State Hospital	240
Big Spring State Hospital	144
El Paso Psychiatric Center	71
John S. Dunn Behavioral Science Center-UT Health Science Center-Houston	168
Kerrville State Hospital	290
Lubbock Psychiatric Center	50
Panhandle State Hospital	75
Rio Grande State Center	105
Rusk State Hospital	288
San Antonio State Hospital	340
Terrell Center for Youth	30
Terrell State Hospital	275
Texas Behavioral Health Center-UT Southwestern Medical Center	292
Vernon State Hospital	294
Waco Center for Youth	74
Wichita Falls State Hospital	225
TOTAL	**2,961**

Source: Texas State Hospitals Long Range Plan-page 17-18

Construction Grant Awardees Contracted Projected Bed Capacity Upon Completion of Construction

Grant Awardees	Bed Capacity
Beaumont Baptist of Southeast Texas-50% forensic	72
Doctors Hospital at Renaissance-at least 50% forensic	Up to 100 beds
Mongomery County Mental Health Treatment Facility-100% forensic	Up to 100 beds
Victoria County-at least 50% forensic	Up to 60 beds

Source: Texas State Hospitals Long Range Plan-page 19

Partner-Owned Contracted Capacity

Contractor	Bed Capacity
Mongomery County Mental Health Treatment Facility	94
Palestine Regional Medical Center	31
Permian Basin Behavioral Health Center	42
UT Health Science Center at Tyler	44
Integral Care	40
North Texas Behavioral Health Authority	48
MHMR Tarrant	37
Perimeter Behavioral Hospital of Dallas in Garland	16

Source: Texas State Hospitals Long Range Plan-page 19

HHSC anticipates increasing bed capacity to 3,647 beds9i upon completion of construction and ramp-up across the state.hospital system and other facilities.

5. Projected Maintenance Costs

- The 89th Texas Legislature appropriated $98 million to address deferred maintenance at state hospitals and state supported living centers.
    - 31 major projects are currently underway.
    - State hospitals have requested over $244 million for an additional 145 deferred maintenance projects.

6. Recommended Strategies to Maximize Use of State Hospitals

- Continue to invest in community-based service capacity.
    - Timely outpatient treatment, medication management, housing support, substance use treatment, crisis intervention or IDD services can keep conditions from worsening, and reduce risk of hospitalization, emergency detention and arrest.
- Eliminate barriers to discharge for inpatient psychiatric services.
    - State hospitals identified 479 individuals who were hospitalized over 90 day and who no longer met inpatient criteria, but other unmet needs that prevented discharge.
    - Texas needs more discharge option such as supervised residential settings with psychiatric, forensic, or functional support.
    - State Hospital Step-Down Program served 24 individuals in FY 2025, with an average length of stay of 284 days. None returned to the state hospital.
- Consider alternative uses for unoccupied buildings on state hospital campuses.
    - Intermediate care residential services for people with severe and persistent mental illness
        - May also have co-occurring conditions, traumatic brain injury or IDD.
- Staffing ratios
    - Higher acuity levels and increased risk of aggression can require increased staffing for enhanced observation or other interventions.
        - 17% of enhanced observations were ordered by a physician due to aggression
        - 83% were ordered due to suicidal or homicidal ideation, medical conditions or risk of unauthorized departure.
        - In FY 2025, 1,434 individuals required one-to-one observation, resulting in 806,081 hours of enhanced observation.
        - In FY 2025, 8,856 incidents of restraint in 94 adult units.
        - 2,012 staff injuries were reported due to patient aggression.
        - Additional staffing has been authorized by the Legislature for new facilities.
        - Plan recommends maintaining staffing ratios of four staff members per patient.
- Continue forensic system coordination.
    - Enhanced collaboration with LBHA/LMHAs, courts and county partners in Dallas and Travis Counties have resulted in over 220 waitlist removals between April 2025 and May 2026.
    - Jail In-Reach Program provides technical assistance to counties on managing waitlists.
    - State Hospital Transition Support Specialists assisted in discharge of 180 patients with complex needs and long hospital stays.
- Strengthen competency restoration care coordination.
    - In FY 2025, 337 individuals were served in Outpatient Competency Restoration (OCR) programs, with 149 of them restored to competency.
    - In FY 2025, 707 individuals were served in Jail-Based Competency Restoration (JBCR) programs, with 372 of them restored to competency.
    - HHSC says these programs are working, and that stronger coordination can improve outcomes.

6. Recommended Strategies to Maximize Use of State Hospitals-continued

- Establish specialty hubs for specific populations.
    - Designated hospitals as specialty hubs for specific high-acuity or complex populations would allow higher levels of expertise for geriatric, co-occurring or IDD populations etc.
- Modernize and integrate technology
    - Consolidated Health and Specialty Care System Electronic Health Record Software Solution (CHESS) should be fully implemented by August 2027.
- Strengthen and expand programming.
    - State hospitals as training hub for Licensed Chemical Dependency Counselors (LCDCs).
    - Expanded Cognitive Behavioral Therapy and Dialectical Behavioral Therapy skill integration across facilities.
    - Incorporated Applied Behavioral Analysis (ABA) into treatment planning.
    - Expanded services by Certified Peer Specialists.
    - Increased access to General Education Development (GED).
- Strengthen continuity of care.
    - Early in treatment, identify barriers to discharge and needs for community-based services.
    - Person-centered discharge planning.
    - Track readmissions withing 30 days of discharge.
    - In FY 2025, 74 individuals were re-admitted to the state hospital within 30 days of discharge.

7. Conclusion

- HHSC anticipates that once state hospital and other psychiatric facility construction projects are operational, Texas will have sufficient short term inpatient psychiatric capacity.
- Additional capacity for psychiatric care is needed for individuals with IDD.
- Additional capacity is needed for residential treatment centers.

Fiscal Year	Service Month	Provider	Measure	6 Month View
All	All	All	All	True

Performance Measures FYAll - All

		2026 FY Second Half					2027 FY First Half	YTD
Measure	Description	202604	202605	202606	202607	202608	202609	2026
Adult Improvement	At least 20% of all adults authorized in a FLOC shall show improvement in at least one domain							45.6%
Adult Service Target	Count	28169	28135	28461	28623	28705	28145	
Child Improvement	At least 25.0% of all children authorized in a FLOC shall show improvement in at least one domain							56.0%
Child Service Target	Count	8393	8281	7963	7610	7384	7523	
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	56.1%	46.6%	42.1%	40.9%	23.5%	28.9%	
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	92.8%	97%	95.0%	93.5%	96.6%	96.3%	
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	70.1%	55.2%	45.4%	50%	44.6%	50%	

BOARD RESOLUTION NO. 529-2026

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY RECOGNIZING AND COMMENDING CAROL LUCKY FOR TEN YEARS OF EXEMPLARY SERVICE AS CHIEF EXECUTIVE OFFICER

WHEREAS, the North Texas Behavioral Health Authority ("NTBHA") is the state-designated Local Behavioral Health Authority for Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall Counties, a six-county region of more than three million residents, whose mission is to strengthen individuals, support families and serve communities through well-coordinated and integrated care with a holistic "no wrong door" approach; and

WHEREAS, Carol Lucky has served as Chief Executive Officer of NTBHA for ten years, since 2016, guiding the organization through a decade of transition, growth and innovation in the delivery of mental health and substance use services; and

WHEREAS, in 2016, under Ms. Lucky's leadership, NTBHA completed the sunsetting of the NorthSTAR and ValueOptions managed care model and the transition to the Local Behavioral Health Authority model, one of the most significant undertakings in the Texas behavioral health system, requiring exceptional strategic planning, fiscal oversight and operational restructuring; and

WHEREAS, through Ms. Lucky's ability to navigate complex regulatory frameworks, secure funding stability and build a robust provider network, that transition proceeded without disruption to continuity of care for vulnerable populations, and NTBHA emerged stronger, more adaptable and better positioned to serve North Texas; and

WHEREAS, under Ms. Lucky's leadership, NTBHA's revenue has grown from $50 million in 2017 to $184 million in the current fiscal year, while NTBHA has consistently exceeded state-mandated service targets, has successfully completed multiple Texas Health and Human Services Commission ("HHSC") audits with minimal corrective action, and has held administrative costs to a minimum through competitive procurement and interlocal agreements; and

WHEREAS, in FY 2026, NTBHA recorded 670,144 encounters and served 59,965 individuals, which leads all local mental health and behavioral health authorities in Texas in encounters and reflects the highest outreach in the communities of the State's large urban areas; and rural areas.

WHEREAS, Ms. Lucky led NTBHA to Certified Community Behavioral Health Clinic (CCBHC) certification in partnership with Child and Family Guidance Center, Homeward Bound and Southern Area Behavioral Healthcare, and has built a network of 35 contracted provider organizations that preserves individual choice of provider, with competitive procurements in 2024 placing the full capacity of Mental Health and Substance Use Disorder Services with external providers; and

WHEREAS, Ms. Lucky has championed justice system reform by expanding competency restoration services, including Jail In-Reach and Outpatient Competency Restoration and female jail-based restoration, and by advancing Sequential Intercept Model mapping and Assertive Community Treatment and Forensic Assertive Community Treatment teams, reducing the burden on state hospitals and the time individuals spend in county jails and on state hospital waitlists; and

WHEREAS, Ms. Lucky has led NTBHA's crisis response efforts, including the 24/7 crisis hotline and Mobile Crisis Outreach Team services, Youth Crisis Outreach Team services, NTBHA's role in the Dallas Deflection Center and sobering center, the development of the Children's Crisis Respite Shelter, the Multi-Systemic Therapy Program, NTBHA Living Rooms in Dallas, Ellis, and Hunt Counties, the Kaufman Drop-Off Center and the Corsicana Respite House, so that individuals in crisis receive appropriate care rather than unnecessary incarceration or hospitalization; and

WHEREAS, Ms. Lucky has built regional and statewide partnerships with the Harris Center, Lakes Regional Community Center, LifePath Systems, Denton County MHMR, Tarrant County MHMR, Heart of Texas Behavioral Health Network and Texoma Community Center, and with Housing Forward, Dallas Downtown, Inc., Federally Qualified Health Centers and the Department of Veterans Affairs, addressing mental health, housing and homelessness together; and

WHEREAS, under Ms. Lucky's leadership NTBHA serves children and adults from age 3 regardless of ability to pay, place of residence or experience of homelessness, offers sliding fee discounts, pays for prescribed medications through a network of more than 200 pharmacies, and has expanded access through telehealth, care coordinators and peer supports; and

WHEREAS, Ms. Lucky has kept NTBHA responsive to the community it serves through the CCBHC Community Stakeholder Needs Assessment and Consolidated Local Services Plan, which gathers the views of respondents from individuals and families receiving services, from network providers, criminal justice, law enforcement, health care, homeless services, veterans services, education, and faith-based organizations as well as other community stakeholders, and through the Planning and Network Advisory Committee; and

WHEREAS, Sonja Gaines, Former Deputy Executive Commissioner of HHSC, in a letter to this Board dated May 23, 2025, commended Ms. Lucky's visionary guidance and noted that NTBHA has delivered service levels exceeding those of larger counties, including Harris, Tarrant, Bexar and Travis; and

WHEREAS, the Board of Directors, whose members are appointed by the Commissioners Courts of the counties NTBHA serves, wishes to express its sincere gratitude and formally recognize Ms. Lucky's decade of dedicated service, expertise and relentless pursuit of excellence;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY THAT:

1. The foregoing recitals are true and correct and are incorporated into this Resolution as findings of the Board.
2. The Board of Directors, on behalf of NTBHA, its staff, its provider network, the Commissioners Courts of the counties it serves, and the individuals and families it serves, recognizes and commends Carol Lucky for ten years of exemplary service as Chief Executive Officer.
3. The Board expresses its deepest appreciation to Ms. Lucky for her dedication, vision, integrity and compassionate leadership, and for the lasting impact of her work in transforming NTBHA into a premier behavioral health authority and a benchmark for behavioral health systems across Texas.
4. The Board reaffirms its commitment to supporting NTBHA's leadership and mission, to the "no wrong door" and collaborative responsibility principles on which NTBHA was built, and to continued community-informed planning that addresses the needs identified by stakeholders, so that NTBHA remains strong, innovative and positioned for future success.
5. This Resolution shall be entered into the permanent minutes of the Board, and the Chair will present an executed copy to Ms. Lucky.
6. This Resolution is effective immediately upon adoption.

PASSED, APPROVED AND ADOPTED by the Board of Directors of the North Texas Behavioral Health Authority at a meeting held on the 11th day of November, 2026.

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Commissioner Dr. Elba Garcia
Chair, Board of Directors