

**Behavioral Health Advisory Committee
FINAL DRAFT Meeting #12 Minutes
Friday, July 27, 2018
9:14 a.m.**

**Health and Human Services Commission
Brown-Heatly Building
Public Hearing Room
4900 North Lamar Boulevard
Austin, Texas 78751**

Agenda Item 1: Welcome, Opening Remarks and Introductions

The Behavioral Health Advisory Committee (BHAC) meeting was called to order at 9:14 a.m. with Wayne Young presiding as chair. Mr. Young welcomed committee members and members of the public. Mr. Young stated that with committee members rotating off the Committee, there are ten openings for membership. Ms. Karissa Sanchez stated that the deadline for application submission was closed.

Ms. Trina Ita, Assistant Commissioner of the Office of Mental Coordination, Health and Human Services Commission (HHSC) welcomed everyone to the meeting.

Mr. John Chacón, HHSC Stakeholder Relations Office, announced the meeting was being conducted in accordance with the Texas Open Meetings Act and noted that a quorum was present for the meeting.

Table 1: The Behavioral Health Advisory Committee member attendance at the Friday, July 27, 2018 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Afejuku Gathing, Ayo MD (pm only)	P		Johnson, Celeste	X	
Aylor, Candace		X	Johnson, Windy	X	
Castañeda, Elizabeth	X		Leon, Carlos	X	
Contreras, Stephanie	X		Osadchey, Lidya		X
Feehery, Matthew	X		Peoples, Kate		X
Holcomb, Valerie		X	Richardson, Andrea	X	
Horton, Colleen	X		Scott, Nakia MD	P	
Howell, Jason	X		Wolff, Matthew	P	
Humphrey, Cynthia	X		Young, Wayne	X	

Yes: Indicates attended the meeting

P: Indicated attended the meeting by phone

No: Indicates did not attend the meeting

Agenda Item 2: Approval of minutes for May 18, 2018, meeting

Mr. Young called for a motion to review and approve the minutes of the May 18, 2018 meeting.

Motion:

Ms. Andrea Richardson moved to approve the minutes from the May 18, 2018 meeting as presented. Mr. Matthew Feehery seconded the motion. The Committee members unanimously approved the minutes by voice vote, with no nays and no abstentions.

Agenda Item 3: Intellectual Developmental Disabilities and Behavioral Health Services Update

Ms. Gabi Teal and Ms. Novella Evans provided an update on the Office of Disability Prevention for Children partnerships with IDD-BHS. Ms. Sara Underwood provided an

update on System of Care initiatives and referenced handout entitled "Sustaining a Texas System of Care Grant Goal Summary". Ms. Jennifer Martinez provided an update on Statewide Behavioral Health Coordinating Council collaborative efforts. Ms. Rebekah Falkner and Amy Chandler provided an update on peer support specialist rules and referenced PowerPoint/handout entitled "Medicaid and Peer Specialists". Ms. Trina Ita, provided an update on the recommendations, block grant status and mental health services within detention centers.

Highlights of the **Office of Disability Prevention for Children partnerships with IDD-BHS update** and member discussion included:

- Ms. Gabby Teal and Novella Evans stated that they are improving their services for people with IDD and mental health needs. The office works with agencies to implement the behavioral health strategic plan. They described the partnering of the two offices to address children with IDD who have experienced trauma. Road to Recovery Training that was developed by the National Stress Network and the Hogg Foundation.
- HHSC reached out to see how to extend the grant which ends in September. There have been attendees from education, juvenile justice, health and human services and DFPS. Health plans and mental health authorities have also participated in the training.
- Another training is the Mental Health Wellness for people with IDD Training. It is an online training program comprised of 6 modules.
- Three extra courses are being developed for health care professionals on trauma informed care, communication, and interdisciplinary team work. There will be a push to get those out by the end of the fiscal year.
- Question was asked by a committee member regarding what are the next steps for Road to Recovery and HHSC responded that there is interest in continuing to do it but the issue is funding. SAFE is interested on continuing as well. They are exploring low cost ways to provide the training but that it is the intention to continue.
- Question was asked by a committee member if HHSC had anything to share related to the LAR and HHSC responded that it is too early to talk about exceptional items but IDD is being discussed and looking to provide a system-wide infrastructure.
- Ms. Horton stated that this is an area where there is a lot of interest.
- The last issues is the stakeholder meeting for ODCP. They wanted a venue where people could come together. The first meeting was in May. They have taken the feed-back and will be moving forward with another meeting that will be guided by a work plan. They are still in the process of figuring out how it will look.
- There are two positions that are being filled that will provide input on support for people with IDD within the office of behavioral health.
- Ms. Stephanie Contreras asked how they will know who from their area had taken the course. HHSC stated that there is information on the participants and the organizations they represented.
- Mr. Jason Howell suggested that best practices on housing would be helpful to learn about.
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Highlights of the **System of Care Initiatives update** and member discussion included:

- Ms. Sara Underwood stated that in 2017 HHSC got a system of care grant for \$11 million. In late 2011, Texas received a planning grant from the Substance Abuse

Mental Health Services Administration (SAMHSA) with the goal to create a strategic plan for the statewide expansion of the system of care (SOC) framework for children and youth with serious emotional disturbances (SED) and their families. The planning initiative was overseen by a Steering Team composed of family and youth representatives, advocates, and representatives of state and local child-serving agencies. The team reached out to family organizations, youth leaders, local community leaders and practitioners all over the state to gain direct input at every stage, continually refining and improving strategies and recommended action steps. The strategic plan built upon lessons learned from previous and current state and community efforts to develop systems of care. In 2017, the initial strategic plan was updated by the Child and Youth Behavioral Health Subcommittee to frame the goals and strategies for the 2017-2021 period. The grant began September 2017. To implement the grant they partner with UT Austin and 50% of the grant must be used for services, so they partner with two LMHAs. Children in the YES waiver are part of the system of care and children are enrolled if eligible. Wrap around services are a focus of the grant as well as family partner services. There are enhanced trauma screenings occurring through the grant. The focus of the grant is to keep children out of institutions. Trainings will be held and a CRCG conference will happen through the grant.

- Ms. Andrea Richardson inquired about the peers and how that will be developing. Network capacity could be an area for expansion and then looking at networks of care.

Highlights of the **Statewide Behavioral Health Coordinating Council (SBHCC) update** and member discussion included:

- Ms. Jennifer Martinez stated that the Council met on July 17. They had their standard round table discussion. They decided that having a grant specific workgroup would coordinate on grants. There was an update on the Judicial Commission on mental health. The Veterans Commission has developed a white paper to come out of the summit they sponsored. They are in the beginning stages of developing the 2017 progress report and behavioral health inventory that will be published December of this year. The behavioral health strategic plan will be updated and for the first time there will be a very high level IDD strategic plan that will have inventory and prevalence data. The actual plan will be developed after the legislative session.
- Ms. Colleen Horton inquired about the breakdown of IDD services. Ms. Martinez stated that it will be addressing all the services. Ms. Horton stated that it would be helpful to address the co-occurring population. She asked if there is a chart that lays out the strategic plan and the activities that are being conducted. Ms. Martinez stated that the progress report would be the place to find the information Ms. Horton would like to see.

Mr. Wayne Young, Chair stated that the progress report was pretty comprehensive.

- Ms. Andrea Richardson stated that the judicial summit is by invitation only. Ms. Martinez stated that she can be sure this committee can be informed of the summit, but it is by invitation only.

Highlights of the **Peer support specialist rules update** and member discussion included:

- Question was asked by a committee member regarding what is the plan for peer specialists who presently have to get their CEUs and Ms. Falkner responded that

peers are allowed to get training from approved trainers or any training that is approved for mental health CEUs.

- Mr. Jason Howell stated that there has been a lot of discussion on these rules. He asked about eligibility and the criminal justice look backs. There could have been past encounters with law enforcement. He asked if there is a process for exemption from the 5 year look back and Ms. Falkner stated that there is room in the rules to waive the past occurrence even if the time period has not passed. Mr. Howell stated that some concessions were made and he was interested in providing a new provider types that was part of the concessions made. He also asked about the 18-21 year olds and that the intent of the bill was 18 and over. Staff stated that the peer organizations are doing a lot of the work and that a provider type will be added and furthermore the transition age youth will be addressed in discussions with CMS. Mr. Howell stated that he appreciates the billing codes but they are in 15 minute intervals. He asked if a capitated rate could be developed. HHSC stated that they would take that back for considerations.
- Question was asked by a committee member regarding what were the plans for processing ethics complaints and Ms. Falkner stated that HHSC is in the beginning process for the certification entity and they would be the entity for ethics complaints. It was noted that the rules do not get into that fine a detail.
- Ms. Colleen Horton stated that it has been a very vocal workgroup. She stated that some of the issues that remain:
 - The age issue (18-21)—the legislation had no age limitation and youth should be considered
 - Rate adequacy could be an issue if the rates do not honor the value of the position
 - The ability to use telehealth services for peer support should be considered
 - We are creating a different system where the certification entity will have significant responsibilities and financial support will be needed.
- Ms. Andrea Richardson stated that she wanted to underscore the 14-17 year olds. Maybe a pilot could be tried. She stated that systems putting on conferences should have an access to CEUs. HHSC stated that would be under the purview of the certification entity but they do not have to be preapproved. Ms. Richardson inquired about reaching out to the Health Plans. HHSC stated they will be reaching out to the health plans.

Highlights of the **recommendations, block grant status, and mental health services within detention centers update** and member discussion included:

- **Regarding recommendations**, Ms. Trina Ita stated that there are some recommendations about workforce came from the BHAC committee. The EC's office has asked for staff to look at the issue and see what has been done to date. There was legislation in the past about looking at workforce. There was legislation looking at telehealth to expand workforce. Peer support will expand the workforce issue. A workforce coordinator has been hired at HHSC. Workforce has been an issue in the behavioral health strategic plan.
- Ms. Cynthia Humphrey stated that telehealth would be a way to get services to the rural treatment. She asked if Medically Assisted Treatment (MAT) can be provided through telehealth and Ms. Ita stated that has not been discussed yet but would be considered.
- Ms. Andrea Richardson stated that with MAT because of legislation there is a face to face requirement. Dr. Nakia Scott stated that has been an issue and that is an issue for the TMA and that after the first visit they can use tele psychiatry services. Laura

Gold, HHSC stated that there has been clarification and federal requirements around MAT and Telehealth. There have been some challenges but not for alcohol and Naltrexone.

- It was noted that Nurse Practitioners are also added to the telehealth rules.
- Ms. Colleen Horton stated that she has spoken with LMHAs and some think it is already possible to use telehealth for these things. The process is more complicated though and it is confusing to people. There appears to be some misunderstanding as to what is allowed and what is not. HHSC stated that perhaps it is the procedure code usage that is confusing people.
- Dr. Scott stated that some plans will cover telehealth provision of certain services if the right procedure code is used.
- Mr. Wayne Young, Chair stated that this should be discussed as an agenda item in the future.
- Ms. Richardson inquired about office based opioid treatment and the status of the grants. HHSC stated that for recipients of the grants, extensions are being offered. They are working on renewals for September 1 activities.
- **Regarding block grant status**, Ms. Trina Ita stated that there had been some interest around the block grant requirements. Details will be provided in time for the committee to address the Block Grant. Texas got an enhancement of funds for the mental health block grant. They are looking at expansion of coordinated specialty care and providing prevention and support for early onset psychosis. Expansion of club houses is also being considered. Expansion of consumer operated providers is being considered. They do a lot of work around suicide prevention and there had been grant dollars in the past. Some of the new money will target suicide prevention. They will also be looking at mental health first aid training. There has been a targeted effort at looking at prevention. Expansion of Mentalhealth.org will also benefit from the new funding. Online training for lay people will also be provided.
- Ms. Stephanie Contreras inquired about the suicide prevention efforts. HHSC stated that there have been training in the past but the details of the new initiative are still under development. Ms. Contreras inquired about current trainings that are available for lay training. HHSC stated that they are looking at building something like Mental Health First Aid "Light".
- Mr. Jason Howell inquired about balance in the dollars involving RCOs in the state and that Texas has interpreted the parameters on the opioid dollars in a very narrow way.
- **Regarding mental health services within detention centers**, Ms. Ita state that there was the national child and traumatic stress network contacted providers in the state related to Casa Padre. Some work has occurred but HHSC did not know the status of this work.

Agenda Item 4: Health and Specialty Care System update

Mr. Mike Maples, Deputy Executive Commissioner provided an update on state operated facilities and referenced PowerPoint/handout entitled "State Hospitals: A Changing System". Highlights of the update and member discussion included:

- Commissioner Mike Maples stated that there is a new title for the Health and Specialty Care System which addresses services at 23 facilities. He stated that there is a change in the served population at the state facilities. Forensics have grown significantly while civil have decreased at the same rate. This is important because there will be construction of new facilities that will have to address this shift. They have been pushing services out to the community for people to be served closer to

home. Recovery happens close to home. People involved with the criminal justice system typically have longer lengths of stay. Patients with comorbidity also need longer terms of care. The capacity is limited to 2,145 beds. The back-up becomes the jails. There are a considerable number of people waiting to get into the hospital.

- Commissioner Maples stated that there have been hundreds of beds added to the community so people who needed short term care are not served in the community. There is better awareness in the court system. Total beds have not declined (institution and community) but also demand is up making the waiting list grow.
- A committee member representing MCOs stated that some people are staying in acute care facilities that is not court ordered. They need something longer term. The seriously mentally ill need additional beds. The Commissioner stated that they have received money from the legislature for infrastructure improvements that includes expanding capacity. The legislature laid the projects out in three phases.
- Commissioner Maples stated that the total for these projects is 328 beds. More detail is available by viewing the Comprehensive Inpatient Mental Health Plan. This plan lays out the full three phase effort.
- Commissioner Maples stated that in addition to this there was \$160 million made available by the Legislature for repairs. This makes a total of \$460 million commitment from the legislature. The Legislature committed to a three phase system though the money is not clear for the second and three phases.
- Commissioner Maples stated that part of phase one was to begin the planning process. A letter will be sent out to the LBB for preplanning for the Dallas and the Panhandle.
- Ms. Celeste Johnson stated that they have had a difficult time placing people in facilities, largely because of co-occurring issues like dialysis needs. This holds acute care beds long term and makes them unavailable for others. Ms. Johnson stated she hoped that the plan looks at medical comorbidity as an issue to be addressed. The Commissioner stated that by partnering with medical schools they hope to develop a capability for acute care patients with mental health issues as well. They are a hospital now but they often do not have the capability to provide acute care medical services. Some beds are purchased in Tyler to address medical needs of patients.
- Ms. Stephanie Contreras stated that the waiting list is civil and forensic patients. The beds are being given to forensic patients. The Commissioner stated that civil commitments are occurring at the local level to counter balance the shift to forensic at the facilities. Ms. Contreras stated that there is an easy solution but there is a pay issue for forensic patients. The entity who puts a forensic patient in the hospital should pay for the bed they are using. The Commissioner stated that he sits on the Judicial Commission and they are having to look at how the beds (old and new) are, and will be, used.
- Wayne Young, Chair stated that there is a question about what happens currently. The other question (rhetorical) "but what then". The Commissioner stated that we have to have a community system that supports the decision for in and out. There are a number of people (600-700 people) in the state hospitals who have been there over a year. This has to be looked at. The bed could be turned over four time if the long term patient was not occupying the bed.
- Ms. Celeste Johnson stated that their hospital owns numerous nursing homes and none of them take people with mental illness.
- Ms. Wendy Johnson inquired about community beds. The Commissioner stated that if there is not adequate community supports for discharged patients then they readmit. We have to efficiently move people out of the hospitals and a community system must be in place for that to happen. HHSC is having to move more and more

civil patients out to make room for forensic patients. There are laws which have to be reviewed.

Agenda Item 7: Office of the Ombudsman complaint process overview

Mr. Joel Schwartz and Avril Hunter provided an overview of the Office of the Ombudsman complaint process and referenced handouts entitled "Behavioral Health Ombudsman Mental Health Client Rights and Behavioral Health Ombudsman Potential Parity Violations".

Highlights of the overview and member discussion included:

- Mr. Joel Schwartz described the complaint process and stated that the office is developed by statute and is designed to be independent. The office addresses complaints for all HHS programs. All ombudsman services, with the exception of the institutions, exist within their office and they provide hotline services and operations and reporting since they are required to report on all complaints they receive. They take complaints and look for systemic issues then make recommendations to address the individual complaints as well as the systemic issues
- Ms. Avril Hunter stated that the behavioral health ombudsman has been taking complaints since January. They were created through HB10 to also address parity complaints. Complaints come from LMHAs and state hospitals as well as family members. Some private hospitals also receive complaints that are addressed by the office. Complaints come through the toll free number mainly and through the website and email. Faxes and regular mail are lesser modes for receiving complaints. Each state hospital has a client's rights officer. When the Ombudsman receives a hospital complaint, then they contact the client's rights officer. If this is not resolvable by the rights officer then the ombudsman's office gets involved and reviews the case thoroughly.
- Ms. Hunter stated that their focus is to see that a person has been treated fairly. The client may be unhappy with the outcome, especially if they concur with the center.
- The parity process which is fairly similar was discussed, but there is not a rights officer involved. Ms. Hunter stated that most complaints have involved insurance companies denying access to care and that there have been about one parity complaint per month since they began in January.
- Ms. Hunter stated that the information is entered into their tracking system when a complaint comes in. They look at the denial letters and see if the issues are quantitative or non-quantitative. They will reach out to the insurance companies and the Department of Insurance. They will explain in detail their concerns and provide a warm handoff to the TDI if that is appropriate.
- Ms. Stephanie Contreras stated she remembers seeing posters for disability rights but not the ombudsman. The Ombudsman stated that they are required to have posters up. Ms. Hunter stated that the posters are being updated, but the old ones should be clearly visible until the new ones are put up.
- Ms. Andrea Richardson stated that they appreciate the information and interaction with the ombudsman.
- Mr. Jason Howell inquired about social media tools that could be used. The Ombudsman stated that HHSC has a social media presence and when the ombudsman has information to update then they contact the social media team.
- Ms. Colleen Horton asked for electronic copies of the flow charts presented.

Agenda Item 5: Public Comment:

No public comment was offered during this time.

Agenda Item 6: Rapid Integrated Group Healthcare Team Care Program overview

Mr. John Petrila provided an overview of the Rapid Integrated Group Healthcare Team Care Program and referenced PowerPoint/handout entitled "Texas State of MIND - The Meadows Mental Health Policy Institute - Rapid Integrated Group Healthcare Team (RIGHT Care) and RIGHT Care brochures. Highlights of the overview and member discussion included:

- Mr. John Petrila stated that the Caruth grant funded data analytics and they used Lubeca Analytics. Four hospital systems have agreed to give their data to be reviewed. It is being used for continuity of care and is HIPPA compliant. Mr. Petrila stated that they want to extend this system to the RIGHT Care Teams including the police officer with the proper safeguards.
- Ms. Colleen Horton asked how this is different from the typical crisis intervention team. Mr. Petrila stated that it is more integrated and that there is a larger focus on the mental health assessment.
- Ms. Horton stated that they should engage peers and others with lived experience to address some ethical issues. Sharing information may be legal but it could dampen participation if people know their information is being shared without their consent. Having certified peer specialists as part of the team would build trust. Mr. Petrila stated that there is a consent form related to sharing information once they are in for services. Ms. Horton just asked them to be cautious with sharing information.
- Mr. Wayne Young, Chair stated that his organization (Houston) has started sending peace officers with tablets to better communicate with the teams.
- Ms. Wendy Johnson stated that workforce could be an issue in rural counties, but the use of tablets could help with that.
- Mr. Petrila stated that just because we are committed to do the right thing we have to be mindful of the legal and ethical issues.
- Mr. Jason Howell stated that in his community the interaction with a peer is very different from how they interact with the police. We have to think through issues that compromise people's rights.

Agenda Item 8: Statewide suicide prevention efforts

Ms. Jenna Heise provided an update on statewide suicide prevention efforts. Highlights of the update and member discussion included:

- Ms. Jenna Heise described her role as suicide prevention coordinator. She noted the following talking points:
 - There are numerous statutes requiring policy implementation including Health and Safety Code 161.325 which requires ISD to have suicide prevention plans and training.
 - SB578 requires an action plan for veterans.
 - TTR for public mental health system with the LMHAs. This work include crisis standards and contract requirements. Hotline standards are also a part of this.
 - Safety plans are part of the information they provide.

- Self-Study is now an effort to look at what happens after a suicide occurs. There is an organizational self-study developed with the zero suicide network, providing the best suicide care that they can.
- Each LMHA will have a suicide coordinator that will provide a point of contact for the state coordinator.
- Surveillance related to suicide mortality and morbidity.
- Youth Risk Behavior Survey that has suicide morbidity questions on it.
- Last year the behavioral risk factor surveillance system they added questions on suicide for adults. Another question was asked this year as well. Now the questions asked for adults and youth are the same.
- Texas is applying to be part of a national effort for reporting violence and violent deaths to better understand what is going on across the state.
- Now several entities can share real time suicide death data and not two years later. This helps local entities understand the prevalence of suicide in their area.
- The Columbia tool is being encouraged. It is an evidence based tool that Houston will be using.
- DFPS is using the assessment tool as well. Many LMHAs have taken on the responsibility of using that tool and it is built into their system. Crisis services are improving through the use of the tool.
- There are trainings that have been held to build an infrastructure and to bring evidence based practices to address suicide.
- Webinars have been held also regarding the best practices to embed them in the system. Several LMHAs have embedded suicide prevention in their practices.
- The office also does CMEs for Texas Health Steps and they provide technical assistance as well.
- There are collaborations internally also to engage HRSA funded programs, working on injury prevention as a public health goal.
- Ms. Heise stated that Injury Control and Research Centers address numerous safety initiatives, but there is only one for suicide prevention and Texas is now part of this. This allowed Texas to develop youth suicide rate and found that the top two counties were Cook County and Houston (Third Ward).
- Ms. Heise stated that the Veteran Initiatives are quite robust right now and each VA has suicide coordinators and there are coordinators on the bases as well. The VA Center for Excellence has a grant that Texas will participate in. There are numerous veterans dying from suicide every day. There will be a pilot in one area and a control site in another.
- Ms. Heise stated that they are working to get suicide prevention the prominence it needs and that post crisis engagement (post-intervention) is a focus through the LMHAs. This addresses crisis events and sometimes private companies where a suicide has occurred. They help entities develop a plan before a crisis hits.
- Ms. Heise stated that the Governor's office is actively engaged in several initiatives as well that can be presented at another meeting.
- Ms. Celeste Johnson stated that children need to be screened as part of their checkups. We can catch them early that way, and possibly prevent suicide.

Agenda Item 9: Subcommittee/Committee Reports

a. Children and Youth Behavioral Subcommittee Update

Ms. Tracy Levins provided the update. Highlights of the update and member discussion included:

- Ms. Levins stated that the subcommittee last met July 11th and fine-tuned the by-laws. Collin County provided an update on the services they provide. The Texas Building Bridges initiative had active participation. There will be learning collaboratives that will help keep momentum going. There was a policy academy on transition age youth. LMHAs developed strategies to take back with them. The Alliance for Adolescent Recovery and Treatment in Texas hosted an event in Houston.

b. Data Subcommittee Update

Ms. Andrea Richardson provided the update and highlights of the update and member discussion included:

- Ms. Richardson stated that the subcommittee had a request for data from HHSC. Performance metrics of LMHAs come through a performance contract. There was an update about the metrics. There was a ten percent rule where funding was withheld and then redeployed based on performance. The performance metrics were pulled for review and recalibration. The goal is to have measures that is meaningful for the system. They will be looking at behavioral health and mental health outcome data.

c. Rules Subcommittee Update

Ms. Windy Johnson provided the update and highlights of the update and member discussion included:

- Ms. Johnson stated that the subcommittee had looked at jail-based competency restoration and outpatient competency restoration rule. The jail-based item is being reviewed by the department and outpatient competency restoration rule is addressing legislative changes and the rules to govern the services. There has been a problem with participation in the rules subcommittee.

d. Policy Subcommittee Update

Mr. Matthew Feehery, stated that the subcommittee was recommending the Respectful Language Request letter for approval and to be sent to the Acting Executive Commissioner.

The following was a recommendation discussed and voted on:

1. Respectful Language Request Letter to HHSCs Executive Commissioner.

Mr. Young called for a motion to approve the Respectful Language Request Letter to HHSCs Executive Commissioner.

Motion:

Ms. Andrea Richardson moved to approve the Respectful Language Request Letter to HHSCs Executive Commissioner as presented. Mr. Jason Howell seconded the motion. The Committee members approved the Respectful Language Request Letter to HHSCs Executive Commissioner by voice vote, with eleven yeas, and no nays.

e. Self-Directed Care Ad Hoc Subcommittee Update

Ms. Andrea Richardson provided an update and highlights of the update and member discussion included:

- Ms. Richardson stated that the subcommittee is looking at peers serving families. The project they are working on which directs the outpatient mental health services budget with 326 people addressing what they value for their own personal care. The UT School of Social Work is pulling the information together. They are wanting to be sure their information is valid. This is like a personal care recovery plan on steroids.

f. Mental Health Condition and Substance Use Disorder Parity Work Group Update

Mr. Greg Hansch provided the update and highlights of the update and member discussion included:

- Mr. Hansch stated that the parity workgroup had met twice since this group's last meeting. They will be finalizing the legislatively mandated report due September 1. The reports are to be submitted to committees. They are also required to develop a strategic plan that provides recommendations related to outreach related to parity laws. The report about to be finalized includes:
 - Compliance enforcement and oversight
 - Complaints concerns and investigations
 - Education outreach and awareness

They had organized into three different subcommittees. They support a unified approach to the delivery of behavioral health services. Their recommendations will align with and address gaps in the statewide behavioral health strategic plan. There include:

- Gap 1: Access to appropriate behavioral health services
- Gap 2: Behavioral health needs of public school students
- Gap 3: coordination across state agencies
- Gap 6: Access to timely treatment services
- Gap 9: Behavioral health services of persons with IDD
- Gap 11: Prevention and early intervention services
- Gap 13: Behavioral health workforce shortages

In developing the strategic plan, subcommittees have come up with goals, objectives and strategies. They have worked with stakeholders internally to and outside of Texas. This involves people with lived experience and the insurance industry. They heard from other states where parity legislation has occurred. At the October meeting the office of innovation will be participating in the meeting. They are conducting an initial survey about the gaps that exist. The strategic plan will work off of the vision, mission and values they adopted.

- Ms. Colleen Horton stated that there are concerns about parity ombudsman rules that have come out. Is anything coming from the workgroup that comments on the delineation of what was in the legislation. Mr. Hench stated that the parity workgroup was aware of the rules, but they did not provide a formal response. They have comments in their report that address consumer centered focus and the needs of providers. HB 10 seems clear that providers can file complaints on behalf of consumers.
- Mr. Wayne Young, Chair stated that they would like for Mr. Hansch to come back at the next meeting to provide a more in-depth report.

g. Housing Subcommittee Update

Mr. Jason Howell provided an update and highlights of the update and member discussion included:

- Mr. Howell stated that the subcommittee has been meeting monthly and they learned about tax credit programs and explored policy issues in this regard. They are finding opportunities to provide recommendations to HHSC and other agencies. They have been engaging CMS about some of their housing initiatives. TWC is developing a blog article related to fair housing issues. The word is out that there is a housing subcommittee and they have been contacted for input from other committees (Joint Committee on Access and Forensic Services). Mr. Howell brought up the issue of speaking on behalf of the committee. HHSC stated that it is important that this group is not redundant with other committees and are openly communicating.

Agenda Item 10: Public Comment:

Sonja Burns, Sister of a man who has been in Austin State Hospital for 10 years. She described his encounter with the behavioral health system including the criminal justice system. She also described her interaction with different providers and the inadequacy of the Texas system. Her brother has been on a waiver (though she did not mention the waiver he is on). She has been in discussion with Disability Rights Texas and NAMI Texas. NAMI recommended a nursing home but her brother was not appropriate for a nursing home. She stated that Oak Crest Nursing home serves former State Hospital residents. She stated that there is a huge need for long term care for the people who are falling through the cracks. She stated that the HCS waiver is a ticket to jail.

Ms. Colleen Horton stated she would ask questions but she is not sure where to start. Mr. Jason Howell stated that he would like to speak with the speaker after the meeting.

Agenda Item 11 and 12: Planning for Next Meeting and Action Items/Committee Recommendations

Mr. Wayne Young, Chair noted that the next meeting is scheduled for Friday, October 12, 2018 from 9:00 am - 4:00 pm. The following are the action items and committee recommendations that were noted during the meeting:

Action Items

- Send application process information to BHAC members from Sara Underwood (System of Care)
- Distribute all handouts and PowerPoints electronically to BHAC members.
- Contact information for accessing list of Road to Recovery trained individuals.
- Send BHAC members information on Judicial Summit in Houston.
- Send BHAC members contact information for new Workforce Coordinator.
- Send BHAC members notification when SAMMSA approves expansion proposals and details.
- Send BHAC members HHSCs Ombudsman webpage and contact information for Avril Hunter and new posters.
- Send BHHAC members information on Strengthening Youth Empower Conference.

Agenda Topics

- Telehealth services in fee for service, managed care and provider education about what services are allowable.
- MHCSUD Parity Workgroup Progress Report Update.

- Governor's School Plan - HB13 and SB292.
- BH LAR
- UT ARI Report.
- Non-Opioid SUD State Response.

Agenda Item 13: Closing Remarks

Committee member made a request for an update on the HHSC LAR for the next meeting. Mr. Jason Howell stated that there are some Olmstead issues that were raised with the state hospital presentation and those issues should be explored. Mr. Howell also wanted information and discussion about non-opioid substance use disorders. Mr. Wayne Young, Chair adjourned the BHAC meeting at 3:22 p.m.

Below is the link to the archived video of the July 27, 2018 Behavioral Health Advisory Committee meeting.

(To view and listen to the entirety of the meeting and public comment provided click on the link below)

<https://texashsc.swagit.com/play/07272018-733>

**Behavioral Health Advisory Committee
FINAL DRAFT Meeting #14 Minutes
Friday, January 11, 2019
9:08 a.m.**

**Health and Human Services Commission
Brown-Heatly Building
Public Hearing Room
4900 North Lamar Boulevard
Austin, Texas 78751**

Agenda Item 1: Welcome, Opening Remarks and Introductions

The Behavioral Health Advisory Committee (BHAC) meeting was called to order at 9:08 a.m. by Ms. Colleen Horton, Vice-Chair presiding over the meeting. Ms. Horton welcomed committee members and members of the public. Ms. Horton notified members that agenda item #7 regarding the Sober Centers presentation will be tabled until the next BHAC meeting. Ms. Horton asked new members to introduce themselves and provide a brief bio of why they chose to serve on the BHAC committee.

Dr. Courtney Harvey, Assistant Commissioner of the Office of Mental Coordination, Health and Human Services Commission (HHSC) welcomed everyone to the meeting and introduced HHSC staff.

Mr. John Chacón, HHSC Stakeholder Relations Office, announced the meeting was being conducted in accordance with the Texas Open Meetings Act and noted that a quorum was present for the meeting.

Table 1: The Behavioral Health Advisory Committee member attendance at the Friday, January 11, 2019 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Barrientos, Sergio @9:21am	X		Johnson, Celeste	X	
Beach, Doug @9:25am	X		Johnson, Windy		X
Carson, Chris, M.D.	X		Jones, Meredith Stacy	X	
Castañeda, Elizabeth		X	Osadchey, Lidya		X
Fagan, Donna	X		Peoples, Kate		X
Gilmore, Rev. Robert, PhD	X		Ramirez, Cassandra	P	
Hoffman, Shannon	X		Reed, Gabriella M.	X	
Horton, Colleen	X		Richardson, Andrea		X
Howell, Jason	X		Uga, Aghaegbulam, M.D.	X	
Humphrey, Cynthia	X		Young, Wayne		X

Yes: Indicates attended the meeting

P: Indicated attended the meeting by phone

No: Indicates did not attend the meeting

Agenda Item 2: Approval of minutes for October 12, 2018, meeting

Ms. Colleen Horton, Vice-Chair called for a motion to approve the minutes of the October 12, 2018 meeting.

Motion:

Mr. Jason Howell moved to approve the minutes from the October 12, 2018 meeting as presented. Ms. Celeste Johnson seconded the motion. The Committee members unanimously approved the minutes by voice vote, with fourteen yeas, no nays and no abstentions.

Agenda Item 3: Open Meetings Act (OMA) training

Ms. Kymberly Oltrogge, HHSC, provided a one hour OMA Training to the BHAC advisory committee members and referenced the "OMA Training PowerPoint and the OMA Overview Handout".

- Mr. John Chacón, HHSC Advisory Committee Coordination Office, will distribute OMA certificates of completion to BHAC committee members that attended training on this date at the next full BHAC meeting scheduled for April 12, 2019.

Agenda Item 4 Part I: Intellectual Developmental Disabilities and Behavioral Health Services Update

- a. **Intellectual and Developmental Disabilities updates** (Associate Commissioner Haley Turner)
- b. **Behavioral Health Services updates** (Associate Commissioner Trina Ita):
 - i. Texas Targeted Opioid Response/ State Opioid Response (TTOR/SOR) – Update provided by Ms. Lisa Ramirez
 - ii. SAMHSA Emergency Response Grant (SERG) – Update provided by Mr. Chance Freeman
 - iii. HB 13 – Update provided by Ms. Robyn Strickland
 - iv. SB 292 – Update provided by Ms. Lucrece Pierre-Carr
 - v. Block Grant – Update provided by Corky Powell and AC Trina Ita

Highlights of the **Intellectual and Developmental Disabilities updates** and member discussion included:

- 1915c waiver HCS. Last session there was no additional funding provided. AC Turner stated they were not appropriated slots but were able to use attrition slots. 317 slots were able to be released for crisis diversion. There are other areas impacted as well. They were appropriated 735 slots but were able to release 1489 through attrition and other creative means. The service has a residential component and uses host homes.
- Crisis Respite Services used to stabilize people in the community and they were able to provide 164,000 hours last year.
- Crisis intervention service is targeted for those who need intensive service in their natural setting providing 10,000 hours of service last year.
- Transition support teams are 8 teams at IDD centers around the state. They collaborate on best practices and provide technical assistance on best practices. Those teams provided 1,700 educational opportunities; clinical consultations to 750 people; and provided 1500 opportunities for providers.
- Enhanced community coordination_(enhanced case management) for people who have moved out of institutions to the community. These case workers provide a more intensive engagement to 2,800 individuals who have been coming out of institutions.
- A comment was made by Reverend Gilmore for the need for outreach. Ms. Horton, Vice-Chair stated that as a committee, members can connect the people of this committee with all the services that are available in their respective areas.
- Ms. Cynthia Humphrey inquired how many people that are served have a substance use disorder and HHSC stated that they work with the LMHA to provide service simultaneously for the IDD and substance use needs. Ms. Horton, Vice Chair stated

that item 22 in the exceptional item list would help fund some of these crisis services and provided services in advance to prevent a crisis from happening.

- Ms. Donna Fagan inquired who provides the crisis services and enhanced case management. She also asked if there is peer support for the family. HHSC stated that enhanced services are provided by the IDD authority. There are frequency requirements in the contract. Centers use peer support differently at the local level. Some of the 39 centers use peer support.

Highlights of the **Behavioral Health Services updates** and member discussion included:

Regarding Texas Targeted Opioid Response/State Opioid Response (TTOR/SOR):

- Reverend Gilmore stated that we have to get the whole community involved regarding people with opioid use disorder.
- Dr. Chris Carson asked about first responders have been trained and carry Naloxone. Ms. Lisa Ramirez, HHSC stated that there has not been a formal study. There is a misconception that all EMS and police carry Naloxone and they do not. What is key to this initiative is that none traditional first responders be provided Naloxone. Rural areas need nontraditional first responders to carry it because it can take a while for EMS to respond.
- Mr. Jason Howell inquired what the committee could do that could assist getting the funding out due to the challenges of moving that much money that quickly. HHSC concurred and that they have to look at streamlining the processes to deploy the funds more efficiently.
- Ms. Cynthia Humphrey inquired if they can have access to the accomplishments of the TTOR as well as a handout of all the programs funded.
- HHSC stated that the importance of the training is to understand the type of person who might need the Naloxone. Ms. Lisa Ramirez, HHSC stated that training on actual administration of the drug is very easy. She stated that HHSC is talking about coordination and not duplication.
- Mr. Stacy Jones stated that awareness is key to successful Naloxone program. You have to know how to work with the people who are in need of remediation.
- A question was asked by a committee member about timelines for medication assisted treatment. Ms. Lisa Ramirez, HHSC stated that there is no time restriction. It is long term and in concert with counseling. They are looking at a phased in treatment approach to achieve stability. The goal is to not have to take medication but there is no time limitation.
- Question was asked by a committee member regarding transportation and Ms. Lisa Ramirez, HHSC stated that housing and transportation are big issues they are working with. There is a lot of discrimination for people in Medication Assisted Treatment. There is transportation assistance available in Medicaid.

Regarding HB13 and SB292:

- Mr. Stacy Jones inquired about the use of forensic peer specialists. HHSC stated that there is a lot more work that has to be done for peer specialists and their engagement in the service system.
- Ms. Celeste Johnson inquired about sustainability and an associated legislative agenda. HHSC stated that there were matching grant requirements for the funding. Collaboratives were required to form and come together. Some collaboratives have numerous partners. Having a commitment from other partners is critical to sustainability.

- Ms. Colleen Horton, Vice Chair stated that there is an exceptional item request to continue these programs to cover the next full two years.

Regarding Block Grant Update:

- There were some expansion dollars that were not expected and they focused on expanding coordinated care specialty services. They received \$12 million expansion and an additional amount to look at housing opportunities. They have been working on a definition of homelessness and looking at short and long term issues.
- Mr. Jason Howell stated that He was glad to hear stakeholder input will be happening soon. He stated that HUDs definition is very restrictive. There are some people who do not meet the definition but are "unstably housed." HHSC stated that initially there was a focus on sustainability and as such had very restricted provisions.

Agenda Item 5: Behavioral Health Services Overview

Associate Commissioner Trina Ita provided an overview on Behavioral Health Services and referenced a PowerPoint entitled "Behavioral Health Services". Highlights of the overview and member discussion included:

- Mr. Stacy Jones stated that one of the most underutilized occupations are community health workers who should be representing the values of the community and we need to assist these people in knowing the services that are available and helping them spread the word. Associate Commissioner Trina Ita stated that local challenges differ across the state. There is a responsibility to help these people build the continuity of care. There is no targeted campaign but occasionally there are anti stigma campaign.
- Mr. Stacy Jones inquired about those who are not internet Savvy and would the state think about using Promotoras to spread the word. Associate Commissioner Trina Ita stated HHSC is always interested in utilization of the Promotoras. Mr. Jones stated that they have called them Community Service Ambassadors.
- Mr. Jason Howe stated that he has received calls from people who have not been passed off to crisis services and end up in the ER. Associate Commissioner Trina Ita stated that some communities have law enforcement who are very engaged with mental health services and some that are not. People have to be reminded that there are crisis numbers they can call and 211 will provide a warm handoff for crisis services
- Dr. Aghaegbulam Uga inquired about standards. Associate Commissioner Trina Ita stated that there are federal standards that include the IMD exclusion. The beds you seem to be talking about are small facilities. Associate Commissioner Trina Ita stated that there are often a need that goes unaddressed through the funding which is limited and competitive. They have been looking at other funding opportunities to connect communities with foundations.
- Ms. Celeste Johnson state that they have collaborated with the local LMHA and Parkland in a successful partnership.

Agenda Item 6: Public Comment

Ms. Sonja Burns, representing herself and a family member, related her personal story about her brother who has numerous issues related to his disability. They were told that her brother could not be served in the community because it would not be safe. He was evaluated for the HCS program and they had narrowed down options to three homes. She was told that Texas does not have the supports in place for her brother. She has been working with behavior health leadership in the state. She was told she needed to design what the best placement for her brother would look like. She stated that she is frustrated because there is no one advocating for her brother. Disability Rights Texas would not advocate for the highest level of care in the HCS program. She further related her experience trying to secure a community placement for her brother. She commented on staffing issues with severely challenged individuals.

Agenda Item 7: Sober Centers presentation

- Tabled Until Next Meeting.

Agenda Item 8: Subcommittee/Committee Reports

d. Children and Youth Behavioral Subcommittee Update

Ms. Barbara Graner provided the update. Highlights of the update and member discussion included:

- Ms. Graner stated that the subcommittee held a robust meeting Wednesday, January 9, 2019. They heard a report out from a system of care community in the Waco area and how they are using their funding to look at targeted areas of their community like school services and crisis respite. She stated that they are working in ten ISDs in the Waco area. She stated that the respite center is about ready to open. She stated that they looking at strengthening Texas System of Care and the CRCGs. There will be a conference on this in the summer.

e. Data Subcommittee Update

No update was provided.

f. Rules Subcommittee Update

No update was provided.

g. Policy Subcommittee Update

No update was provided.

h. Self-Directed Care Ad Hoc Subcommittee

Ms. Jessie Aric provided the update. Highlights of the update and member discussion included:

- Ms. Aric stated that this subcommittee is testing mental health self-direction through the pilots. They are in pilot year two. They are receiving evaluation services through the University of Texas. The baseline data report has been submitted. The most common issues reported were:
 - Mood disorders and issues
 - Social stressors and anxiety disorders
 - Pain
 - Mobility issues
 - Problems related to being overweight
- Ms. Aric stated that they are contracting with University of Texas/San Antonio for advisor services where they work with people through their recovery plans. To date, 133 people have submitted recovery plans. The subcommittee is a subcommittee of the BHAC and they meet quarterly. The next meeting is scheduled for March 12 on the ASH campus.

i. Housing Subcommittee

Mr. Jason Howell provided the update. Highlights of the update and member discussion included:

- Mr. Howell stated the subcommittee meets on a monthly basis. He stated that it still continues to be a well- attended meeting with several departments and agencies attending.
- Mr. Howell stated that development of independent Bylaws for the subcommittee has been an issue. He stated that the only individuals who are voting members are BHAC members.
- Mr. Jason Howell sought for additional members for the subcommittee.

Agenda Item 4 Part II: Intellectual Developmental Disabilities and Behavioral Health Services Update

c. **Office of Mental Health Coordination (OMHC) updates** were presented by Associate Commissioner Dr. Courtney Harvey and referenced handout entitled "OMHC Organizational Chart":

- vi. OMHC purpose and staffing pattern*
- vii. Coordinating Council and strategic plan*
- viii. Veterans Suicide Prevention Action Plan*
- ix. Mental Health First Aid (MHFA)*
- x. Community Resource Coordination Groups (CRCGs)*

Highlights of the **Office of Mental Health Coordination (OMHC) updates** and member discussion included:

- Ms. Cynthia Humphry inquired how recommendations can be made to this office. Staff stated that the BHAC can make recommendations to the office.
- Mr. Stacy Jones stated that there are some vacancies in the office. Associate Commissioner Dr. Courtney Harvey stated that the three positions will be filled soon. There will be a half FTE coordinated with TEA for suicide prevention that is funded through a federal grant. There will also be another position posted in about a month and a half.
- Associate Commissioner Dr. Courtney Harvey stated that the Statewide Behavioral Health Coordinating Council and progress report has been published. The updated strategic plan with the inclusion of the IDD plan will be available sometime in February.
- Associate Commissioner Dr. Courtney Harvey stated that Texas was chosen to be one of 7 states to participate in the National Strategy to Prevent Suicide (for Veterans). The first meeting has been held to develop a national strategy. The plan had already been developed but they are working to implement the plan in Texas.
- Regarding Mental Health First Aid, the legislative report was released in November. There were many training efforts where 62,880 people have been trained.

Agenda Item 9: Subcommittee assignments and participation

Ms. Colleen Horton, Vice Chair and Ms. Soila Villarreal led the discussion regarding the BHAC subcommittee assignments and purpose and referred to handouts entitled "BHAC Bylaws and BHAC Subcommittee Assignments". Highlights of the update and member discussion included:

- The Chair, Vice-Chair and HHSC agency staff will evaluate the need for all existing subcommittees annually and will send an updated subcommittee roster to all BHAC

members and send an e-mail communication asking new BHAC members to identify two subcommittees they would like to serve in.

Agenda Item 10: Public Comment:

No public comment was offered during this time.

Agenda Item 11 and 12: Planning for Next Meeting and Action Items/Committee Recommendations

Ms. Colleen Horton, Vice-Chair noted that the next meeting is scheduled for Friday, April 12, 2019 from 9:00 am - 4:00 pm. The following are the action items and committee recommendations that were noted during the meeting:

- Send out the updated link for the Open Meetings Act (OMA) handbook.
- Advisory Committee Coordination Office will provide OMA training certificates to those members trained.
- Request for statistics on how many individuals receiving IDD services have substance use disorder. Include information on how screening is conducted for services.
- Provide information regarding enhance case management and frequency numbers.
- Data on accomplishments of TTOR. Information of the types of programs for opioids.
- Information on training for opioid response.
- Status of BHAC recommendations.
- Send link to HHSC legislative reports related to community health programs and integrated health care SB58.
- Data on how many children and youth are in the system and how many avoided relinquishment who had received the services.
- Healthy community collaborative definitions related to the Sandra Bland Act.
- Person centered language for Substance Use Disorder and Mental Health.
- Update and corrected numbers on inpatient psych beds for AC Ita's Behavioral Health Services Overview presentation.
- Self- directed care update.
- Get a list of the acronyms if possible.
- Potential Subcommittee: Placements for individuals with intense needs and continuum of care and systematic gaps. CRCGs. Patients with co-occurring issues/ special populations.
- SDC program quarterly meeting location.
- Recommendations- Dispersing of TTORT funds
- Proposed budget for LAR and send out LAR with update
- Provide Mr. Doug Beach with Joint Committee on Access and Forensic Services information.

Topics:

- More information of IDD services. An overview, programs, eligibility requirements, and descriptions. What is available in each region?
- Opioid Treatment and Services
- Sober Centers Presentation
- Ethics presentation
- Joint Committee on Access and Forensic Services

Agenda Item 13: Closing Remarks

Ms. Colleen Horton, Vice-Chair adjourned the BHAC meeting at 3:26 p.m.

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<https://texashsc.swagit.com/play/01112019-746>

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