



Health and Human Services

Behavioral Health Advisory Committee

August 1, 2025

This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.





[Behavioral Health Advisory Committee](#) provides customer, consumer and stakeholder input by making recommendations regarding the allocation and adequacy of behavioral health services and programs within the state of Texas. Members:

Mark Carmona, (Chair)

Local Government
San Antonio

Elizabeth Henry, (Co-Chair)

Advocate
Austin

Jolene Rasmussen

Representative of the Texas Council of
Community Centers
Austin

Olawale Adio-Oduola

Other Interest in and Knowledge of
Behavioral Health
Richmond

Doug Beach

Family Member
San Antonio

Amy Curtis

Representative of the Interagency
Coordinating Group for Faith and
Community-Based Organizations
Dallas

Eric Sanchez

Provider
San Angelo

Victoria Rodriguez

Managed Care Organization
Corpus Christi

Nasruddin Rupani

Advocate
Houston

Nicolas Sanchez

Youth/Young Adult with Lived
Experience*
Austin

James Simmons

Other Interest in and Knowledge of
Behavioral Health
Pearland

Joe Fuentes

Adult with Lived Experience*
Houston

Yolanda Nelson

Adult with Lived Experience*
Dallas

Cynthia Humphrey

Representative of the Association of
Substance Abuse Programs
Kerrville

Dana Drexler

Local Government
Houston

Nydia Garcia

Parent of a Child with Serious Emotional
Disturbance
Dickinson

Christopher Gomez

Representative of a Federally Recognized
Native American Tribe in Texas
Ysleta del Sur Pueblo

Diane Partin

Provider
Arlington

VACANT

Adult Certified Peer Provider



1. Welcome, introductions, and roll call. The meeting was convened by the Chair, Mark Carmona. A quorum was present.

2. Consideration of June 16, 2025, draft meeting minutes. The minutes were approved as drafted.

3. Presentation on the functions of the Office of Mental Health Coordination. Courtney.Harvey@hhs.texas.gov

The 83rd Legislature established the Mental Health Statewide Coordinator position at the Texas Health and Human Services Commission (HHSC). The position is responsible for coordination with the following:

- State agencies
- Local governments
- Local entities
- Non-profits

Statewide Behavioral Health Coordinating Council (Statewide Behavioral Health Coordination)

- Established to ensure a strategic statewide approach to behavioral health services.
- Comprised of representatives of state agencies, institutions of higher education, and the judiciary that receive state funds for behavioral health services.
- Core duties include:
 - Developing and monitoring the implementation of a five-year statewide behavioral health strategic plan.
 - Developing annual coordinated statewide behavioral health expenditure proposals.
 - Publishing an updated annual inventory of behavioral health programs and services that are funded by the state.

Office of Mental Health Coordination (OMHC) Organization

OMHC Organization: Before September 2024

Policy, Systems Coordination and Programming	Suicide Prevention Policy and Services	Veterans Mental Health Services	Statewide Opioid Coordination	Stakeholder Engagement and Strategic Planning
Texas System of Care	Suicide Care Initiative	Mental Health Program for Veterans	Evaluation of the Texas Targeted Opioid Response Grant Program	Statewide Behavioral Health Coordinating Council
Community Resource Coordination Groups	Project Advancing Wellness and Resilience in Education	Texas Veterans + Family Alliance Grant Program		Behavioral Health Advisory Committee
Mental Health First Aid		Long-Term Action Plan to Prevent Veterans Suicides		
Trauma Informed Care				



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OMHC Organization: Realignment

Policy, Systems Coordination and Programming	Suicide Prevention Policy and Services	Veterans Mental Health Services	Statewide Opioid Coordination	Stakeholder Engagement and Strategic Planning
Texas System of Care	Suicide Care Initiative	Mental Health Program for Veterans	Evaluation of the Texas Targeted Opioid Response Grant Program	Statewide Behavioral Health Coordinating Council
Community Resource Coordination Groups	Project Advancing Wellness and Resilience in Education	Texas Veterans + Family Alliance Grant Program		Behavioral Health Advisory Committee
Mental Health First Aid		Long-Term Action Plan to Prevent Veterans Suicides		
Trauma Informed Care				

**Mental Health Programs:
Children's Mental Health**

Policy, Systems Coordination and Programming	Suicide Prevention Policy and Services	Veterans Mental Health Services	Statewide Opioid Coordination	Stakeholder Engagement and Strategic Planning
Texas System of Care	Suicide Care Initiative	Mental Health Program for Veterans	Evaluation of the Texas Targeted Opioid Response Grant Program	Statewide Behavioral Health Coordinating Council
Community Resource Coordination Groups	Project Advancing Wellness and Resilience in Education	Texas Veterans + Family Alliance Grant Program	Substance Use Programs (SUP): Prevention and Behavioral Health Promotion	
Mental Health First Aid		Long-Term Action Plan to Prevent Veterans Suicides		
Trauma Informed Care				

Policy, Systems Coordination and Programming	Suicide Prevention Policy and Services	Veterans Mental Health Services	Statewide Opioid Coordination	Stakeholder Engagement and Strategic Planning
Texas System of Care	Suicide Care Initiative	Mental Health Program for Veterans	Evaluation of the Texas Targeted Opioid Response Grant Program	Statewide Behavioral Health Coordinating Council
Community Resource Coordination Groups		Texas Veterans + Family Alliance Grant Program		Behavioral Health Advisory Committee
Mental Health First Aid		Long-Term Action Plan to Prevent Veterans Suicides		
Trauma Informed Care				

SUP: Substance Intervention, Treatment, and Texas Targeted Opioid Response Programs



OMHC Organization: Before September 2024

Stakeholder Engagement and Strategic Planning	Behavioral Health Policy Initiatives	Veterans Mental Health Services	Behavioral Health Innovation Strategies
Director Cassie Fisher	Director Lucrece Pierre-Carr	Director Dena Stoner	Director George McEntyre
Statewide Behavioral Health Coordinating Council		Mental Health Program for Veterans	
Behavioral Health Advisory Committee		Texas Veterans + Family Alliance Grant Program	
		Long-Term Action Plan to Prevent Veterans Suicides	

Footnote: House Bill 114, 89th Legislative Session, Regular Session, 2025, transfers select veterans' mental health services from HHSC to the Texas Veterans Commission effective 9/1/2025.

Areas of Focus

Stakeholder Engagement	Policy Development	Demonstration Projects	Training and Technical Assistance
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Stakeholder Engagement: The process by which an organization involves people who may be affected by its decisions or can influence the implementation of those decisions.

Policy Development: The process by which public policy is decided. Part of the policy development process is organizing and prioritizing policy issues. In OMHC, policy development is used to inform the development of new services, the operations of existing services, and training and technical assistance provided about services.

Demonstration Projects: Short-term, low-cost, temporary projects used to pilot long-term solutions to service gaps.

Training and Technical Assistance: Transferring knowledge, skills, and resources necessary for individuals or organizations to achieve their goals in delivering services.

Office of Mental Health Coordination



The Office of Mental Health Coordination (OMHC) engages with external stakeholders at local, state and federal levels to improve access to and the quality of mental health and substance use services. Guiding the work of OMHC is the Texas Statewide Behavioral Health Strategic Plan, developed by the Statewide Behavioral Health Coordinating Council with a focus in four major areas: stakeholder engagement, policy development, implementation of demonstration projects and, training and technical assistance. OMHC is led by the Mental Health Statewide Coordinator.

Stakeholder Engagement and Strategic Planning

This team provides support to the [Behavioral Health Advisory Committee](#) and [Statewide Behavioral Health Coordinating Council](#). This team develops strategies to garner interest in, recruit, and retain behavioral health professionals in the public behavioral health care system and collaborates with inter- and intra-agency partners to transition individuals from institutional care settings into independent living environments. Projects include the following as examples:

- Behavioral Health Workforce Internship Program
- Project ACCESS Housing Vouchers

Policy and Strategic Initiatives

This team partners with stakeholders to develop behavioral health policies that inform behavioral health services design, re-design, and implementation, and strengthen provider performance in the implementation of services.



Veterans Mental Health Services

This team implements veterans' mental health services in collaboration with the Texas Veterans Commission, and other state-agency partners. Projects include:

- [Texas Veterans + Family Alliance Grant Program \(TV+FA\)](#)
- [Mental Health Program for Veterans](#)
- [Report on Long-Term Action Plan to Prevent Veteran Suicides \(PDF\)](#)
- [Instructional Guide for Family Members and Caregivers of Service Members and Veterans with Behavioral Health Conditions \(PDF\)](#)

Contact

To learn more, visit [Mental Health and Substance Use](#) or [email the Office of Mental Health Coordination](#).

Discussion.

How can we be more involved in developing the next strategic plan; especially for substance use? Dr. Harvey stated they will need input from people knowledgeable about substance use and planning. We want to meaningfully integrate substance use and mental health. I.e. true behavioral health. We should highlight that integration in the plan.

We have to bridge the gap as discussed. Especially in the law enforcement agencies and the courts. FQHCs provide an integrated whole person approach.

Addiction has many faces. We have to address these different faces and aspects of addiction.

The BHAC annual report must align with the strategic plan. We should use models that was working in the community.

If we don't pay attention to addiction, then the other services will not be effective. The substance use block grant and the mental health block grant may be combined. This could necessitate look at contracting differently.



4. BHAC membership participation opportunities discussion.

The chair stated that this is a good time to recharge the committee bringing in fresh energy and perspective.

There have been many conversations with members and the co-chair to try to make the time spent more meaningful.

- Many members felt a need for clarity for what members' roles are on the BHAC. Develop a more robust orientation and build up leadership
- BHAC orientation for members should include onboarding addressing BHAC specific orientation
- There is a delay between application and appointment and understanding the process would be helpful. Streamline application process.
- The committee expressed concern about their impact; slow follow up.
- Jargon and overwhelming information all at one time.
- There are a lot of demands on members
- Interaction with the executive council is not understood.
- Transparency in tracking recommendations
- More check-ins between meetings
- Remote meetings should be reconsidered. Active physical presence at meetings would be encouraging.

Maybe we can check in with each other on a more regular basis.

Discussion.

What happens to the recommendations is a concern and how do we get involved with ensuring the implementation of the recommendations.

One term is not enough to effect engagement

5. Consideration of Officer Election Procedures and officer elections.

The standard procedures for election of officers had been previously approved and is active.

Mark Carmona was re-elected chair.

Elizabeth Henry was re-elected co-chair



6. Review and consideration of recommendations for the annual report, as required by Title 1, Texas Administrative Code, Section 351.807.

1. Recommendation PRO (Peer Review Organization) Definition and Implementation.

Advisory Committee: Behavioral Health Advisory Committee / Peer and Family Partner Subcommittee.

Need addressed: Texas lacks a clear, consistent statutory definition for Peer Recovery Organizations (PROs), despite their established role in delivering non-clinical recovery support services. Without such a definition, PROs face persistent barriers to inclusion in funding streams, procurement systems, workforce planning, and policy development. This limits statewide expansion, infrastructure investment, and fidelity to peer-led service models.

Background. Peer Recovery Organizations are nonprofit organizations governed and operated by people with lived experience of recovery. They deliver culturally responsive, non-clinical services in community settings and are recognized nationally by SAMHSA. Texas has made significant investments in peer support, including certification standards (HB 1486) and pilot accreditation programs. However, the absence of a statutory definition for PROs continues to hinder coordinated policy and funding efforts, preventing equitable recognition and sustainability of peer-run entities. Defining PROs in statute— similar to the peer credential—would formalize their role in the behavioral health ecosystem and enable HHSC to take a more equitable, streamlined, and strategic approach to contracting, evaluation, and support.

Recommendation. Amend the Texas Health and Safety Code to include a formal definition for Peer Recovery Organizations (PROs) as non-clinical, nonprofit organizations that are governed and operated primarily by individuals in recovery from mental health and/or substance use conditions, and that provide peer support and recovery-oriented services rooted in lived experience. The definition should: • Require 51% peer governance and operations • Emphasize non-clinical service delivery and community-based leadership • Be tied to fidelity standards that reflect national



accreditation and best practices • Services are delivered by certified peer specialists who share similar lived experience with the population served.

This recommendation would provide PROs with formal recognition within Texas statute, enabling HHSC to create dedicated funding mechanisms, ensure equitable procurement access, track service capacity, and align future legislation and programs with the peer led recovery model. It would also reduce confusion and duplication across provider types.

This recommendation may be implemented through either administrative rulemaking by HHSC or through statutory amendment to the Texas Health and Safety Code, Subtitle B, Title 2. A rulemaking pathway would allow HHSC to adopt a formal definition of Peer Recovery Organizations (PROs) within agency rules and align contracting and procurement standards accordingly. Legislative action—while not required—would offer additional authority and long-term sustainability by codifying the definition in statute, which could facilitate future appropriations, create a recognized provider type, and support fidelity-based regulation.

Cost: Minimal. Establishing a definition does not carry a direct fiscal impact. However, it would facilitate more efficient targeting of existing funds and future investments in PRO infrastructure through existing block grant allocations (e.g., SABG, SOR, MHBG) and General Revenue. It may also improve return on investment by streamlining contracting and enhancing program accountability.

2. Recommendation PRO Infrastructure and Payment Model.

Need addressed. Peer Recovery Organizations (PROs) deliver essential, non-clinical recovery support services but lack sustainable funding mechanisms and appropriate contracting models. Most PROs operate on limited budgets, struggle to retain staff, and face systemic barriers due to clinical billing requirements that do not align with their mission. Despite demonstrated effectiveness, these organizations remain structurally under-resourced, particularly in rural and underserved communities.

Background. PROs are governed and operated by people in recovery, offering culturally congruent services embedded in the communities they serve. These organizations increase recovery capital, reduce reliance on crisis systems, and build long-term workforce capacity. However, their funding has historically come through short-term or



inappropriate clinical contracts. Texas has recognized peer support through Medicaid credentialing (HB 1486) but lacks an aligned provider type and sustainable contracting framework for non-clinical PROs. Establishing infrastructure grants and peer-specific contracting mechanisms will ensure these organizations can continue to meet growing community needs.

Recommendation. To ensure the long-term stability, scalability, and integrity of peer-led services, Texas should implement a sustainable funding and contracting model for Peer Recovery Organizations (PROs) that includes the following elements:

- Create direct, dedicated infrastructure grants to support Peer Recovery Organizations' (PROs) physical space, staffing, technology, and governance capacity.
- Develop a Texas-specific payment or grant-based contract model that reflects the true cost of delivering peer-led recovery support services such as coaching, navigation, housing support, outreach, and workforce training.
- Implement direct contracts with PROs, rather than routing through LMHAs or managed care organizations, to preserve peer-led fidelity and ensure funds reach the intended community-based providers.
- Establish contract terms with a minimum five-year duration to support organizational planning, workforce stability, and fidelity to non-clinical peer values.
- Use performance measures focused on community-level impact—such as increased housing stability, employment reentry, and reduced crisis service utilization—rather than inappropriate clinical or medical documentation standards.
- Ensure procurement and funding structures affirm the non-clinical identity of PROs, avoiding Medicaid billing models that are administratively burdensome and philosophically misaligned with peer principles.
- Contracts should include mechanisms to release funds promptly upon approval or signature to support timely implementation and financial sustainability. Currently, PROs are expected to launch services immediately upon award, yet face delays of six months to a year before receiving funds—forcing them to front costs, delay critical programming, or forgo applying for funding altogether due to the inability to cover substantial upfront expenses.
- Contracts should require that organizations receiving funds for peer support services are staffed by certified peer specialists with similar lived experience to



the populations they serve, in order to maintain fidelity to peer-led models and ensure cultural congruence.

Costs include direct infrastructure grants and multi-year contracting. However, these expenses are likely to yield cost savings through reduced ER visits, hospitalizations, and justice system involvement. Potential funding sources include Substance Use Prevention, Treatment and Recovery block grants, Recovery support services set-asides, State Opioid Response grants, Community Mental Health Block Grant, and General Revenue.

MOTION: Approve recommendations 1 and 2 as drafted prevailed.

3. Recommendation Develop and implement training for LMHAs/LBHAs and LIDDAs

Need addressed: Years after the passage of SB 7(83rd Texas Legislative Session) and the release of the federal Home and Community Based Services (HCBS) Settings Rule, people with Intellectual and Developmental Disabilities and co-occurring Mental Health diagnoses—especially those with challenging Intellectual and Developmental Disabilities -related behaviors— still struggle to access both types of services.

Background. Despite SB 7 and the federal HCBS Settings Rule, people with co-occurring IDD and Mental Health diagnoses still face care barriers due to system silos, highlighting the need for clearer guidance and joint training for coordinated, person-centered support.

Recommendation. Texas HHSC should develop and implement training for Local Mental Health Authorities (LMHAs)/Local Behavioral Health Authorities (LBHAs) and Local Intellectual and Development Disability Authorities (LIDDAs) ~~to clarify their legal~~ **duty** to collaborate in serving individuals with Intellectual and Developmental Disabilities (IDD) and Mental Health diagnoses—including those with challenging behaviors related to their IDD diagnosis. The training should promote compliance with SB 7(83rd Texas Legislative Session), Tex. Health & Safety Code § 533, and the federal HCBS Settings Rule, while reducing service fragmentation.



The recommendation would help ensure LMHAs/LBHAs and LIDDAs understand the requirements of collaboration as mandated by both SB 7 from the 83rd Texas Legislature, as well as Tex. Health & Safety Code § 533.

There is the potential for cost to develop and then provide the training.

There was discussion about including language for substance use

MOTION: Approve Peer Support Recommendation 3 as amended to include substance use language (removing the language “legal duty”) prevailed

4. Recommendation Updating and Archiving HHSC Reports

Recommendation: Ensure compliance with HHSC policies and procedures to update report links and archive reports.

Need addressed: As changes occur at the Federal and State level, many previously available HHSC reports HHSC-funded reports are no longer available, Reports that are posted often contain broken links for footnotes and references.

Background. In order to ensure transparency, accountability, and the long-term preservation of important information, state agencies generally have established policies and procedures for managing report links and archiving reports. State agencies have a responsibility to ensure that their reports are accessible to the public and properly archived for future reference. This involves adhering to policies and best practices related to maintaining accurate links and preserving the reports.

Recommendation. Ensure compliance with HHSC policies and procedures to update report links and archive reports. Maintaining accurate and updated report links

- Designated Personnel: Assign specific program personnel responsible for managing, reviewing, and updating external links related to reports within their programmatic area.
- Regular Review and Updates: Establish a schedule (e.g., every six months) for reviewing external links to ensure they remain current, accurate, and appropriate.

- **Clear Identification of External Links:** Clearly distinguish between internal and external links on websites, potentially with disclaimers about the nature of the external content.
- **Removal of Broken or Inaccurate Links:** Promptly identify and remove or update broken, inaccurate, or inactive links.
- **Website Linking Policies:** Adhere to established website linking policies, which may include criteria for acceptable linked content and the process for adding or removing links.
- **Accessibility Considerations:** Ensure linked websites adhere to accessibility standards so that reports and information are accessible to individuals with disabilities.

II. Archiving state agency reports

- **Records Retention Schedules:** Develop and follow a comprehensive Records Retention Schedule (RRS) that identifies various report series, their retention periods, and disposition instructions (transfer to archives, destruction after review, etc.).
- **Transfer to State Archives:** Transfer records with archival value to the State Archives when they are no longer needed by the agency for administrative purposes.
- **Archival Review and Appraisal:** For reports designated for archival review, contact the State Archives for an appraisal of their historical significance before disposition.
- **Electronic Records Management:** Implement robust systems and procedures for managing electronic records throughout their lifecycle, including capturing, storing, and preserving them in their original file formats (e.g., PDF) along with associated metadata.
- **Use Standardized Formats:** Use standardized formats for electronic records (e.g., WARC) to ensure their long-term preservation and accessibility.
- **Data Archiving Standards:** Follow established data archiving standards, which may include using technologies like WORM (Write Once, Read Many) to prevent data alteration or deletion.
- **Duplication and Backup:** Create duplicates of archival records and store them in separate locations to safeguard against data loss due to incidents or system failures.

III. Legal and compliance considerations



- Freedom of Information Act (FOIA)/Open Records Laws: Be aware of and comply with laws governing public access to information and records.
- First Amendment Considerations: When managing comments on websites or social media, be mindful of First Amendment rights and have clear policies for moderating content, while still preserving an archive of all communications, including deleted comments.
- Training and Education: Provide regular training to staff on records management policies, procedures, and their responsibilities.

No additional costs are anticipated.

MOTION: Approve recommendation 4 as drafted prevailed

7. Subcommittee updates.

Access to Care and Community Engagement—They have been meeting every other month looking at substance use services and addressing the gaps. There are challenges in reimbursement practice. We have to engage with the coordinating council and want to include that. They also looked at health plans and network adequacy especially with regard to substance use services and behavioral health services in general. There may be a way to have the State Medicaid Managed Care Advisory Committee to address this.

Children and Youth Behavioral Health—

- Opened the application process to increase membership
- Outreach update was received and that new funding was coming soon for youth crisis outreach team.
- Looked at the Children's mental health strategic plan
- SAMHSA grant is ending but an extension was granted

Peer Specialist and Family Partner Services—Hard focus on recommendations for the annual report which were presented previously.

Policy and Rules—Victoria Rodriguez is the new chair. There was no other report.



8. Public comment.

Jordan Smelley, representing himself had submitted written comments outlining statutory limitations by not including substance use in the statute. There have been issues around SB7 and LIDDAs implementation of the act. We should amend the statute next time to include substance use.

Two written comments had been received and sent out to members.

9. Review of action items and agenda items for next meeting.

Future Meeting Dates

- November 7, 2025 (9 a.m.)
- February 6, 2026 (9 a.m.)
- May 1, 2026 (9 a.m.)
- August 7, 2026 (9 a.m.)
- November 6, 2026 (9 a.m.)

Agenda items

Sunset review presentation

Ongoing BHAC engagement discussion (agenda item 4)

10. Closing remarks. Recognized retiring member (Cynthia Humphrey; Noel Delgado is Cynthia's replacement).

11. Adjourn. There being no further business, the meeting was adjourned.

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