



Health and Human Services

Statewide Behavioral Health Coordinating Council

August 20, 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.





[Statewide Behavioral Health Coordinating Council](#) develops, updates and oversees implementation of the Texas Statewide Behavioral Health Strategic Plan, which outlines a coordinated effort to address behavioral health gaps in services and systems.

The Statewide Behavioral Health Coordinating Council (SBHCC) was established to ensure a strategic statewide approach to behavioral health services. House Bill 1, 84th Legislature, Regular Session, 2015, (Article IX, Section 10.04) established the SBHCC to coordinate behavioral health services across state agencies. The SBHCC is comprised of representatives of state agencies or institutions of higher education that receive state general revenue for behavioral health services.

Core duties of the SBHCC include:

- Developing and monitoring the implementation of a five-year statewide behavioral health strategic plan.
- Developing annual coordinated statewide behavioral health expenditure proposals.
- Annually publishing an updated inventory of behavioral health programs and services that are funded by the state.

Members:

Courtney Harvey, Ph.D. (Chair)

Mental Health Statewide Coordinator and Associate Commissioner
Health and Human Services Commission,
Office of Mental Health Coordination

Brooke Boston

Director of Programs
Texas Department of Housing and
Community Affairs

Alexander Comsudi

Grant Attorney and Administrator
Court of Criminal Appeals

Nagla Elerian

Executive Director
Texas Child Mental Health Care
Consortium

Hillary England

Deputy Director, Victim Services and
Prevention Programs
Office of the Governor

John Monk

Director, Health Professions Council
(Representing the State Board of Dental
Examiners, Texas State Board of
Pharmacy, State Board of Veterinary
Medical Examiners, Texas Optometry
Board, Texas Board of Nursing and Texas
Medical Board)

Brittney Nichols, LPC-S

Administrative Director, Department of
Psychiatry and Behavioral Medicine
University of Texas Health Science Center
– Tyler

Evan Norton, Psy.D

Director of Integrated Treatment and
Support
Texas Juvenile Justice Department

Amy Odin

Director of Psychological Health, Office of
the State Surgeon
Texas Military Department



Trenton Engledow

Director, State Office of Rural Health
Texas Department of Agriculture

Stephen Glazier

Chief Operating Officer
University of Texas Health Science Center
– Houston

Blake Harris, Ph.D.

Director, Veterans Mental Health
Department
Texas Veterans Commission

LaTrenda Watson, Ed.D

Director of Mental and Behavioral Health
Texas Education Agency

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Assistant Commissioner, Academic
Quality and Health Affairs
Texas Higher Education Coordinating
Board

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Policy Analyst, Oversight and
Improvement
Office of Court Administration/Texas
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Chair of the Department of Psychiatry
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School Based Mental Health Wellness
Coordinator
Texas School for the Deaf

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Special Projects Coordinator
Texas Civil Commitment Office

Jonas Schwartz

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Rehabilitation Division
Texas Workforce Commission

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Chief Strategist for Behavioral Health
Department of Family and Protective
Services

Kristi Taylor

Executive Director, Judicial Commission
on Mental Health
Supreme Court of Texas

Nancy Trevino, PhD.

Director, Texas Tech Mental Health
Initiative
Texas Tech University System

Chris Varady

Peer to Peer Liaison
Texas Commission on Law Enforcement

Brandon Wood

Executive Director
Texas Commission on Jail Standards

April Zamora

Director of Reentry and Integration
Division
Texas Department of Criminal
Justice/Texas Correctional Office on
Offenders with Medical or Mental
Impairments

[Mental Health and Substance Use | Texas Health and Human Services](#)



1. Welcome, opening remarks, and introductions. The 17th meeting was convened by Courtney Harvey, Chair. A quorum was present.

2. Consideration of February 19, 2025, draft meeting minutes. The minutes were approved as drafted.

3. Election of new Statewide Behavioral Health Coordinating Council co-chair. Using the standard election procedure approved by the Council, Evan Norton was elected co-chair.

4. Review of the continued need for the Children’s Behavioral Health and Behavioral Health Workforce Subcommittees.

Suicide Prevention subcommittee is required by state law and will not be considered for discontinuation.

Children’s behavioral health subcommittee was formed to facilitate development of a children’s behavioral health.

MOTION: Continue Children’s Behavioral Health Subcommittee prevailed.

Behavioral Health Workforce subcommittee was formed to specifically look at workforce issues and provide a report. The report has been produced [The Behavioral Health Workforce: Ongoing Shortages & Innovative Solutions - Mental Health Guide](#)

MOTION: Continue Behavioral Health Workforce Subcommittee prevailed

Discussion

Staff clarified that subcommittees can be sunsetted or re-established as needed,

There was discussion about appointing chairs for subcommittees: Matthew Smith (Texas Juvenile Justice Department) was nominated and accepted as chair for the Children’s Behavioral Health Subcommittee.



A decision was made to allow time for nominations for the Behavioral Health Workforce Subcommittee chair, with names to be submitted to Adriana Flores.

5. Presentation: Texas Veterans and Family Alliance Grant Program.

Kimberly Patterson presented an update on the Texas Veterans and Family Alliance (TVFA) Grant Program, detailing services, legislative updates, grantee locations, populations served, program outcomes, and highlights. Jason Sekora, West Texas Counseling and Guidance, presented on their grant program and emphasized the critical role of heart/emotional connection and follow-through in serving veterans, He provided detailed examples of their whole-person, crisis-responsive approach for veteran and family mental health needs.

During the 89th Regular Legislative Session, House Bill 114 amended the Texas Government Code to transition certain veterans' mental health initiatives from the Health and Human Services Commission (HHSC) to the Texas Veterans Commission on September 1, 2025. One of those initiatives is the Community Mental Health Grant Program serving veterans and their families also known as the TV+FA Grant Program.

TV+FA Overview HHSC established the TV+FA program in 2016.

- Authorizing Legislation: Texas Government Code, Chapter 434.
- Program Intent: Empower local communities to identify and address the mental health needs of veterans and family members. Develop and support sustainable partnerships, collaborative relationships and coordinated service delivery systems that continue to operate after the life of the TV+FA grant.
- Population Served: Veteran and/or family member of veterans.
- Providers: Must be Local Mental Health Authorities (LMHAs), Local Behavioral Health Authorities, non-profit organizations, educational institutions and governmental entities.
- Funding: \$20 million each biennium.

Services TV+FA grantees implement projects to:

- Provide new, enhanced or expanded military-informed mental health services to veterans and their families; and
- Infrastructure costs, such as telemedicine equipment; and
- Training for staff and health care providers.



- Provide and coordinate supportive services essential to the provision of mental health services as part of a continuum of care implemented by a developing or existing community collaborative to address mental health needs of the community's veterans and family members.
- Family-related services, including childcare;
- Emergency financial support;
- Transportation;
- Housing;
- Evidence-based therapies and treatment;
- Individual, group, family or couples peer support services;
- Individual and family counseling;
- Treatment of substance use disorders; and
- Suicide prevention initiatives to help community members, veterans and family members develop awareness and skills in recognizing, assisting and referring to mental health services.

TV+FA Grantees

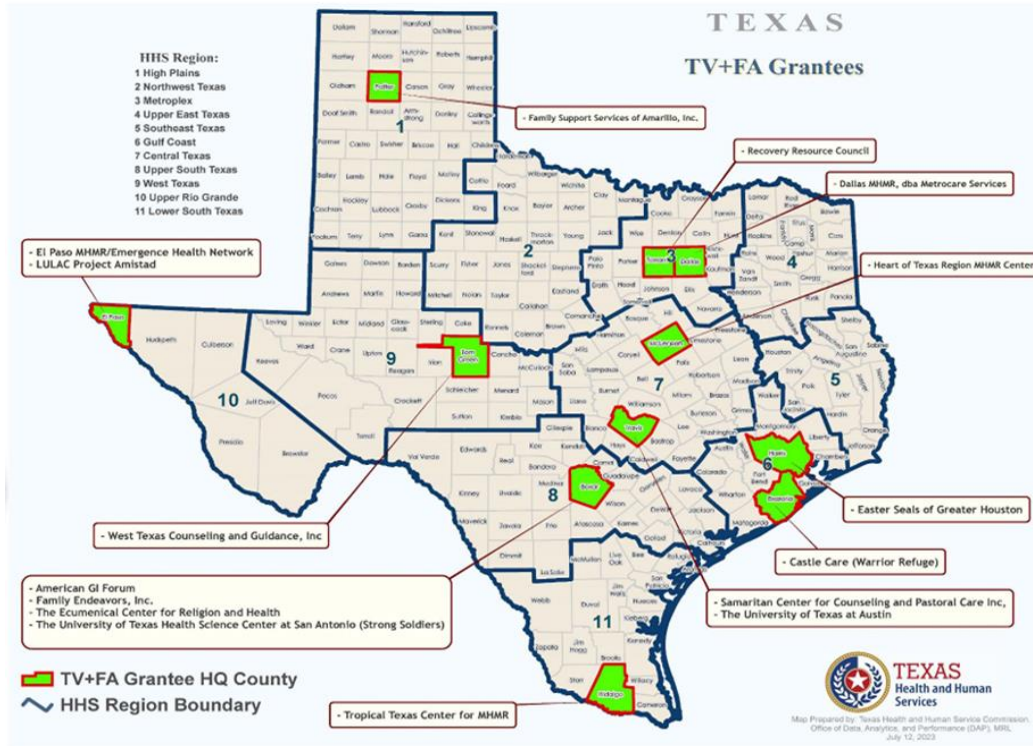
Local Mental Health Authorities: Emergence Health Network, Heart of Texas Behavioral Health Network, Tropical Texas Behavioral Health.

Government Entity: University of Texas (UT) Austin, UT San Antonio, Metrocare Services.

Non-Profit Organization: America GI Forum, Castle Cares Community Ministries Warriors Refuge, Easter Seals of Greater Houston, Ecumenical Center, Family Endeavors, Family Support Services of Amarillo, LULAC Project Amistad, Recovery Resource Council, Samaritan Center for Counseling and Pastoral Care, West Texas Counseling and Guidance.

Total Providers: 16

TV+FA Grantee Locations



Over 70,000 veterans and family members have received grant-supported services and treatments since the program began in 2016. For the current grant cycle, grantees are projected to serve more than 10,000 veterans and family members.

Fiscal Year 2025 Program Highlight and Outcomes

TV+FA grantees must demonstrate the effectiveness of their program by meeting performance measures under their HHSC TV+FA contract. Veteran Mental Health Services staff:

1. conduct quarterly analysis on client level data related to services and activities; and
2. reviews performance submitted quarterly by TV+FA grantees via the Performance Workbook (data is in aggregate form).

In fiscal year 2025, TV+FA grantees delivered a variety of services. Most frequently provided services included:

- Mental health assessment, referrals and treatment;



- Substance use assessment, referrals and treatment;
- Suicide prevention training and education services;
- Veteran, family, youth and children therapy and services; and
- Animal assisted therapy and services.

Training on Mental Health/Suicide Prevention TV+FA grantees provided the following:

- Mental Health First Aid (MHFA) training;
- CALM training; and
- Safety Planning training.

Recovery and Wellness TV+FA grantees made progress towards fulfilling program goals through:

- Regular Off-Base Transition Training, career fairs, engagement (job fairs, etc.); and employer
- Strengthened Military Families through multiple nurturing parenting classes, providing tools to support healthier family dynamics and positive parenting for military-connected households; and
- Enhanced Relationship Wellness by hosting Gottman-certified couples date nights, offering structured, research-based support to strengthen veteran and active-duty relationships.

Engagement/Outreach Monthly life skills training supplemented individual counseling services and focused on key areas such as conflict resolution, anger management, relationship enhancement and stress management, empowering clients with practical tools for personal growth and resilience. TV+FA grant staff attendance at community workshops, outreach events, etc. within the service area increased visibility and built trust within the community.

West Texas Counseling & Guidance (WTCG), We are committed to ensuring that Veterans and their qualifying family members receive the support they need at no cost. Our Veteran Services Program helps Veterans navigate the complex systems of healthcare, benefits, and resources while addressing critical challenges such as mental health, employment, and housing. What Our Team Does:

- Therapy – Provide Veterans and qualifying family members with counseling services at no cost.
- Veterans’ Benefits Assistance – Help with VA claims, disability benefits, healthcare enrollment, pensions, and educational resources like the GI Bill and VR&E.

- Crisis Intervention & Safety Planning – Support for Veterans in crisis, including suicide prevention, homelessness, and domestic violence.
- Resource Navigation & Referrals – Connect Veterans with housing assistance, employment programs, food security, and financial support.
- Advocacy & Support – Assist Veterans in navigating government agencies, employers, and healthcare providers.
- Employment & Education Assistance – Help with job placement, resume building, vocational training, and enrollment in college or trade schools.
- Housing & Homelessness Support – Assistance with securing stable housing through HUD-VASH, SSVF, or transitional housing programs.
- Substance Use & Recovery Support – Connect Veterans to detox, rehabilitation, and peer support networks.
- Transportation Assistance – Coordinate transportation for therapy and medical appointments, job interviews, housing appointments, and other essential services.
- Family & Caregiver Support – Guidance for spouses, children, and caregivers on how to support their Veteran’s well-being.
- Life Skills Coaching – Assistance with budgeting, stress management, and reintegration into civilian life.
- Legal & Financial Assistance – Connecting Veterans with free legal aid, financial hardship resources, and credit counseling.

Sustaining These Services at Zero Cost Our ability to provide services to Veteran and qualifying family members at no cost depends on dedicated grant funding and compliance. We actively secure grants and maintain compliance with all federal, state, and private funding sources to ensure that no Veteran or qualifying family member is ever turned away due to financial limitations. Our commitment to zero-cost care is a promise to serve those who served us.

6. [Presentation: Texas Veteran Commission’s Veteran Mental Health Department.](#) Don Hipp, Texas Veterans Commission, presented a comprehensive overview of programs serving veterans, including mental health services, justice-involved programs, homeless support, peer networks, training initiatives, and upcoming legislative-driven changes.

OBJECTIVES

- Introduce services offered by Texas Veterans Commission’s Veterans Mental Health Department



- VMHD's focuses on addressing veteran mental health needs at the state and local levels and on reducing service member and veteran suicide across Texas

Programs

- Justice Involved Veteran Program
- Homeless Veteran Program
- Community and Faith-Based Partnerships
- Military Veteran Peer Network
- Veteran Provider Training Program
- Veteran Suicide Prevention

Texas Veterans Commission Activities

- VA claims & VCSOS
- education
- employment
- entrepreneurship
- healthcare advocacy
- women veteran program
- fund for veterans' assistance grants
- veteran citizenship & naturalization
- veterans mental health department

Services

- Training
- Technical Assistance
- Resource Connection
- Coordination with State Legislature and Veteran Serving Agencies
- Veteran Advocacy

Programs and Descriptions

Veteran Program

Risk/Need

- Continued involvement in CJ system
- Access to specific veteran services
- Reentry planning



Responsivity

- Training for law enforcement to intervene & divert
- JIV info cards ("jail cards")
- TA to Veteran Treatment Courts
- Statewide Partnerships
- Leveraging local resources (e.g., MVPN)

Homeless Veteran Program

Risk / Need

- Higher rates of trauma, mental health issues, justice involvement
- Hierarchy of needs
- Accessibility
- Gaps in the continuum of care

Responsivity

- Definitions of "veteran" and "homeless"
- Coordinate across programs
- Services are identified at all levels: local, state, federal
- Provide trainings to direct service staff
- Strong interagency collaboration

Community & Faith Based Partnerships

Risk / Need

- Access to services (distance, finances, etc.)
- Workforce Shortage
- Social Isolation
- Life Purpose

Responsivity

- Faith / Spirituality linked to resiliency
- Identification of veteran status
- Faith & Allegiance Initiative
- Initial touchpoint / bridge to mental health services
- Leveraging community partners
- Especially rural and underserved areas



Military Veteran Peer Network [Military Veteran Peer Network - VMHD](#)

Risk / Need

- Isolation and lack of connectivity / support
- Stigma
- Accessibility / waitlists
- Family engagement

Responsivity

- Statewide peer-to-peer network
- Trained peer volunteers
- Direct peer-to-peer support
- Suicide Prevention training to community stakeholders
- Warm-handoffs to local resources and VA

Veteran Provider Training Program

Risk / Need

- Trauma is a pervasive problem among veterans
- Posttraumatic Stress Disorder (PTSD)
- Moral Injury
- Military Sexual Trauma
- Traumatic Brain injury
- Competent and Responsive Workforce

Responsivity

- Military Cultural Competency
- Military Informed Care
- Trauma-informed training & technical assistance
- Veteran Counselor Pilot Program
- Evidence-Based Practices

Evidence- Based Practices & Research Supported Best Practices

- Cognitive-Behavioral Therapy (CBT)
- Motivational Interviewing (MI)
- Cognitive Processing Therapy (CPT)
- Eye Movement Desensitization & Reprocessing (EMDR)



- Prolonged Exposure (PE)
- Peer to Peer Model
- Columbia Protocols for Suicide Screening (C-SSRS)
- Mental Health First Aid (MHFA)
- Counseling on Access to Lethal Means (CALM)
- Ask About Suicide to Save a Life (AS+K)

Veteran Suicide Prevention Program

Risk / Need

- Crisis intervention
- Suicide prevention/postvention
- Harm reduction & connection to local communities
- Support and training to SMVF

Responsivity

- Training for all those who support SMVF (AS+K, CALM, S.A.V.E.)
- TA to local supports and additional TVC programs, as appropriate (JIV, MVPN, etc.)
- Local, state, & national partnerships aimed at reducing SMVF suicide rates (TSP, HHSC, VHA, DAV)
- Participation in local/national conferences and summits

7. General member announcements on events or initiatives related to behavioral health.

Judicial Commission on Mental Health Summit.

Behavioral Health Innovative Grant Program received \$5 million from the Legislature for competitive grants. Rules will be developed.

Behavioral Health Strategic Plan kickoff meeting will be September 3 to develop a new 5 year strategic plan.

8. Public comment. There was written comment



Catherine Carema, Parent encouraged that people with fetal alcohol spectrum disorder be included in the behavioral health service array. Statistics were provided. Less than 10% of FASD will have a diagnosis.

Does FASD qualify for local IDD services. The speaker stated that not all FASD individuals will have IDD. Some can get support under IDD.

9. Review of action and agenda items for next meeting and closing remarks. Next meeting November 19, 2025 (9a.m.).

- Talk in the interim about a chair for the BHWF subcommittee
- Subcommittee updates
- Review of bylaws (future meeting)
- September 3rd Strategic Plan Kick off Meeting
- Information from members on the progress report
- Updated inventory for BH resources and initiatives from all members

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

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