Health and Human Services

Behavioral Health Advisory Committee

November 7, 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 **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 **VACANT** Representative of the Association of Substance Abuse Programs

1. Welcome, introductions, and roll call. The meeting was convened by Courtny Harvey. A quorum was not immediately available but was established after a brief delay.

2. Consideration of August 1, 2025, draft meeting minutes.

3. HHSC Overview of the Sunset Process.

HHSC Sunset Review

Sunset Advisory Commission Invites Public Input on the Health and Human Services Commission

The Sunset Advisory Commission is reviewing the mission and performance of the Health and Human Services Commission (HHSC) and welcomes comments from the public on whether the agency is still needed, the agency's performance in fulfilling its mission, and ideas to improve HHSC's operations and services.

The Texas Sunset Act requires the Sunset Commission to periodically review HHSC and recommend whether to continue the agency, implement Sunset staff's recommendations to improve agency efficiency and effectiveness (Sunset management directives), or change state law to improve the agency's efficiency and effectiveness. The Legislature ultimately will decide whether to continue HHSC or adopt the Sunset Commission's other statutory recommendations.

The Sunset process has three stages. First, Sunset staff will evaluate HHSC, seek public input, and issue a report recommending solutions to problems found. Second, the Sunset Commission will hold two public meetings: a hearing on the staff report and the agency, and a decision meeting to adopt recommendations based on the report and public comments. Third, the Legislature will convene in January 2027 and will consider the Sunset Commission's adopted statutory recommendations in a Sunset bill for HHSC.

Submit Your Input

Here are several ways to provide comments and suggestions to Sunset staff on HHSC's mission, operations, and services:

- Send an email to sunset@sunset.texas.gov, with "HHSC Review" in the subject line,
- Submit comments online at www.sunset.texas.gov/input-form,
- Send a letter to Sunset Advisory Commission, Attn: HHSC, P.O. Box 13066, Austin, Texas 78711, or
- Call (512) 463-1300 to speak to Sadie Smeck, project manager of the HHSC review.

Please provide your comments by April 2026 to ensure Sunset staff can fully consider your input while conducting their review. Comments submitted before the staff report is published in October 2026 will remain confidential.

Regulatory Agency Solicitation of Input and Notice of Public Hearing Requirements

Regulatory agencies, excluding river authorities, are also subject to two additional requirements, to the extent practicable, that affect individuals and entities licensed, certified, or otherwise authorized by the regulatory agency (regulated parties) to engage in an activity regulated by the agency. Regulatory agencies are required to:

- Solicit input from regulated parties on the agency's performance. In soliciting input, a regulatory agency may inform regulated parties that they can submit their input on the agency directly to Sunset staff by submitting comments online at www.sunset.texas.gov/input-form or using any of the other methods described in *Submit Your Input* above; and
- Notify regulated parties of Sunset Commission public hearings related to the agency. In its notification, a regulatory agency can inform regulated parties that information about the Sunset public hearings related to the agency can be found at: www.sunset.texas.gov/sunset-commission-meetings.

Stay informed! Members of the public and regulated parties may also visit www.sunset.texas.gov/join-mailing-list to sign up for email alerts on the Sunset staff report and the Sunset Commission's public meetings on HHSC.

Learn About the Process

Learn more about the Sunset review process on the Texas Sunset Advisory Commission website.

Read the Self-Evaluation Report (PDF) HHSC submitted to the Sunset Advisory Commission on Aug. 29, 2025.

Follow the link for a description of Sunset in Texas_2025_0.pdf

HHSC gave a summary of the sunset process. Joey Reed, HHSC Deputy Chief of Staff and Sunset Liaison, presented an overview of the Sunset Commission review process. Explained the three-step process:

- Sunset staff evaluation,
- Sunset Commission deliberations, and
- legislative process.

Timeline: Staff evaluation began October 2025, runs to October 2026; legislative action will follow in 2027.

Recommendations can be statutory (requiring legislative changes) or management (internal changes).

Participation avenues include email, the Sunset website, mailing, and phone calls; public is encouraged to submit input by April 2026. (See the link above)

Discussion.

A copy of the presentation was requested by members.

When the Sunset members are appointed how will we know and who appoints the public members? HHSC stated interested parties should sign up for the alerts on the sunset website. Public members are appointed by the Lt. Governor and the Speaker of the House.

When efficiencies are examined by the BHAC, we are restricted to the cost considerations. Is this an issue for Sunset. HHSC stated that historically Sunset staff do not make recommendations that have a cost. Resource needs are very real, and comments should be sent even if there are cost considerations. There can be feed back also through the public hearings.

4. Consideration of Behavioral Health Advisory Committee Annual Report for 2025, as required by Title 1, Part 15, Texas Administrative Code, Section 351.807(d).

All attempts to secure a copy of the draft report and then the adopted report failed. HHSC claimed it could not be shared at this time. The link is for the most recent report from 2023. behavioral-health-advisory-fy23-report.pdf

No substantive changes to the mystery report were made.

MOTION. Approve the (*secret*) report prevailed

5. Behavioral Health Services general program updates

Substance use programs.

In Summary. Shavon Lane provided an update on substance abuse treatment funding cycles, grant methodology, and provider contracts. The new five-year cycle (FY26–FY30) maintains total funding compared to the previous cycle, with attention to population, poverty rates, and substance use prevalence.

The new cycle focuses on consolidating contracts for greater provider flexibility thereby allowing reallocating funds between service types without amendments. The interactive provider map is being updated to reflect new and existing service locations. Given the number of providers, this is a large undertaking.

Opioid treatment and recovery support services were discussed and have been centralized through Be Well Texas (UT Health Science Center San Antonio). Integration efforts aim to improve care coordination between treatment and recovery support, especially for opioid-related services.

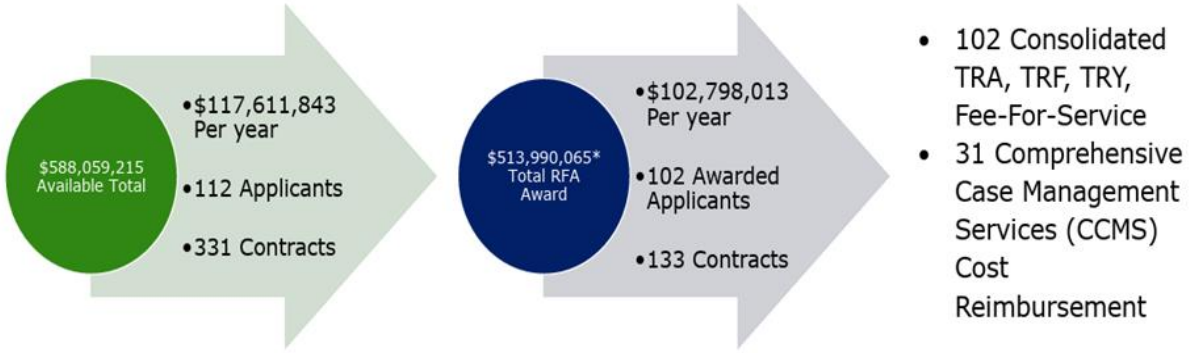
Presentation

Regional Awards Comparison Fiscal Year 2021 vs. Fiscal Year 2026

Region	FY21 Procurement Awards Total	*FY26 Projected Awards	% gain/loss from FY21
1	$3,672,000.00	$3,675,457.00	0.1
2	$3,115,000.00	$3,083,850.00	-1.0
3	$26,955,871.00	$26,686,312.29	-1.0
4	$5,846,000.00	$5,787,540.00	-1.0
5	$3,865,000.00	$3,826,350.00	-1.0
6	$27,164,000.00	$27,040,860.00	-1.0
7	$11,175,000.00	$12,833,646.00	14.8
8	$9,695,000.00	$11,828,009.00	22.0
9	$5,315,000.00	$5,261,850.00	-1.0
10	$5,485,000.00	$5,430,150.00	-1.0
11	$8,292,000.00	$12,157,818.00	46.6
Total	**$110,729,871.00**	**$117,611,842.29**	

Local Behavioral Health Authorities in Region 3 directly awarded allocation

Funds Awarded and Number of Contracts



*The competed amount does not include the direct award LBHA allocations which will be awarded outside of the RFA. When including the LBHAs in the full award, the total matches the RFA of $588,059,215. 4

Map updates are in progress and can be viewed by following the link: **Health and Human Services - Substance Use Service Locations**

Substance Use Disorder (SUD) Treatment Priorities Increased Geographical Access to Services. The Health and Human Services Commission (HHSC) prioritized increasing the number of organizations providing services to enhance capacity and meet client needs as best as available geographically. These awards provide for the greatest access to services at the greatest award possible for each region and organization.

Requesting Service Changes Implementation Plans: The purpose of the new, consolidated contracts is to provide increased flexibility to providers to change their service type capacity without triggering formal amendments. HHSC expects to approve change requests through Implementation Plans as needed to help organizations meet community need.

Fiscal Year 2026 Opioid and Recovery Support Needs and Capacity Assessment Awarded To: Be Well, Texas Service Plan Be Well, Texas oversees the network of: • Texas Targeted Opioid Response (TTOR) - Medications for Opioid Use Disorder (MOUD) treatment

- Office Based Opioid use disorder Treatment (OBOT)

- Medication-Assisted Treatment (MAT)

TTOR and Peer Support and Recovery (PSR) - Recovery Support Services (RSS) and Youth Recovery Centers (YRC)

	TTOR MOUD OBOT and MAT	TTOR RSS	PSR RSS	PSR YRC
Number of Providers	60	16	24	15
Anticipated Number Served	4,647	3,500	5,620	2,020

Expected Benefit Centralizing the continuum of treatment and recovery services under a single public university—responsible for overseeing the TTOR MOUD and TTOR and PSR RSS provider network—enables more efficient resource deployment and service coordination.

This approach enhances integration between MOUD and RSS services, improves continuity of care and increases the likelihood of sustained recovery for individuals receiving treatment. https://bewelltexas.org/

Discussion.

Providers appreciate the flexibility in the contracts, but there were many providers who had contracts for adults and children and now only have contracts for adults. What considerations were taken into account for programs that were serving adults and children and now are only serving one group. HHSC stated that the awards were based on the ask of the provider. Some providers may have not requested the same funding groupings. If it was requested and they met the criteria, they would have been awarded the services.

Can you provide the methodology used to the committee? HHSC stated that information should be available.

TTOR--- how does that improve the integration when the services are still separated (University and program separation). HHSC stated that HHSC works with the recovery peers to make sure the services are still be provided.

Office of Mental Health Coordination

In Summary. Dr. Harvey presented on the Statewide Behavioral Health Coordinating Council's scope and deliverables:--five-year strategic plan, annual reports, funding inventory, and special reports (e.g., children's plan, suicide prevention).

Current planning for 2026 strategic plan update has begun, with an emphasis on stakeholder engagement, public input, and focusing on service access, special populations, and cross-agency infrastructure issues. The BHAC and other advisory committees will be invited to participate; stakeholder engagement will likely include a statewide survey.

Presentation.

Statewide Behavioral Health Coordinating Council was established to ensure a strategic statewide approach to behavioral health services. Th membership is 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 with an accompanying yearly progress report.
- 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.

The Statewide Behavioral Health Coordinating Council (SBHCC) is updating the five-year statewide behavioral health strategic plan pursuant to Texas Government Code, Section 547.0156 , and Senate Bill 1, 89th Legislature, Regular Session, 2025, (Article IX, Section 10.04(c). The plan was most recently published in November 2022, (2022 strategic plan and progress report) and the updated plan will be the 3rd Edition covering fiscal years 2027-2031. The plan is due to the Governor's Office and Legislative Budget Board by December 1, 2026.

The SBHCC member institutions convened the **core workgroup** responsible for developing the strategic plan on September 3, 2025. The workgroup will meet monthly

through July 2026 and will engage non-SBHCC organizations and subject matter experts during the development of the strategic plan.

Key Contributors Non-SBHCC organizations and subject matter experts will be invited to contribute a variety of perspectives. Examples include the following:

Scope and Parameters The strategic plan will focus on systemic issues (i.e., infrastructure, policy, process, procedures and entries and exits to care) and impacts on access to care. The plan will use existing reports on special populations as reference material, rather than featuring special populations in the strategic plan.

Notable changes from prior editions include: The strategic plan will not exceed 75 pages to include appendices, and the Strategic Plan for Diversion, Community Integrations and Forensic Services will be removed from the behavioral health strategic plan.

Statewide Behavioral Health Strategic Plan Timeline

Date	Activity
September 3, 2025	SBHCC members kick-off meeting
September 2025 – May 2026	Workgroup meetings and strategic plan development
November 2025 – May 2026	Workgroup engages key contributors, identifies data and other information sources
May 2026 – July 2026	Workgroup meetings and strategic plan review and revision
August 2026	SBHCC approves the strategic plan
September 2026 – November 2026	Strategic plan moves through final approval processes
December 1, 2026	Strategic plan due to Governor and Legislative Budget Board

Discussion. No discussion

6. Subcommittee updates

Housing—There was agreement in the subcommittee to dissolve the Housing Subcommittee. The housing conversations should be integrated into all the subcommittees. We want to build on the work previously done by the Housing subcommittee.

MOTION: Dissolve the Housing Subcommittee prevailed.

7. Public comment.

Catherine Carema, Texas FASD network (Texas FASD Network – Face It, Embrace It, Conquer It) and parent of a child with Fetal Alcohol Substance Disorders stated her support for services for FAS children. She related her personal story in trying to access services and described the services of the Texas FASD Network.

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

Action Items

- Two items were mentioned but had already been attended to by staff.
- Provide summary of substance abuse funding methodology, especially regarding rural areas (to be shared as follow-up).
- Ongoing: Members can submit questions to Jessica Santiago for additional information.

9. Closing remarks. Members were thanked for attending by Elizabeth Henry, Co-Chair.

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

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