Health and Human Services

Statewide Behavioral Health Coordinating Council

November 17, 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.

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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

Updated Report on Suicide and Suicide Prevention in Texas - 2022

1. Welcome, opening remarks, and introductions. Dr. Harvey convened the meeting and a quorum was present.

2. Consideration of August 20, 2025, draft meeting minutes. The minutes were approved as drafted.

3. Presentation: Texas Department of Criminal Justice/Texas Correctional Office on Offenders with Medical or Mental Impairments Behavioral Health Initiatives Rehabilitation and Reentry Division - TCOOMMI

The Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) provides pre-release screening and referral to aftercare treatment services for special needs offenders releasing from correctional settings, local jails, or other referral sources. TCOOMMI contracts with Local Mental Health Authorities across the state to provide continuity of care services for persons on probation or parole by linking them with community based interventions and support services.

- Medically Recommended Intensive Supervision
    - Eligible offenders may be considered for early release who pose minimal public safety risk, from incarceration to more cost effective alternatives.
- Mental Health Continuity of Care*
    - Adult Case Management
    - Adult Continuity of Care
    - Jail Diversion
    - Juvenile Probation Case Management
    - TJJD Continuity of Care Services
- Medical Continuity of Care
    - TCOOMMI staff may secure resources in the community for releasing offenders identified for special needs referrals and services.
- Wrongfully Imprisoned Program
    - Provides case management services and linkages to medical, dental and mental health services as well as transitional services for those persons released from TDCJ custody who have served all or part of a sentence and were subsequently granted an actual finding of innocence by the courts.

*Texas Code of Criminal Procedure article 16.22 provides for the Collection of Information Form for Mental Illness and Intellectual Disability to be provided to the Magistrate. During the 85th Legislature, SB 1326 required TCOOMMI to approve the form and the 86th Legislature required additional changes to the form through HB 601. Here is the updated 16.22 Collection of Information Form approved by TCOOMMI.

*During the 84th Legislature HB 1908 was passed which amended existing legislation regarding mental health continuity of care by adding delusional disorder, post-traumatic stress disorder and anxiety disorder as well as any other diagnosed severe and persistent mental health disorder as categories to be served, subject to available resources and the extent feasible.
*During the 79th Legislature HB 2194 was passed requiring TCOOMMI to approve and make generally available in electronic format a standard form for use by experts in reporting competency examination results under Chapter 46B, Code of Criminal Procedure §46B.025. Here is the available format: WORD PDF

In Summary: April Zamora (Director, Rehabilitation and Re-entry Division, TDCJ) presented on behavioral health initiatives and division reorganization post-sunset review. Ms. Zamora reported that the merger was completed previously aligning reentry, rehabilitation, and oversight divisions for more integrated, regionally flexible care. Thy are placing more focus on certified peer programs for reentry support, aiming for 95% employment rate upon inmate release by 2030 (currently at 31%).

Sunset had focused on the development of individualized treatment plans and public-facing program inventory which are in development, with real-time status and accessibility for inmates (launch is planned for January, fully implemented by 2027). There will be a shift from underutilized voluntary substance use programs to tablet-based, educational and clinical risk/needs-responsive models. Monthly enrollment is targeted to increase from 151 to 561 through these changes.

Ms. Zamora commented on strategic right-sizing of large treatment facilities to improve staffing, clinical outcomes, and family access. Staff recruitment has been adapted to provider locations, especially in rural/underserved areas. Other innovative practices to improve service in underserved areas include providing professional development to support internal advancement.

Trauma-informed care is being embedded systemwide, leveraging Stephanie Covington's curriculum, with all staff trained in this evidence-based model.

There is expansion of dually diagnosed residential beds for probationers, enabling them to receive integrated care in the community, diverting from prison. New facilities have been funded in Williamson, El Paso, and Bowie counties.

Restoration of services included improved funding for caseloads, cost-of-living adjustments, and field-based case management for continuity after release. Collaboration with juvenile justice (TJJD) on care coordination pilot for youth detention releases.

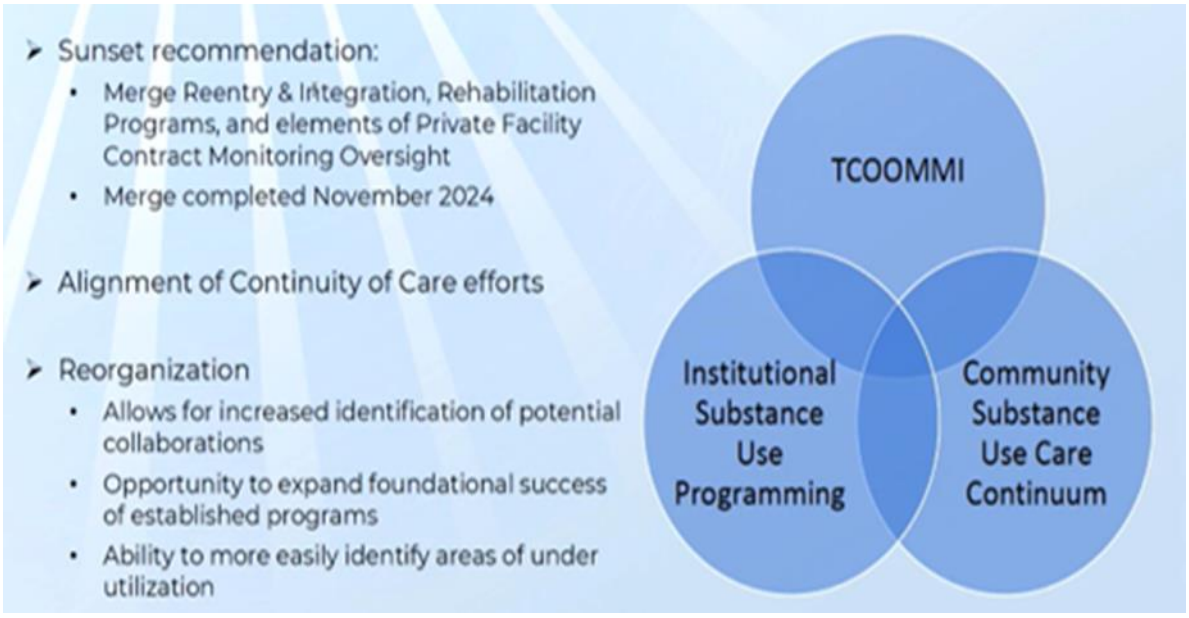
Contract management practices have been improved (Sunset recommendation), with integrated monitoring and regular facility visits, plus training for contract managers.

Discussion focused on:

- Regionalization, provider recruitment, workforce incentives, and training for clinical and contract monitoring staff.
- Details were shared on trauma-informed care measurement—currently tracked via recidivism rates (female re-entry program at 4.8%).
- Council members and public commenters stressed importance of upstream behavioral health interventions to prevent incarceration.

Presentation

Reorganization Resulting from the Sunset Process



- **Individual Treatment Plan**
  - Program Inventory catalog available to the public, real-time
  - Inmate tablet view
    - Includes a short program description
    - Able to review real-time status
    - Potential to request program enrollment
  - Improved readability for user

New Substance Use Programs

- **State Jail Program**
  - Tablet based educational model
  - Average monthly enrollment before: 151
  - Average monthly enrollment currently: 561
  - Integrates Risk-Need-Responsivity principals
    - Clinical Assessment to identify need
    - Peer Service and Case Management for those with higher clinical need.

- **Regionalization**
  - "Right-sizing" treatment for fidelity and efficacy
  - Search for Workforce; programming located in optimal locations for licensed staff
- **Trauma-Informed care treatment and practices across all program services**

- **Substance Abuse Felony Punishment Facility (SAFPF) and In-Prison Therapeutic Community (IPTC)**
  - Higher clinical need
  - Probation and Parole partnership
    - Treatment Teams
  - Individualized Treatment and Recovery Plan
  - Continuum of Care upon community return
    - 6-9 months in TDCJ
    - 3-6 months Community Residential or Intensive Outpatient
    - 9 months Outpatient
    - Community supports
  - Tandem mental health services in TCOOMMI community programs

- **Pre-Release Therapeutic Community (PRTC)**
  - Moderate clinical need
  - 6-month program in-prison
  - Solution-Focused Treatment and Therapeutic Community evidence-based practice modalities
  - Cognitive intervention
  - Recovery Peer Support Specialists engage with participants
  - Community support referrals

- **Pre-Release Substance Abuse Program (PRSAP)**
  - Moderate/Lower clinical need
  - 6-month program in-prison
  - Programming that blends education, treatment, and therapeutic community principals
  - Referrals to community supports upon release

- **In-Prison Susbtance Use Treatment Program**
  - Moderate to High clinical need
  - 6-month program
  - Engages technology and telehealth with a LCDC
  - Recovery Peer Support Specialist provide in-person skill building
  - Gender-responsive

- **Contract Management:** Integrated approach of substance use treatment and contractual obligation.
  - Monitoring teams merge
  - Request for Proposal language updates
  - Program Evolution

- **Mental Health and Substance Use Community Overlap**
  - TCOOMMI LAR funds for 25-26 expanded opportunity for Dually-Diagnosed Residential Facility beds
    - Opportunity for local intervention for special needs probation prior to SAFPF
    - Treatment of mental health and substance use is a team (supervision, LCDC and MH Caseworker)
    - Williamson County, El Paso County and Bowie County (NEW)

- **Community Justice Assistance Division – TTOR funds**
  - Medication assisted therapy
  - El Paso County site addition, LMHA partnership
  - Court Residential Treatment Centers – Bexar County and El Paso County

Initiatives

- **Continuity of Care**
  - LAR funds 26-27 allowed for restoration of services and support of service cost
    - Caseload partnership with Parole and Probation
      - Caseloads reopened
      - Co-location with supervision
      - Meeting the population where they are at
    - Salary support and client services (medications, prescriber time, etc.)
  - Pilot: targeted efforts for care coordination with TJJD detention releases

- **Peer Services**
  - Opportunity to hire Peers trained within TDCJ or outside in community to work within the TCOOMMI-LMHA program

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Discussion.

Where are the providers that responded to the application? Ms. Zamora stated that there were not many from rural areas. They offered assistance to professionals need supervision for certification, supporting them. Many continued to work with TDCJ. This expanded services in areas that were underserved. They have been functionally flexible in trying to expand in underserved areas including upgrading salaries.

What model of trauma informed care is the program using? They use Stephanie Covington curriculum. They have specially assigned trainers of the curriculum. Stephanie Covington, Ph.D. - trauma-informed and gender-sensitive programs

Ms. Zamora If you are a contract monitor, you are not just monitoring outpatient contracts but contracts in the service continuum. Contractors are sometimes housed at the facilities. Monitors go through emersion training including security training. There is also continuity of care training. Teams also engage in SNAP and other services.

TJJD involvement pilots. TJJD stated that there is one county in each of the 7 regions that are developing or have developed a pilot that are designed to get children connected to services.

Ms. Zamora commented on youth aging out of TJJD and their efforts with transition to the adult system. They attempt to make the transitions different, emphasizing education, peer services working within the LMHAs.

How do you measure outcomes in trauma informed treatment. Ms. Zamora stated that they are just beginning this effort. In other TDCJ programs we look at recidivism rates which is presently 4.8% in the women's program.

This really highlights the need to do better in this state who need access to mental health and substance use services (not just those incarcerated)

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

HHSC—reminder that HHSC sent out a request for feedback/input on the agency LAR (closes November 24). Many agencies in this group are undergoing sunset review. HHSC Sunset Review | Texas Health and Human Services

TJJD--- Reorganization in new continuum of care roles. Reconceptualized how they look at community services and an effort to streamline the services. Texas Juvenile Justice Department (TJJD) - Home; They are also under limited sunset review-- TJJD Sunset Self Evaluation

5. Public comment.

Krishnaveni Gundu, Texas Jail Project appreciated the continuity of care reported today. She related their experience. Actual continuity of care is difficult. People often have to start back at square one for services, including medications. She stated many people are put back on the waitlist multiple times. Families are frustrated in trying to get their loved one services before jail release. Homepage - Texas Jail Project - Texas Jail Project

Maggie Eaves, commented on a personal experience of her grandson. She stated there should be an all in one approach to services. They live in rural Texas and as such they have to rely on the sheriff's department for mental health services. The jail personnel have no idea who to work with her grandson. She stated her grandson should be getting some diversion services. Her grandson is waiting for a bed at Lubbock SSLC. She stated she doesn't know what to do. Dr. Harvey stated she would follow up.

Written public comment will be sent to the members.

6. Review of action and agenda items for next meeting and closing remarks.

Actions/agenda items

- Look into scheduling a tour at the Bartlett Unit
- The progress report has been approved
- Please participate in the strategic planning meetings.
- Review By-laws

- Distribute SB 1677 forensic waitlist audit report to all council members for reference.

Next meeting February 25, 2026

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