



# Health and Human Services

## Statewide Behavioral Health Coordinating Council

**February 25, 2026**

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*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.*

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[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.

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

**Benjamin Geiger**

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

**Shann Turner**

Director, State Office of Rural Health  
Texas Department of Agriculture

**Daniel Doyle, M.D.**

Chief Operating Officer, UT Health  
Behavioral Sciences Campus  
University of Texas Health Science Center  
– Houston

**Brenda Kelley**

Director, Veterans Mental Health

**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

**Rene Olvera, MD**

Chair of the Department of Psychiatry  
and Behavioral Sciences  
University of Texas Health Science Center  
– San Antonio

**Ashley O’Niell**

School Based Mental Health Wellness  
Coordinator  
Texas School for the Deaf

**Andy Rangel**

Special Projects Coordinator  
Texas Civil Commitment Office

**Jonas Schwartz**

Program Manager, Vocational  
Rehabilitation Division  
Texas Workforce Commission



Department  
Texas Veterans Commission  
**LaTrenda Watson, Ed.D**  
Director of Mental and Behavioral Health  
Texas Education Agency

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

**Kristin Meeks**  
Policy Analyst, Oversight and  
Improvement  
Office of Court Administration/Texas  
Indigent Defense Commission

**Jordan Baker**  
Injury Prevention Section Director  
Department of State Health Services

**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)

**Luanne Southern**  
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

**Ricky Armstrong**  
Interim 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

**Resources:**

- [mental health and substance use page](#) serves as a resource for mental health services in the state of Texas.
- [SBHCC reports](#).

**1. Welcome, opening remarks, and introductions.** The meeting was convened by LuAnn Southern. A quorum was present.

**2. Consideration of November 17, 2025, draft meeting minutes.** The minutes (follow the link) were approved as drafted.



**3. Consideration of draft revisions to SBHCC bylaws.** The bylaw draft had been sent to members ahead of time and there were no suggested changes. The bylaws were approved.

**4. Presentation: Texas Commission on Jail Standards Behavioral Health & IDD Identification – Five Years of Progress in County Jails**

Ricky Armstrong, Interim Executive Director Texas Commission on Jail Standards

**Summary.** Texas Commission on Jail Standards (TCJS) presentation was made by Ricky Armstrong who shared five years of progress on identifying behavioral health and IDD needs in county jails, emphasizing the need for supplemental screening beyond TLETS/CCQ due to missed populations (out-of-state service history, gaps in services, and other limitations). The CCQ definition was clarified: CCQ = Cognitive Care Query (used to support continuity of care identification within criminal justice data systems).

TCJS cited HB 2831 (87th Legislature, 2021) establishing a 4-hour training program for county jailers on interacting with people with IDD; training is voluntary (not mandated by Texas Commission on Law Enforcement). Operational constraints were discussed and included: limited resources in most jails, older facilities lacking privacy/space, need for ongoing staff training, and programs often being cut first when budgets tighten.

The forward-looking focus areas included enhanced screening tools, expanded training, strengthened community partnerships (housing/employment/social supports) and re-entry supports. TCJS also noted limited capacity to measure recidivism outcomes currently.

**Presentation.**

**The Challenge: Behavioral Health & IDD in the Justice System**

20 to 24% of the inmate population in Texas has a mental health need

**Co-Occurring Disorders**  
High rates of substance use complicate treatment pathways

**Unidentified IDD**  
Individuals historically miss critical services and support

📄 Bureau of Justice Statistics, 2017

**Validated Tools** Brief Jail Mental Health Screen Intake screening form implemented at intake

**Immediate Assessment** Screening within minutes of booking identifies serious mental illness

**Timely Intervention**

Early detection reduces harm, improves outcomes for individuals

**Spotlight: Improving IDD Identification in County Jails**

**Protocol Development** Screen for IDD alongside mental health assessments at booking

**Staff Training** Jail and behavioral health professionals recognize IDD indicators

**Data Systems** Track identification rates and monitor service referrals

**Onsite Integration** Jail-based therapists provide screening, therapy, and reentry case management

**Continuity of Care** Follow-up support extends up to one year post-release for sustained recovery

**Cognitive-Behavioral Approach** Address substance abuse and criminal thinking alongside behavioral health needs

**Role in Systemic Improvements**

**Multi-Agency Coordination** Aligned jail, mental health, and community providers for seamless care

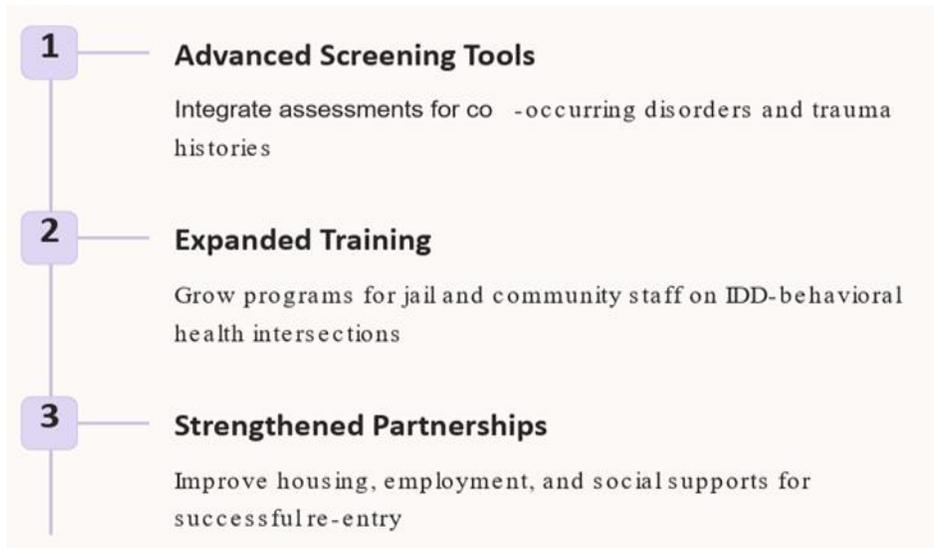
**Stepping Up Initiative** Supported counties in a six-step action plan to reduce behavioral health incarceration <https://stepuptogether.org/#/>

**Data-Driven Decisions** Promoted measurable outcomes tracking and evidence-based interventions

**Challenges & Lessons Learned**

<p><b>Facility Constraints</b> Privacy and space limitations in older jails complicate confidential screening processes</p>	<p><b>Training Continuity</b> Ongoing staff development needed to maintain screening accuracy and cultural sensitivity</p>	<p><b>Community Capacity</b> Building provider networks to absorb referrals and deliver sustained care post-release</p>
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**Looking Ahead:**



## **Conclusion: TCJS's Commitment to Justice & Health**

### **Saves Lives & Reduces Recidivism**

Early, accurate identification of behavioral health and IDD needs creates lasting impact

### **Measurable Progress**

We need more data to calculate the measurable progress.

### **Building a Better System**

Recognizing the whole person fosters safer communities and healthier futures

"Together, we can build a justice system that truly serves all people."

**Furthermore**, The Arc, the largest national community-based organization advocating for and serving people with IDD and their families, identified people with IDD are more likely to be arrested, convicted, sentenced to prison, and victimized in prison. Once in the criminal justice system, people with IDD are less likely to receive probation or parole and tend to serve longer sentences.

People with IDD make up 4 to 10 percent of people in prison, with higher numbers in juvenile facilities and jails.

Data from the Bureau of Justice Statistics found that among prisoners and jail inmates, cognitive disabilities stood out as the most commonly reported disability with about 20 percent of prisoners and 30 percent of jail inmates reporting this type of disability.

## **Discussion**

Collaboration with IDD services would appear to be warranted.

Referencing the 13 Counties doing the Stepping Up initiative. Could you follow up on the initiative and the counties involved. The speaker stated he would do so.



**Stepping Up Initiative** In May 2015, NACo and partners at the CSG Justice Center and APA Foundation launched [Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails](#) and announced a Call to Action demonstrating strong county and state leadership and a shared commitment to a multi-step planning process that can achieve concrete results for jails in counties of all sizes. As part of this Call to Action, county elected officials are being asked to [pass a resolution](#) and work with other leaders (e.g., the sheriff, judges, district attorney, treatment providers, and state and local policymakers), people with mental illnesses and their advocates and other stakeholders to reduce the number of people with mental illnesses in jails. Stepping Up participants receive an online [resources toolkit](#) to assist with efforts, including webinars, online tools, events and a comprehensive online resource library.

[The Stepping Up Initiative | National Association of Counties](#)

**CCQ- Cognitive Care Queries** The Cognitive Care Queries (CCQ) process is a data match process used by the Texas Commission on Jail Standards (TCJS) to identify individuals with mental health needs who may be eligible for continuity of care services. This process replaced a previous public service data match process and is now instantaneous and real-time. The CCQ process includes staff observations and self-report questions, and TCJS provides training materials to help jail staff recognize mental illness and fill out the form correctly.

## **5. Presentation: Local Intellectual and Developmental Disability Authority Collaborations with Local Mental Health Authorities and Jail.** *(Moved to second on the agenda)*

**Summary.** HHSC IDD Services/PASRR Unit (Gerron McGlory with team) and Tri-County/Tarrant County partners presented on Local Intellectual and Developmental Disability Authorities (LIDDAs), their crisis roles, and jail collaboration.

LIDDA overview: HHSC contracts with 39 LIDDAs statewide to help people with IDD access services/supports, determine eligibility (including psychological testing), and coordinate enrollment and placements (e.g., group homes, host homes, ICFs, and when appropriate State Supported Living Centers). Service coordination details included general revenue services, Home and Community-based Services (HCS), Texas Home



Living (TxHmL), and Community First Choice; focus was on continuity of care and navigating complex systems.

General Revenue services were emphasized as a bridge for people not yet in waivers or waiting on interest lists; examples included respite (required), employment supports, day habilitation, community/behavioral supports, and therapies.

Waiver service arrays (HCS/TxHmL) were presented and illustrated breadth across medical, behavioral, and daily living supports; HCS includes residential assistance as a support (not a placement guarantee).

individuals may receive LIDDA IDD service coordination while also receiving LMHA targeted case management, but waiver enrollment can only be with either LIDDA or LMHA (not both), and services must not be duplicative. Local coordination is required to prevent concurrent billing at the same time.

Crisis services: funding from the 84th Legislature supported crisis intervention and crisis respite across all LIDDAs. Each LIDDA has funding for at least one Crisis Intervention Specialist (CIS). LIDDAs enhance Mobile Crisis Outreach Teams (MCOT) and Youth Crisis Outreach Teams (YCOT) via real-time crisis response (in-person/phone/virtual depending on local design). There is also training/education for crisis workers on IDD supports, co-occurring MH/SUD, workflows, and resources.

Tri-County crisis services were described involving collaboration after recognizing standard LMHA crisis interventions did not fit many IDD-related crises. They described the ongoing feedback loops that improved clinic and field responses. There is joint training/education across crisis and IDD teams, shared identification of "frequent flyer" group homes, and consistent communication about local service changes that could affect care.

The system operates 24/7 with continuous availability for IDD crisis support to field calls from crisis teams operating in the community.

Tri-County educated the county jail liaison on LIDDA services and used on-staff psychologists to complete emergency eligibility determinations for incarcerated adults and children.



Challenges: LMHA involvement can end when a person crosses county lines, while LIDDA monitoring may continue; juvenile courts may not understand appropriate referral pathways and may order services that are not feasible within current system design.

The presentation explained Texas Law Enforcement Telecommunications System (TLETS) continuity-of-care queries that identify whether a booked individual has received LIDDA services. Lookback for adults (18+) through the query checks extends for the most recent 3 years; for minors, history is checked regardless of time. When a match occurs, the LIDDA verifies identity and after verification, LIDDA/CIS requests separation from general population and alerts the person's service coordinator if currently receiving waiver/GR/CFC services. The LIDDA collaborates with the jail to exchange key information (medications, diagnoses, interaction approaches, discharge planning contacts) and coordinate re-entry or, when needed, SSLC applications.

Q&A highlights: hospitals/ERs can route suspected IDD cases through intake even without an established diagnosis; contract obligations require follow-up on exact matches (some LIDDAs also respond to probable matches); system "glitches" are being identified and corrected

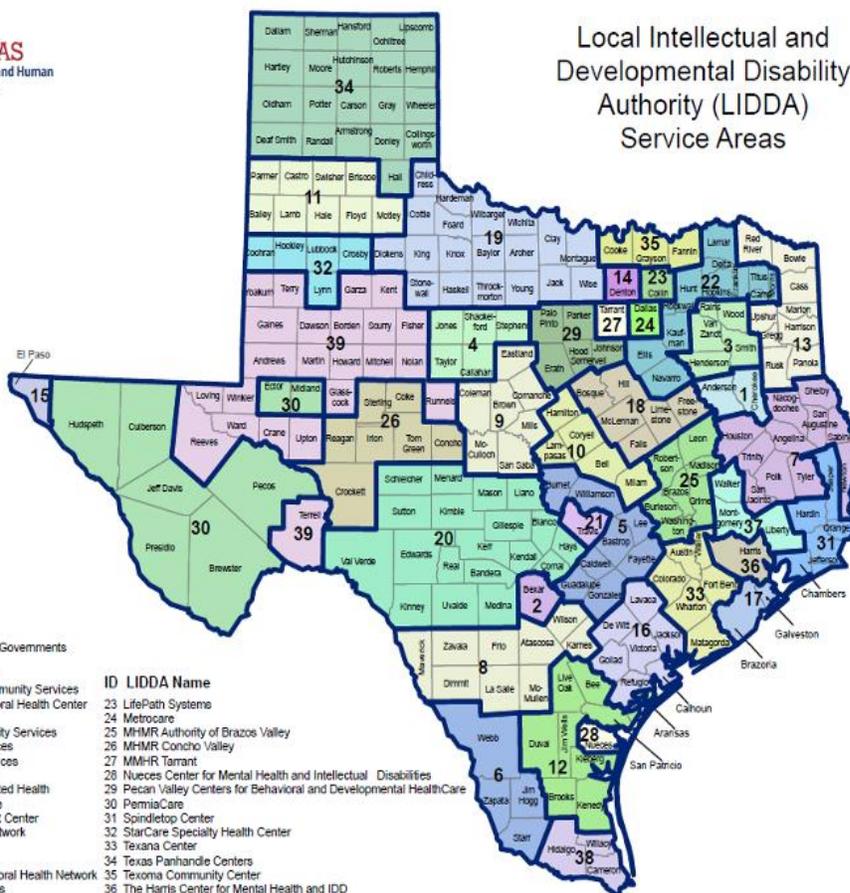
## **Presentation.**

**LIDDA Role and Function** HHSC contracts with 39 LIDDAs that conduct the following activities that help individuals access services:

- Provide information about services and supports.
- Help individuals identify community-based services and supports or residential placement.
- Conduct psychological testing to determine eligibility.
- Assist with enrollment into community-based services and supports or residential placements.



Local Intellectual and Developmental Disability Authority (LIDDA) Service Areas



**ID LIDDA Name**

- 1 ACCESS
- 2 Alamo Area Council of Governments
- 3 Andrews Center
- 4 Betty Hardwick Center
- 5 Bluebonnet Trails Community Services
- 6 Border Region Behavioral Health Center
- 7 Burke
- 8 Camino Real Community Services
- 9 Center for Life Resources
- 10 Central Counties Services
- 11 Central Plains Center
- 12 Coastal Plains Integrated Health
- 13 Community HealthCare
- 14 Denton County MHMR Center
- 15 Emergence Health Network
- 16 Gulf Bend Center
- 17 Gulf Coast Center
- 18 Heart of Texas Behavioral Health Network
- 19 Helen Farabee Centers
- 20 Hill Country MHDD
- 21 Integral Care
- 22 Lakes Regional Community Center

**ID LIDDA Name**

- 23 LifePath Systems
- 24 Metrocare
- 25 MHMR Authority of Brazos Valley
- 26 MHMR Concho Valley
- 27 MHMR Tarrant
- 28 Nueces Center for Mental Health and Intellectual Disabilities
- 29 Pecan Valley Centers for Behavioral and Developmental HealthCare
- 30 PermianCare
- 31 Spindletop Center
- 32 StarCare Specialty Health Center
- 33 Texana Center
- 34 Texas Panhandle Centers
- 35 Texoma Community Center
- 36 The Harris Center for Mental Health and IDD
- 37 Tri-County Behavioral Healthcare
- 38 Tropical Texas Behavioral Health
- 39 West Texas Centers

Data source: <https://apps.hhs.texas.gov/contact/la.cfm> September 1, 2024

**LIDDAs provide service coordination** for individuals with IDD in the following settings or programs:

- General Revenue (GR) services
- Home and Community-based Services (HCS)
- Texas Home Living (TxHmL)
- Non-waiver Community First Choice (CFC) services

**LIDDAs receive GR funding** to support individuals in the community who may not be eligible for or are waiting for services in a waiver program. Services may include:

- Respite – required by HHSC
- Employment Assistance
- Supported Employment
- Day Habilitation



- Community Support
- Behavioral Support
- Specialized Therapies

### **HCS/TxHmL Service Array**

- Adaptive aids
- Audiology services
- Behavioral support services
- Cognitive rehabilitation therapy
- Dental treatment
- Occupational therapy
- Physical therapy
- Residential assistance (HCS only)
- Respite
- Social work services
- Speech and language pathology
- Dietary services
- Employment assistance
- Financial management services
- Individualized skills and socialization
- Minor home modifications
- Nursing services
- Supported employment
- Support consultation
- Transportation
- Transition Assistance Services
- Prescribed drugs\*

\*The waiver covers prescriptions beyond the three covered under the Medicaid state plan pharmacy benefit.

**Collaboration with Local Mental Health Authorities.** A person may receive IDD service coordination from the LIDDA while receiving targeted case management from the Local Mental Health Authority (LMHA).

- The person may only be enrolled in a waiver program with either the LIDDA or the LMHA.
- Neither the LIDDA, nor the LMHA, can have duplicative services provided.
- Services must be coordinated with the LIDDA and the LMHA.

**IDD Crisis Services** The 84th Session of the Texas Legislature provided LIDDAs with crisis funds to support people with IDD who have significant behavioral or psychiatric challenges and often exhibit significant needs requiring additional support beyond the array of services typically provided within community programs.

**Crisis Intervention Specialist Services** Support of individuals with IDD and significant behavioral and psychiatric support needs. Crisis Intervention Specialists (CIS) enhance current Mobile Crisis Outreach Teams (MCOTs) by providing:

- CIS involvement in real-time response to crisis situations
- Training and education to MCOT workers on IDD supports and services

**Tri-County's Cross Collaborative Efforts.** What is working:



- Bridging the gap in services with individuals in the community.
- Collaborating between departments to include cross training staff with both the LMHA and LIDDA.
- Providing a liaison in Montgomery County Jail.
- Including two psychologists on staff to complete eligibility determination assessments.

**Lessons learned:** Continued barriers:

- Working with individuals across boundary lines
- Increasing education within the court system about appropriate community resources

**Texas Law Enforcement Telecommunications System (TLETS)** The 86th Legislature appropriated funding to add information related to people with a history of receiving services from a LIDDA into the Department of Public Safety The duties of a LIDDA related to TLETS are:

- Provide timely responses to TLETS match notifications.
- Request the person to be separated from the institution's general population.
- Coordinate with the person's service coordinator, if receiving HCS, TxHmL, GR or Non-waiver CFC services.
- Collaborate with the correctional institution to:
  - identify any treatments or service needs, and
  - coordinate post-discharge needs.

**The Texas Law Enforcement Telecommunications System** is the statewide telecommunications network comprised of terminals/databases/computer interfaces representing numerous cities, state, federal, and military law enforcement and criminal justice agencies in Texas. TLETS provides 24/7/365 assistance and access to information to all criminal justice and law enforcement agencies throughout Texas. Additionally, TLETS provides intrastate interconnectivity to various local, state, and federal database systems via the International Justice and Public Safety Network (Nlets), allowing operators to gather a variety of database services from other states, Canada, Interpol, and private companies. TLETS access provides operators with access to NCIC, TCIC, CCH, Driver License, Vehicle Registration (Department of Motor Vehicles-DMV), Financial Responsibility Verification Program (managed by the Texas Department of Insurance or TDI), as well as the Texas Parks and Wildlife Department (TPWD).

As the Control System Agency (CSA) for the Federal Bureau of Investigation's NCIC, DPS serves as the connection point for all data between Texas agencies and NCIC.

Through the services of the NCIC system, the FBI maintains stolen and recovered property files, person files, CCH data and the Interstate Identification Index (III) which is used as a pointer to criminal history files resident on state systems. Federal and state law regulates access to and dissemination of CCH, and prescribes security and privacy rules for systems which access CCH. DPS is responsible for ensuring that FBI CJIS Policy is applied to Texas agencies accessing FBI data.

The Crime Records Division is actively engaged in evaluating network services, adopting new information-sharing partners, and supporting application systems to provide the Texas Criminal Justice Community with cost-efficient and effective strategies. Member agencies will access information about the initiatives through the CRD website, the CR Newsletter, administrative messages, and the TCIC Listserv. Comments or questions should be directed to [tlets@dps.texas.gov](mailto:tlets@dps.texas.gov).

## **Discussion**

If a person is not LIDDA enrolled but ended up in the hospital would the LIDDA reach out to them. The speaker stated that there is a process where MCOT might be notified about the person.

On TLETS is it an exact match? The speaker stated that mostly it is based on exact match, though occasionally some people have been identified through likely matches.

Is a crisis intervention specialist at every LIDDA? The speaker answered in the affirmative.

## **6. General member announcements on events or initiatives related to behavioral health.** No announcement

## **7. Public comment.**

**Katherine Karema, Texas FASD network** commented on Fetal Alcohol Spectrum Disorders and people with this show little symptoms but struggle with mental health issues. It is an unrecognized disability. Thirty five percent of people living with FASD will experience incarceration. She urged the special inclusion and training regarding this population.



**Krish Gindu, Texas Jail Project** speed read from her written document making it difficult to follow. She commented on guardianship rules for incarcerated individuals. She referred to SB1677 and the report was silent on the IDD population. 122 people with IDD were awaiting forensic commitments.

**Satrice McGregor, parent** of a young man with serious mental illness. She related her personal experience and the difficulties she experienced. Her son died in custody due to the lack of continuity of care.

## **8. Review of action and agenda items for next meeting and closing remarks.**

### **Future Meetings**

- May 13, 2026 (9 a.m.)
- August 19, 2026 (9 a.m.)
- November 18, 2026 (9a.m.)

**There were no action items reported.**

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

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