



# Health and Human Services

## Statewide Behavioral Health Coordinating Council

**May 1, 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.

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Health and Human Services Commission,  
Office of Mental Health Coordination

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Texas Department of Housing and  
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**April Zamora**

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

**1. Welcome, opening remarks, and introductions** .The meeting was convened by Louanne Southern. A quorum was not immediately present.

**2. [Consideration of February 25, 2026, draft meeting minutes](#)** . The minutes were approved as drafted after a quorum was established.

**3. [Presentation: Mental Health Grant Program for Justice-Involved Individuals](#)** . Jennifer DeShaw, Forensic and Jail Diversion Program Specialist Behavioral Health Services Texas Health and Human Services

**Summary.** Jennifer DeShaw (HHSC Forensic and Jail Diversion Services) presented overview of MHJII and legislative changes; Rachel Lane (HHSC Diversion and In-Reach Services Director) attended. The program was established in 2018 following SB 292 (85th Legislature) to fund local community collaboratives to reduce recidivism, arrests, incarceration, and inpatient wait times for people with mental illness.



The population served included People with mental illness or co-occurring mental health/substance use disorders who are at risk of justice involvement, are arrested/incarcerated/adjudicated, or in crisis involving law enforcement/emergency services. The 88th Legislature (Rider 48, 2024–25 GAA) Increased funding from \$25M to \$40M annually.

The 2023 NCA procurement engaged 24 LMHA/LBHA applicants proposing 52 projects. HHSC funded 24 projects across 18 LMHA/LBHA (including 7 new grantees). The FY25 operations provide \$40M annually allocated to 29 LMHA/LBHA community collaboratives operating 59 projects.

FY25 enrolled-services performance highlights:

- 86% of participants across 27 projects were not arrested while receiving enrolled services (target expectation ~90–100% by end of FY).
- 407 arrests among ~2,600 enrolled participants across 26 projects (15%); expectation is <10% (noted repeated arrests by a few clients can raise rates).
- Hospital readmission prevention: 96 enrolled participants across 14 projects were not readmitted within 30 days of discharge.
- Encounter-based jail diversion: 96% of at-risk individuals across 17 projects diverted from jail (expected 90–100%).
- 85% of individuals needing treatment across 19 projects were connected to behavioral health treatment.

The 89th Legislature (Rider 50, 2026–27 GAA): Increased funding by \$10M across the biennium, for \$45M annually. In June 2025 NCA released; procurement ongoing with expectation of executed contracts in spring 2026. 29 LMHA/LBHA were funded to operate 60 projects; contracts now use standardized service-type definitions for oversight and consistent reporting.

FY26 funded service types include ACT, crisis services, community-based services, FACT, in-jail services, inpatient beds, jail-based competency restoration (JBCR), diversion centers, mental health deputy/co-responder programs, outpatient competency restoration (OCR), and youth services.

## **Presentation**

### **Mental Health Program for Justice Involved Individuals (MHGJII) Overview**



- Health and Human Services Commission (HHSC) established MHGJII in 2018.
- Authorizing Statute: Texas Government Code, Chapter 547, Subchapter H.
- Funding: (\$12.5 million in General Revenue in fiscal year 2018; \$25 million in General Revenue in fiscal years 2019-2023).

**Program Intent** MHGJII supports community collaboratives by funding local projects that aim to reduce:

- Recidivism rates;
- Arrest rates;
- Incarceration periods; and
- Wait times for inpatient treatment among people with identified behavioral health needs.

**Population Served** People identified with a mental illness or co-occurring psychiatric and substance use disorder who are:

- At risk of involvement with the criminal justice system;
- Arrested and incarcerated for an alleged crime;
- Adjudicated of a crime; or
- Experiencing a mental or behavioral health crisis resulting in the involvement of law enforcement or other emergency services.

**88th Legislative Session Changes** The 88th Texas Legislature expanded MHGJII by \$15 million annually through the 2024–25 General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023 (Article II, HHSC, Rider 48). Total grant funding increased from \$25 million to \$40 million.

**Rider 48 Overview** HHSC released a Needs and Capacity Assessment (NCA) in November 2023 to award the additional \$15 million under MHGJII. Twenty-four (24) Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs) submitted applications proposing funding for 52 individual projects. Funding was awarded to 18 grantees, including seven new grantees, to expand four existing projects and implement 20 new projects.

#### **Fiscal Year 2025 Performance Outcomes**

- In fiscal year 2025, HHSC allocated \$40 million annually to 29 LMHAs and LBHAs representing a community collaborative to operate 59 projects.
- Grant-funded services prevented and reduced occurrences of arrests and hospitalizations of participants while enrolled in the grant program.
- MHGJII helped create positive outcomes for people with behavioral health needs intersecting with the justice system through single encounters or engagements.



#### Prevention of Arrests

- Measures the number of people who were not arrested while receiving grant services to see how well services prevented arrests.
- 86% of participants across 27 projects were not arrested while receiving enrolled services.

#### Arrest Rate Reduction

- Measures how many arrests occurred among grant participants while receiving services and calculates an arrest rate.
- 407 arrests occurred among nearly 2,600 enrolled participants across 26 projects producing a low arrest rate of 15%.

#### Prevention of Immediate Hospital Readmission

- Measures the number of people enrolled in services who were not readmitted to a hospital within 30 days of discharge to calculate how well the services prevented immediate hospital readmission.
- 96% of enrolled participants across 14 projects were not readmitted to the hospital for mental health services within 30 days of their last hospital admission.

#### Encounter-Based Jail Diversion

- Measures the number of people in danger of arrest who were not arrested due to encountering or receiving grant services.
- 96% of people at risk of arrest who received a single encounter-based service across 17 projects were diverted from jail.

#### Encounter-Based Connected to Treatment

- Measures the number of people in need of behavioral health treatment who were connected because of their encounter with grant services.
- 85% of people in need of treatment who received a single encounter-based service across 19 projects were connected to behavioral health treatment.

#### **89th Legislative Session Changes**

- 2026–27 General Appropriations Act, Senate Bill 1, 88th Legislature, Regular Session, 2023 (Article II, HHSC, Rider 50) appropriated an additional \$10 million across the biennium to support MHGJII.



- Total grant funding increased from \$40 million to \$45 million annually.
- HHSC released the Rider 50 MHGJII NCA in June 2025 and is currently in the procurement process, with contracts anticipated to be executed in spring 2026.

### **Fiscal Year 2026 Update**

- At the start of fiscal year 2026, MHGJII funded 29 LMHAs and LBHAs to operate 60 individual projects.
- All fiscal year 2026 MHGJII contracts utilize standardized service types.
- Standardized service types of support program oversight, uniform performance reporting and accurate data analysis.

### **Services/Projects**

- Assertive Community Treatment (ACT)
- Crisis services
- Community-based services
- Forensic Assertive Community Treatment (FACT)
- In-jail services
- Inpatient beds
- Jail-based competency restoration (JBCR)
- Justice system diversion center
- Mental health deputy (MHD) or co-responder program
- Outpatient competency restoration (OCR)
- Youth services

### **Total Number of Projects: 60**

- ACT: 1
- Community-based services: 12
- Crisis services: 4
- Diversion centers: 7
- FACT: 5
- In-jail services: 7
- Inpatient beds: 3
- JBCR: 8
- MHD programs: 11
- OCR programs: 1
- Youth services: 1

### **Helen Farrabee presentation materials are presented below. Grantee spotlight: Helen Farabee Centers (Wichita County) JBCR**

Kyle Gillett (Director of Crisis Services and Continuity of Care, Helen Farabee Centers) described Wichita County's Jail-Based Competency Restoration program and related continuity-of-care (COC) work.

- Developed via collaboration among Wichita County court, sheriff's office/jail, and Helen Farabee Centers.
- Participated in HHSC-sponsored Jail REACH Learning Collaborative (4 two-hour trainings, 7 one-on-one technical assistance calls, ongoing support).

- Implemented a dedicated “competency court” overseen by a single judge and added a dedicated court coordinator for the competency docket.
- Worked with HHSC Office of Forensic Coordination to expedite hospital admissions for complex/rapidly decompensating cases.
- Partnered with a local forensic psychologist for staff education to better align restoration training with evaluation expectations.
- Service model and early productivity (Oct 2025–Mar 2026 timeframe):
- Served 35 clients in COC-only; ~3 services per client.
- Served 8 JBCR clients; ~21 services per client; 166 total JBCR services; ~171 JBCR service hours delivered by 3 staff (2 case managers + 1 nurse).
- Overall: 43 distinct clients served across COC+JBCR; ~290 total services and ~217 total service hours; 131 informational notes logged (staffings/consultations/information gathering).
- State forensic waitlist count decreased from 23 to 9 people (~61% decrease).
- Average wait time decreased from 150 days to ~81 days (~46% decrease).
- Longest wait time decreased from 951 days to 110 days (~88% decrease).
- Case examples were provided

## Presentation

### Collaboration

**Jail In-Reach Learning Collaborative**

- Collaborative training provided by the Health and Human Services Commission’s (HHSC) Chief of Forensic Medicine and Office of Forensic Coordination.
- Four two-hour training sessions.
- Seven one-hour Technical Assistance calls
- On-going one-on-one support

**Improved Local Collaboration**

- Establishment of a court docket specific to competency
- Single judge presiding over cases until competency is restored
- Addition of a dedicated court coordinator
- Improved efficiency
- Increased collaboration with jail leadership
- Improved information sharing
- Pursuit of expedited hospital admissions for complex cases.

**Education**

- Local Forensic Psychologist volunteering time to provide education to Jail-Based Competency Restoration (JBCR) staff

### Jail-Based Competency Restoration Data

#### Continuity of Care

- Screening and Evaluation
- Provider appointments
- Monitoring

#### JBCR

- Competency restoration programing
- Case management
- Provider appointments

#### Informational Notes

- Staffing notes
- Consultations

Continuity of Care	
COC only Clients	35
Average COC Services/Client	2.88
Total COC Services	124
Total COC Service Hours	46.47
Average Time/Service (hours)	0.37
JBCR	
JBCR Clients	8
Average JBCR Services/Client	20.75
Total JBCR Services	166
Total JBCR Service Hours	170.83
Average Time/Service (hours)	1.03
Total Aggregate	
Total Distinct Clients	43
Average Services/Client	6.74
Total Services	290
Total Service Hours	217.30
Average Time/Service (hours)	0.75
Informational Notes (Total)	131

### JBCR Impact Data

A few case studies were presented

April 2025		March 2026	
Total Individuals On Waitlist	23	Total Individuals On Waitlist	9
Average Time on Waitlist (Days)	150.2	Average Time on Waitlist (Days)	81.29
Median	119	Median	109
Longest	951	Longest	110

Change (%)	
Total Individuals On Waitlist	-60.87
Average Time on Waitlist	-45.88
Median	-8.40
Longest	-88.43

These changes are the result of more than just the addition of competency restoration classes to the jail environment. They are the product of systemic changes within the local judicial system and the jail milieu as well as more intensive and individualized interventions provided to inmates.

## Discussion

Is there anything that would prevent juveniles from accessing these services? The presenters stated they have one e-services program funded. Each grantee selects their eligibility criteria.

The data being collected... are we tracking previous psychiatric engagement, juvenile services? The speaker stated they are not collecting that data at this time.

What mental health assessments have been performed and are they trauma informed? The presenter stated there is a variety of service types under the grant, and so we don't have that granular data.

The youth program listed... who is the grantee? The presenter stated it is MHMR of Tarrant County.

A list of the services provided by the funded organizations was requested.

### 4. [Presentation: HHSC Office of Deaf and Hard of Hearing Services.](#)



**Summary.** Mary Catherine Hess (Training & Education Manager) overviewed ODHHS mission... to connect Texans who are deaf/hard of hearing/deaf-blind to resources and support communication access. Highlighted programs include Driver Visor Card (law enforcement traffic-stop communication tool), Certificate of Deafness for Tuition Waiver (public Texas colleges/universities), Camp Sign (ages 8–17), Senior Citizens Program (60+), STAP telecom equipment vouchers (serves multiple disability groups including deaf/hard of hearing, low vision/blindness, speech disabilities, mobility and cognitive needs). Resource Specialist Program: “boots on the ground” statewide connects individuals and providers to accommodations and resources; includes access specialists (ADA/accommodations) and technology specialists (assistive technology training).

The Board for Evaluation of Interpreters (BEI) provides interpreter certification levels (Basic/Advanced/Master) and specialized certifications (medical, legal, intermediary); encouraged using BEI guidance on selecting the right interpreter and checking the public interpreter registry to verify credentials/current status.

Evan Norton (TJJD, Vice Chair) expressed strong appreciation and intent to share resources with the field; noted relevance to family communication needs even when the justice-involved youth may not need services.

## **Presentation**

The Deaf and Hard of Hearing Services (DHHS) office provides programs and information that serve Texans who are deaf, hard of hearing and deafblind. DHHS focuses on connecting people to resources, raising disability awareness, and improving communication access across the state.

**Board for Evaluation for Interpreters** The Board for Evaluation of Interpreters (BEI) certification program evaluates and certifies sign language interpreters in Texas to promote high-quality communication access through reliable testing standards and conduct regulation. The public BEI interpreter registry enables users to find certified interpreters. Email: [dhhs.bei@hhs.texas.gov](mailto:dhhs.bei@hhs.texas.gov)

**Resource Specialists** Resource Specialists offer services for people who are deaf or hard of hearing. They promote communication access, opportunity and independence through assistive technology support, teaching self-advocacy, and connecting people



with community resources. They also provide education to families, service providers, schools, employers and other entities. Email: [dhhs.mailbox@hhs.texas.gov](mailto:dhhs.mailbox@hhs.texas.gov)

**Camp Sign** Camp Sign is a weeklong summer camp for youth ages 8–17 who are deaf and hard of hearing. Campers participate in outdoor activities, build friendships with peers who use sign language, and develop new skills. Email: [dhhs\\_camp\\_sign@hhs.texas.gov](mailto:dhhs_camp_sign@hhs.texas.gov)

**Senior Citizens Program** The Senior Citizens Program (SCP) supports Texans ages 60 and older who are deaf and hard of hearing. SCP services include social activities, health-related activities, home or nursing home visits, and life enrichment seminars to help seniors stay active and independent. Email: [dhhs.mailbox@hhs.texas.gov](mailto:dhhs.mailbox@hhs.texas.gov)

**Certificate of Deafness for Tuition Waiver** Students who are deaf or hard of hearing can apply for the Certificate of Deafness for Tuition Waiver (CODTW). If the students meet the eligibility criteria, they will be provided with the tuition waiver to be used only at Texas public colleges and universities. Email: [dhhs.tuitionwaivers@hhs.texas.gov](mailto:dhhs.tuitionwaivers@hhs.texas.gov)

**Specialized Telecommunications Assistance Program** The Specialized Telecommunications Assistance Program (STAP) is a voucher program that provides financial assistance to people with disabilities to help them access specialized equipment for easier telephone communication. Email: [dhhs.phones@hhs.texas.gov](mailto:dhhs.phones@hhs.texas.gov)

**Driver Visor Card** Drivers who are deaf or hard of hearing can request a visor card to identify themselves during traffic stops. Showing the card helps quickly explain communication needs and supports clear and safe interactions. Email: [dhhs.mailbox@hhs.texas.gov](mailto:dhhs.mailbox@hhs.texas.gov)

**Discussion** No Discussion

## **5. General member announcements on events or initiatives related to behavioral health**

- Adriana Flores noted upcoming updates on the coordinated expenditure proposal and advised members to hold calendars for behavioral health strategic plan sessions.
- Mental Health Awareness Month.



## **6. Public comment**

**Krish Gundu, Texas Jail Project** urged focus on continuity of care for people found incompetent to stand trial who are released after “timing out” and for LMHA clients who become unenrolled after jail stays; requested attention to protocols connecting people back to services at release. HHSC noted the comments and said they would follow up.

[Homepage - Texas Jail Project - Texas Jail Project](#)

**Shauna Allen, pediatric RN** shared personal account of her brother’s prolonged incarceration (12 years without trial) with repeated competency restoration cycles, destabilization due to medication changes, and long waits for psychiatric review in jail; urged attention to systemic failures in treatment continuity and case resolution.

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

Follow ups with some of the presenters  
August 19, 2026 for the next meeting

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

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