

**Dallas County Behavioral Health Leadership Team**  
**Thursday, October 9, 2025**  
**9:30am -11:00am**  
**In-Person & Virtual Meetings via Microsoft Teams**

- I. Welcome and Call to Order
  - Review/Approval of September 11, 2025, Meeting Minutes
- II. Introductions
- III. North Texas Behavioral Health Authority (NTBHA) Update
- IV. Meadows Mental Health Policy Institute (MMHPI) Update
- V. Dallas County Behavioral Health Housing Workgroup Update
- VI. Dallas County Mental Health Advisory Committee Update
- VII. Legislative Update
- VIII. Funding Opportunities
  - SAMHSA Residential Treatment Grant Update
  - Community Courts Grant Update – Public Defender’s Office (PD)
  - Restorative Justice Division Update – District Attorney’s Office (RJD)
- IX. Upcoming Events and Notifications
- X. Public Comments
- XI. Adjournment



**DALLAS COUNTY, TEXAS**  
**Minutes of the Behavioral Health Leadership Team Meeting**  
**Thursday, September 11, 2025**  
**<https://www.dallascounty.org/departments/criminal-justice/bhlt/>**

**Welcome and Call to Order**

Commissioner John Wiley Price called the Behavioral Health Leadership Team (BHLT) meeting to order at 9:30 AM. Commissioner Price welcomed everyone and announced that the meeting was being recorded and those who continued in attendance were consenting to being recorded as a part of the open records.

The Commissioners present were Commissioner John Wiley Price and Commissioner Dr. Theresa Daniel. Commissioner Price entertained a motion for opening the meeting. A motion was made and seconded by another participant. The motion was unanimously passed by the committee members.

**Review/Approval of Minutes**

The minutes of the BHLT meeting held on Thursday, June 12, 2025, were included in the meeting packet. Commissioner Price offered an opportunity for the minutes to be reviewed and approved. The minutes were approved as submitted.

**Introduction**

Commissioner Price welcomed everyone to the meeting and asked first-time attendees to introduce themselves.

- **Justin Minor, Outreach Manager, Homeward Bound**
- **Lily Mateos, LCSW, Homeward Bound**
- **Chief Eddie Herrera, Sheriff's Department**

**North Texas Behavioral Health Authority (NTBHA) Update**

**Carol Lucky, CEO, NTBHA,** Ms. Lucky reported that the NTBHA board has approved the \$172 million dollar budget for fiscal year 2026. NTBHA has about 45 contract renewals with about 70 programs under the contracts for the new fiscal year. Ms. Lucky reports NTBHA is currently missing a few contracts including their primary Licensed Behavioral Health Authority (LBHA) contract. Ms. Lucky reported that supporting materials are available online through board packets. Ms. Lucky highlighted several major funding updates: an additional \$350,000 was received mid-August for adult treatment services in the current fiscal year; \$96,000 was awarded for a new internship program led by Dr. Taylor to engage college students in behavioral health and administrative roles; and a new comprehensive case management program under substance use services was funded at \$1.6 million per year for five years to support transitions in and out of

inpatient or residential care and to expand peer services. Ms. Lucky reported continued funding for the inpatient competency restoration program was secured at \$14.6 million annually for four years, totaling \$58 million, which will maintain program capacity and improve jail-to-hospital transfers, though transportation remains legally restricted to the Sheriff's Department. Ms. Lucky emphasized the need to operationalize appropriations to maximize their impact and assess the return on investment tied to transfer delays. Ms. Lucky briefly addressed data sharing issues between NTBHA and Dallas County and attorneys are addressing certain concerns through a legal rewrite, with both legal teams meeting Friday to finalize. Ms. Lucky reported \$730,000 per year for three years to fund community health workers and homeless outreach teams, five years of Rural Mental Health Initiative funding for the Kaufman County Living Room site, and \$6.5 million over four years to sustain the state hospital step-down program, which helps individuals transition from long-term hospital stays to independent living with a capacity for 8 to 12 residents.

#### **Meadows Mental Health Policy Institution (MMHPI)**

**Ron Stretcher**, Senior Director of Systems Management, MMHPI, expressed enthusiasm about the collaboration with NTBHA on the Youth Crisis Outreach Team Project, describing it as a model initiative they hope will set a statewide standard. Mr. Stretcher announced a community summit being planned within the next week to share information, strengthen partnerships, and learn from one another

**Doug Denton**, Executive Director, Homeward Bound, reported Deflection Center numbers were lower in August due to inclement weather but important outreach continued through DART and the DART Cares program, which brought in 25 individuals from bus stops, platforms, and trains. Mr. Denton highlighted that 918 people had been served by the Deflection Center so far this fiscal year, with an average stay of 5.5 days. Nineteen individuals left the same day but were quickly placed in shelters, with family or friends. Mr. Denton also connected these efforts to the new comprehensive case management funding, emphasizing that individuals who transition out quickly will be key targets for those services.

#### **Dallas County Behavioral Health Housing Workgroup (BHHWG)**

**Commissioner Dr. Theresa Daniel** stated that there was no formal report due to the absence of a meeting but noted that suicide prevention flyers were available on the table and that a related presentation is scheduled for September 30. She also mentioned that the ongoing shoe collection for community distribution continues at the Dallas County Administration Building.

#### **Dallas County Mental Health Advisory Committee Update**

**Yordanos Melake**, Criminal Justice Department provided the update. Ms. Melake reported, for the month of August, there were 3,353 magistrate orders for 16.22 screenings with 2,850 completed, 1,461 were face-to-face interviews. Ms. Melake reported the average days between order received and interview completed for individuals in custody was about two days while the statute gives 96 hours to complete, and the average days between orders received and interview completed for individuals out of custody was about 14 days and the statute gives 30 days to complete. Ms. Melake reported that the Criminal Justice Department has finalized the service agreement with Adapt for fiscal year 2025. The Mental Health Advisory Committee met this month and will continue to meet every three months on the 2<sup>nd</sup> Tuesday of the month, with the next meeting currently scheduled for Tuesday December 9, 2025, at 2pm.

## **Legislative Update**

**Janie Metzinger**, Director of External Affairs, NTBHA, provided an update. Ms. Metzinger explained that Senate Bill 1164 had been partially repealed only weeks after its passage to correct drafting errors, such as incorrect use of commas etc. House Bill 16 served as the cleanup bill to address these issues, and no substantive policy changes were made. Ms. Metzinger noted that most of the major legislative activity occurred during the June session and that there is little new to report and it is unlikely that a third special session will be called.

## **Funding Opportunities Updates**

### **• SAMHSA Residential Treatment Grant Update**

**Regina Fowlks**, SAMHSA Coordinator, reported that the second year of the SAMHSA grant has concluded and provided an overview of the program's accomplishments. The team met its goal of completing 78% of residential treatment placements, with 32 successful and nine unsuccessful completions, serving a total of 41 clients exceeding the annual target of 35. Additionally, Ms. Fowlks reported the program aimed for 70% of clients to wait no more than 30 days in jail before placement and surpassed this goal, achieving 81%. Ms. Fowlks also noted that several goals have been met or exceeded, with expectations to continue this progress through the remainder of the year.

### **• Community Courts Grant Update-Public Defender's Office (PDO)**

**Christi Dean**, Chief, Public Defender's Office, Ms. Dean provided several updates, beginning with recent participation by the civil commitment team and members of the engagement and treatment court teams in Assisted Outpatient Treatment (AOT) trainings held in San Antonio and locally by Metrocare. Ms. Dean reported that County Administration also sponsored trips to Miami to study their competency and mental health diversion programs, which integrate elements of AOT with jail diversion. Ms. Dean reported some competency staff will visit Vernon State Hospital next month for training and to strengthen coordination for clients placed there. Ms. Dean also highlighted efforts to reduce the jail population, including reviewing the mental health bond process. Ms. Dean provided an overview of the PDO stats for August, out of 2,900 daily mental health flags, 435 individuals were flagged and scheduled for bond consideration; 105 attended hearings, and 65 were granted mental health bonds. Ms. Dean stated that a major barrier to eligibility for mental health bonds remains homelessness or lack of contact information, and discussions are underway with the District Attorney's Office to address this. Finally, Ms. Dean noted that mental health and treatment court statistics, including City of Dallas treatment court data, are included in the packet and that FY25 contracts were recently approved, and work is already underway on FY26 funding opportunities with the city's new Community Courts management team moving quickly.

### **• Restorative Justice Division-District Attorney's Office (RJD-DAO)**

**Julie Turnbull**, Chief of Restorative Justice Division, District Attorney's Office, reported that the DAO is working through recent mental health legislation and new requirements for pretrial diversion and intervention programs, and that staff plan to attend a Meadows legislative webinar at noon to gain clarity on the changes. Lastly, Ms. Turnbull reported that further updates are expected at the October meeting once budget impacts on Metrocare positions become clearer.

**Lee Pierson**, Chief of the Mental Health Division, District Attorney's Office, announced that the team is now fully staffed, filling the attorney position that had been vacant since January. The new attorney, Rachel Moore, started three weeks ago and has been working closely with Deputy Chief Kendall McKimmy to review and clear the waitlist. Mr. Pierson anticipates positive progress by October as the team resumes active work on reducing the backlog.

#### **Upcoming Events and Notifications**

- **Joe Powell**, CEO, Association of Persons Affected by Addiction (APAA) announced that September is National Recovery Month, a time to celebrate health, wellness, and recovery. This year marks 36 years of national recognition and 26 years of celebration in Dallas with APAA. Mr. Powell reported that events will be centered around the Big Texas Rally for Recovery and the rally will partner with the WellWell West Festival.
- **Dr. Deborah Purge**, DISD, shared concerning youth mental health statistics and highlighted the district's comprehensive school-based mental health program, the largest in the nation and only one of its kind in Texas. It includes 13 Youth and Family Centers, campus-based counseling, psychiatric services, and a layered support model with clinicians assigned to high schools, multiple middle schools, and elementary campuses. Ms. Purge reported that last year, over 100,000 direct and indirect services were provided, reducing truancy and improving access to care. Dr. Purge reported that Dallas ISD will also partner with Dr. Daniel and the community for a suicide prevention event on September 30, with possible involvement from the Dallas Cowboys.

#### **Adjournment**

Commissioner Price thanked everyone for their collaboration and service. The meeting was adjourned at 10:39 a.m.

DALLAS COUNTY DEFLECTION CENTER							
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**Dallas County Administration, 500 Elm Street, 7<sup>th</sup> Floor, Dallas Texas 75202**  
**September 24, 2025 Minutes**

**Mission Statement:** The Dallas County Behavioral Health Housing Work Group (DCBHWG), with diverse representation, will formulate recommendations on the creation of housing and housing related support services designed to safely divert members of special populations in crisis away from frequent utilization of expensive and sometimes unnecessary inpatient stays, emergency department visits and incarceration.

Success will be measured in placement of consumers in housing and the decreased utilization of higher levels of care (hospitals and emergency care visits) and reduced incarceration in the Dallas County Jail. The DCBHWG is committed to a data driven decision-making process with a focus on data supported outcomes.

**ATTENDEES:** Commissioner Theresa Daniel, Dallas County; Latoya Jenkins, Dallas County; Tzeggabhran Kidane, Dallas County; Kimberly Rawls, DCCJ; Ikenna Mogbo, Metrocare; Lisa Marshall, Fighting Homelessness; Wendy Hardeman, Sharing Life; Kendal Brown, Family Gateway; Eric McCarty, NTBHA; Jesuit High School Students: Ethan Irrobali, Jack Williams, Alexander Bowari, Grant Barrett, Davis Skinner, Grey McComber, Brayden Conlon, Andrew Benyo

***Dr. Daniel opened the meeting by having the members at the table introduce themselves.***

**CALL TO ORDER:** Commissioner and the committee approved the minutes from the June 25<sup>th</sup> meeting.

**RESOURCES**

Homeless Advisory Committee: Commissioner Daniel Office

Tzeggabhran Kidane stated that the Dallas Eviction Advocacy Center report is in the packet. Commissioner Daniel reported that we are closely watching the eviction trends. Lisa Marshall asked about the \$1.3 million dollars of obligated funds that were earmarked for eviction prevention and wondered if they were already spent. Commissioner Daniel stated that she knows federal and state funding are currently in limbo at the moment.

NTBHA: Eric McCarty, NTBHA

Eric McCarty reported that he hasn't heard of any current changes with the TBRA funding, but the Persons with Disabilities funding has not been available in over a year and he is not aware of any upcoming funding. He stated their general fund had \$16 million in January and now the funding is currently at \$7.5 million with applications still being processed one at time. Ikenna Mogbo asked if Eric had any information about the Enhanced Rental Assistance funding that they receive through NTBHA because it has been frozen and not available for use. Mr. McCarty stated that he didn't have any information regarding that particular funding. He did report that state contractors are following up directly with households who have received funding and ensuring that they have direct contact with those individuals. There was a question about what is being done about people abusing the system. Eric McCarty responded that their state partners are monitoring and handling that. Ikenna Mogbo stated that Metrocare determines the rent calculation and once they figure the difference between what's being reported and what they are actually receiving, they charge back the client for that time period, or they are evict the clients from the program.

Kimberly Rawls asked if the TBRA funding is for prevention of homelessness or funding those who are currently homeless. Mr. McCarty stated TBRA meets people where they are currently, but they do not fund delinquent rents. Wendy Hardeman spoke about the CARES funding being unavailable and families are really struggling with little to no access to assistance. Waiting lists and shelters are full.

Federal/State Legislative Update:

Ikenna Mogbo reported that COC renewable funding received a cost of living increase. The current administration did not cancel the funding and one of Metrocare's grants received \$500,000 at the beginning of September. He also reported that last year, the administration switched to a two year funding cycle. The current administration stated they would review it yearly, but at this point, nothing has been done or said about it and the funding is currently in place. Wendy Hardeman reported that they are currently waiting for reimbursement from the ESFP funds. Ikenna Mogbo and Kendall Brown reported that their organizations are receiving and being reimbursed for their programs.

Housing Navigator/Homeless Dashboard/FUSE St. Jude: Kimberly Rawls, Dallas County Criminal Justice

Kimberly Rawls stated that the report is in the packet. She is currently working on the June-August FUSE data. FUSE has been unfunded for a year and a half and the shelter partners are currently being gracious and working with those clients to continue to shelter them. From the homeless report, there was a slight increase from July-August which has caused increases to the other overall categories. A new section was added to the report to show the number of categorical differences from month to month by offense.

Pre-Trial Diversion and Mental Health Screenings: Kimberly Rawls, Dallas County Criminal Justice

Kimberly Rawls reported that Laura Edmonds is out and that she will be giving the report for her today. They are continuing to schedule and facilitate releases from jail to connect them with the community and mental health services. In August the Criminal Justice department facilitated 84 jail releases. ADAPT continues to complete mental health assessments for those who have been flagged with a suspected mental health need. In August, 2,850 assessments were completed. The Criminal Justice department is also working with Housing Forward and NTBHA on various attorney outreach and release planning for those flagged as complex-needs neighbors to connect them with services. They have developed a warm handoff release program for those neighbors and are currently getting them connected to services.

MetroCare: Ikenna Mogbo , Metrocare

Ikenna Mogbo reported that the State of Texas is offering a \$25 million dollar three-year grant through the opioid settlement funds and Metrocare is proposing a recovery house for 25 youth addicted to opioids. They are partnering with Harris County and the Rio Grande Valley to have state coverage and are applying for \$12 million dollars between the three areas. They are only awarding one grant per state, but by applying together to cover the geographic area and targeting the specific demographic, they believe they have a good chance of receiving it. The potential start time could be around January 2027. The grant is for three years of funding with an option for the state to potentially extend it two years.

Housing Forward:

A representative from Housing Forward was not able to attend the meeting today.

## **PROJECTS AND INDUSTRY UPDATES**

Homeward Bound: Doug Denton, Homeward Bound

Doug Denton was not able to attend the meeting but provided a report for the meeting packet. Latoya Jenkins reported that Doug Denton was present at the Criminal Justice Advisory Board meeting, and he stated that DART was one of the main contributors bringing clients into the clinic. He stated that the word is spreading around town, and they are receiving more walk in clients, but they are still not able to make clients stay there to receive treatment. Tzeggabran Kidane added that through the fiscal year September 2024-August 2025, they have served almost 1,000 clients at their location.

Youth Housing:

Lisa Marshall stated that at Lake Highlands High School, they have about 100 kids reported under the McKinney Vento Act. She also reported that many of these students need clothing and toiletry items. Ikenna Mogbo mentioned that the Jesuit students may do a community service drive to gather some of these items for the disadvantaged students at these schools. Lisa Marshall stated that the Jesuit junior class has taken ownership of this project and the Jesuit students also stated that some of the sports teams' sponsor donation drives as well. Lisa Marshall reported that the current seniors at the meeting are working on state legislation to support the federal protections of students who are flagged under the McKinney Vento Act. She stated that under the new voucher program that is to be initiated next year, students who are flagged under the McKinney Vento Act will lose some of the federal protections that are assigned to them. They are currently working with SMU on this legislation to either write the protections back into the policy or to write a new law for passage in 2027.

Family Housing: Family Gateway, Kendall Brown

Kendall Brown reported that their 50-room shelter was full and about 50 families were in overflow space. With school started back, the numbers decreased this month, and the shelter is still full, but only about 20 families are in the overflow space. Within the meeting packet, their report compared pre-pandemic numbers to where we are today and they are currently monitoring those increases year-over-year. There was a question about what is contributing to the increase of families requiring intervention. Kendall stated that she believes there are a myriad of things such as cost of living increases, the shortage of affordable housing, and our current economic environment.



ASD: Traswell, Livingston

Traswell Livingston was not available for the meeting today, but Ikenna Mogbo reported that their projects are still on schedule. He stated that Metrocare is working on an MOU with them to place clients at the Braniff hotel location, but they are having difficulty finding subsidies to support the clients.

There was discussion amongst the students asking about housing and how they can help to mitigate the issue. Many answers were given such as educating the public about what the issues are and making them aware. Also, if more business owners and developers are able to develop affordable housing, we may be able to provide more housing for those who need it. Many of the students provided valuable input to the conversation, but they learned that part of the goal is to ultimately work together and make everyone aware of the concerns and this will assist in rectifying the issue.

***Commissioner Daniel thanked everyone for their work and encouraged them to continue to share information with the Housing Work Group .***

***Next Meeting: October 22,2025***



# DALLAS COUNTY CRIMINAL JUSTICE DEPARTMENT

## MENTAL HEALTH ASSESSMENT UNIT CODE OF CRIM. PROC. ARTICLE 16.22

2025	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
<b>Magistrate Orders</b>	2535	2502	2978	3019	3161	2864	3282	3353	3064			
<b>Completed Screenings Sent Out by Mag Clerks</b>	2033	1912	2463	2463	2507	2287	2495	2850	2291			
<b>Face to Face Interviews</b>	1026	1083	1615	1413	1508	1193	1698	1461	1316			
<b>Telehealth/ Telephone Interviews</b>	267	113	21	168	272	276	256	312	309			
<b>Desk Reviews (Reports sent that were completed in the past 365 days)</b>	740	718	882	882	1381	817	866	1077	666			
<b>Refused Screening</b>	171	172	198	198	225	288	264	242	222			
<b>Unable to Locate</b>	408	356	450	450	330	285	307	346	297			
<b>Average days from order received to screening for individuals in custody</b> (for a defendant held in custody, not later than 96 hours after the time an order was issued under Subsection (a))	3.7	2.4	2.7	2.7	1.8	2.3	2.01	1.76	1.8			
<b>Average days from order received to screening for individuals out of custody</b> (for a defendant released from custody, not later than the 30th day after the date an order was issued under Subsection (a))	17.56	23.6	23.7	23.7	22.8	19.7	18.49	13.48	9.12			

- Correction made to May and July \*Average days of order received to completion of screening for individuals out of custody.

### Acknowledgment

We would like to extend our sincere appreciation to **Adapt Community Solutions** for their continued partnership and dedication in completing the 16.22 CCP interviews. Their timely and thorough work plays a vital role in supporting the mission of the Mental Health Assessment Unit within the Criminal Justice Department. We are grateful for their commitment to ensuring individuals receive the appropriate assessments and care.



## Health and Human Services Commission

### Maternal Depression Strategic Plan for Fiscal Years 2026-2030

#### **Link to Report:** [HHSC Maternal Depression Strategic Plan FY 2026-2030](#)

The 2024 Texas Maternal Mortality and Review Committee and the Texas Department of State Health Services (DSHS) found that:

- 80% of pregnancy-related deaths were preventable.
- The six leading underlying causes of reviewed pregnancy-related deaths were infections, cardiovascular conditions, obstetric hemorrhage, non-cerebral thrombotic embolism, cerebrovascular accidents and mental health conditions.
- Mental health conditions accounted for 7% of the reviewed pregnancy-related conditions.

#### **Strategic Plan**

Strategy 1: Increase women's access to formal and informal peer support services, including access to certified peer specialists who have received additional training related to postpartum depression.

Objective: By 2030, provide specialized training opportunities in maternal mental health and substance use disorders; promote training opportunities to peer specialists; track participation in specialized training; and measure the impact on peer services delivered to pregnant and postpartum women.

Strategy 2: Increase awareness among state-administered program providers.

Objective: By 2030, develop, promote, and deliver trainings and awareness events to HHS program providers and measure the impact on provider identification of postpartum depression and other maternal mental health and substance use disorders.

Strategy 3: Leverage sources of funding to support existing communitybased postpartum depression screening, referral, treatment, and support services.

Objective: By 2030, collaborate with the Texas Child Mental Health Consortium, the Perinatal Psychiatry Access Network, Be Well Texas, and The University of Texas Center for Health Care Data, as well as other state agencies to maximize resources that result in increases to maternal mental health and substance use disorder services delivered to women.

Strategy 4: Identify, prevent, and reduce substance use among pregnant and postpartum women.

Objective: By 2030, increase HHSC provider utilization of Screening, Brief Intervention, and Referral to Treatment (SBIRT) for pregnant and postpartum women.

*This document is intended for informational purposes only and is not intended to indicate a position for or against any legislation. If you have questions, please contact at [jmetzinger@ntbha.org](mailto:jmetzinger@ntbha.org)*

Strategy 5: Raise public awareness of and reduce the stigma related to postpartum depression.

Objective: By 2030, develop and deliver public awareness initiatives related to postpartum depression and related maternal mental health and substance use disorders and measure public engagement.

Objective: By 2030, develop and deliver initiatives that improve public perceptions that act as barriers to treatment access and recovery and measure impact on treatment initiation for postpartum depression and related maternal mental health and substance use disorders.

Strategy 6: Establish a referral network of community-based mental health providers and support services addressing postpartum depression.

Objective: By 2030, expand the referral network of community-based providers addressing postpartum depression and related maternal mental health and substance use disorders.



## **2025-2026 Sunset Commission Review**

### **Health and Human Services Commission**

#### **HHSC Self-Report—Behavioral Health**

#### **September 2025**

On a regular, rotating basis the Texas Legislature, through the Texas Sunset Commission, reviews the need for, performance of, and possible improvements in all state agencies. The Sunset Commission is comprised of five members of the Texas House of Representatives, five members of the Texas Senate, and two individuals from the public. This biennium, sixteen agencies are under review, including the Texas Health and Human Services Commission, which oversees a wide variety of health-related programs, including behavioral health.

The process begins with a self-report document submitted by each agency. The Sunset Commission staff reviews this report and conducts its own research to explore ways the agency could become more effective and efficient. When the staff report and recommendations is presented, the agency prepares its response to the staff report. Public hearings on the report and recommendations are conducted, and both public and written testimony are accepted by the Sunset Commission. The Sunset Commission then meets to consider the staff recommendations, agency response and public comments before voting on final recommendations to submit to the Texas Legislature.

In the next regular session, a Sunset bill to enact the recommended changes will be considered by the Legislature through normal legislative processes. If passed, the bill is sent to the Governor for approval or veto.

Link to Report: [Texas HHSC Self-Report to Sunset Commission](#)

Portion related to Behavioral Health Services is from page 473 to 562.

Portion related to State Hospitals is from page 552 to 580.

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## Mental Health Programs Children's Mental Health

### Selected Statewide Data

Average monthly number of children receiving community mental health services	26,835
Percent of children receiving community mental health services whose functional level improved	50%
Behavioral Health Partnership Program with ISDs-Mental Health First Aid and Youth Mental Health First Aid trainings	7,717
Number of children served with Multi-Systemic Therapy (MST) Statewide, 16 LBHAs/LMHA22 MST teams	379
• Percentage of children living at home	84.9%
• Percentage of children in school or working	87.1%
• Percent of children with no new arrests	89.7%

### Barriers and Challenges

“1. Most Texas counties are designated as provider shortage areas for mental health. Due to variance across local entities and symptoms, not all services are available in every county.

2. Texans in need of mental health services are increasingly presenting with multiple, complex diagnoses, including aggressive behavior disorders. These individuals—both adults and children—often require highly specialized, coordinated care that traditional mental health programs are not equipped to provide. The severity and complexity of their behavioral challenges make it difficult to find appropriate treatment settings that can safely and effectively address their needs, leaving many families and providers struggling to secure the right services.

3. HHSC receives requests from other agencies including DFPS, Texas Juvenile Justice Department (TJJD), and Texas Education Agency (TEA) for System Navigators and other intensive youth programs that are not available statewide.”

## Adult, Crisis and Forensic Mental Health Services

### Selected Statewide Data

Average Monthly number of adults receiving community mental health services	96,748
Yearly number of people receiving crisis outpatient services funded by general revenue	83,846
Total crisis hotline service calls	110,227
Number served	58,603
Percent of crisis hotline calls resulting in a face-to-face encounter	61.3%

Number of people receiving mobile crisis intervention services in the community	48,015
Average daily number of occupied meant health community hospital beds	794
Number served by Private Psychiatric Beds (PPB)	16,388
• Average Length of Stay (in days)	9.28

## Barriers and Challenges

“1. Most Texas counties are designated as provider shortage areas for mental health. Due to variance across local entities and symptoms, not all services are available in every county.

2. Texans in need of mental health services are increasingly presenting with multiple, complex diagnoses, including aggressive behavior disorders. These individuals—both adults and children—often require highly specialized, coordinated care that traditional mental health programs are not equipped to provide. The severity and complexity of their behavioral challenges make it difficult to find appropriate treatment settings that can safely and effectively address their needs, leaving many families and providers struggling to secure the right services.

3. Providers report that navigating available resources for supported employment services is challenging due to variance across local communities and systems impacting some programs’ performance due to communication gaps across entities and general employment opportunities, which varies by community.

4. The lack of affordable housing and housing resources limit PATH providers’ ability to link homeless individuals to appropriate housing solutions. Similarly, SHSPD programs are designed to be provided in a home-like setting with community living and outdoor activity areas. Rented property may not allow LMHAs and LBHAs to make the necessary renovations to accommodate participants’ Americans with Disabilities Act (ADA) needs.

5. HHSC state-funded grants to establish jail diversion centers (JDCs) are legislatively required to include matching dollars which can be a challenge for potential applicants. Additionally, JDCs experience challenges collecting effective and efficient data across stakeholders to strengthen funding applications.

6. Several programs including jail diversion centers require a lengthy implementation timeline due to acquiring a facility, hiring staff, establishing policies and procedures. This ramp-up time affects the ability to spend funds within the biennium to serve clients, reach peak contractor performance and achieve required deliverables.”

## Mental Health First Aid

### Selected Statewide Data

Number of people trained in the MHFA curriculum	40,325
Number of service members, veterans, and their family members trained in an MHFA curriculum and the veterans’ module of MHFA.	8,613

## Home and Community-Based Services-Adult Mental Health

### Selected Statewide Data

Average monthly number of clients served by HCBS-AMH Program (FY 2024)	390
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### Barriers and Challenges

“Complex reporting and documentation requirements for compliance with federal regulations create challenges for provider recruitment and retention.”

## Youth Empowerment Services (YES) Waiver

### Selected Statewide Data

Average monthly number of clients served by YES Waiver (FY 2024)	673
Number receiving services	2,389

### Barriers and Challenges

“Complex reporting and documentation requirements for compliance with federal regulations create challenges for provider recruitment and retention. Some resistance from families due to stigma or lack of understanding of mental health services and program requirements contributes to low engagement as well.”

## Disaster Behavioral Health Coordination

LBHA/LMHAs are prepared to deliver disaster-related services in cases of state- or federally declared emergencies, natural disasters, incidents of mass violence.

## Substance Use Programs

### Selected Statewide Data

Number of people served by Community Health Workers	55,055
Number of people served by OSAR	31,399
Number of overdose reversal kits distributed to eligible people	9,020
Number of persons served with adult substance use treatment	36,543
Number of served in Specialized Female Substance Use Treatment	4,992
Co-Occurring Psychiatric and Substance Use Disorder Services	3,863

### Barriers and Challenges

“Intervention programs generally face operational barriers related to limited access to safe housing, transportation, and local services available in specific regions. These challenges are particularly acute for people with criminal records,

Stigma related to substance use, particularly regarding the use of medication for opioid use disorder, remains a significant barrier, most notably within Criminal Justice settings.”



## State Hospitals

- Replacement of Terrell State Hospital is expected by July 2027—250 beds.
- Replacement of North Texas State Hospital in Wichita Falls is expected in 2027—250 beds.
- Construction of the new state hospital in Dallas will have 200 adult beds, with at least 75 percent designated for forensic patients. Children’s Health gave HHSC funding for an additional 92 beds designated for pediatric patients.

## Office of Forensic Services and Coordination

NTBHA receives Mental Health Block Grant funds for Jail-Based Competency Restoration services.

### **Barriers and Challenges:**

“The Texas Code of Criminal Procedures and the Texas Health and Safety Code, as well as administrative rules under the Texas Administrative Code, are the primary Section VII – CPSO:HSCS – Page 579 statutes governing competency restoration programs. Statutes and rules can become outdated and conflict with the growing use of community-based competency restoration programs and current needs such as individualized treatment, and consideration of how to serve the growing forensic IDD population. Further, statutes and rules may not allow for standardization of service provisions and guidelines across community and inpatient settings.”

## Department of Criminal Justice FY2025 SAMHSA Grant Project

	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	FY2025 Total	FY2024 Total	GRANT PERIOD GRAND TOTAL	
<b>Nexus</b> New Admissions	2	3	4	1	2	3	0	2	1	3	1	1	23	27	50	
<b>Nexus</b> Average Days in Jail/Community from Referral to Admission	17.5	14.3	27.5	6	12	13.66	N/A	6	35	22.7	30	30	19.51	13.06	16.29	
<b>Homeward Bound</b> New Admissions	2	3	3	2	4	3	2	0	0	0	0	0	19	18	37	
<b>Homeward Bound</b> Average Days in Jail/Community from Referral to Admission	14	24	30.3	28	25.75	28.33	19	N/A	N/A	N/A	N/A	N/A	24.20	23.44	23.82	
RESIDENTIAL TREATMENT DISCHARGES																
<b>Successful</b>	0	1	5	6	2	3	7	3	2	0	3	1	33	31	64	
<b>Unsuccessful</b>	1	2	0	1	2	0	0	1	0	0	2	0	9	9	18	
REFERRING SPECIALTY COURTS FY2025																
Number of Referrals by Specialty Court	AIM		14				MISD DWI		1				STAR			
	ATLAS		1				IIP						Veterans			
	Competency		9				Legacy Family		6				4-C			
	DDAC		1				MHJD/SET		11							
	DIVERT		5				STAC		10							

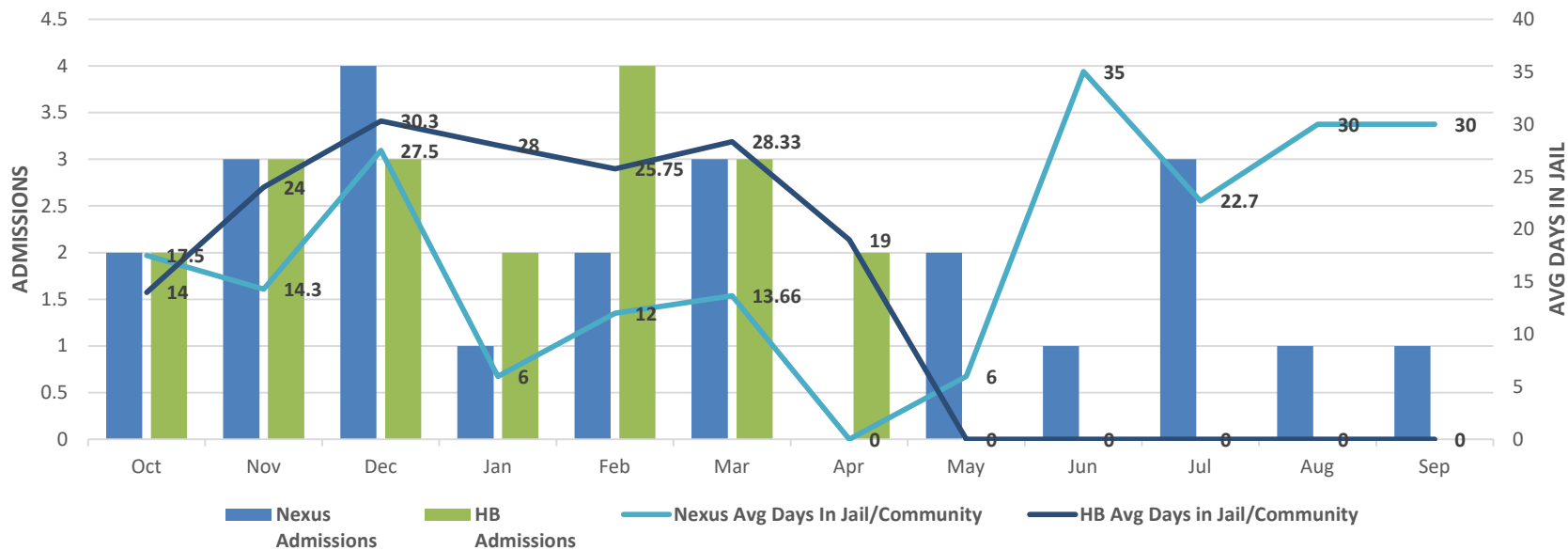
\*Homeward Bound Pending Admission: 0

\*Nexus Pending Admission: 0

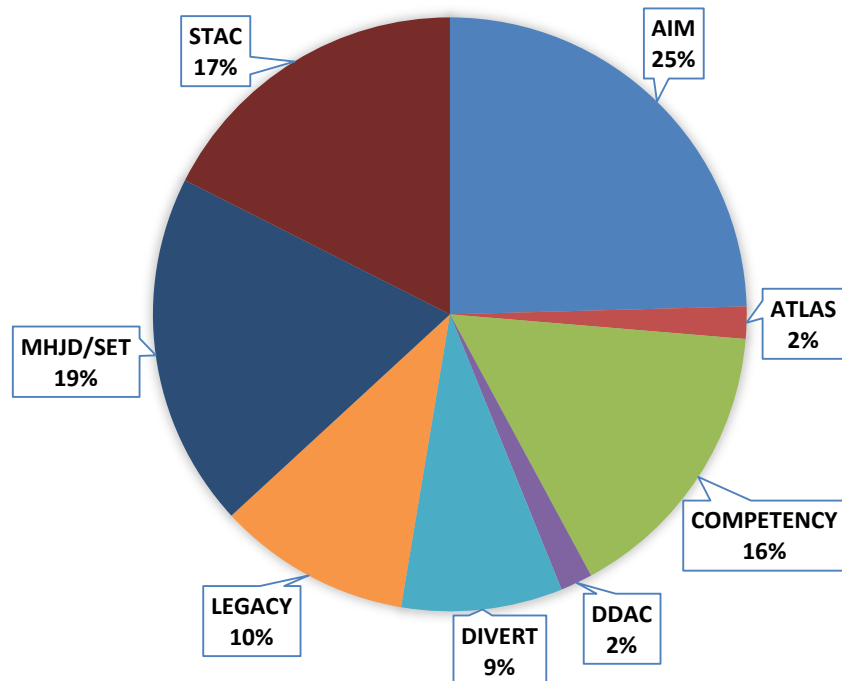
\*Canceled Referrals: 16

\*Clients Currently in Treatment 0

## SAMHSA INPATIENT TREATMENT REFERRALS



## SAMHSA SPECIALTY COURT REFERRALS



SEPTEMBER		FY2025 MHPD STATISTICS												
ATTORNEY	BEGINNING # OF PENDING CASES	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TRIALS	Alt. Trial Dispos.	PLEAS	COND. DISM.	REVK	REVC	DISMISSALS	INCOMPETENT	REFERRALS	OTHER COUNSEL APPT.	TOTAL CLOSED
Lenox	103	11	114	0	0	3	0	0	0	1	0	0	11	15
Strather	228	13	241	0	0	1	2	0	0	8	0	0	6	17
Caldwell	140	4	144	0	0	1	0	0	0	3	0	0	5	9

SEPTEMBER		FY2025 FELONY COMPETENCY STATISTICS															
ATTORNEY	BEGINNING # OF CASES	NEW CASES THIS MONTH	TOTAL	TRIALS	JAIL PLEA	PROB PLEA	REVK	REVC	DISMISSALS	EXTENSIONS	HOSP. TRANSFER	OTHER	TOTAL DISPOSED	TOTAL ENDING PENDING	ENDING # OF PEOPLE IN PTI	ENDING # OF PEOPLE IN OCR	ENDING # OF PEOPLE IN JCBR
Harden	96	6	102	0	1	0	0	0	0	0	0	0	1	101	4	3	7
Scott	30	0	30	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Foster	79	12	91	0	1	0	0	0	3	1	0	0	4	87	4	8	5

SEPTEMBER		FY2025 MISDEMEANOR COMPETENCY STATISTICS														
ATTORNEY	BEGINNING # OF CASES	NEW CASES THIS MONTH	TBJ	TBC	Alt. Trial Dispos.	PLEAS	REVO-CATIONS	DISMISSALS	PROBATION	COMP. HRG.	EXTENSIONS	CIVIL COMMIT.	MHMR REFERRAL	CONSULTS	OTHER	ENDING # OF PEOPLE IN OCR
Scott	80	85	0	0	0	1	0	56	0	10	0	7	0	0	0	0

SEPTEMBER	FY2025 CIVIL COMMITMENT STATISTICS																							
MONTH	TOTAL NEW CASES RECEIVED	NEW CLIENTS AT TERRELL	NEW CLIENTS AT MEDICAL CENTER MCKINNEY	NEW CLIENTS AT GLEN OAKS	NEW CLIENTS AT PERIMETER ARLINGTON	NEW CLIENTS AT TEXOMA	NEW CLIENTS AT PERIMETER BEHAVIORAL HEALTHCARE	NEW CLIENTS AT PARKLAND	NEW CLIENTS AT CLEMENTS (formerly ZALE LIPSHY)	NEW CLIENTS AT DALLAS PRESBYTERIAN	NEW CLIENTS AT DALLAS BEHAVIORAL HEALTH	NEW CLIENTS AT HICKORY TRAILS	NEW CLIENTS AT VA	NEW CLIENTS AT GREEN OAKS	NEW CLIENTS AT METHODIST RICHARDSON	NEW CLIENTS AT ARLINGTON MEMORIAL & MILLWOOD	NEW CLIENTS AT HAVEN	PROBABLE CAUSE HEARINGS HELD	NO CONTEST COMMIT	CONTESTED COMMIT	FORCED MEDS HEARINGS IN COURT	MODIFICATION HEARINGS	OUTPATIENT COMMIT	INPATIENT COMMIT
L. Roberts	117	5	0	38	0	0	0	0	0	0	0	0	0	74	0	0	0	3	0	15	13	0	0	0
C. Cox	111	0	0	0	0	0	0	90	6	15	0	0	0	0	0	0	0	1	2	11	6	2	1	11
K. Nelson	143	0	0	0	0	0	0	0	0	0	52	76	15	0	0	0	0	4	0	11	10	0	0	0
R. Black	101	0	6	0	0	0	56	0	0	0	0	0	0	0	39	0	0	5	0	7	6	0	0	7

DAN ECKSTEIN		FY2025 MHPR BOND STATISTICS										
MONTH	INITIAL ELIGIBILITY DAILY LIST (MH FLAGS)	MHPR BOND APPOINTMENTS FROM DAILY LIST (MH FLAGS MINUS THOSE SCREENED-OUT)	MHPR BOND HEARING-BOND GRANTED (# of clients)	MHPR BOND HEARING-BOND DENIED (# of clients)	TOTAL HEARINGS (# of clients)	Total # of Cases	Total # of Felony Cases	# of Felonies Approved	# of Felonies Denied	Total # of Misd. Cases	# of Misd's Approved	# of Misd's Denied
September	3044	456	57	34	91	131	81	48	33	50	30	20

# **PUBLIC DEFENDER SPECIALTY COURT STATS**

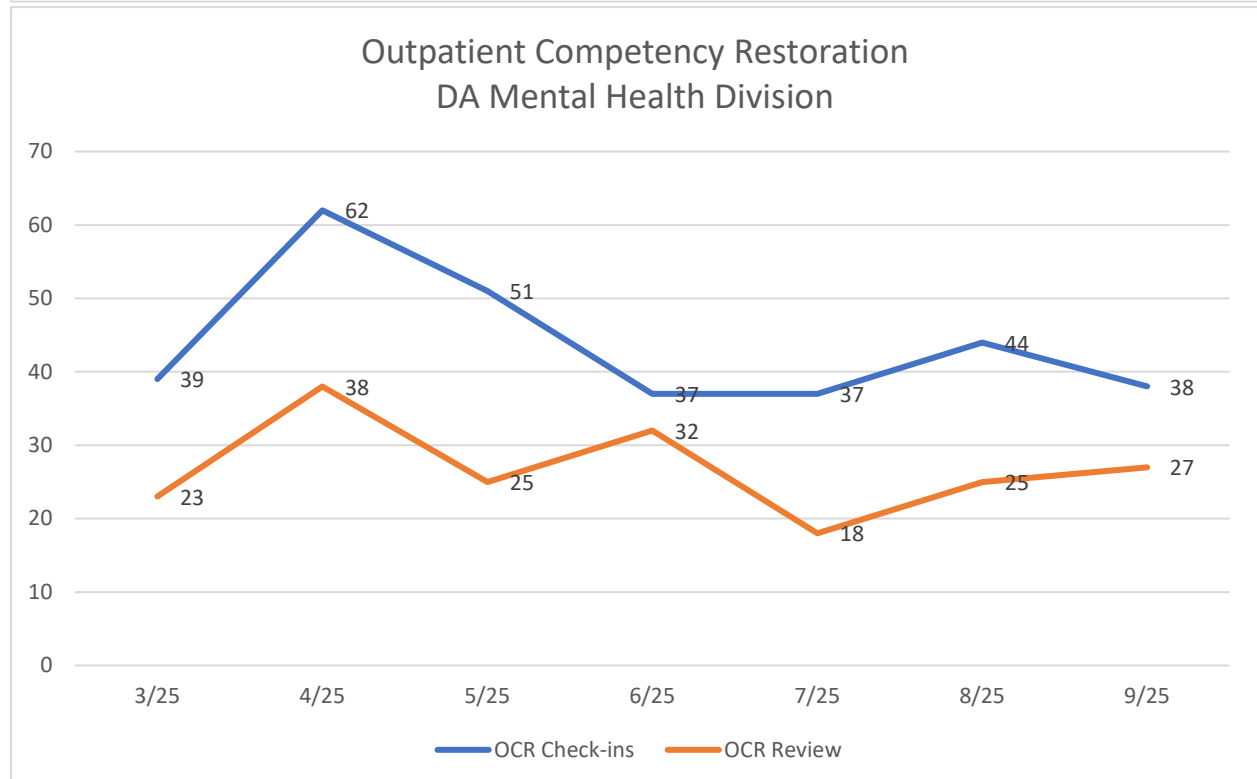
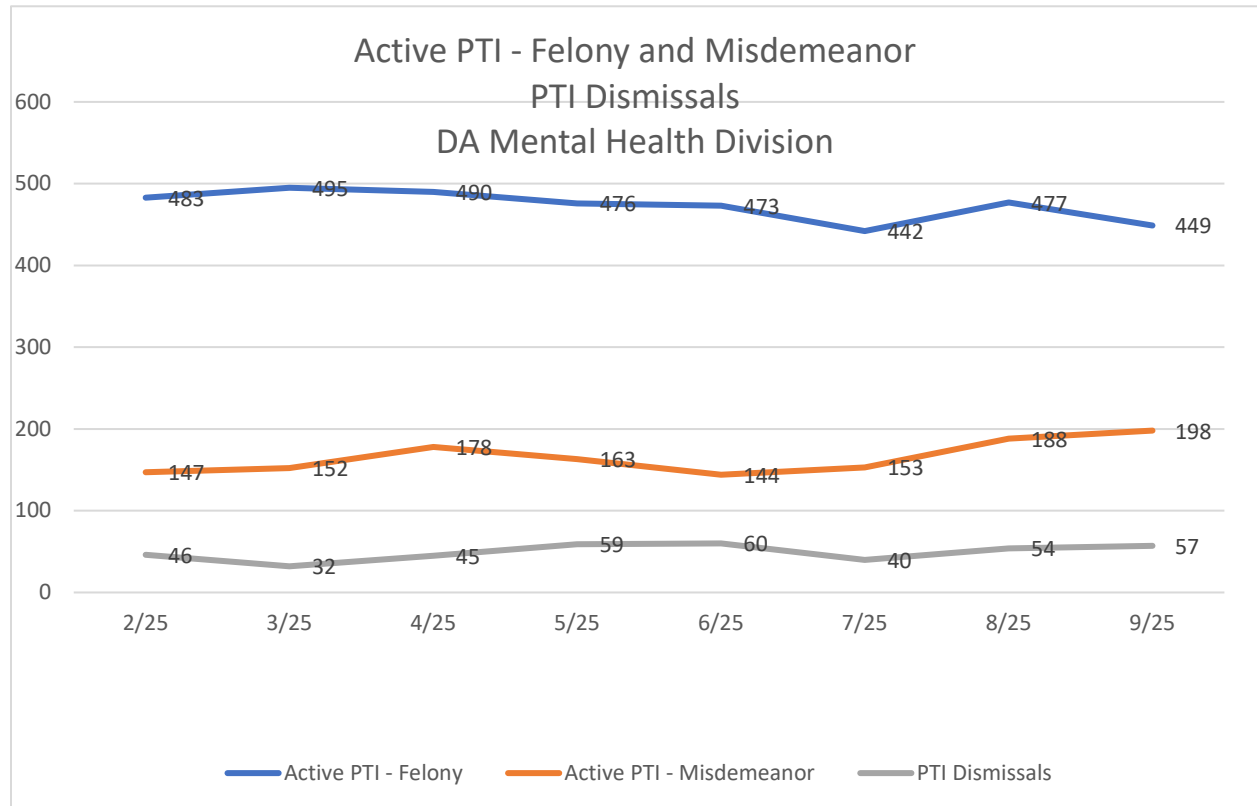
**Sep-25**

MONTH	ACTIVE PARTICIPANTS (BEGINNING OF MONTH)	ACTIVE PARTICIPANTS (END OF MONTH)	NEW CLIENTS	GRADUATES	IN RESIDENTIAL TREATMENT	DISCHARGES	INACTIVE
4C	282	298	32	9	2	7	3
AIM	52	53	4	0	1	3	2
ATLAS	33	34	1	0	3	0	0
CITY SDDC	7	5	0	0	5	1	2
CITY VET	16	7	1	9	2	1	0
DDC	22	13	1	10	3	0	4
DV	84	85	6	0	14	5	21
FELONY DWI	20	20	0	0	2	0	11
MHJD	20	22	4	1	0	1	1
IIP	88	93	8	0	40	3	51
LEGACY	1	0	0	1	1	0	0
SET	40	39	1	0	11	2	0
STAC	186	170	12	0	7	28	3
STAR	18	14	1	0	4	0	7
VET	38	40	2	0	0	0	0
<b>TOTALS</b>	<b>907</b>	<b>893</b>	<b>73</b>	<b>30</b>	<b>95</b>	<b>51</b>	<b>105</b>

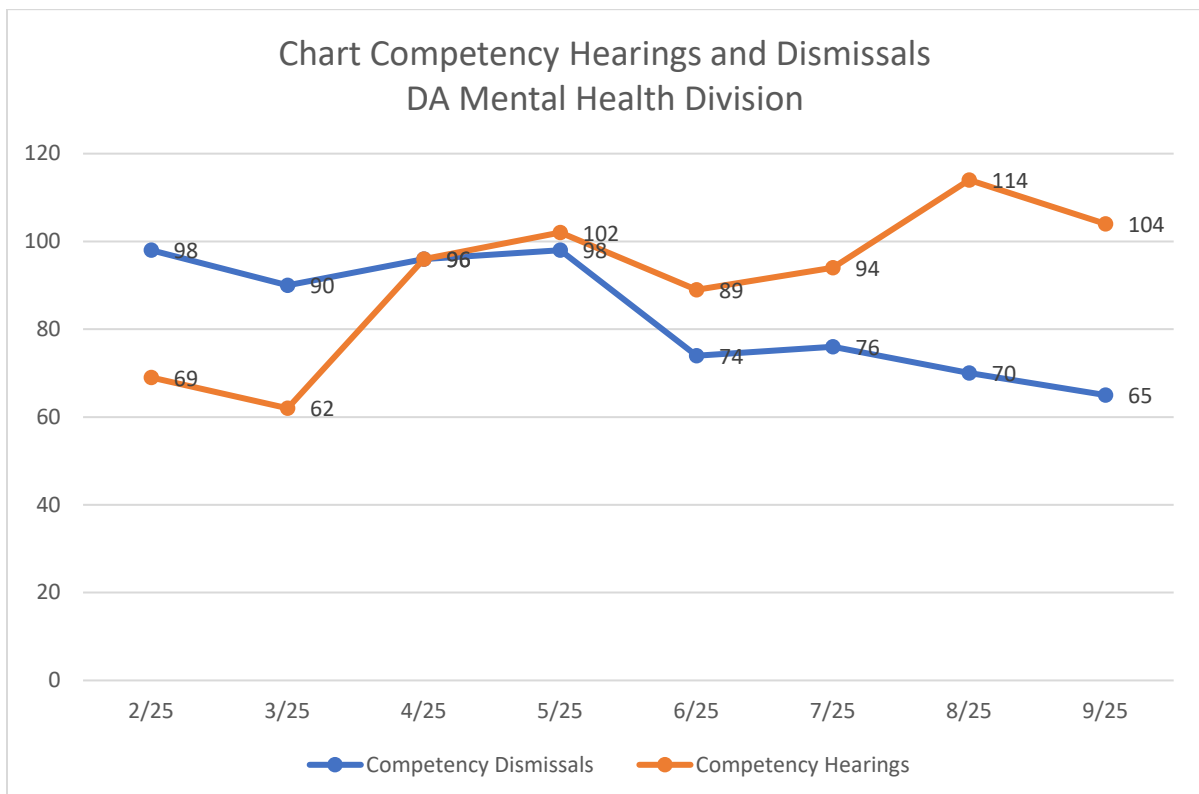
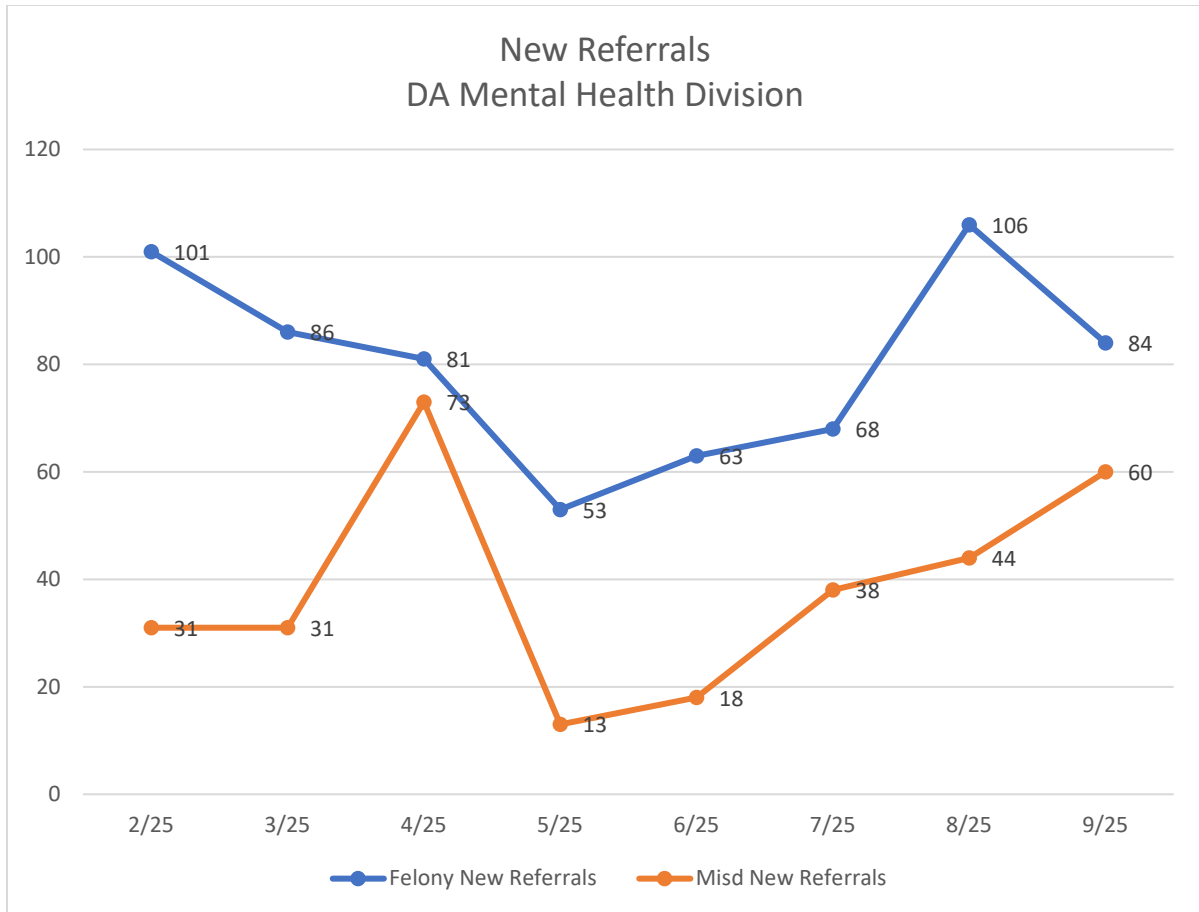
Clients in residential treatment in SAFPF or JJCJTC PRIOR to the in-court phase of a program are not included in the number of active participants or participants in residential treatment. Clients who have completed treatment prior to entering the problem-solving court and are LATER sent to treatment ARE counted in the "IN RESIDENTIAL TREATMENT" figures.

INACTIVE reflects clients not currently participating due to a pending probation violation and/or who may have an active warrant if the Court considers those clients inactive.

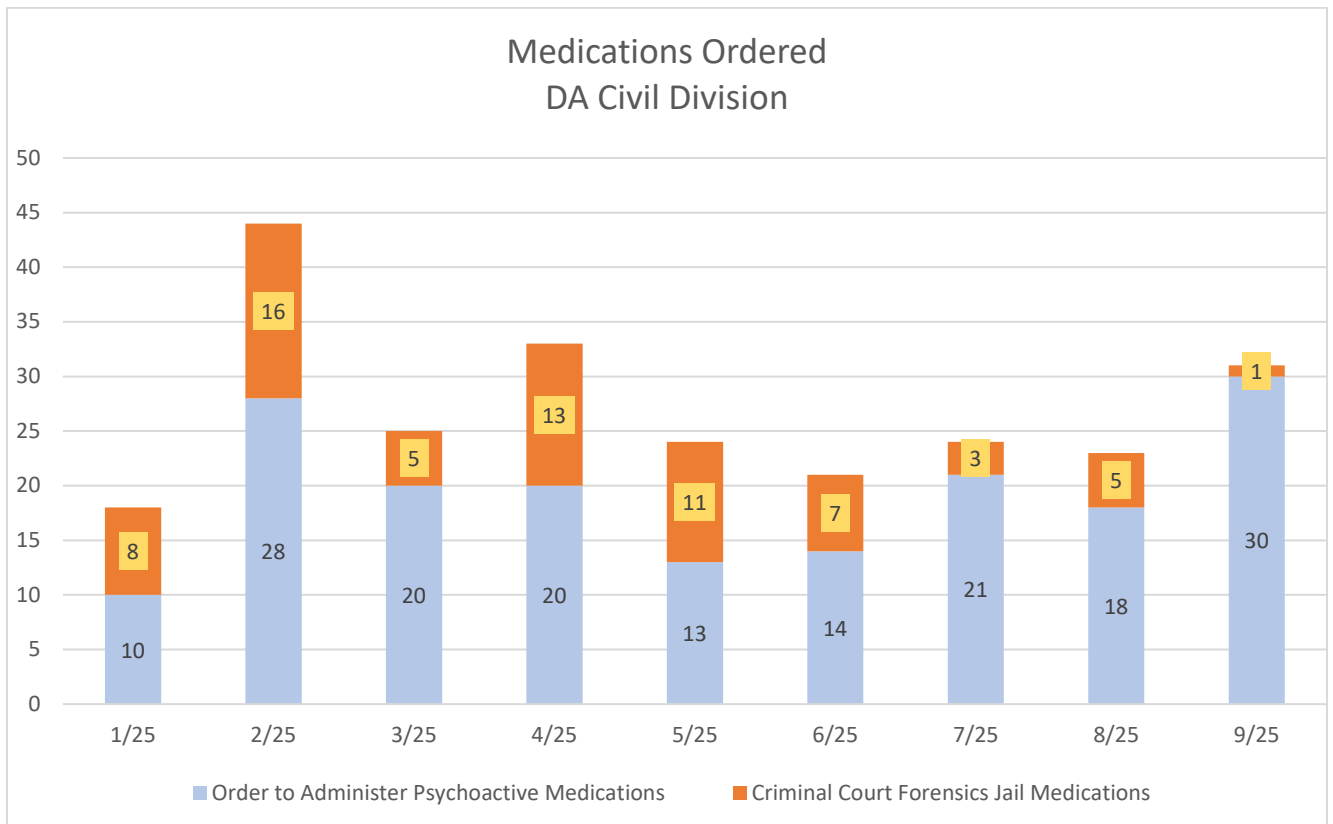
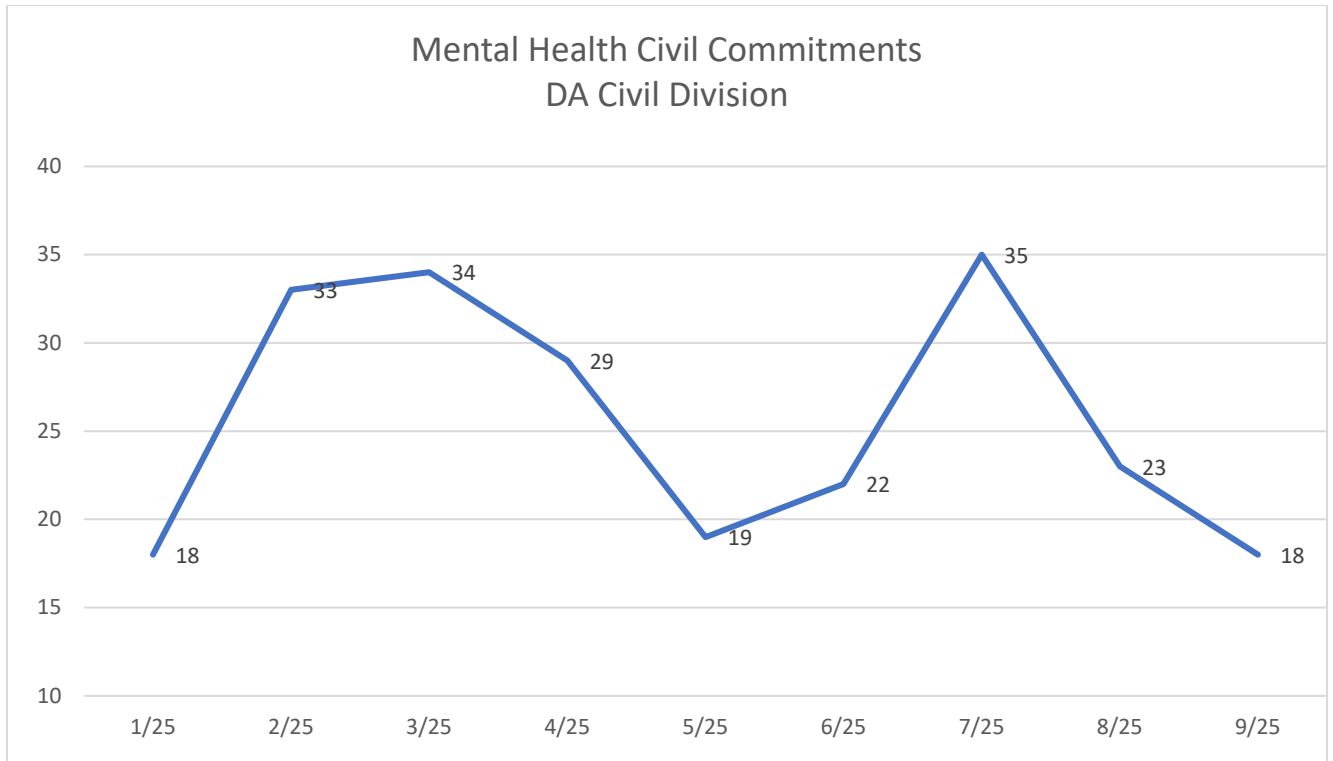
## Mental Health



## Restorative Justice Division – Mental Health

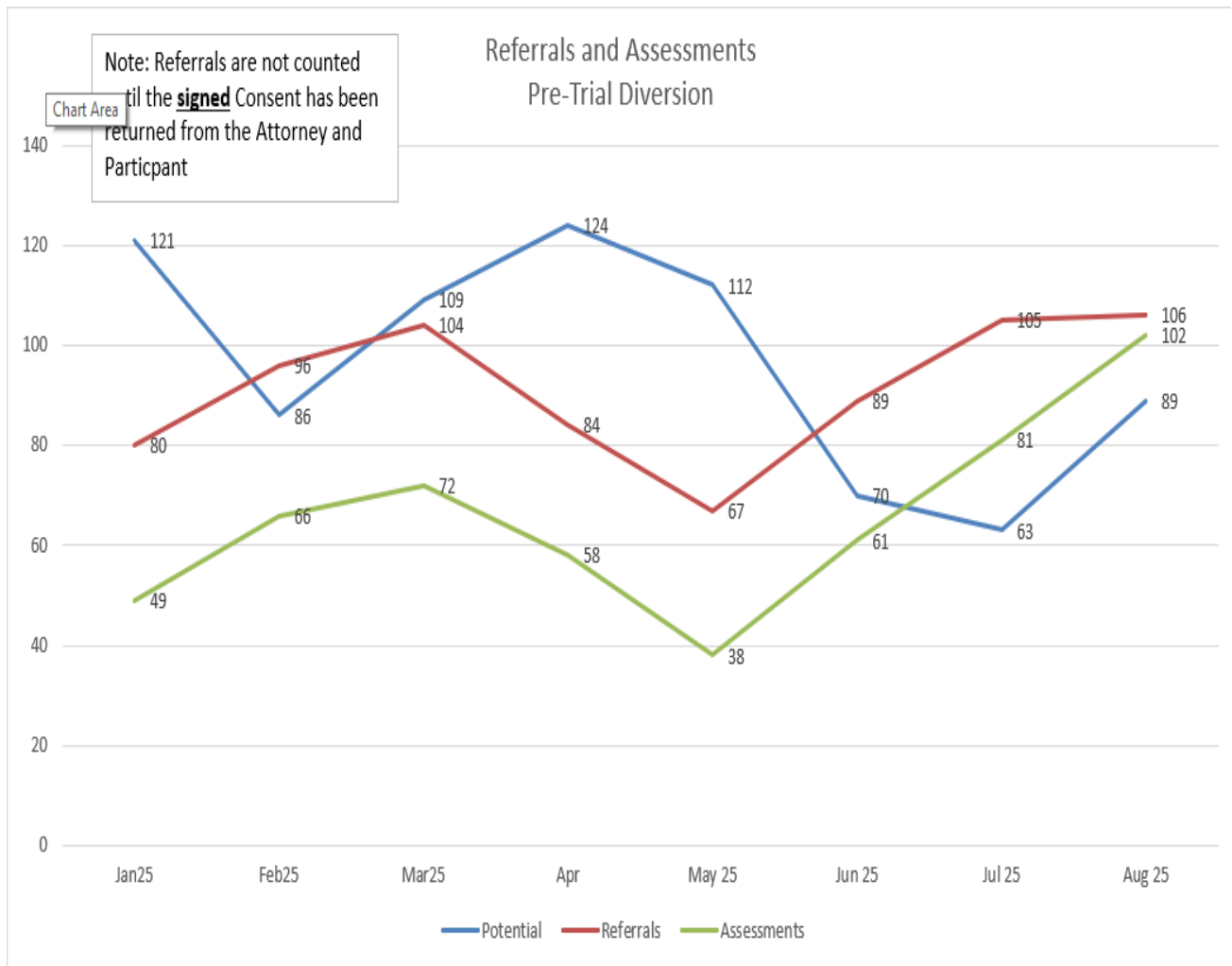


## Restorative Justice Division – Mental Health

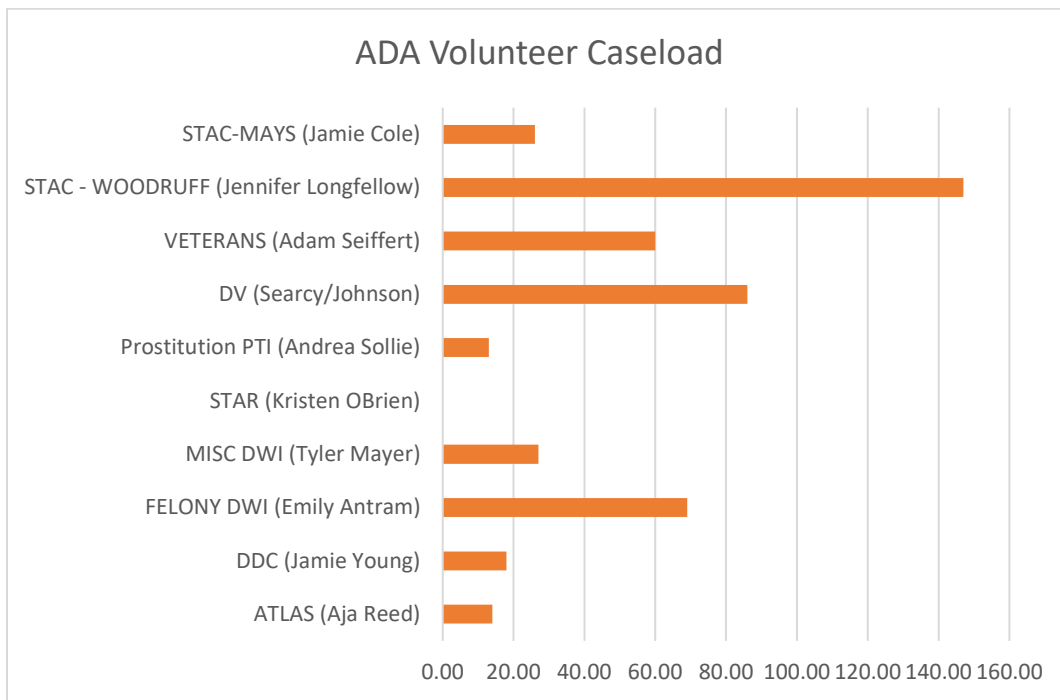
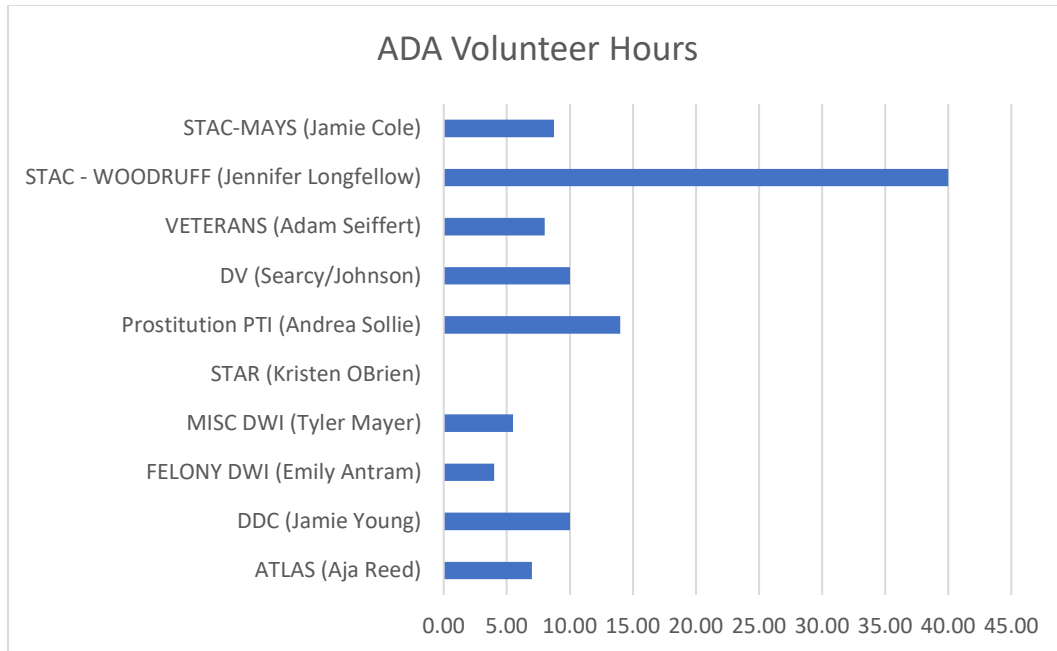




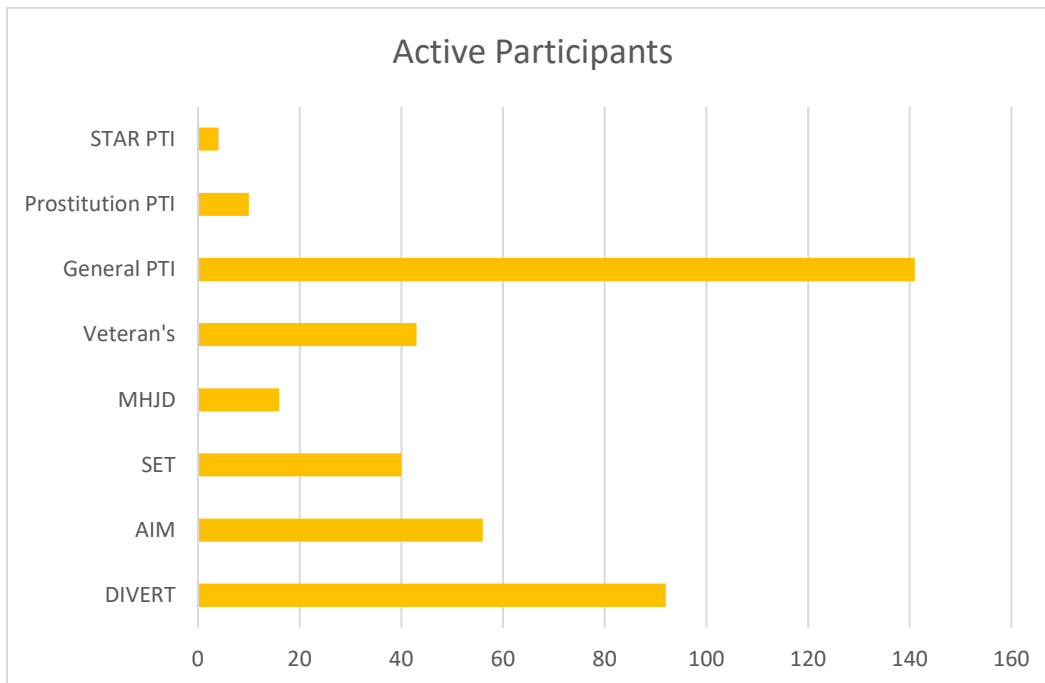
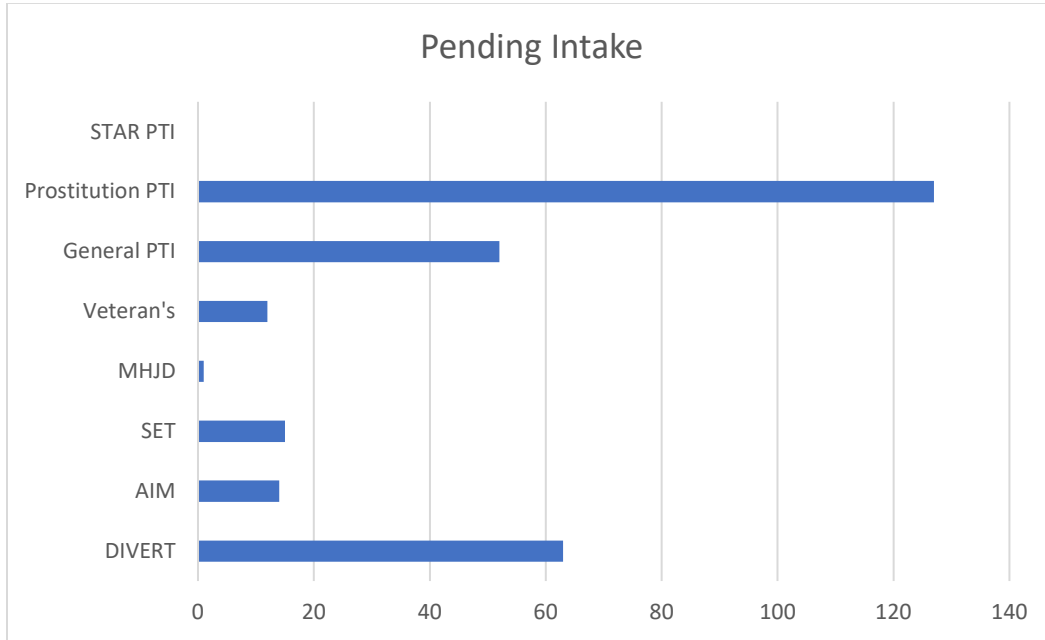
## Pre-Trial Diversion



## RJD SPECIALTY COURT/PROGRAMS ADA VOLUNTEER HOURS-SEPTEMBER 2025



## SPECIALTY COURTS AND PROGRAMS MONTHLY STATISTICS-SEPTEMBER 2025



# FUSE DATA FY 2025-2026

12 MONTH

Category Item	May 25	June	July	Aug	Sept	Oct	Nov	Dec	Jan 2026	Feb	Mar	Apr
<b>Total Clients Screened for FUSE</b>	106	116	200	131								
<b>Referral Source</b>												
Jail FUSE Navigator Screening	2	1	30	4								
Pretrial Referral	12	27	30	18								
Defense Attorney Referral	4	3	5	4								
Shelter/Parkland Hospital Street FUSE Navigator Referral	2	0	0	0								
NTBHA Living Room Referral	0	0	0	0								
Dallas Deflection Center	6	0	0	0								
Probation/CSCD	0	0	0	0								
Other Referral Source (Adapt, Community Partners, etc.)	80	85	135	105								
<b>Interview Outcomes</b>												
Client Refused to be interviewed or Participate	0	3	9	1								
Client reported not being Unsheltered	0	0	0	0								
Unavailable to Interview	0	1	1	0								
Pending Interview	38	0	0	6								
Other Outcome Categories (*See Below)	56	85	173	105								
<b>Total Released from Jail to FUSE</b>	12	27	17	19								
<b>Shelter Connection Rate</b>												
Austin Street Center	6	9	6	5								
The Bridge	5	14	10	13								
Salvation Army	1	1	1	1								
Other Local Shelter, Boarding Homes, & Shelter Ref's	0	2	1	3								
No Response	0	1	0	0								
Left Before Entering Program/Did Not Connect	10	12	12	7								
<b>Housed</b>	0	0	0	0								
<b>Housing Priority List, Info sent to Housing Forward, or Reunited w/Family</b>	0	0	0	0								

**\* Other Categories:** Released to Another Program or Agency, Boarding Home Placement, Referral Banned from Shelter, Client didn't qualify for FUSE, Immigration Hold, Released (i.e. Posted Bond), Referred by Shelters/Street Outreach, FUSE bond denied, Waiting on info, Sex Offender, Not in AIS, Waiting on Bond to Post, and Pending attorney response & etc.