

Texas Statewide
Behavioral Health Strategic Plan

Progress Report

*Statewide Behavioral Health
Coordinating Council*

December 2017



TEXAS
Health and Human
Services

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Executive Summary

The *Texas Statewide Behavioral Health Strategic Plan Progress Report* is submitted in compliance with 2018-19 General Appropriations Act, Senate Bill (S.B.) 1, 85th Legislature, Regular Session, 2017 (Article IX, Section 10.04(c)). This report is prepared by the Statewide Behavioral Health Coordinating Council (SBHCC) and discusses progress and successes related to implementing the *Statewide Behavioral Health Strategic Plan*.¹ The plan is a framework to address gaps and challenges in the Texas behavioral healthcare system and improves access to care and outcomes.

The SBHCC's goal is to build a system of care where individuals have access to the appropriate care at the right time and place. The strategic plan supports this goal, serving as a framework to address gaps and challenges within the Texas behavioral healthcare system and improving access to care and outcomes for those served. In fiscal year 2017, SBHCC supported the strategic plan by:

- reducing redundancy in behavioral health service delivery;
- enhancing collaboration amongst state agencies;
- improving resource sharing;
- discussing and planning for the integration of community collaborative matching grant programs to ensure the strategic plan is addressed at the state and local levels;²
- identifying and supporting initiatives which will help meet strategic plan objectives due for completion during fiscal year 2018:
 - ▶ 1.1 Increase statewide service coordination for specific populations by fiscal year 2018; and
 - ▶ 1.2 Reduce duplication of effort and maximize resources through program and service coordination among state agencies by fiscal year 2018.

¹ <https://hhs.texas.gov/file/14491/download?token=oSwLMovM>

² Per Section 10.04(c), HHSC requires certain community collaboratives receiving state grant funding to present twice annually on the impact each collaborative has had on project implementation and mental health outcomes on the population served by the grant funding.

1. Introduction

Section 10.04(c) requires the Health and Human Services Commission (HHSC), on behalf of the SBHCC, to submit annual progress reports, by December 1 of fiscal years 2018 and 2019, to the Governor and Legislative Budget Board (LBB).

The report must include agency participation in the SBHCC and how the strategic plan's implementation serves to coordinate programs and services to:

- eliminate redundancy;
- utilize best practices in contracting standards;
- perpetuate identified, successful models for mental health and substance abuse treatment;
- ensure optimal service delivery; and
- identify and collect comparable data on results and effectiveness.

The report must also include an updated inventory of behavioral health programs and services describing how the identified programs, services, initiatives, and expenditures further the goals of the strategic plan.

This report only includes key deliverables and accomplishments of SBHCC agencies to demonstrate the SBHCC's effectiveness and participating agencies' ongoing collaboration. The HHSC Office of Mental Health Coordination (OMHC) developed platforms, such as a data workgroup and a cross-agency liaison workgroup, to ensure activities with internal and external HHS partners become and remain aligned with current agency initiatives, strategies and gaps identified in the strategic plan. More information related to the strategic plan's long-term implementation and ongoing effectiveness of the SBHCC will be included in future reports, as appropriate.

2. Background

The SBHCC is made up of 21 required member agencies which receive state funding for behavioral health, and two agencies which participate voluntarily.³ SBHCC members are flexible and responsive to emerging behavioral health needs and system trends which may require reprioritization, such as meeting behavioral health needs in the wake of Hurricane Harvey.

The SBHCC was charged with developing a five-year strategic plan for fiscal years 2017-2021 and annual progress reports in fiscal years 2018 and 2019. The SBHCC's progress implementing strategic plan objectives is described in the following sections.

In addition to developing, implementing, and reporting on the progress of the strategic plan, the SBHCC is charged with submitting statewide behavioral health coordinated expenditure proposals in fiscal years 2018 and 2019. The expenditure proposal for fiscal year 2018 was approved by the LBB in November 2017 and describes how identified appropriations at each agency will be spent in accordance with the strategic plan's goals.⁴

In addition to required reporting, the SBHCC continues working in coordination with member agencies to coordinate behavioral health efforts and implement strategic plan objectives. The SBHCC also continues engaging and coordinating efforts with

³ The SBHCC was created by 2016-17 General Appropriations Act, 84th Legislature, Regular Session, 2015 (Article IX, Section 10.04). At that time, 18 state agencies receiving state funding for behavioral health were required to participate and 2 agencies participated voluntarily. The 2018-19 General Appropriations Act, 85th Legislature, Regular Session, 2017 (Article IX, Section 10.04) continued the SBHCC and added the Court of Criminal Appeals (CCA), Texas Commission on Jail Standards (TCJS), Texas Workforce Commission (TWC), Texas Department of Housing and Community Affairs (TDHCA), and Texas Education Agency (TEA) as required members. See Appendix A for a full list of required members.

⁴ <https://hhs.texas.gov/sites/default/files//documents/laws-regulations/reports-presentations/2017/leg-presentations/behavioral-health-coordinated-expenditure-fy2018-17-11-07.pdf>

stakeholders, including the HHSC Behavioral Health Advisory Committee (BHAC)⁵ and the Joint Committee on Access and Forensic Services (JCAFS).⁶ One example of this coordination is the State Hospital Plan⁷ recently developed by HHSC to align with the strategic plan, and which incorporates and leverages existing work on specific SBHCC initiatives and recommendations.

⁵ The BHAC is the state mental health planning council which provides recommendations to the HHSC Executive Commissioner and the Texas Legislature on behavioral health services and programs within the State of Texas.

⁶ JCAFS is charged with making recommendations for a comprehensive plan for effective coordination of forensic services, making recommendations and monitoring implementation of updates to a bed day allocation methodology, and making recommendations and monitoring implementation of a utilization review protocol for state funded beds in hospitals and other inpatient mental health facilities.

⁷ <https://hhs.texas.gov/sites/default/files//documents/about-hhs/process-improvement/comprehensive-inpatient-mental-health-plan-8-23-17.pdf>

3. State Plan Implementation Activities

Throughout fiscal year 2017, SBHCC focused on completing state plan objectives due in fiscal year 2018:

- 1.1 Increase statewide service coordination for specific populations by fiscal year 2018
- 1.2 Reduce duplication of effort and maximize resources through program and service coordination among state agencies by fiscal year 2018

The SBHCC's state plan implementation and other ongoing activities are discussed below. Although all activities support objectives 1.1 and 1.2, above, they are organized by the more specific goal they support.

Coordinate Behavioral Health Programs and Services to Eliminate Redundancy

United Services for All Children Workgroup

The United Services for All Children (USAC) interagency workgroup was created to develop a unified system of services to help school-age children achieve mental and behavioral wellness. USAC coordinates behavioral health services to support students, families, and schools; expands awareness and opportunities for education and training at the state, local, and individual levels; and promotes a Texas where children have services and supports—where and when they need them—to achieve mental and behavioral wellness.

Although the workgroup began as a collaboration between HHSC and TEA, agencies including TWC, the Department of Family and Protective Services (DFPS), Texas System of Care (TxSOC), Texas Institute for Excellence in Mental Health, and Texas Juvenile Justice Department (TJJD) now participate.

In fiscal year 2017, USAC produced a behavioral health resources document compiling resources and other information from collaborators. USAC also began planning its second Advancing Behavioral Health Collaborations to Ensure Student Success Summit. The summit's goals were to:

- showcase behavioral health collaborations between a range of agencies and organizations which support school-aged children;
- increase knowledge of the mental/behavioral health needs impacting Texas students;
- provide an opportunity to learn effective strategies being implemented today in Texas communities; and
- provide an opportunity to network and discuss opportunities for school-community collaboration in each region of the state to address the mental health and behavioral health needs of young people.

USAC initiatives address strategic plan behavioral health Gap 2: Behavioral Health Needs of School Students and Gap 3: Coordination Across State Agencies.

Legislative Alignment and Coordination

SBHCC agencies reviewed all behavioral health-related exceptional items during the 85th Legislature legislative appropriations request process to ensure related initiatives were aligned with the strategic plan and avoid duplication among SBHCC agencies. Additional exceptional item review information can be found in the *Consolidated Behavioral Health Schedule and Exceptional Item Review* published in December 2016.

SBHCC agencies worked closely with the Legislature on initiatives related to behavioral health services and funding and participated in monthly conference calls regarding legislative funding priorities and behavioral health related bills.

SBHCC used these opportunities to ensure strategic plan goals, objectives, and strategies were central to legislative initiatives, as shown in Table 1. The table includes a selection of behavioral health related bills passed that align with the strategic plan, including a description and directive.

Table 1. Key Legislation with Strategic Plan Alignment

Bill	Author	Description	Directive	Strategic Plan Gap Addressed	Strategic Plan Aligned Strategies
House Bill (H.B.) 10	Price	Relating to access to and benefits for mental health conditions and substance use disorders.	Requires HHSC to establish and facilitate parity work group in OMHC May be a subcommittee of the BHAC	1	5.1.1; 5.1.2; 5.1.3; 5.2.1
H.B. 13	Price	Relating to the creation of a matching grant program to support community mental health programs for individuals experiencing mental illness.	Establishes matching grant program to support community programs providing mental health care services and treatment to individuals with mental illness Match requirements based on county population 50 percent of grant funds reserved for small counties	1,6	4.1.2; 4.1.3
H.B. 1486	Price	Relating to peer specialists, peer services, and the provision of those services under the medical assistance program.	Requires HHSC to convene stakeholder meetings in the development of rules for peer specialists	1,8	3.1.1; 3.1.2; 3.1.3
H.B. 1794	Bell	Relating to the establishment of the Work Group on Mental Health Access for First Responders.	Establishes the Work Group on Mental Health Access for First Responders at HHSC	3,14	1.1.1; 1.1.2; 2.4.2

Bill	Author	Description	Directive	Strategic Plan Gap Addressed	Strategic Plan Aligned Strategies
H.B. 2904	White	Relating to the memorandum of understanding (MOU) among certain agencies to coordinate services provided to persons needing multiagency services.	Modifies existing requirements for Community Resource Coordination Group (CRCG) MOU Makes OMHC responsible for MOU	3,6	1.2.1, 1.2.2
H.B. 4056	Rose	Relating to certain research-based practices for use by public school personnel.	Adds new research-based programs to existing list of programs for prevention and intervention for use by school districts	2,7	2.1.1;2.1.2; 2.2.2
S.B. 27	Campbell	Relating to the mental health program for veterans and to the authority to establish a trauma affected veterans clinical care and research center at The University of Texas (UT) Health Science Center at San Antonio.	Removes requirement for a grant program in the existing Mental Health Program for Veterans within OMHC	1,4,6,8	1.2.1, 1.2.2, 2.3.2, 2.4.1, 2.5.2
S.B. 74	Nelson	Relating to the provision of certain behavioral health services to children, adolescents, and their families under a contract with a managed care organization (MCO).	Allows providers of targeted case management and psychiatric rehabilitative services to contract with MCOs to provide such services to children, adolescents, and families.	1,6,11	2.3.1, 2.3.2, 3.2.2

Bill	Author	Description	Directive	Strategic Plan Gap Addressed	Strategic Plan Aligned Strategies
S.B. 292	Huffman	Relating to the creation of a grant program to reduce recidivism, arrest, and incarceration of individuals with mental illness.	Establishes statewide forensic grant program Match requirements based on county population Timelines for awarding grants	1,14	1.1.1; 1.1.2; 1.2.2; 2.5.1; 2.5.2; 2.5.4
S.B. 578	Lucio	Relating to an HHSC veteran suicide prevention action plan.	HHSC must develop and implement a comprehensive action plan addressing veteran suicide, with both short-term and long-term recommendations	1,3,6,8,11	3.1.3
S.B. 591	Lucio	Relating to a community outreach campaign to increase awareness of veterans benefits and services.	Texas Veterans Commission (TVC) must implement outreach campaign	1,4,11	1.1.1, 2.5.1, 2.5.2, 3.1.3, 3.2.1, 3.2.2
S.B. 613	Whitmire	Relating to services provided by HHSC to sexually violent offenders who are incompetent to attend sex offender treatment.	HHSC must provide inpatient mental health services for committed individuals the Texas Civil Commitment Office (TCCO) determines are unable to effectively participate in sex offender treatment program due to mental illness Adds such persons to a list of those who present a substantial risk of serious harm to self or others for purposes of court-ordered mental health services	1,3,14	

Bill	Author	Description	Directive	Strategic Plan Gap Addressed	Strategic Plan Aligned Strategies
S.B. 1021	Nelson	Relating to a report on the consolidation of the health and human services system, including advisory committees within the system, and the re-creation of the Texas system of care framework.	Reestablishes the system of care framework in statute Requires new MOU related to System of Care	1,3	1.1.1, 1.2.1, 1.2.2, 2.3.2
S.B. 1326	Zaffirini	Relating to procedures regarding criminal defendants who are or may be persons with a mental illness or intellectual disability.	Allows counties to establish Jail Based Competency Restoration (JBCR) programs Enables HHSC to inspect county-level JBCR programs JBCR pilot program established by HHSC continued indefinitely	3,5	1.1.1, 2.3.2
S.B. 1533	Rodriguez	Relating to Mental Health First Aid (MHFA) program training for university employees.	Expands population of individuals eligible to participate in MHFA training to university employees	1,6,11	3.2.1, 3.2.2
S.B. 1849	Whitmire	Relating to interactions between law enforcement and individuals detained or arrested on suspicion of the commission of criminal offenses; to the confinement, conviction, or release of those individuals; and to grants supporting populations that are more likely to interact frequently with law enforcement.	Renewed directive on awarding grants in existing Healthy Community Collaboratives program to extend to rural communities	1,6,12	2.3.1, 2.3.2, 2.3.3, 2.5.3, 4.2.2

Utilize Best Practices in Contracting Standards Grant Projects

Texas Targeted Opioid Response Grant

The Substance Abuse and Mental Health Services Administration awarded Texas grant funds for the Texas Targeted Opioid Response (TTOR) program. HHSC contracted with community organizations to provide TTOR services to approximately 14,710 people between fiscal years 2017 and 2018. TTOR will:

- expand prevention and treatment efforts promoting recovery and early intervention for areas or populations identified as high risk for opioid use disorders (OUDs), including heroin use and opioid prescription misuse;
- enhance outreach and education for the public;
- provide training to enhance the workforce;
- target individuals at risk of developing OUDs, or experiencing a potential overdose;
- increase access to enhanced recovery-oriented treatment; and
- increase focus on and services to pregnant and post-partum women.

TTOR addresses prevention, intervention, treatment, and recovery. Services focus on expanding evaluation activities; increasing outreach, assessment, and referral services; expanding and adding treatment and recovery services; and providing training to providers and people at risk of developing or experiencing OUDs.

Training provided through TTOR addresses a broad range of topics, including suicide prevention, medication-assisted recovery, and peer support. A list of services TTOR is expanding or adding are included in Table 2, below. These services address gaps identified in the strategic plan related to access to treatment, unmet treatment needs, fortifying re-entry services, and increasing recovery support services.

Table 2. TTOR Expanded and Added Services

Service	Expanded	Added
Methadone Treatment ⁱ	X	
Office-Based Opioid Treatment ⁱⁱ	X	
Recovery Support Services	X	
Group Housing Workforce	X	
Group Housing	X	
Peer Re-entry Programming	X	
Job Developers and Recovery Coaches ⁱⁱⁱ		X
Supported Employment ^{iv}		X
Licensed Chemical Dependence Counselors for Mobile Outreach Teams		X

ⁱ Including testing for co-morbid conditions.

ⁱⁱ Buprenorphine with outpatient substance use disorder treatment services.

ⁱⁱⁱ For providers focusing on Medication-Assisted Therapy (MAT).

^{iv} For providers focusing on MAT.

Contracting and Reporting Practices

Section 10.04(c) requires certain community collaboratives receiving state grant funding to give presentations to the SBHCC twice annually about their impact on mental health outcomes for populations served through grants. Presentations increase collaboration and support the effective expenditure of behavioral health funds between state and local entities. Community collaborative grant programs for which presentations must be given are described in Table 3. HHSC implementation teams coordinate with grant programs to tie them to strategic plan initiatives, minimize duplication of effort, and ensure resources are distributed fairly across the state, with priority to underserved areas and those with unmet needs.

Table 3. Community Collaborative Programs Required to Present to SBHCC

Grant	Current Awards	Possible Additional Awards	Purpose	Funding
Healthy Community Collaboratives Grant Program (S.B. 1849, 85th Legislature)	5	19	Establish or expand community collaboratives bringing the public and private sectors together to provide services to people experiencing homelessness and mental illness.	\$25 million 2018-19 biennium ^v
Community Mental Health Grant Program (H.B. 13, 85th Legislature)	Unknown ^{vi}	NA	Support community mental health programs providing services and treatment to people experiencing mental illness.	\$10 million in FY 2018 \$20 million in FY 2019
Mental Health Grant Program for Justice-Involved Individuals (S.B. 292, 85th Legislature)	Unknown ^{vii}	NA	Reduce recidivism rates, arrests, and incarceration among people with mental illness, and also reduce the wait time for forensic commitments.	\$12.5 million FY 2018 \$25 million FY 2019
Texas Veterans + Family Alliance Grant Program (S.B. 55, 84th Legislature)	38	20	Improve Texas veterans' and their families' quality of life by supporting local communities to expand, enhance, and increase access to mental health treatment and services.	\$20 million 2018-19 biennium

^v \$10 million is to expand to rural areas.

^{vi} Number of grants awarded is based in part on number of proposals received from community. Proposal deadline is in November 2017.

^{vii} Number of grants awarded is based in part on number of proposals received from community. Proposal deadline is in November 2017.

Perpetuate Identified, Successful Models for Mental Health and Substance Abuse Treatment

Mental Health First Aid Training

HHSC coordinated opportunities for state agencies to access MHFA training. MHFA is an evidence-based curriculum teaching front-line staff how to help someone developing a mental health problem or experiencing a mental health crisis. MHFA training increases awareness of mental health, reduces stigma around mental illness, and teaches trainees how to assess a situation, provide assistance, and connect someone with a mental health issue to resources.

SBHCC agency training staff were invited to participate in an MHFA train-the-trainer course where they became either adult or youth MHFA-certified instructors. MHFA trainings are now provided within SBHCC agencies. There are currently 57 trainers who received training through the MHFA train-the-trainer course. During fiscal years 2016 and 2017, these certified instructors trained 1,878 individuals in MHFA. HHSC also advertised MHFA trainings on a centralized training platform, discussed below, to encourage participation and leverage existing processes for registration and training.

Centralized Training Infrastructure for Evidence-Based Practices

The Centralized Training Infrastructure for Evidence-Based Practices is a training platform used by HHSC which allows staff to register for and earn continuing education credit for appropriate trainings. Through a contract amendment, this training platform will be made available to SBHCC agencies to address evidence-based training needs. Trainings in the areas of behavioral health and intellectual and developmental disability (IDD) services will be offered in-person, online, and through webinars. Utilization of one host site will reduce redundancy, lessen training costs, and ensure consistent evidence-based training of the behavioral health workforce.

Behavioral Health Institute

HHSC and SBHCC agencies collaborated to plan and host the annual Texas Behavioral Health Institute in Austin from July 31, 2017 to August 4, 2017. Collaborating agencies included the Office of Mental Health Coordination, the Department of State Health Services (DSHS), Department of Aging and Disability Services, and DFPS. This conference focused on mental health and substance use

disorder prevention and treatment and included training in evidence-based practices in behavioral health, self-care for both caregivers and clients, cultural competency, and addiction recovery. This year, sessions covered a wider variety of topics designed to draw more diverse participants and educate clinicians on new topics, including the mental health needs of people with IDD, school-aged children, older Texans, and veterans; issues related to juvenile justice and criminal justice; and restraint and seclusion reduction.

This year's conference also highlighted community collaborations. Local providers had opportunities to learn about the SBHCC member agencies and strategic plan, including how the work being done at the local level supports a broader system of care. More than 1,400 participants, including therapists, social workers, IDD specialists, educators, juvenile justice professionals, law enforcement officers, HIV specialists, wellness coordinators, peers, and probation officers attended.

Ensure Optimal Service Delivery

Disaster Relief

SBHCC member agencies worked together to address Hurricane Harvey relief efforts, participating in weekly conference calls to share available resources and coordinate services in affected areas. HHSC shared situation reports, needs assessments, information on disaster-related programs and grants, and other disaster relief-related information to ensure emerging needs could be identified and addressed by member agencies in a transparent and coordinated manner.

Among significant emerging needs identified by the SBHCC were mental and behavioral health services for students and housing for people with behavioral health disabilities who are homeless. To address the needs of students at the more than 250 independent school districts in over 30 counties impacted by Hurricane Harvey, HHSC and TEA partnered to share resources and coordinate a long-term response to students' mental health needs. Through the Crisis Counseling Program - Regular Service Program Grant,⁸ HHSC will hire a child mental health specialist

⁸ HHSC submitted an application for the Regular Services Program to the Federal Emergency Management Association on September 23, 2017, for \$12,045,063 and anticipates federal approval by early January 2018. The grant will provide support and coordination services to the affected area.

who will reach out directly to schools to support affected children, families, and school personnel.

Housing

The SBHCC recognizes access to safe, decent, affordable housing and an array of supportive services is a social determinant of health for people with behavioral health disabilities, especially for people who are homeless or at risk of homelessness. With the addition of TDHCA to the SBHCC, the council has begun a more in-depth assessment of the housing needs of people with behavioral health needs and is determining how best to leverage resources. Existing housing-service collaborative partnerships are being included in this assessment.

Based on its assessment, the SBHCC has already determined that some existing housing resources are underutilized. An example is the U.S. Housing and Urban Development Section 811 Project Rental Assistance Program demonstration, which TDHCA partners with HHSC and DFPS to implement. The program provides project-based rental assistance to extremely low-income people with disabilities, ages 18 to 62.⁹ The program is available in eight metropolitan areas across Texas, at integrated multifamily properties partially funded by tax credits awarded by TDHCA through annual qualified allocation plans.

A few metro areas (specifically Brownsville-Harlingen and El Paso) with ample housing services were found to have low program referral rates. An initial assessment of the referrals indicates the programs are not located near necessary services, resulting in accessibility challenges. The SBHCC is considering encouraging and/or incentivizing local programs to increase referrals to ensure housing resources are fully utilized.¹⁰

⁹ Eligible individuals include: people with disabilities with a severe mental illness eligible to receive Medicaid-funded mental health rehabilitative services and/or mental health targeted case management; exiting nursing facilities and intermediate care facilities for individuals with an intellectual disability or related condition (ICF-IID); or current and former young adults with disabilities who have exited or may be exiting foster care.

¹⁰ Referrals and supportive services are provided by local mental health authorities (LMHAs), local behavioral health authorities (LBHAs), local intellectual and developmental disabilities authorities (LIDDAs), Money Follows the Person relocation contractors, MCOs, and DFPS developmental disability and preparation for adult living case workers.

Identify and Collect Comparable Data on Results and Effectiveness

Interagency Behavioral Health Data Workgroup

Several SBHCC agencies participate in an interagency behavioral health data workgroup. This workgroup meets monthly to problem-solve, share information, and provide updates on recent developments related to behavioral health data analysis. Currently, the workgroup is collecting data to provide estimates on how many total individuals with behavioral health conditions are served by or through Texas state agencies. This information should be collected by January 2018.

MOU between TJJD and DFPS

Following legislation passed in 2009,¹¹ DFPS and the former Texas Youth Commission, now TJJD, entered into an MOU to share information and coordinate services regarding Child Protective Services (CPS) youth currently in TJJD placements. Legislation passed by the 85th Legislature¹² supports increased coordination among TJJD, local juvenile probation departments, and DFPS. These agencies can request information about youth in open or closed CPS investigations, family-based safety services, or conservatorship services from each other and the information must be provided within 14 business days.

As of November 1, 2017, these information requests can be made online.¹³ Increased sharing of information helps to identify and coordinate the provision of services, prevent duplication, enhance rehabilitation of youth, and improve and maintain community safety.

Mental Health Wellness for Individuals with IDD

Mental Health Wellness for Individuals with Intellectual and Developmental Disabilities (MHW-IDD) is an online training series for direct support professionals

¹¹ H.B. 1629 and HB 3689, 81st Legislature, Regular Session, 2009

¹² H.B. 7, H.B. 932, and H.B. 1521, 85th Legislature, Regular Session, 2017

¹³ DFPS and TJJD have a steering committee to monitor the progress of online requests, and an interagency committee continues to look at long-term automated information sharing options.

working with people with IDD and behavioral health needs. The goal of the training is to improve mental wellness by increasing workforce competency and capacity. The training is available to all state agencies in the SBHCC, has received national recognition, and addresses several strategic plan gaps:

- Gap 3: coordination across state agencies
- Gap 9: Behavioral Health Services for Individuals with IDD
- Gap 13: Behavioral Health Workforce Shortage

Approximately 25,833 people have taken one of the course modules since June 2016, including staff from HHSC, DSHS, TEA, and DFPS. Figure 1 shows the total number of MHW-IDD training participants by month for fiscal year 2017.

Figure 1. MHW-IDD Total Participation by Month for Fiscal Year 2017

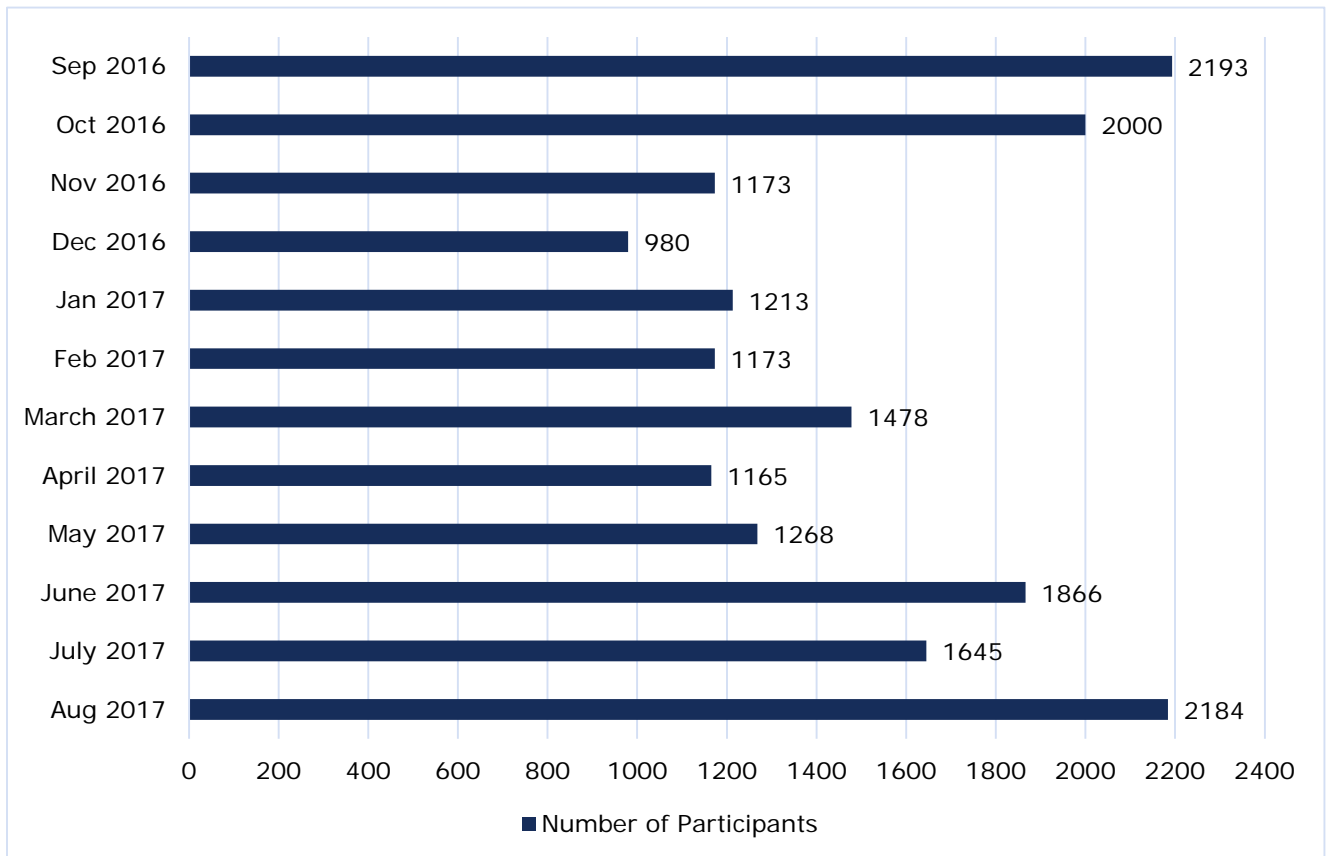
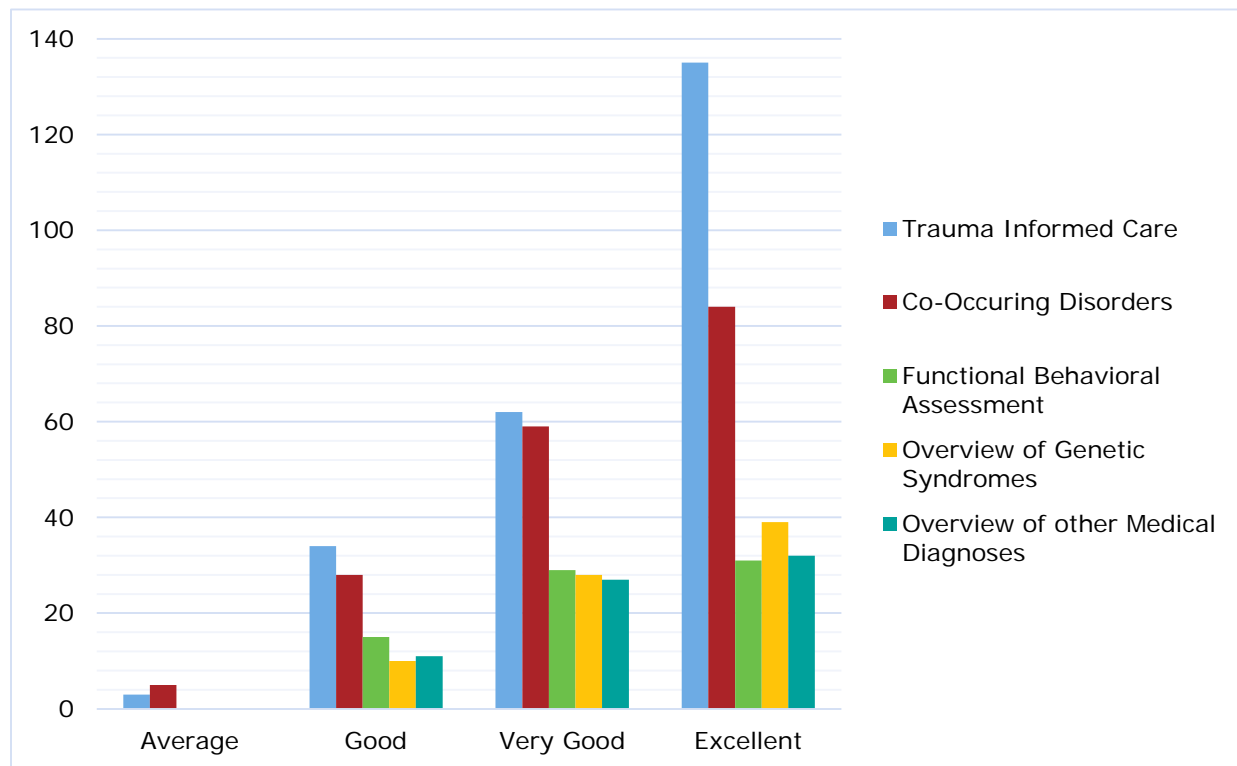


Figure 2 shows how satisfied people who participated in an MHW-IDD training module were and shows consistent positive feedback.

Figure 2. MHW-IDD Participant Satisfaction by Training Module



Financial Alignment

Behavioral Health Exceptional Items

The SBHCC reviewed behavioral health exceptional items to ensure related initiatives were aligned with the strategic plan and to avoid duplication among SBHCC agencies. Additional exceptional item review information can be found in the *Consolidated Behavioral Health Schedule and Exceptional Item Review* published in December 2016.

Texas IDD and Behavioral Health Funders Summit

The Texas IDD and Behavioral Health Funders Summit strengthens public-private partnerships and maximizes the reach and scope of funding for behavioral health initiatives across Texas. The summit brings together SBHCC members and representatives of private philanthropic organizations to discuss the strategic plan,

align and coordinate funding for matching grant programs, and identify opportunities for public and private funders to align interests and investments related to behavioral health.

4. Conclusion

This progress report shows the SBHCC and its member agencies are committed to and have made progress implementing the *Statewide Behavioral Health Strategic Plan*, which promotes a coordinated approach to the delivery of behavioral health services in Texas.

The SBHCC is focused on next steps, including the full implementation of fiscal year 2018 goals. This will include developing a timeline and operational work plan with implementation timelines and metrics to evaluate success. Additionally, the SBHCC is already working with HHSC's OMHC to develop workgroups specific to the fiscal year 2019 goals. Workgroups will be tasked with developing targeted benchmarks for each strategy and objectives to evaluate the success of implementation.

The SBHCC will determine a schedule to review the progress on strategic plan objectives and strategies and will make recommendations to update the strategic plan as needed.

List of Acronyms

Acronym	Full Name
APS	Adult Protective Services
BHAC	Behavioral Health Advisory Committee
CEAP	Comprehensive Energy Assistance Program
CHIP	Children’s Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
CPS	Child Protective Services
CRCG	Community Resource Coordination Group
DSHS	Department of State Health Services
DFPS	Department of Family Protective Services
DWI	Driving while Intoxicated
FY	Fiscal Year
HHSC	Health and Human Services Commission
H.B.	House Bill
HIV	Human Immunodeficiency Virus
IAC	Interagency Contract
ICF-IID	Intermediate Care Facility for Individuals with an Intellectual Disability or Related Condition
IDD	Intellectual and Developmental Disabilities
JBCR	Jail-Based Competency Restoration
JCAFS	Joint Committee on Access and Forensic Services
LBB	Legislative Budget Board
LBHA	Local Behavioral Health Authority
LIDDA	Local Intellectual and Developmental Disability Authority
LMHA	Local Mental Health Authority
MAT	Medication-Assisted Treatment

Acronym	Full Name
MCO	Managed Care Organization
MDT	Multi-Disciplinary Team
MHFA	Mental Health First Aid
MOU	Memorandum of Understanding
MHW-IDD	Mental Health Wellness-Intellectual and Developmental Disabilities
NAS	Neonatal Abstinence Syndrome
NF	Nursing Facility
OMHC	Office of Mental Health Coordination
ODD	Opioid Use Disorders
SAFPF	Substance Abuse Felony Punishment Facilities
SAMHSA	Substance Abuse and Mental Health Services Administration
S.B.	Senate Bill
SBHCC	Statewide Behavioral Health Coordinating Council
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SSI	Supplemental Security Income
SSLC	State Supported Living Center
TCCO	Texas Civil Commitment Office
TEA	Texas Education Agency
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TDHCA	Texas Department of Housing and Community Affairs
TJJD	Texas Juvenile Justice Department
TxSOC	Texas System of Care
TTOR	Texas Targeted Opioid Response
TVC	Texas Veterans Commission
TWC	Texas Workforce Commission

Acronym	Full Name
USAC	United Services for All Children
UT	The University of Texas
WAP	Weatherization Assistance Program

Appendix A. Statewide Behavioral Health Coordinating Council Members and Authorized Designees

HHSC

Trina Ita, Chair, Deputy Associate Commissioner, Office of Mental Health Coordination (Designees: Novella Evans, Carrie Hoffman Jennifer Martinez, Karissa Sanchez, and Edward Sinclair)

Sonja Gaines, Associate Commissioner, Intellectual and Developmental Disability and Behavioral Health Services

Office of the Governor

Andrew Friedrichs, Associate Director, Justice Programs

Texas Veterans Commission

Tim Keesling, Director, Veterans Mental Health Program

Department of Family and Protective Service

Shaniqua Johnson, Assistant Deputy Commissioner (Designee: Robin Blackmon)

Behavioral Health Services, HHSC

Lauren Lacefield Lewis, Deputy Associate Commissioner, Behavioral Health Services (Designee: Dr. Courtney Harvey)

Intellectual and Developmental Disability Services, HHSC

Haley Turner, Deputy Associate Commissioner, Intellectual and Developmental Disability Services (Designee: Anthony Jalomo)

Medicaid, HHSC

Tamela Griffin, Director, Office of Policy, Medicaid and CHIP Services (Designee: Michelle Erwin)

Texas Civil Commitment Office

Jessica Marsh, General Counsel (Designee: Janet Latham)

University of Texas, Health Science Center at Houston

Steve Glazier, Chief Operating Officer

University of Texas, Health Science Center at Tyler

Daniel Deslate, Vice President, Planning & Public Policy (Designees: Carol Henson, Brittney Nichols)

Texas Department of Criminal Justice

April Zamora, Director, Reentry and Integration Division (Designee: Amanda Vasquez)

Texas Juvenile Justice Department

Dr. Tushar Desai, Medical Director (Designee: Rebecca Walters)

Texas Military Department

Shandra Sponsler, Deputy Branch Manager, Family Support Services (Designee: Lieutenant Colonel Scott Kingsley)

Health Professions Council¹⁴

John Monk, Administrative Officer/CFO

Texas Education Agency

Julie Wayman, Manager, Mental Health and Behavioral Health Coordination

Texas Tech University System

Jennifer Chambers, Assistant Vice Chancellor for Governmental Relations

Texas Commission on Jail Standards

Brandon Wood, Executive Director

¹⁴ State Board of Dental Examiners, Board of Pharmacy, Board of Veterinary Medical Examiners, Optometry Board, Board of Nursing, Medical Board

Texas Workforce Commission

Jonas Schwartz, Program Manager (Designee: Davin Davis)

Texas Department of Housing and Community Affairs

Brooke Boston, Deputy Executive Director (Designee: Elizabeth Yevich)

Texas Indigent Defense Commission

Edwin Colfax, Grant Program Manager

Court of Criminal Appeals

Judge Sharon Keller, Presiding Judge (Designee: Judge Barbara Hervey)

Appendix B. Inventory of Programs

The SBHCC agencies annually update the inventory of behavioral health programs and services. The inventory describes how the identified programs, services, initiatives, and expenditures further the goals of the strategic plan and outlines behavioral health programs and services provided by SBHCC agencies.

Article I

Office of the Governor

Appropriation Article and Agency Name	Target Population	Goal / Services Description	Fiscal Year (FY) 2018 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article I, Trusteed Programs, Office of the Governor Criminal Justice / Drug Courts; Strategy A.1.3 (Rec. B.1.1)	Adults (charges include drug/driving while intoxicated [DWI], mental health-related, veteran, family, and commercially sexually exploited persons) and juveniles charged with a nonviolent offense and who are suffering from substance abuse or mental health problem	Provides grant funding to specialty courts as described in Chapters 121-126 of the Texas Government Code.	6,324		✓	✓	✓					
Article I, Trusteed Programs, Office of the Governor Criminal Justice / Juvenile Justice and Delinquency Program; Strategy A.1.3 (Rec. B.1.1)	At-risk youth and juveniles who have had contact with the juvenile justice system Local communities with a high population of mentally ill or population suffering from substance abuse problems	Provides grant funding to units of local government and non-profit corporations to improve the juvenile justice system through increased access to mental health and substance abuse services.	3,380	✓	✓	✓	✓	✓				

Appropriation Article and Agency Name	Target Population	Goal / Services Description	Fiscal Year (FY) 2018 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article I, Trusteed Programs, Office of the Governor Criminal Justice / Residential Substance Abuse Treatment; Strategy A.1.3 (Rec. B.1.1)	Adults and juveniles charged with an offense who have been identified through testing as suffering from a substance abuse problem	Provides grant funding to states and local governments in the development and implementation of substance use treatment programs in correctional and detention facilities.	1,367		✓	✓	✓	✓				
Article I, Trusteed Programs, Office of the Governor Edward Byrne Memorial Justice Assistance; Mental Health Services - Other Strategy A.1.3 (Rec. B.1.1)	Adults and juveniles charged with an offense who have been identified through testing as suffering from a substance abuse or mental health problem	Provides grant funding to states and local governments to improve the administration of the criminal justice system to include substance abuse treatment and mental health services.	220		✓	✓	✓	✓				
Article I, Trusteed Programs, Office of the Governor Crime Victim Assistance; Mental Health Services - Other Strategy A.1.3 (Rec. B.1.1)	Adults and juveniles who have been identified through testing as suffering from a substance abuse or mental health problem	Provides grant funding to local governments and non-profit corporations to provide mental health services to victims of crime.	45,710		✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	Fiscal Year (FY) 2018 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article I, Trusteed Programs, Office of the Governor Violence Against Women; Mental Health Services - Other Strategy - A.1.3 (Rec. B.1.1)	Women charged who have been identified through testing as suffering from a substance abuse or mental health problem	Provides grant funding to local governments and non-profit corporations to provide mental health services to victims of crime.	4,832		✓	✓	✓	✓	✓		✓	

Texas Veterans Commission

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article I, Texas Veterans Commission Veteran Mental Health Grants; TVC Strategies A.1.4. Veterans Outreach & B.1.1.1 General Assistance Grants (Interagency contract [IAC] between TVC and HHSC, grants for FY 2017 funding only)	Texas veterans, their families, and survivors	Provides assistance to veterans, their families, and survivors by making grants to local nonprofit organizations and units of local governments providing direct services.	N/A - number unavailable until after grants are awarded	✓		✓	✓		✓	✓		
Article I, Texas Veterans Commission Veteran Mental Health Program, TVC Strategy A.1.4. Veterans Outreach (IAC between TVC and HHSC)	Texas service members, veterans, their families	Provides training to coordinators and peers connecting veterans and their families to resources to address military trauma issues (Military Veteran Peer Network); trains community-based therapists and community and faith-based organizations, and coordinates services for justice-involved veterans (IAC from HHSC to TVC).	N/A - Does not project number	✓	✓	✓			✓	✓	✓	

Article II

Department of Family and Protective Services

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article II, Department of Family and Protective Services Substance Abuse Prevention and Treatment Services; Strategy B.1.7	<p>Families who either have a child in foster care or are receiving in-home family-based safety services due to the high risk of having a child removed and placed in foster care, absent preventive measures</p> <p>Services are provided to children who are in substitute care, children who remain in their homes, and to their caregivers and families</p>	<p>Payments to contractors for substance abuse prevention and treatment services (education, counseling, and treatment) delivered to individuals to meet their needs, where not met by HHSC services.</p>	N/A		✓		✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article II, Department of Family and Protective Services Counseling and Therapeutic Services; Strategy B.1.8	Families who need assistance to facilitate the achievement of the child's or family's service plan Services are provided to children who are in substitute care, children who remain in their homes, and to their caregivers and families, including those in family-based safety services	Payments to contractors for counseling and therapeutic services delivered to individuals to meet their service plan needs, where not met by STAR Health services.	N/A		✓		✓	✓			✓	
Article II, Department of Family and Protective Services APS Emergency Client Services; Strategy D.1.3	Persons 65 and older and adults 18 to 64 with a disability in Adult Protective Services (APS) cases receiving services, and their family members	Payments to contractors for mental health services to individuals as a component of assessing capacity and meeting service plan needs where services are not already provided through other funding sources.	N/A		✓		✓	✓			✓	

Health and Human Services Commission

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Community Mental Health Services for Adults; Strategy D.2.1	Adults with mental illness	Includes an array of community-based services designed to support adults' movement toward independence and recovery, such as medication-related services, rehabilitation services, counseling, case management, peer support services, crisis intervention services, and special programs such as Clubhouses.	LBB Annual Target: 149,458 (equity funding, waiting list)		✓	✓	✓	✓	✓	✓	✓	
Article II, Health and Human Services Commission 1915(i) Home and Community Based Services; Strategy D.2.5	Adults with extended tenure in state mental health facilities, high utilization of emergency room, and/or frequent incarcerations	Supports the recovery of adults with extended tenure in state mental health facilities, high utilization of emergency rooms, and/or frequent incarcerations through intensive wraparound services. Enrolled individuals are eligible for all Medicaid behavioral health services and those specific to the program.	150	✓	✓	✓	✓	✓	✓	✓	✓	
Article II, Health and Human Services Commission Community Mental Health Services for Children; Strategy D.2.2	Children and adolescents (ages 3 through 17) with serious emotional disturbance	Includes an array of community-based services to support recovery and resilience of children and families, such as medication-related services, skills training, counseling, case management, family support services, and crisis intervention services.	LBB Annual Target: 44,991 (equity funding)	✓	✓	✓	✓	✓	✓	✓	✓	✓

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Relinquishment Slots (DFPS); Exceptional Item 6c, Strategy D.2.2	Children and youth ages 5 to 17 referred to DFPS who are at risk for parental relinquishment of rights	Intensive residential treatment for children and youth referred to DFPS who are at risk for parental relinquishment of rights due to a lack of mental health resources to meet the needs of children with severe emotional disturbance whose symptoms make it unsafe for the family to care for the child in the home.	80	✓	✓	✓	✓	✓			✓	✓
Article II, Health and Human Services Commission YES Waiver, Strategy D.2.5	Children at risk of hospitalization or parental relinquishment due to a need for services to treat serious emotional disturbance	Provides intensive wraparound services for children at risk of hospitalization or parental relinquishment due to a need for services to treat serious emotional disturbance. Enrolled children enrolled are eligible for all Medicaid behavioral health services and those specific to the program.	3038		✓	✓	✓	✓	✓	✓	✓	
Article II, Health and Human Services Commission Community Mental Health Crisis Services; Strategy D.2.3	Adults and children with mental illness or in crisis and at risk of unnecessary hospitalization, incarceration, or use of emergency rooms	Provide psychiatric assessment in the community for individuals in crisis, stabilization in the least restrictive environment, crisis resolution, linkage to services, and reduction of inpatient and law enforcement interventions. Services include crisis hotlines, mobile crisis outreach teams, facility-based stabilization, and other projects.	LBB Annual Target Residential: 25,000 Outpatient: 72,200		✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Jail-Based Competency; Community Mental Health Crisis Services Strategy D.2.3	Defendants in county jails participating in the program Persons first not able to be served in outpatient competency restoration in designated pilot site	Pilot project to provide competency restoration services to individuals in a county jail setting.	20		✓		✓	✓				
Article II, Health and Human Services Commission Substance Abuse Prevention; Strategy D.2.4	Primarily youth and young adult populations Some services target risk factors and some are aimed at the general population	Programs to reduce the use of alcohol, tobacco, and other drugs among youth and adults and prevent substance abuse problems from developing. Includes services provided through TTOR.	Adult: N/A Youth: LBB Avg. Monthly Target: 151,847	✓		✓						
Article II, Health and Human Services Commission Substance Abuse Intervention; Strategy D.2.4	Individuals at risk of developing a substance use disorder	Programs to interrupt the use of alcohol, tobacco, and other drugs by youth showing early signs of substance use or abuse and/or exhibiting other high-risk problem behaviors, and halt progression and escalation of use, abuse, and related problems for adults. Includes services provided through TTOR.	Adult: LBB Avg. Monthly Target: 6,959 Youth: LBB Avg. Monthly Target: 565	✓	✓	✓						

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Substance Abuse Treatment; Strategy D.2.4	Adults above the age of 17 who are diagnosed with a substance use disorder Youth between the ages 13-17 who meet criteria for substance use or dependence	Programs to initiate, promote, or maintain a person’s drug-free status, including medically supervised and ambulatory detoxification programs, residential treatment, outpatient treatment, and maintenance programs. Includes services provided through TTOR.	Adult: LBB Avg. Monthly Target: 9,957 Youth: LBB Avg. Monthly Target: 1,582		✓	✓	✓		✓			
Article II, Health and Human Services Commission Substance Abuse: Neonatal Abstinence Syndrome; Strategy D.2.4	Pregnant women who use opioids, including certain prescription medications, during pregnancy, possibly causing Neonatal Abstinence Syndrome (NAS)	Services and activities to address the incidence of NAS, including health care services, products, and community-based activities to reduce the incidence, severity and costs associated with NAS.	170	✓	✓	✓	✓					
Article II, Health and Human Services Commission Mental Health Community Hospital Beds; Strategy G.2.2	Seriously mentally ill persons from all regions of Texas, regardless of their financial status, in need of inpatient psychiatric care	Funds used to purchase inpatient beds throughout the state including funding for LMHAs/LBHAs to purchase beds in private psychiatric hospitals and community mental health hospitals, as well as contracts with the University of Texas at Tyler and the Montgomery County Forensic Center.	LBB Annual Target: 10,215		✓	✓	✓				✓	✓

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Community Mental Health Crisis Services Strategy D.2.3. (Rider 207)	Individuals experiencing mental illness	Funding to improve and increase the availability of and access to mental health services and treatment for individuals with mental illness, and coordinate mental health care services with other transition support services through a matching grant program.	N/A Number of grants awarded is based in part on number of proposals received from community.			✓	✓	✓	✓	✓		
Article II, Health and Human Services Commission Rider 172. Community Mental Health Services - Children Strategy D.2.2. (Rider 172)	High-needs children in the foster care system	Funding to increase access to targeted case management and psychiatric rehabilitative services for high-needs children in the foster care system via a grant program for LMHAs and other nonprofit entities.	N/A Number of grants awarded is based in part on number of proposals received.		✓							

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission IDD Crisis Respite and Behavioral Intervention Programs; Exceptional Item 5a, Strategy A.1.1	Individuals with IDD who have significant behavioral and psychiatric challenges	Provides behavioral intervention and crisis respite to individuals with IDD with complex behavioral and/or mental health needs who are in crisis.	700 average per quarter for clients served by Crisis Intervention Services, Crisis Intervention Team, and Crisis Respite	✓							✓	
Article II, Health and Human Services Commission Regional Medical, Behavioral, and Psychiatric Technical Support Teams; *Centers for Medicare & Medicaid Services (CMS) Grant Funded Initiative	Community providers and LIDDAs who serve individuals with IDD at risk of being admitted into an institution, and those who have moved from institutional settings, including state supported living centers (SSLCs) and nursing facilities (NFs)	Provides educational resources to increase expertise of local IDD authority staff, technical assistance upon request from local authorities and providers, and certain peer- review support for service planning teams.	653 (This project is slated to end after December 2017 unless additional funding can be secured for the entirety of FY2018)	✓							✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Enhanced Community Coordination Strategy F.1.3 Non-Medicaid IDD Community Services	Individuals with IDD residing in an institution, such as an SSLC or NF, who are transitioning to a community Medicaid waiver program or community ICF-IID	Provides information to individuals and individuals' legally authorized representatives about available community living options, services, and supports, in addition to the information provided during the community living options process.	350 (This project is slated to end after December 2017 unless additional funding can be secured for the entirety of FY 2018)			✓						
Article II, Health and Human Services Commission Mental Health Wellness for Individuals with IDD (MHW- IDD); * CMS Grant Funded Initiative	Direct service workers who support individuals with IDD with behavioral health needs Individuals with IDD who have behavioral health needs and co- occurring mental illness	Provide eLearning courses designed to support the enhancement and development of a highly skilled workforce staff (i.e. direct support workers, clinicians, and physicians) to: <ul style="list-style-type: none"> • Support the behavioral health needs of individuals with an IDD and a co-occurring mental health condition. • Promote their successful placements in community settings of their choice. 	10000	✓								

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission HHSC Nurse and Behavioral Health Line. Axis Point Health contract; funded by appropriations, which is a combination of general revenue and federal funds.	Providers, direct service workers, and families who are supporting individuals with medical and/or behavioral health needs during their first 12 months of transitioning from the SSLCS to the community	Provides support to community providers with concerns regarding an individual's medical or behavioral status during transition to ensure a successful and stable transition to the community.	N/A	✓		✓					✓	
Article II, Health and Human Services Commission Community Resource Coordination Group (CGRG) Program Support (Information Technology); Strategy A.1.1	Individuals (children, youth, and adults) with complex needs (physical, health, social, behavioral, emotional, and/or developmental) which can best be addressed through a coordinated multiagency approach	Funds two full time equivalents and enhanced web-based data collection/reporting tool for the CRCG program, which coordinates community-based services for children and youth with multi-agency needs, including mental health.	1,500-2,000	✓	✓	✓			✓	✓		

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Child Advocacy Programs (Child Advocacy Centers); Strategy F.3.2	Victims of child abuse and the non-offending care taker. Target population age range is between 0 and 18 and older. Victims over the age of 18 can include those who are developmentally delayed	Provides assistance and coordination for victims in local law enforcement agencies and district attorney's offices.	Total Number of Children Receiving Services: 37,000 Total number of children receiving mental health services: 17,500 Total Number of Forensic Interviews: 33,000 Total Number of Child Abuse Cases Reviewed by Child Advocacy Centers' Multidisciplinary Teams: 26,000			✓						✓
Article II, Health and Human Services Commission Rio Grande State Center Outpatient Clinic; Strategy G.3.1	Adults living in the lower Rio Grande Valley in four counties: Cameron, Hidalgo, Willacy, and Starr	Provides medical care, cancer screening, and women's health care to adults living in the lower Rio Grande Valley, specifically Cameron, Hidalgo, Willacy, and Starr counties.	N/A		✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Mental Health State Hospitals; Strategy G.2.1	Seriously mentally ill persons from all regions of Texas, regardless of their financial status, in need of inpatient care or forensic commitment	Hospital-based psychiatric services provided to civil and forensic patients in state-operated facilities, focusing on psychiatric care and recovery-focused psychosocial rehabilitation with an objective of successful community reintegration.	N/A		✓	✓	✓	✓			✓	
Article II, Health and Human Services Commission Repair and Renovation of Mental Health Facilities; Strategy G.4.2	State Hospital Infrastructure	Newly awarded funding for new construction of state hospitals and other inpatient mental health facilities.	N/A									✓
Article II, Health and Human Services Commission TxSOC Expansion; Strategy L.1.1	Children or youth who have mental health difficulties or other behavioral challenges and are at risk of out-of-home placement due to their mental health condition Families of these children or youth	Grant funding to develop a comprehensive strategic plan for improving and expanding services provided by systems of care and to build and expand upon progress already achieved in addressing the mental health needs of children, youth and families. Note: Program area provides strategic planning and coordination. No direct client services.	137	✓		✓		✓		✓	✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Mental Health Program for Veterans, Rider 174; Strategy; Strategy D.2.1.1, Community Mental Health Services for Adults	Texas service members, veterans, and their families	Mental Health Program for Veterans is collaboratively implemented by HHSC and TVC and supports providing: <ul style="list-style-type: none"> • Peer-to-peer counseling • Access to licensed mental health professionals • Peer training and technical assistance • Jail diversion services • Identification, retention, and screening of community-based licensed mental health professionals • Suicide prevention training for coordinator and peers 	N/A - Does not project number	✓	✓	✓	✓		✓	✓	✓	
Article II, Health and Human Services Commission Veterans Services Veterans Mobile App; Strategy A.1.1	Veterans, including current Guard and Reserve Military/veteran families Veteran service providers and volunteers Other state, federal, and local agencies/entities	Provides one location for veterans to get information about available local, state, and national resources and gives direct access to the Veterans Crisis Line from the U.S. Department of Veterans Affairs. This line is a free, confidential, 24-hour service to help veterans transitioning back to civilian life with mental health or any other challenges.	N/A	✓		✓						

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Children's Health Insurance Program (CHIP); Strategy C.1.1	Low-income, uninsured children in families with incomes too high to qualify for Medicaid, but who cannot afford to buy private insurance	<ul style="list-style-type: none"> • Inpatient mental health services, including for serious mental illness, furnished in a free-standing psychiatric hospital, psychiatric units of general acute care hospitals and state-operated facilities. • Outpatient Mental health services, including for serious mental illness, provided on an outpatient basis, including, but not limited to: <ul style="list-style-type: none"> • Neuropsychological and psychological testing • Medication management • Rehabilitative day treatments • Residential treatment services • Sub-acute outpatient services (partial hospitalization or rehabilitative day treatment) • Skills training (psycho-educational skill development) • Inpatient Substance Abuse Treatment Services including but not limited to: <ul style="list-style-type: none"> ▸ Inpatient residential substance abuse treatment services including detoxification and crisis stabilization, and 24-hour residential rehabilitation programs ▸ Outpatient substance abuse treatment services including <ul style="list-style-type: none"> ▸ Prevention and intervention services that are provided by physician and non-physician providers, such as screening, assessment and referral for chemical dependency disorders. ▸ Intensive outpatient services ▸ Partial hospitalization ▸ Intensive outpatient services is defined as an organized non-residential service providing structured group and individual therapy, educational services, and life skills training which consists of at least 10 hours per week for four to 12 weeks, but less than 24 hours per day. 	N/A	✓	✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission STAR; Strategies A.1.1, A.1.3, A.1.4, A.1.5, and A.1.6	Pregnant women, newborns, and children with limited income	<ul style="list-style-type: none"> • Mental Health Targeted Case Management • Mental Health Rehabilitation • Individual Psychotherapy • Family Psychotherapy • Group Psychotherapy • Psychological and Neuropsychological testing • Psychiatric Diagnostic Evaluation • Inpatient Psychiatric Hospitalization • Pharmacological Management • Psychotropic Medications • Substance Use Disorder Treatment Assessment • Medication Assisted Therapy (e.g., methadone for opioid addiction) • Hospital-Based Detoxification • Residential Detoxification • Ambulatory Detoxification • Outpatient Treatment (Individual and Group Counseling) • Substance Use Disorder Residential Treatment • Screening, Brief Intervention, and Referral to Treatment (SBIRT) 	N/A	✓	✓		✓	✓		✓	✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission STAR+PLUS; Strategies A.1.1, A.1.2, A.1.4, and A.1.6	The STAR+PLUS program serves Supplemental Security Income (SSI), SSI-related individuals, and adults who qualify for Medicaid because they meet medical necessity criteria and, as a result, receive Home and Community Based Services STAR+PLUS waiver services.	<ul style="list-style-type: none"> • Mental Health Targeted Case Management • Mental Health Rehabilitation • Individual Psychotherapy • Family Psychotherapy • Group Psychotherapy • Psychological and Neuropsychological testing • Psychiatric Diagnostic Evaluation • Inpatient Psychiatric Hospitalization • Pharmacological Management • Psychotropic Medications • Substance Use Disorder Treatment Assessment • Medication Assisted Therapy (e.g., methadone for opioid addiction) • Hospital-Based Detoxification • Residential Detoxification • Ambulatory Detoxification • Outpatient Treatment (Individual and Group Counseling) • Substance Use Disorder Residential Treatment • SBIRT 	N/A	✓	✓		✓	✓		✓	✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission STAR Kids; Strategies A.1.1, A.1.2, A.1.5	Children and youth age 20 or younger who either receive SSI Medicaid or are enrolled in the Medically Dependent Children Program Children with disabilities	<ul style="list-style-type: none"> • Mental Health Targeted Case Management • Mental Health Rehabilitation • Individual Psychotherapy • Family Psychotherapy • Group Psychotherapy • Psychological and Neuropsychological testing • Psychiatric Diagnostic Evaluation • Inpatient Psychiatric Hospitalization • Pharmacological Management • Psychotropic Medications • Substance Use Disorder Treatment Assessment • Medication Assisted Therapy (e.g., methadone for opioid addiction) • Hospital-Based Detoxification • Residential Detoxification • Ambulatory Detoxification • Outpatient Treatment (Individual and Group Counseling) • Substance Use Disorder Residential Treatment • SBIRT 	N/A	✓	✓		✓	✓		✓	✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission STAR Health; Strategies A.1.1, A.1.2, A.1.5	Children and youth in conservatorship of DFPS, including those in foster care and kinship care	<ul style="list-style-type: none"> • Mental Health Targeted Case Management • Mental Health Rehabilitation • Individual Psychotherapy • Family Psychotherapy • Group Psychotherapy • Psychological and Neuropsychological testing • Psychiatric Diagnostic Evaluation • Inpatient Psychiatric Hospitalization • Pharmacological Management • Psychotropic Medications • Substance Use Disorder Treatment Assessment • Medication Assisted Therapy (e.g., methadone for opioid addiction) • Hospital-Based Detoxification • Residential Detoxification • Ambulatory Detoxification • Outpatient Treatment (Individual and Group Counseling) • Substance Use Disorder Residential Treatment • SBIRT 	N/A	✓	✓		✓	✓		✓	✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article II, Health and Human Services Commission Medicaid Fee for Service; Strategies A.1.1, A.1.2, A.1.3, A.1.4, A.1.5, A.1.7, A.4.1, and A.4.2	Eligible Medicaid clients	<ul style="list-style-type: none"> • Mental Health Targeted Case Management • Mental Health Rehabilitation • Individual Psychotherapy • Family Psychotherapy • Group Psychotherapy • Psychological and Neuropsychological Testing • Psychiatric Diagnostic Evaluation • Inpatient Psychiatric Hospitalization • Pharmacological Management • Psychotropic Medications • Substance Use Disorder Treatment Assessment • Medication Assisted Therapy (e.g., methadone for opioid addiction) • Hospital-Based Detoxification • Residential Detoxification • Ambulatory Detoxification • Outpatient Treatment (Individual and Group Counseling) • Substance Use Disorder Residential Treatment • SBIRT 	N/A	✓	✓		✓	✓		✓	✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
<p>Article II, Texas Civil Commitment Office TCCO; Strategy M.1.1 Sexually Violent Predator Mental Health Services</p>	<p>Sexually violent predators who suffer from a behavioral abnormality which is not amenable to traditional mental health treatment modalities</p> <p>A portion of the sexually violent predators have concurrent mental health diagnoses that require traditional mental health or substance abuse treatment</p>	<p>Mental Health Services for Civilly Committed Sex Offenders who reside in the community and Substance Abuse Services for Civilly Committed Sex Offenders who reside in the community or in an agency operated/contracted facility.</p>	<p>15</p>		✓	✓	✓	✓			✓	

Article III

University of Texas Health Science Center at Houston

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
<p>Article III, University of Texas Health Science Center - Houston Psychiatric Services [UT Health Department of Psychiatry & Behavioral Sciences]</p> <p>This strategy is an Article III appropriation for research. The other services listed in column C are not funded through a state appropriation.</p>	<p>Adults and children with mental health issues treatable in outpatient settings, including UT Physicians Clinics, Harris Health, and integrated-care community-health centers</p>	<p>Faculty recruitment and clinical research into the causes and treatments of mental illness, from the investigation of basic biological mechanisms to the development of new treatment methods.</p>	<p>N/A</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>			<p>✓</p>	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
<p>Article III, University of Texas Health Science Center - Houston UT Health Harris County Psychiatric Center Funding for the services listed comes through a state appropriation to DSHS in Article II</p>	<p>Adults and children assessed with mental health disorders (73% non-resource funding, i.e. state or county funds)</p>	<ul style="list-style-type: none"> • Provide acute inpatient care with screening, stabilization and planning for aftercare services. • Educate professionals in the fields of nursing, medicine, pharmacy, psychology, and social work. • Conduct research into the treatment of mental illness. 	<p>N/A</p>		✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
<p>Article III, University of Texas Health Science Center - Tyler Mental Health Training Programs; Strategy D.1.2</p>	<p>This strategy does not fund direct patient services; it funds new educational programs designed to increase the mental health workforce in rural underserved areas. Strategy D.1.2 provides funding for workforce training programs (i.e.: psychiatry residency, psychology internship, and training for other mental health professionals and providers)</p>	<p>Support mental health workforce training programs in underserved areas including, but not limited to, Rusk State Hospital and Terrell State Hospital.</p>	<p>N/A</p>									<p>✓</p>

Texas Education Agency

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article III, Texas Education Agency	Local Education Agencies	Develop a Trauma-Informed Practices Resource Guide for schools to support behavioral health prevention and intervention; collaborating with agencies in the development of trauma-informed best-practice materials.	N/A	✓								

Article IV

Court of Criminal Appeals

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article IV, Court of Criminal Appeals Judicial and Court Personnel Mental Health Education and Training Program Strategy: B.1.1. Judicial Education	Judges and court personnel in the state from all courts (appellate, district, county, Justice of the Peace, and municipal).	The program(s) will be designed to follow a master strategic plan to assist criminal justice stakeholders in identifying, assessing and providing proper treatment of alleged offenders with mental deficiencies. The program will encompass an appreciation for mental health disorders, treatment options and legislative enactments designed to facilitate proper treatment, deferment or placement of mentally impaired individuals. An across-the-board approach to statewide mental health behavioral problems will allow all stakeholders to understand the roles of all involved as to best address the needs of our citizens.	4,877									✓

Texas Indigent Defense Commission

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article IV, Texas Indigent Defense Commission Improve Indigent Defense Practices and Procedures D.1.1	Adults and juveniles with mental illness or IDD charged with crimes who cannot afford to hire defense counsel	Grant program to assist counties in setting up & operating specialized mental health indigent defense programs to improve outcomes, cut unnecessary jail days, and reduce recidivism. Provide specialized attorneys & social workers to address criminal charges in the context of mental health needs, connect defendants with supports that stabilize them and address the causes of the conduct that led to criminal charges. Social workers or case workers may provide case coordination, jail release planning, service referrals, mitigation investigations and other support and advocacy to help stabilize defendants in the community, improve case outcomes.	N/A other - Texas Infectious Disease Center does not provide direct services			✓						✓

Article V

Texas Commission on Jail Standards

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article V, Texas Commission on Jail Standards Strategy 1.2.2 Management Consultation	All current county jailers as of September 1, 2017	Three new full time equivalents for the agency allocated for the Mental Health Trainer position, assigned to the Management Consultation strategy. The three trainers will provide training to county jailers statewide regarding mental health issues, ranging from initial screening, to observation while in custody, to release from the jail facility.	5,000 county jailers to receive training		✓						✓	

Texas Department of Criminal Justice

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article V, Texas Department of Criminal Justice Diversion Programs / Specialized Mental Health Caseloads; Strategy A.1.2	Offenders on probation	Support specialized community supervision caseloads for offenders with mental health disorders.	7,924	✓	✓	✓	✓	✓	✓	✓	✓	
Article V, Texas Department of Criminal Justice Diversion Programs / Discretionary Grants – Substance Abuse Programs; Strategy A.1.2	Offenders on probation	Provide grants to local adult probation departments for outpatient programs to divert offenders with substance abuse disorders from further court action and/or prison.	20,462	✓	✓	✓	✓	✓	✓	✓	✓	
Article V, Texas Department of Criminal Justice Diversion Programs / Discretionary Grants – Substance Abuse Programs; Strategy A.1.2	Offenders on probation	Provide grants to local adult probation departments to divert offenders with substance abuse disorders from prison through residential beds for substance abuse treatment.	7,372	✓	✓	✓	✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article V, Texas Department of Criminal Justice Diversion Programs / Substance Abuse Felony Punishment Facilities (SAFPF) Aftercare; Strategy A.1.2	Offenders on probation	Provide funding to local adult probation departments for continuum of care management services and aftercare outpatient counseling for felony substance abuse probationers after their release from a Texas Department of Criminal Justice SAFPF.	10,684	✓	✓	✓	✓	✓	✓	✓	✓	
Article V, Texas Department of Criminal Justice Community Corrections; Strategy A.1.3	Offenders on probation	Provide formula funding to Community Supervision and Corrections Departments for substance abuse services to serve primarily as diversions from prison.	19,413	✓	✓	✓	✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article V, Texas Department of Criminal Justice Special Needs Programs and Services / Texas Correctional Office on Offenders with Medical/Mental Impairments (TCOOMMI) – Adult; Strategy B.1.1	Adult incarcerated offenders, paroled offenders, offenders on probation, pre-trial defendants	Provide grants for community-based treatment programs, funding a continuity of care program and responsive system for local referrals from various entities for adult offenders with special needs (serious mental illness, intellectual disabilities, terminal/serious medical conditions, physical disabilities).	43,707	✓	✓	✓	✓	✓	✓	✓	✓	
Article V, Texas Department of Criminal Justice Special Needs Programs and Services / TCOOMMI – Juvenile; Strategy B.1.1	Juvenile detainees, incarcerated juveniles, paroled juveniles, juveniles on probation, discharged youth	Provide grants for community-based treatment programs, funding a continuity of care program and responsive system for local referrals from various entities for juvenile offenders with special needs (serious mental illness, intellectual disabilities, terminal/serious medical conditions, physical disabilities).	1,339	✓	✓	✓	✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article V, Texas Department of Criminal Justice Unit and Psychiatric Care; Strategy C.1.8	Incarcerated offenders	Provide mental health care for incarcerated offenders.	23,277	✓	✓	✓	✓	✓	✓	✓	✓	
Article V, Texas Department of Criminal Justice Managed Health Care – Pharmacy; Strategy C.1.10	Incarcerated offenders	Provide pharmacy services, both preventative and medically necessary care, consistent with standards of good medical practice for mental health cases.	Included in Unit and Psychiatric Care above				✓	✓	✓			

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article V, Texas Department of Criminal Justice Treatment Services / Parole Special Needs; Strategy C.2.3	Paroled offenders	Provide specialized parole supervision and services for offenders with mental illness, intellectual disabilities, developmental disabilities, terminal illness, and physical disabilities. Provide subsidized psychological counseling to sex offenders.	9,445	✓	✓	✓	✓	✓	✓	✓	✓	
Article V, Texas Department of Criminal Justice Treatment Services / Sex Offender Treatment Program; Strategy C.2.3	Incarcerated offenders	Provide sex offender education for lower risk offenders, though a four-month program addressing healthy sexuality, anger management, and other areas. Provide sex offender treatment for higher risk offenders, through a 9-month or 18-month intensive program using a cognitive-behavioral model.	1,560	✓	✓	✓	✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article V, Texas Department of Criminal Justice Reentry Initiatives / Transitional Coordinators; Strategy C.2.3.	Incarcerated offenders	Provide for 10 designated reentry transitional coordinators for special needs offenders.	1,820	✓	✓	✓	✓	✓	✓	✓	✓	
Article V, Texas Department of Criminal Justice SAFPF; Strategy C.2.4	Incarcerated offenders	Provide a six-month substance abuse program for offenders (nine-months for offenders with special needs) who are sentenced by a judge as a condition of community supervision or as a modification to parole or community supervision. Upon completion of the incarcerated phase, offenders must complete a Transitional Treatment Center for residential and outpatient care/counseling.	6,350	✓	✓	✓	✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article V, Texas Department of Criminal Justice In-Prison Substance Abuse Treatment & Coordination; Strategy C.2.5	Incarcerated offenders	Provide a six-month substance abuse program for offenders within six months of parole release. Upon completion of the incarcerated phase, offenders must complete a Transitional Treatment Center for residential and outpatient care/counseling.	3,127	✓	✓	✓	✓	✓	✓	✓	✓	
Article V, Texas Department of Criminal Justice DWI Treatment; Strategy C.2.5	Incarcerated offenders	Provide a six-month program that offers a variety of educational modules that accommodate the diversity of needs presented in the DWI offender population, including treatment activities, and group and individual therapy.	1,900	✓	✓	✓	✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article V, Texas Department of Criminal Justice State Jail Substance Abuse Treatment; Strategy C.2.5	Incarcerated offenders	Provide a substance abuse program for offenders who have been convicted of a broad range of offenses and are within four months of release. The program is designed to meet the needs of the diverse characteristics of Texas Department of Criminal Justice's state jail population.	3,420	✓	✓	✓	✓	✓	✓	✓	✓	
Article V, Texas Department of Criminal Justice Substance Abuse Treatment and Coordination; Strategy C.2.5	Incarcerated offenders	Provide support services for pre-release substance abuse facilities, to include alcoholism and drug counseling, treatment programs, and continuity of care services.	2,855	✓	✓	✓	✓	✓	✓	✓	✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article V, Texas Department of Criminal Justice Intermediate Sanction Facility Treatment; Strategy F.2.3	Paroled offenders	Provide substance abuse and or cognitive treatment slots for Intermediate Sanction Facility beds.	13,395	✓	✓	✓	✓	✓	✓	✓	✓	

Texas Juvenile Justice Department

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article V, Texas Juvenile Justice Department Probation Grants: Special Needs Diversionary Program; Strategy A.1.3	Juvenile offenders under the jurisdiction of a juvenile probation department	Provides grants to probation departments for mental health treatment and specialized supervision to rehabilitate juvenile offenders and prevent them from penetrating further into the criminal justice system.	1,185*	✓	✓	✓	✓	✓			✓	
Article V, Texas Juvenile Justice Department Probation Grants: Commitment Diversion Initiatives; +A87Strategy A.1.5	Juvenile offenders under the jurisdiction of a juvenile probation department	Funding to local juvenile probation departments for community based and/or residential alternatives to commitment to state residential facilities.	3,306*	✓	✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article V, Texas Juvenile Justice Department State Programs: Psychiatric (Mental Health) Services; Strategy B.1.1	Youth at the intake and orientation unit with mental health problems who require psychiatric treatment and psychotropic medication and/or require a comprehensive psychiatric evaluation based on the assignment of a 9-month Minimum Length of Stay or longer	Psychiatric services provided by contracted psychiatric providers for services to youth who are assigned to intake and assessment unit or to youth who later develop a mental health need while in TJJD residential facilities.	704		✓		✓				✓	
Article V, Texas Juvenile Justice Department State Programs: Psychiatric (Mental Health) Services; Strategy B.1.7	Juveniles in residential care who are receiving ongoing psychiatric services as part of their rehabilitation program Youth are assigned to any of the state-operated programs	Psychiatric services provided by contracted psychiatric providers for services to youth who are assigned to intake and assessment unit or to youth who later develop a mental health need while in TJJD residential facilities.	958		✓	✓	✓				✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article V, Texas Juvenile Justice Department State Programs: General Rehabilitation Treatment; Strategy B.1.8	Juveniles in state-operated residential care except orientation and assessment and the designated mental health residential treatment center	Supports all rehabilitation treatment services to target population including case management, correctional counseling, ongoing assessment of risk and protective factors, case planning, review by multi-disciplinary team (MDT), crisis intervention and management, reintegration planning and family involvement.	2,143*		✓	✓	✓	✓			✓	
Article V, Texas Juvenile Justice Department State Programs: Specialized Rehabilitation Treatment; Strategy B.1.8	Juveniles in state-operated residential care except orientation and assessment who require specialized treatment services in addition to general rehabilitation treatment	Four specialized treatment programs: sexual behavior, capital/serious violent offender, alcohol/other drug, and mental health. Services provided by licensed/certified staff include assessment, group and/or individual counseling, MDT collaboration, and re-integration planning. <i>IAC with HHSC to provide alcohol/other drug treatment.</i>	1,770*		✓	✓	✓	✓			✓	

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article V, Texas Juvenile Justice Department State Programs: Parole Programs and Services; Strategy C.1.2	Juveniles who have been released from residential programs to parole status and who require after-care services in addition to general parole services A youth may reside in an approved home or home substitute while receiving aftercare services	Youth who have completed specialized treatment in residential placements required aftercare services in those areas as a condition of their parole in order to improve outcomes.	N/A				✓	✓				

Texas Military Department

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article V, Texas Military Department Mental Health Services; Strategy C.1.3	Texas Military Forces members (Texas Army National Guard, Texas Air National Guard, and Texas State Guard) Active Duty (any branch) Adult Family Members of military and veterans Veteran/Prior Military (any branch) Service Members Surviving family Texas Military Forces Civilian Staff and Contractors	Provide counseling services, crisis intervention, and prevention training to adult Texas military members, dependents, and Texas Military Department employees.	30,000	✓	✓	✓	✓	✓			✓	

Article VII

Department of Housing and Community Affairs

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article VII, Texas Department of Housing and Community Affairs Strategy A.1.4	Low-income persons with disabilities transitioning out of institutions	Assists low-income persons with disabilities in transitioning from institutions into the community by providing Section 8 Housing Choice vouchers. Program administratively supported in part by Money Follows the Person funds and program coordinated with HHSC (previously the Department of Aging and Disability Services).	N/A						✓			
Article VII, Texas Department of Housing and Community Affairs Strategy A.1.4	People with disabilities living in institutions, people with serious mental illness, and youth and young adults with disabilities exiting foster care receiving services through DFPS	Provides project-based rental assistance for extremely low-income persons with disabilities linked with voluntary long-term services through one of the HHSC agencies participating in the program. Program coordinated via an IAC with HHSC.	N/A						✓			

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article VII , Texas Department of Housing and Community Affairs Strategy A.1.4 & Strategy A.1.5	People with disabilities	<p>All of the programs administered by TDHCA, from homeless and weatherization activities, to rental assistance and homeownership, are open to all income-eligible households, inclusive of those with disabilities. Additionally, the Comprehensive Energy Assistance Program (CEAP), Weatherization Assistance Program (WAP), HOME Program, Housing Tax Credit Program, Multifamily Bond Program, Neighborhood Stabilization Program, Housing Trust Fund Program, Section 8 Program, and Section 811 Project Rental Assistance Program all have specific measures to address the needs of people with disabilities. Two examples: priority for energy assistance through CEAP and WAP are given to persons with disabilities as well as other special needs and prioritized groups, and .5% of the annual HOME Program allocation is allocated for providing tenant-based rental assistance, homebuyer assistance and homeowner rehabilitation assistance under the Persons with Disabilities Set-Aside.</p>	N/A						✓			

Article VIII

Board of Dental Examiners

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article VIII, Board of Dental Examiners Peer Assistance Program; Strategy A.1.2	Dentists impaired by chemical dependency or mental illness	Provide treatment to dentists impaired by chemical dependency or mental illness through the peer assistance program.	N/A				✓					✓

Board of Pharmacy

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article VIII, Board of Pharmacy Peer Assistance Program; Strategy B.1.2	Pharmacists or eligible pharmacy students impaired by chemical abuse or mental or physical illness	Provide a peer assistance program for licensed individuals impaired by chemical dependency or mental illness.	N/A									✓

Board of Veterinary Medical Examiners

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article VIII, Board of Veterinary Medical Examiners Peer Assistance Program; Strategy A.2.2	Veterinarians impaired by chemical dependency or mental illness	Provide a peer assistance program for licensed individuals.	N/A									✓

Optometry Board

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article VIII, Optometry Board Peer Assistance Program; Strategy A.1.4	Optometrists impaired by chemical abuse or mental or physical illness	Provide a peer assistance program for licensed individuals.	N/A				✓					✓

Board of Nursing

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article VIII, Board of Nursing Peer Assistance Program; Strategy B.1.2	Registered and licensed vocational nurses, whose practice is impaired or suspected of being impaired by chemical dependency, mental illness, or diminished mental capacity	The purpose of the Peer Assistance Program is to protect the citizens of Texas from unsafe nurses by providing a program for nurses with chemical abuse or dependency and certain mental health diagnoses to receive treatment and monitoring for impairment and return to work as safe, competent nurses.	N/A	✓		✓				✓		

Medical Board

Appropriation Article and Agency Name	Target Population	Goal / Services Description	FY18 Projected Number Served	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehabilitation	Psychosocial Rehabilitation	Housing	Employment	Crisis Intervention	Other
Article VIII, Medical Board Texas Physician Health Program; Strategy B.1.2	Licensees of the Medical Board and associated boards (physicians, physician assistants, acupuncturists, and surgical assistants)	Provides oversight and monitoring services for licensees needing assistance to ensure they can safely practice. Texas Physician Health Program does not directly treat participants for behavioral health issues or any other services.	N/A									✓