

Texas Statewide Behavioral Health Strategic Plan

Progress Report

*Statewide Behavioral Health
Coordinating Council*

January 2017



TEXAS
Health and Human
Services

Table of Contents

1. Executive Summary	1
2. Introduction.....	1
3. Background	1
3.1 Vision, Mission, and Member Agencies	2
3.1.1 Vision.....	2
3.1.2 Mission	2
3.1.3 Member Agencies.....	2
3.2 Goals, Objectives, and Strategies	3
3.3 Strategic Plan Development and Implementation	4
4. Phase One: Immediate, Short-Term, Low- Or No-Cost Opportunities to Address Service Gaps.....	4
Gap 1: Access to Appropriate Behavioral Health Services.....	4
Gap 2: Behavioral Health Needs of Public School Students	5
Gap 3: Coordination Across State Agencies	6
Gap 4: Veteran and Active Service Members Supports.....	8
Gap 5: Continuity of Care for Individuals Exiting County and Local Jails	9
Gap 7: Implementation of Evidence-based Practices.....	10
Gap 11: Prevention and Early Intervention Services	12
Gap 12: Access to Housing	12
Gap 15: Shared and Usable Data.....	13
5. Strategic Plan: Long-term Implementation and Next Steps.....	13
6. Conclusion	13
List of Acronyms	15
Appendix A: Statewide Behavioral Health Coordinating Council Members and Authorized Designees.....	A-1
Appendix B: Statewide Behavioral Health Strategic Plan: Goals, Objectives, and Strategies	B-1

1. Executive Summary

The 2016-17 General Appropriations Act, 84th Legislature, Regular Session, 2015 (Article IX, Section 10.04), created the Statewide Behavioral Health Coordinating Council (Council) to develop a five-year Texas Statewide Behavioral Health Strategic Plan (Strategic Plan) for fiscal years 2017-2021. The Council completed the Strategic Plan in May 2016. Though the Strategic Plan primarily addresses long-term goals, this Strategic Plan Progress Report discusses Council agency collaborations to implement several short-term, and low- or no-cost opportunities. This report provides a summary of these opportunities, satisfying a Strategic Plan requirement for the Council to provide periodic implementation updates. Listed below are examples of opportunities described in this report:

- Council agencies are actively sharing best practices related to populations served by more than one agency or system.
- Various agencies created a workgroup to specifically focus on coordinating behavioral services for students in public schools.
- A cross-agency workgroup focusing on veterans' mental health services developed tools to help veterans' access resources.
- Criminal justice practitioners are partnering with mental health professionals to expand services available to individuals involved in the criminal justice system.

During fiscal years 2017-2021, the Council will implement the long-term goals of the Strategic Plan by developing work plans and strategies to achieve implementation. The final section of this report provides additional details on next steps.

2. Introduction

The Council published a Strategic Plan for fiscal years 2017-2021 in May 2016. The Strategic Plan requires the Council to provide periodic updates on Strategic Plan implementation. Though the Strategic Plan covers fiscal years 2017-2021, the Council and its member agencies worked during fiscal years 2015 and 2016 to implement certain short-term and low- or no-cost opportunities to improve behavioral health services in Texas. This report is not legislatively required, but fulfills a provision in the Strategic Plan requiring updates to include an overview of the Council's short-term progress and initiatives undertaken thus far. Future reports will provide more detailed assessments of Strategic Plan long-term implementation.

3. Background

The 2016-17 General Appropriations Act, 84th Legislature, Regular Session, 2015 (Article IX, Section 10.04), created the Council to develop a five-year statewide behavioral health strategic plan for fiscal years 2017-2021. Eighteen state agencies receiving state funding for behavioral health services are required to participate in the Council. Other state agencies receiving similar funding or providing behavioral health services were eligible to voluntarily participate. In addition to the Strategic Plan, the Council was also required to develop a coordinated statewide behavioral health expenditure proposal for fiscal year 2017.

The Strategic Plan for fiscal years 2017-2021 was completed in May 2016 and detailed planned efforts to:

- Coordinate behavioral health 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
- Identify and collect comparable data on results and effectiveness

The coordinated statewide behavioral health expenditure proposal for fiscal year 2017, which describes the approach identified appropriations at each agency will be spent in accordance with the Strategic Plan's goals, was submitted to the Legislative Budget Board in June 2016. The Legislative Budget Board approved the proposal in August 2016.

3.1 Vision, Mission, and Member Agencies

3.1.1 Vision

The vision of the Council and Strategic Plan is to ensure Texas has a unified approach to the delivery of behavioral health services allowing all Texans to have access to care at the right time and place.

3.1.2 Mission

The mission of the Council and Strategic Plan is to develop a coordinated statewide approach to providing appropriate and cost-effective behavioral health services to Texans.

3.1.3 Member Agencies

The Statewide Behavioral Health Coordinating Council is comprised of 18 required state agencies and five voluntary state agencies. Certain state agencies' behavioral health responsibilities have shifted since the Council was created. Senate Bill (S.B.) 200, 84th Legislature, Regular Session, 2015, required the transfer of the Department of State Health Services (DSHS) Mental Health and Substance Abuse Division and certain Department of Aging and Disability Services (DADS) Intellectual and Developmental Disability (IDD) services to the Health and Human Services Commission (HHSC) on September 1, 2016. DSHS currently administers the state hospital system, but these functions will transfer to HHSC on September 1, 2017.

Required Council state agencies include:

- Office of the Governor
- Texas Veterans Commission (TVC)
- DADS
- Department of Family and Protective Services (DFPS)
- DSHS
- HHSC
- Texas Civil Commitment Office

- University of Texas - Health Science Center at Houston (UTHSC-Houston)
- University of Texas - Health Science Center at Tyler (UTHSC-Tyler)
- Texas Department of Criminal Justice (TDCJ)
- Texas Juvenile Justice Department (TJJJ)
- Texas Military Department (TMD)
- Texas State Board of Dental Examiners
- Board of Pharmacy
- Texas Board of Veterinary Medical Examiners
- Optometry Board
- Texas Board of Nursing
- Texas Medical Board

Voluntary Council state agencies include:

- Texas Education Agency (TEA)
- Texas Tech University Health Sciences Center
- Texas Commission on Jail Standards (TCJS)
- Texas Workforce Commission
- Texas Department of Housing and Community Affairs (TDHCA)

Council members and authorized designees for each agency are listed in Appendix A.

3.2 Goals, Objectives, and Strategies

The Strategic Plan identified gaps and challenges related to coordination, access, and service provision within the behavioral health system in Texas. To address these gaps, the Strategic Plan is supported by a series of goals, objectives, and strategies to guide innovation, collaboration, and opportunities to leverage resources among state agencies. Strategic Plan goals are as follows:

- **Goal 1: Program and Service Coordination** – Promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies.
- **Goal 2: Program and Service Delivery** – Ensure optimal service delivery to maximize resources in order to effectively meet the diverse needs of people and communities.
- **Goal 3: Prevention and Early Intervention Services** – Maximize behavioral health prevention and early intervention services across state agencies.
- **Goal 4: Financial Alignment** – Ensure that the financial alignment of behavioral health funding best meets the needs across Texas.
- **Goal 5: Statewide Data Collaboration** – Compare statewide data across state agencies on results and effectiveness.

Appendix B provides additional details on the Strategic Plan goals, objectives, and strategies.

3.3 Strategic Plan Development and Implementation

Achieving the Strategic Plan vision to develop a unified and coordinated statewide approach to providing appropriate and cost-effective behavioral health services to Texans will occur in two phases:

- Phase One – Immediate, Short-term, and Low- or No-cost Opportunities
- Phase Two – Planning and Implementation of Long-term Goals, Objectives, and Strategies

In each phase, key service gaps will be addressed. To determine service gaps, the Council distributed surveys to community stakeholder groups and requested input on challenges related to coordination, access, and service provision within the Texas behavioral health system.

The Strategic Plan's long-term goals, objectives, and strategies address all 15 service gaps:

- **Gap 1:** Access to Appropriate Behavioral Health Services
- **Gap 2:** Behavioral Health Needs of Public School Students
- **Gap 3:** Coordination across State Agencies
- **Gap 4:** Veteran and Military Service Members Supports
- **Gap 5:** Continuity of Care for Individuals Exiting County and Local Jails
- **Gap 6:** Access to Timely Treatment Services
- **Gap 7:** Implementation of Evidence-based Practices
- **Gap 8:** Use of Peer Services
- **Gap 9:** Behavioral Health Services for Individuals with Intellectual Disabilities
- **Gap 10:** Consumer Transportation and Access to Treatment
- **Gap 11:** Prevention and Early Intervention Services
- **Gap 12:** Access to Housing
- **Gap 13:** Behavioral Health Workforce Shortage
- **Gap 14:** Services for Special Populations
- **Gap 15:** Shared and Usable Data

4. Phase One: Immediate, Short-Term, Low- Or No-Cost Opportunities to Address Service Gaps

Council member agencies identified several immediate, short-term, and low- or no-cost opportunities to begin addressing certain gaps immediately. Several short-term opportunities are listed in the Strategic Plan, but Council agencies also initiated other initiatives shortly following Strategic Plan publication. This section of the report provides status updates on selected short-term opportunities and initiatives resulting from collaboration among several Council agencies.

At the time of this report, nine of the 15 service gaps are addressed, as discussed below. Several are addressed by multiple initiatives.

Gap 1: Access to Appropriate Behavioral Health Services

Council member agencies undertook the initiatives outlined in this section to begin addressing Strategic Plan Gap 1: Access to Appropriate Behavioral Health Services.

Resource Coordination

Several Council agencies shared behavioral health resource links, such as MentalHealthTX.org, on their websites with an emphasis on how individuals may access behavioral health services. Website resource coordination will empower Texans to gain greater knowledge of and earlier access to behavioral health services. By coordinating this information, Council agencies provide consistent messaging regarding available behavioral health services.

Continuum of Care

The University of Texas Health Harris County Psychiatric Center (HCPC), represented on the Council by UTHSC-Houston, is working with HHSC home and community-based services staff and local stakeholders to identify immediate and low-cost strategies to minimize rapid readmissions and reduce the number of individuals with complex needs and high costs of care at HCPC. These strategies can be employed independently of, but support, HCPC's plan to close the gap in the continuum of care by providing patients with severe and persistent mental illness access to progressively less intensive and restrictive forms of care. These initiatives should lead to better patient outcomes, reduced demand on law enforcement, and shorten wait times for services.

Gap 2: Behavioral Health Needs of Public School Students

Council member agencies undertook the initiatives outlined in this section to begin addressing Strategic Plan Gap 2: Behavioral Health Needs of Public School Students.

In collaboration with HHSC, TEA convenes the United Services for All Children (USAC) interagency workgroup focused on coordinating behavioral health services to support students, families, and schools. Representatives from the former Department of Assistive and Rehabilitative Services, DSHS, DADS, DFPS, and TJJD participated. This initiative also addresses Gap 3: Coordination Across State Agencies.

In November 2016, USAC held the Advancing Behavioral Health Collaborations Summit (Summit) for invited regional leaders working in statewide education and behavioral health systems including:

- Regional education service centers
- Local mental health authorities (LMHAs)
- IDD hubs
- Juvenile probation departments
- School districts
- Service providers
- Statewide subject matter experts

During the Summit:

- A panel of parents and a student discussed experiences accessing services in communities and schools.

- Professional development training related to effects of trauma on learning and trauma-informed practices for working with students with behavioral health needs was provided.
- A panel of USAC members discussed key initiatives and resources, including Mental Health First Aid (MHFA), available to schools in each region.

The Summit introduced and demonstrated the effectiveness of collaborations between school districts and mental health professionals, including models of school-linked behavioral health services. Participants engaged in dialogue with their cross-system colleagues, discussed needs and services, and began developing action plans to work together regionally after the summit to advance behavioral health collaborations supporting students and schools.

Gap 3: Coordination Across State Agencies

Council member agencies undertook the initiatives outlined in this section to begin addressing Strategic Plan Gap 3: Coordination Across State Agencies

Foster Care and Criminal Justice

DFPS and TDCJ are coordinating to develop a data-sharing process. House Bill 2719, 83rd Legislature, Regular Session, 2013, requires TDCJ to report on the number of inmates who have been in DFPS conservatorship at any time. Cross-referencing the TDCJ population with DFPS records should better address the complex challenges youth in foster care face which can lead to criminal justice system involvement.

Mental Health First Aid Trainings

HHSC will coordinate opportunities for state agencies to access MHFA training, which teaches skills to front-line staff who may encounter individuals with behavioral health conditions. HHSC also plans to begin advertising MHFA trainings on the Centralized Training Infrastructure of Evidence Based Practices (CTI-EBP) online calendar to help prospective trainees find and register for MHFA trainings. Using a centralized platform will encourage participation and provide a uniform process for registration and training. The Council will use MHFA as a pilot to establish a process so other partnering agencies may list behavioral health trainings on the CTI-EBP website.

Mental Health Wellness and Intellectual and Development Disabilities Training Collaborative

DADS and the DSHS Mental Health and Substance Abuse Division partnered to develop a six-part e-learning training series to educate direct service workers and others about the behavioral health needs of people with an IDD and a co-occurring behavioral health condition. This training looks at challenging behavior in a new way and emphasizes the importance of supporting mental wellness in individuals with an IDD diagnosis.

The training is free of charge to practitioners working for an LMHA or an agency credentialed through the Home and Community Based Services – Adult Mental Health Program. Certificates of completion and continuing education are available upon successful completion of the course.

The full course curriculum contains several modules that focus on subjects such as co-occurring disorders (IDD and Mental Illness) and trauma-informed care.

Cross-systems and joint trainings of this kind are expected to maximize workforce training, ensure development of a competent workforce, impact workforce retention and appropriate service delivery, and address Strategic Plan Strategy 2.4.2: Support and increase the competency of the workforce through joint training efforts, and continuing education in identified best, promising, and evidence-based practices.

Behavioral Health Institute

The Behavioral Health Services Section of HHSC hosts an annual Behavioral Health Institute (BHI) focusing on plenaries and training sessions for providers and persons interested in mental health and substance use services. Attendees participate in trainings and can receive continuing education units to maintain certification and/or licensure in their respective fields. As many as 1,500 mental health and substance use agency representatives from across the state of Texas have attended a BHI.

HHSC's Office of Mental Health Coordination (OMHC) has been collaboratively working with BHI organizers to include other state agency partners in the planning phase of this annual conference. As part of these efforts, DADS provided input on trainings for individuals with IDD and a national expert was secured as a presenter. Discussions have already begun to include other state agency partners to enhance training opportunities for programs serving justice-involved persons, veterans, and the aging population and streamline training efforts where appropriate to reduce duplication of effort and maximize existing resources.

This initiative addresses Gap 3 of the Behavioral Health Strategic Plan, as well as Strategies 2.4.2 Support and increase the competency of the workforce through joint training efforts, and continuing education in identified best, promising, and evidence-based practices and Strategy 1.2.2 Implement improved program and service coordination and integrated program and service strategies to reduce duplication of effort and maximize resources. By including additional partners in the planning of the BHI, agencies will be able to streamline training efforts, whenever possible and appropriate, in an effort to reduce potential duplication of effort and to maximize existing resources.

Medicaid for Halfway House Youth

TJJD partnered with HHSC's OMHC and the Office of Social Services, Policy, Strategy, Analysis, and Development to extend Medicaid benefits to TJJD youth in TJJD halfway houses. Historically, youth in halfway houses were not eligible to receive Medicaid benefits as the youth were still considered to be in custody. To access behavioral health and medical services, TJJD youth were transported to the nearest TJJD youth facility which, in many cases, was hours away from where the youth reside. However, the Centers for Medicare and Medicaid Services recently issued guidance extending Medicaid eligibility to individuals transitioning out of incarceration into the community. This collaboration will allow more effective, efficient care

to TJJD youth in halfway houses because the youth will be able to access care in the communities where they reside.

Behavioral Health Funding

In November 2016, the Council completed a Consolidated Behavioral Health Schedule and Exceptional Item Review to provide legislators, staff, and stakeholders a "one-stop" resource for behavioral health funding information included in Council agency Legislative Appropriations Requests (LARs). This report was developed in response to two legislative requirements:

- The Legislative Budget Board and Office of the Governor's LAR instructions required HHSC to create a consolidated behavioral health schedule.
- The Senate Finance Committee requested the Council review all behavioral health-related exceptional item requests to ensure coordination and avoid duplication.

Additional Initiatives

- DFPS has increased cross-training for other agencies on the use of the Texas Youth Hotline. DFPS partnered with TJJD and is expected to work with HHSC and TEA. Sharing information on available resources, such as the Youth Hotline, ensures other agencies are aware of and accessing services available to the populations they serve.
- The Statewide Behavioral Health Coordinating Council has compiled and distributed an inventory of all relevant behavioral health hotlines maintained by Council agencies as an available resource.
- In August 2016, the Behavioral Health Advisory Committee (BHAC) approved the Strategic Plan as a resource for fiscal year 2017 BHAC strategic planning and as a source for recommendations to the HHSC Executive Commissioner.
- TJJD facilitated a meeting between HHSC and the State Agency Coordinating Council (SACC) - Training and Development Subcommittee, a group of training directors from different agencies who meet to discuss training efforts within their agencies. The SACC was invited to present at future Council meetings. The SACC invited the Council to present Strategic Plan implementation updates to their members.
- TJJD collaborated with several Council agencies to develop a wraparound services approach for a youth committed to TJJD with unique needs involving multiple agencies. This process helped the youth and the family more effectively navigate a complex system of various services.

Gap 4: Veteran and Active Service Members Supports

Council member agencies undertook the initiatives outlined in this section to begin addressing Strategic Plan Gap 4: Veteran and Active Service Members Supports.

A cross-agency workgroup consisting of representatives from HHSC, TMD, TVC, and DFPS collaborated with the Veterans Health Administration (VHA) to create the Texan Veterans Fact Sheet to help contracted providers work effectively with veterans. Using an integrated approach, the fact sheet provides tips to guide assessments and offers resources for Texas Veterans.

Directing eligible veterans to VHA services will provide veterans access to appropriate military-informed care and may help increase service capacity for HHSC-contracted providers. Military-informed care as a concept and a practice is important because it helps non-veteran service providers understand military experiences (from enlistment to discharge); the issues service members, veterans, and their families face upon discharge from service; and some techniques which may best assist veterans and enhance adherence to treatment.

Additional initiatives and activities include:

- TMD and TVC will continue to identify opportunities to share training resources, such as Peer-to-Peer Counselor training to improve employees' understanding of military peers and resources available to support them. TVC provided its Military Cultural Competency and Ask About Suicide training to TMD employees on two occasions, training over 300 employees.
- Collaborating with OMHC, HHSC's Adult Mental Health, Child and Youth Mental Health, and Substance Use Disorder Unit entered into a memorandum of agreement with the VHA to clarify roles, responsibilities, and points of collaboration among HHSC mental health and substance use disorder contractors and the VHA to ensure Texas veterans and their families have access to the right service at the right time.
- At the request of TMD, HHSC's OMHC is helping TMD interview to find the best qualified candidate for its Counseling Team Lead, who will lead a team providing counseling services to Texas National Guard and Reserve members.

Gap 5: Continuity of Care for Individuals Exiting County and Local Jails

Council member agencies undertook the initiatives outlined in this section to begin addressing Strategic Plan Gap 5: Continuity of Care for Individuals Exiting County and Local Jails.

TDCJ expanded jail diversion projects, which help justice-involved adults from county and local jails access appropriate mental health services and intervention programs. These programs involve partnerships with LMHAs, district attorneys, public defender offices, courts, and local Community Supervision and Corrections Departments. These partnerships increase awareness of available behavioral health service options for appropriate justice-involved individuals and should decrease the likelihood of these individuals reentering the criminal justice system.

TDCJ worked with the Texas Corrections Association (TCA) to prepare for their mid-winter conference highlighting substance abuse and mental health issues in the criminal justice system. The conference provided training hours for probation officers, parole officers, mental health providers, and substance abuse providers. In addition, TCA collaborated with HHSC IDD Services and TJJD on the conference and invited the Council agencies to attend. As a result, TCA developed their agenda and panel discussions by aligning their efforts with the Strategic Plan.

Additional initiatives and activities include:

- TDCJ recently focused on recruitment and retention issues within their agency and highlighted the Strategic Plan's goals, objectives, and strategies to recruit and retain contracted mental health and substance abuse treatment providers.
- TCJS was invited to and agreed to join the Council.

Gap 7: Implementation of Evidence-based Practices

Council member agencies undertook the initiatives outlined in this section to begin addressing Strategic Plan Gap 7: Implementation of Evidence-based Practices.

Council agencies worked to increase training in and use of evidence-based practices to address barriers identified by regional and statewide stakeholders and improve service capacity, effectiveness, and outcomes.

Delivery System Reform Incentive Payment Projects

There are approximately 1,450 active Delivery System Reform Incentive Payment (DSRIP) projects as part of the Texas Medicaid 1115 Transformation Waiver; at least 25 percent of projects are focused on behavioral health care. Approximately one-half of the behavioral health projects utilize one or more evidence-based or promising practice, including but not limited to:

- Assertive Community Treatment
- Cognitive Behavioral Therapy
- Collaborative Care
- Illness Management and Recovery
- Motivational Interviewing
- Recovery Supports
- Screening, Brief Intervention, and Referral to Treatment
- Seeking Safety
- Supported Employment
- Wellness Recovery Action Planning
- Whole Health and Resilience

HHSC collaborates with other state agencies and behavioral health providers in the community to share best, promising, and evidence-based practices as well as successes, barriers, gaps in services, and lessons learned. Information related to DSRIP projects will be available on the HHSC website in fiscal year 2017.

Outcomes of DSRIP successes include:

- Increases in capacity to serve behavioral health needs across Texas.
- Established IDD/behavioral health project collaborative relationships among Community Centers and other stakeholders.
- Innovative program implementation and program successes shared with community providers to further enhance the overall behavioral health/IDD system of care.

Training in Evidence-based and Best Practices

DSHS will offer its CTI-EBP training platform across the health and human services system to support delivery of behavioral health services to Texas children, adolescents, and adults. The training platform promotes use of 25 evidence-based and promising practices to support resiliency, recovery, and positive outcomes for individuals receiving behavioral health services.

HHSC developed Mental Health Wellness IDD training modules available through the CTI-EBP for HHSC-funded contractors and other state agency providers. As of September 2016, 18,869 individuals completed online or face-to-face training modules within the infrastructure, and 1,688 individuals participated in web-based technical assistance. While some trainings are offered at no cost, other trainings are offered for a nominal fee. Continuing education units (CEUs) are offered for most trainings for appropriately licensed participants. As of December 2016, the CTI-EBP is more broadly available to non-HHSC contracted providers. The development of an e-commerce platform allows providers to access training opportunities offering CEUs for a specified fee.

HHSC continues to work with internal and external stakeholders to identify training needs with a focus on assisting in developing a competent workforce through appropriate training opportunities. As needs are identified, additional trainings may be developed and hosted in person or online.

In addition to existing efforts to provide information to judges and attorneys, HHSC and TDCJ are collaborating to identify shared opportunities to train judges, attorneys, and others affiliated with the criminal justice and mental health systems. HHSC and TDCJ are developing guidance related to pathways into services for those who come into contact with law enforcement (e.g., services available through the public mental health system versus the criminal justice system). This guidance emphasizes access to the right services at the right time and diversions from the criminal justice system when appropriate. As this collaboration unfolds, HHSC and TDCJ will be better able to provide education to judges, attorneys, and others on when and how to engage the mental health system.

HHSC developed a six-part e-learning training series to educate direct service workers and others about behavioral health needs of people who have an IDD and a co-occurring behavioral health condition. This training presents challenging issues in a new way and emphasizes the importance of supporting mental wellness in individuals with an IDD. This initiative also addresses Gap 9, Behavioral Health Services for Individuals with Intellectual Disabilities.

Adoption of Evidence-based Practices

The Governor established the Specialty Court Advisory Council (SCAC) within the Governor's Criminal Justice Division (CJD) to evaluate grant applications and make funding recommendations for specialty courts in Texas. All specialty courts receiving state or federal funds must comply with the programmatic best practices the SCAC recommends and the Texas Judicial Council approves. After review of the Adult Drug Court Best Practice Standards developed by the National Association of Drug Court Professionals (NADCP), the SCAC

determines these standards to be the most recognized and expertly researched practices available to be replicated and adapted by local judicial jurisdictions in Texas.

The Governor's CJD agrees and supports the SCAC's unanimous decision to recognize NADCP's Adult Drug Court Best Practice Standards as the programmatic best practice standards. CJD requested concurrence and approval of the Texas Judicial Council on February 26, 2016. The Texas Judicial Council unanimously approved adoption of the Adult Drug Court Best Practice Standards as the best practice for adult drug court programs in Texas in June 2016.

Gap 11: Prevention and Early Intervention Services

Council member agencies undertook the initiatives outlined in this section to begin addressing Strategic Plan Gap 11: Prevention and Early Intervention Services.

HHSC's Behavioral Health Services Section was awarded the Strategic Prevention Framework for Prescription Drugs (SPF-Rx) grant in September 2016. SPF-Rx is a five-year discretionary grant of \$371,616 per year from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of the SPF-Rx grant is to raise awareness about the dangers of sharing prescription medications and collaborate with pharmaceutical and medical communities on the risks of overprescribing to young adults.

The SPF-Rx grant will also provide prescription drug abuse prevention activities and education to schools, communities, parents and guardians, prescribers, and patients. SPF-Rx grant funds must be used primarily to:

- Support infrastructure development
- Enhance current prescription drug misuse prevention using statewide epidemiological and Prescription Drug Monitoring Program (PDMP) data to identify:
 - Areas where prescription drug misuse is most prevalent
 - Gaps in PDMP data

Additional requirements of the grant include disseminating the Center for Disease Control Guideline for Prescribing Opioids for Chronic Pain and using the Strategic Prevention Framework model to develop a statewide needs assessment, strategic plan, and implementation plan. Interagency coordination among state agencies will be pivotal in accomplishing these goals. SAMHSA will track reductions in opioid overdoses and incorporate PDMP data into needs assessments and strategic plans as indicators of the program's success.

Additionally, HHSC expanded collaboration with DFPS's Texas Youth Hotline, other mental health and substance use outreach hotlines, and 2-1-1 to ensure hotlines are defined in their roles and responsibilities and best practices are shared.

Gap 12: Access to Housing

Council member agencies undertook the initiatives outlined in this section to begin addressing Strategic Plan Gap 12: Access to Housing.

TDHCA recently joined the Council and will inform the Council about available housing resources and collaborate with partner agencies to address the housing needs of Texans with behavioral health conditions.

Gap 15: Shared and Usable Data

Council member agencies undertook the initiatives outlined in this section to begin addressing Strategic Plan Gap 15: Shared and Usable Data.

The Council invited the Statewide Data Coordinator from the Department of Information Resources (DIR) to provide a presentation during a Council meeting to educate members on DIR and HHSC data information sharing efforts. Council agencies were also invited to join the Texas Enterprise Information Management workgroup. These initial steps will assist in future data-related collaboration among Council agencies.

5. Strategic Plan: Long-term Implementation and Next Steps

As mentioned earlier in the report, Strategic Plan implementation will occur in two phases:

- Phase One – Immediate, Short-term, and Low- or No-cost Opportunities
- Phase Two – Planning and Implementation of Long-term Goals, Objectives, and Strategies

The Council implemented several immediate, short-term, and low- or no-cost opportunities described in this report, bringing an end to Phase One of the Strategic Plan's implementation. The Council is transitioning into Phase Two. Council agencies plan to build upon the initiatives achieved during Phase One and develop plans to achieve longer-term initiatives necessary to implement all Strategic Plan goals, objectives, and strategies. The Council agreed to avoid duplicative efforts during Phase Two and use existing workgroups and infrastructure to guide implementation.

For example, HHSC hosts an interagency behavioral health data workgroup. This workgroup previously involved only HHS agencies, but all Council agencies were invited to participate. Instead of creating a separate Council workgroup related to data, this existing workgroup will likely take the lead role in developing plans to implement Strategic Plan Goal 5 (Statewide Data Collaboration). The activities in Phase Two will intensify following the conclusion of the 85th Legislature, Regular Session, 2017. To ensure Council agencies continue to coordinate during session, the Council established a session-specific communication plan to reinforce the Strategic Plan's goals and work through HHSC staff to inform each other of significant behavioral health developments and opportunities for collaboration.

6. Conclusion

During development of the Strategic Plan and shortly following its publication, Council agencies collaborated on several short-term and low or no-cost opportunities to improve identified behavioral health services in Texas.

At the time of this report, nine of the 15 service gaps the Council identified when developing the Strategic Plan for fiscal years 2017-2021 have been addressed.

Collaboration to address these gaps during Phase One implementation fostered a culture of coordination among Council agencies beneficial for long-term implementation of Phase Two of the Strategic Plan.

List of Acronyms

Acronym	Full Name
BHAC	Behavioral Health Advisory Committee
BHI	Behavioral Health Institute
CEU	Continuing Education Units
CJD	Criminal Justice Division (Office of the Governor)
CTI-EBP	Centralized Training Infrastructure of Evidence-Based Practices
DADS	Department of Aging and Disability Services
DFPS	Department of Family Protective Services
DIR	Department of Information Resources
DSHS	Department of State Health Services
DSRIP	Delivery System Reform Incentive Payment
HCPC	University of Texas Health Harris County Psychiatric Center
HHSC	Health and Human Services Commission
IDD	Intellectual and Developmental Disabilities
IT	Information Technology
LMHA	Local Mental Health Authority
MHFA	Mental Health First Aid
NADCP	National Association of Drug Court Professionals
OMHC	Office of Mental Health Coordination
OOG	Office of the Governor
PDMP	Prescription Drug Monitoring Program
SACC	State Agency Coordinating Council
SAMHSA	Substance Abuse and Mental Health Services Administration
SCAC	Specialty Court Advisory Council
SPF-Rx	Strategic Prevention Framework for Prescription Drugs
TCA	Texas Corrections Association
TCCO	Texas Civil Commitment Office

Acronym	Full Name
TCJS	Texas Commission on Jail Standards
TDCJ	Texas Department of Criminal Justice
TDHCA	Texas Department of Housing and Community Affairs
TEA	Texas Education Agency
TJJJ	Texas Juvenile Justice Department
TMD	Military Department
TVC	Veteran's Commission
USAC	United Services for All Children
UTHSC	University of Texas Health Science Center
VHA	Veterans Health Administration

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

Health and Human Services Commission

Sonja Gaines, Chair, Associate Commissioner, IDD and Behavioral Health Services

Designees: Edward Sinclair and Robert Dole

Office of the Governor

Andrew Friedrichs, Program Coordinator, Justice Programs

Texas Veterans Commission

Tim Keesling, Interim Director, Veterans Mental Health Program

Department of Family and Protective Services

Dianna Velasquez, Director Special Projects

Designee: Michele Carter

HHSC - Behavioral Health Services

Lauren Lacefield Lewis, Deputy Associate Commissioner

Designee: Trina Ita, Carissa Dougherty

HHSC Intellectual and Developmental Disability Services

Haley Turner, Deputy Associate Commissioner, Intellectual and Developmental Disability Services

Designee: Judy Southall

Health and Human Services Commission - Medicaid

Tamela Griffin, Director, Office of Policy, Medicaid/CHIP Division

Designees: Michelle Erwin

Texas Civil Commitment Office

Cathy Drake, Deputy Director

Designee: Janet Latham

University of Texas - Health Science Center at Houston

Steve Glazier, Chief Operating Officer

Designee: Jennifer Deegan

University of Texas -Health Science Center at Tyler

Daniel Deslate, Vice President, Planning & Public Policy

Designee: 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

Designees: Rebecca Walters, Kim Bullard, Todd Novak

Additional Designees: Amy Miller, Lori Robinson, James Williams, Nancy Slott, Madeleine Byrne

Texas Military Department

Shandra Sponsler, Deputy Branch Manager, Family Support Services

Designee: Lieutenant Colonel Scott Kingsley

Health Professions Council (State Board of Dental Examiners, Board of Pharmacy, Board of Veterinary Medical Examiners, Optometry Board, Board of Nursing, Medical Board)

Designee: John Monk, Administrative Officer/CFO

Texas Education Agency

Designee: Julie Wayman, Director of Dropout Prevention and At-Risk Programs

Texas Tech University System

Designee: Jennifer Chambers, Assistant Vice Chancellor for Governmental Relations

Texas Commission on Jail Standards

Designee: Brandon Wood, Executive Director

Texas Workforce Commission

Designee: Davin Davis, Program Specialist for Behavioral Health, Substance Use & Veteran Affairs

Texas Department of Housing and Community Affairs

Designee: Michael Lyttle, Chief of External Affairs

Appendix B: Statewide Behavioral Health Strategic Plan: Goals, Objectives, and Strategies

Goal 1: Program and Service Coordination

Promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies.

1.1 Increase statewide service coordination for special populations by fiscal year 2018.

Strategies	Gaps Addressed
1.1.1 Address the service needs of high risk individuals and families by promoting community collaborative approaches, e.g. Jail Diversion Program and Community Resource Coordination Groups.	1, 3, 5, 11, 14
1.1.2 Increase diversion of people with behavioral health needs from the criminal and juvenile justice systems through the coordinated use of risk and mental health assessments.	1, 3, 6, 7, 11, 14
1.1.3 Ensure service eligibility and integration into the community for those transitioning from governmental custody, foster care, and hospital settings.	1, 3, 5, 6, 14

1.2 Reduce duplication of effort and maximize resources through program and service coordination among state agencies by fiscal year 2018.

Strategies	Gaps Addressed
1.2.1 Identify and address duplication of effort across state agencies.	3, 7, 14
1.2.2 Implement improved program and service coordination and integrated program and service strategies to reduce duplication of effort and maximize resources.	1, 3, 6

Goal 2: Program and Service Delivery

Ensure optimal program and service delivery to maximize resources in order to effectively meet the diverse needs of people and communities.

2.1 Expand the use of best, promising, and evidence-based behavioral health practices across service agencies by fiscal year 2019.

Strategies		Gaps Addressed
2.1.1	Identify and coordinate best, promising, and evidenced-based behavioral health practices.	1, 2, 7
2.1.2	Evaluate implementation of best, promising, and evidence-based practices process and outcomes.	1, 2, 7

2.2 Develop clinical research and innovation in behavioral health by fiscal year 2021.

Strategies		Gaps Addressed
2.2.1	Promote research aimed at the development and implementation of new and innovative evidence-based behavioral health practices.	1, 7, 8, 9, 11, 14, 15
2.2.2	Promote research on current treatment methodologies to identify new or updated evidence-based practices, and improve benchmarking.	1, 7, 8, 9, 11, 14, 15

2.3 Ensure prompt access to coordinated, quality behavioral health services by fiscal year 2021.

Strategies		Gaps Addressed
2.3.1	Identify strategies to improve and strengthen access to behavioral health programs and services to engage and serve individuals in remote areas, such as transportation needs.	1, 3, 6, 10
2.3.2	Implement strategies to improve service access and continuity of care, including outpatient and inpatient, substance use treatment, and crisis services.	1, 3, 5, 6, 10
2.3.3	Evaluate the effectiveness of identified access improvement strategies.	1, 3, 5, 6, 10

2.4 Strengthen the behavioral health workforce by fiscal year 2021.

Strategies	Gaps Addressed
2.4.1 Expand opportunities to address behavioral health workforce shortages in rural and urban areas through such activities as residency programs, student loan forgiveness, paid internships, and collaborations with universities.	1, 6, 13
2.4.2 Support and increase the competency of the workforce through joint training efforts, and continuing education in identified best, promising, and evidence-based practices.	1, 6, 7, 13
2.4.3 Enhance the recruitment and retention of a diverse workforce.	1, 13

2.5 Address current behavioral health service gaps and needs across program and service agencies by fiscal year 2021.

Strategies	Gaps Addressed
2.5.1 Identify service delivery gaps for diverse populations in the state.	1, 3, 4, 9, 14
2.5.2 Develop and implement programs and services to address identified gaps to include integrated approaches for special populations	1, 3, 4, 9, 14
2.5.3 Develop a coordinated approach to address the housing and employment needs of individuals with behavioral health issues.	1, 12
2.5.4 Develop a comprehensive behavioral health approach to meet the complex needs of the highest users of high cost alternatives.	1, 3, 8, 14

2.6 Address the most urgent challenges and needs related to both state-funded and state-operated inpatient psychiatric facilities across Texas by 2021.

Strategies	Gaps Addressed
<p>2.6.1 Identify opportunities for ongoing input, interagency collaboration and support for the implementation of the 10 year plan related to state psychiatric hospitals per legislation and recommendations from the 83rd and 84th Legislature.</p>	<p>3, 6</p>
<p>2.6.2 Address gaps related to the maintenance of the state-operated facility infrastructure to ensure quality of care and efficient operation.</p>	<p>6</p>
<p>2.6.3 Address gaps related to access to state funded inpatient psychiatric facilities.</p>	<p>1, 6</p>

Goal 3: Prevention and Early Intervention Services

Maximize behavioral health prevention and early intervention services across state agencies.

3.1 Expand the use of best, promising, and evidence-based practices for prevention and early intervention by fiscal year 2019.

Strategies	Gaps Addressed
<p>3.1.1 Identify and evaluate current strategies used across state agencies, and additional state and national best, promising, and evidence-based practices.</p>	<p>1, 2, 7, 11</p>
<p>3.1.2 Develop recommendations for maintenance of currently identified best, promising, and evidence-based practices; and coordinate resources to implement new prevention and early intervention strategies.</p>	<p>1, 2, 7, 11</p>
<p>3.1.3 Develop a communication and outreach strategy for consumers and providers to increase awareness of and access to behavioral health services in Texas.</p>	<p>1, 6</p>

3.2 Address behavioral health prevention and early intervention service gaps across service agencies by 2021.

Strategies	Gaps Addressed
3.2.1 Identify prevention and early intervention service gaps for diverse and special populations in the state.	1, 2, 4, 6, 9, 11, 14
3.2.2 Implement programs and services to reduce identified service gaps affecting diverse and special populations.	1, 2, 4, 6, 9, 11, 14

Goal 4: Financial Alignment

Ensure that the financial alignment of behavioral health funding best meets the needs across Texas.

4.1 Provide recommendations biennially to maximize the use of state or federal funding.

Strategies	Gaps Addressed
4.1.1 Identify statewide behavioral health trends and priorities.	All
4.1.2 Determine appropriate funding to effectively support and sustain behavioral health systems, services, and initiatives.	All
4.1.3 Examine strategies to obtain and leverage necessary funding to address and support initiatives, e.g. LAR review and collaborative grant opportunities.	All

4.2 Reduce utilization of high cost alternatives, such as institutional care, criminal and juvenile justice incarceration, inpatient stays, emergency room visits, and foster care by fiscal year 2019.

Strategies	Gaps Addressed
4.2.1 Explore and promote alternative payment structures that reward or incentivize the provision of services that avert more costly care.	1, 2, 4, 5, 6, 7, 8, 9, 11, 14
4.2.2 Improve access to lower and flexible intensity service alternatives, e.g. crisis stabilization, crisis respite, intensive community treatment, and assisted living.	1, 6, 9, 14

Goal 5: Statewide Data Collaboration

Compare statewide data across state agencies on results and effectiveness.

5.1 Develop an interim means of cross-agency comparison of performance data by fiscal year 2019.

Strategies	Gaps Addressed
5.1.1 Identify existing common or similar metrics to evaluate the effectiveness of programs and services across targeted agencies.	3, 15
5.1.2 Leverage existing information technology (IT) systems to match current common or similar performance measures across targeted agencies.	3, 15
5.1.3 Analyze and compare the interim measures on effectiveness across targeted agencies.	3, 15

5.2 Establish a system to allow near real-time limited data exchange of identified client data in targeted agencies by fiscal year 2020.

Strategies	Gaps Addressed
5.2.1 Establish a common set of data metrics that each targeted agency will collect and share.	3, 15
5.2.2 Identify barriers including confidentiality, data points, and existing IT systems regarding near real-time data exchange across targeted agencies.	3, 15
5.2.3 Work collaboratively with IT and programs staff to determine a technically feasible and cost-effective means to share data on a near real-time basis.	3, 15
5.2.4 Determine any resources needed to implement identified means of near real-time data sharing.	3, 15