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Executive Summary

The Texas Statewide Behavioral Health Strategic Plan Progress Report is submitted in compliance with the 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. The plan is a framework to address gaps and challenges in the Texas behavioral healthcare system identified in Figure 1 below.

Figure 1. Gaps Identified in Behavioral Health Services in Texas

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The SBHCC’s vision is to ensure that Texas has a unified approach to the delivery of behavioral health services that allows all Texans to have access to the appropriate care at the right time and place. To support this vision, the SBHCC established five strategic plan goals, shown in Figure 2, above. In fiscal year 2018, the SBHCC supported the strategic plan by:

- Reducing redundancy in behavioral health service delivery;
- Enhancing collaboration among state agencies;
- Improving resource sharing;
● Discussing and planning for the integration of community collaborative matching grant programs to ensure goals of the strategic plan are addressed at state and local levels;² and

● Identifying and supporting the following initiatives to help meet strategic plan objectives due for completion during fiscal year 2019:
  ‣ Goal 2.1 - Expand the use of best, promising, and evidence-based behavioral health practices across service agencies by fiscal year 2019;
  ‣ Goal 3.1 - Expand the use of best, promising, and evidence-based practices for prevention and early intervention by fiscal year 2019;
  ‣ Goal 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; and
  ‣ Goal 5.1 - Develop an interim means of cross-agency comparison of performance data by fiscal year 2019.

² Per Section 10.04(c), the Health and Human Services Commission is required to have 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 each fiscal year of the 2018-19 biennium, 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.
2. Background

The 2016-17 General Appropriations Act, 84th Legislature, Regular Session, 2015, (Article IX, Section 10.04) created the SBHCC and required 18 state agencies receiving state funding for behavioral health services to participate. An additional two agencies voluntarily participated. Section 10.04 of the 2018-19 General Appropriations Act 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. The SBHCC is currently comprised of 21 required member agencies receiving state funding for behavioral health services and 2 voluntary agencies.

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

The steps to build a unified approach to Texas behavioral health began in 2013 with a recognition of the silos in the current system. Figure 3 below, identifies the steps taken to improve coordination over the past five years.

3 See Appendix A for a full list of required members.
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 LBB approved the expenditure proposal for fiscal year 2019 in September 2018, which describes how identified appropriations at each member agency will be spent in accordance with the strategic plan’s goals. Figure 4 below, outlines fiscal year 2019 planned coordinated expenditures.
The SBHCC agencies also annually update an inventory of programs and services to better coordinate efforts and implement strategic plan objectives.\textsuperscript{4}

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

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

\textsuperscript{4} See Appendix B for a full list of SBHCC behavioral health programs and services.
3. State Plan Implementation Activities

Coordinate Behavioral Health Programs and Services to Eliminate Redundancy

Unified Services for All Children Workgroup

The Unified 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 worked to coordinate behavioral health services to support students, families, and schools, and expand awareness and opportunities for education and training at the state, local, and individual levels during 2018 by:

- Expanding workgroup membership from two agencies, HHSC and TEA, to seven (see Figure 5);
- Hosting the third annual Advancing Behavioral Health Collaborative (ABC) for Achieving Student Success Summit5 in November 2018;
- Updating the Behavioral Health Resources for School Aged Children document, which is a compilation of resources and other information from collaborators; and
- Serving as an advisory body for grantees awarded through the Project Advancing Wellness and Resilience Education (AWARE) grant.

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

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5 The ABC summit is a professional development gathering of school-connected behavioral health champions (including both mental health and substance abuse services) from multiple child and youth-serving systems.
The federal Substance Abuse and Mental Health Services Administration (SAMHSA) recently awarded TEA nearly $1.8 million annually over the next 5 years to implement the Project AWARE grant. TEA will pilot evidence-based practices in 5 school districts, 15 campuses, and 4 regional education service centers in the Hurricane Harvey-affected area. The project will implement an integrated framework for addressing mental health challenges and school culture within a multi-tiered system of support known as Positive Behavior Supports and Interventions. Project AWARE will provide licensed mental health specialists to respond immediately to mental health needs in schools, as well as support related trauma-informed training and practices for schools.

HHSC is partnering with TEA to facilitate community mental health partnerships and systems of care for students and their families seeking treatment resources. The project will be evaluated by The University of Texas at Austin’s Institute for Excellence in Mental Health.
**Texas System of Care**

In accordance with S.B. 1021, 85th Legislature, Regular Session, 2017, HHSC executed a System of Care (SOC) memorandum of understanding (MOU) with the Texas Department of State Health Services (DSHS), Department of Family and Protective Services (DFPS), TEA, Texas Juvenile Justice Department (TJJD), and Texas Department of Criminal Justice - Texas Correctional Office on Offenders with Medical or Mental Impairments (TDCJ - TCOOMMI). The MOU outlines the roles and responsibilities of each agency in implementing a comprehensive plan to deliver mental health services and supports to children, youth, and their families using a SOC framework.

This plan includes a collaboration with the Community Resource Coordination Groups (CRCG) program to help improve state and local systems. To achieve this goal, CRCGs will identify gaps in services and supports and communicate them to local SOCs. The local SOCs will work to fill these gaps through collaborations with community partners.

**Figure 6: Texas System of Care MOU Agencies**
As part of local SOC development, local mental health authorities, Burke and LifePath Systems, collaborated with Child Protective Services and local juvenile probation departments to provide wraparound services to children in their communities, in residential treatment centers (RTCs), and in post-adjudication placements to decrease the length of stay in out-of-home placement, reduce recidivism rates, and improve the family reunification process.

Since June 2016, HHSC has collaborated with DFPS on the Texas Building Bridges Initiative (BBI) to help transform Texas RTCs by partnering RTC providers to implement best practices in residential treatment. BBI best practices include youth engagement, family involvement, community collaboration, reduction of restraint and seclusion, elimination of level systems, and cultural and linguistic competence. BBI goals include improved long-term outcomes such as decreased lengths of stay, reduced recidivism, person-centered and trauma informed care, and decreased use of psychiatric hospitalization, juvenile and criminal justice, and foster care.

DFPS’ leadership is instrumental in identifying RTCs to participate in this initiative and in promoting long-term positive outcomes. Currently, 12 RTCs are participating in BBI and DFPS anticipates more RTCs joining the work following the January 2019 training event in Houston.

**Community Resource Coordination Group Memorandum of Understanding**

CRCGs are county-based groups comprised of public and private agencies that partner with individuals with complex multiagency needs to identify and coordinate needed resources and services in their communities.

CRCGs were established by S.B. 298, 70th Legislature, Regular Session, 1987, and were designed to address gaps in services for children with complex needs that could not be met by a single agency. CRCGs now serve children, families, and adults. As of 2016, there were approximately 140 distinct CRCG groups covering 236 counties. CRCGs embrace SOC values, seek to find the least restrictive community-based solutions, and are a conduit to inform local and state systems of gaps and barriers to find creative, innovative solutions.

Per House Bill (H.B.) 2904, 85th Legislature, Regular Session, 2017, eight state agencies represented through CRCGs signed an MOU to strengthen agency commitment, expand the responsibilities of the State CRCG Workgroup, define
“least restrictive setting” and require that local CRCGs coordinate services for persons needing multiagency services in the least restrictive setting.

**Figure 7: CRCG Partner Agencies**

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**Texas Human Trafficking Resource Center**

The Texas Human Trafficking Resource Center (THTRC) connects HHSC staff, health care providers, stakeholders, and potential victims of human trafficking to local, state, and national resources to identify and help people affected by human trafficking.

THTRC increases awareness of health care issues surrounding human trafficking victims and coordinates with stakeholders, including DFPS, DSHS, and the Office of the Governor on anti-trafficking initiatives. Since September 2017, THTRC initiated several educational efforts:

- Conducted an environmental scan which provides an overview of current programs, benefits, and services at HHSC and DFPS that serve or are available to victims of trafficking;
- Established and maintained collaboration with the Office of the Governor, DFPS, HHSC, and DSHS to ensure educational efforts are streamlined;
- Launched the HHSC Texas Human Trafficking Resource Center webpage on the agency website;\(^6\) and
- Published an awareness article on human trafficking during the month of January that was distributed to all HHSC employees across the state.

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\(^6\) The HHSC Texas Human Trafficking Resource Center webpage can be found at: https://hhs.texas.gov/services/safety/protective-services/texas-human-trafficking-resource-center
THTRC is currently in the process of developing a human trafficking training module and toolkit for health care providers. The program will launch the training component and toolkit by early 2019.

**Mental Health Texas Website**

The [www.MentalHealthTX.org](http://www.MentalHealthTX.org) website serves as a one-stop resource for behavioral health services across the state. Mental Health Block Grant (MHBG) funds are being used to enhance the website to allow for council members to update the site with individual agency resources and contact information.

**Legislative Alignment and Coordination**

During the legislative appropriations request process for the 2018-19 biennium, the SBHCC agencies reviewed all behavioral health-related exceptional items to ensure proposed initiatives aligned with the strategic plan and to eliminate duplicative requests. The SBHCC agencies worked closely with the 85th Legislature to identify funding requests and participated in monthly conference calls throughout the legislative session regarding legislative funding priorities and behavioral health-related bills. As a result of these coordinated efforts, the behavioral health system received:

- $62.7 million in additional funding for outpatient mental health services to address demand and population growth;
- Approximately $90 million in behavioral health grants;
- Funding for an additional 43 local contracted private psychiatric beds;
- Significant investments to plan for the redesign of the State Hospital System; and
- Additional behavioral health funding for The University of Texas Health Science Center-Houston, Court of Criminal Appeals, TDCJ, TJJD, Texas Military Department, Health Professional Council agencies, and TCJS.

Due to the successful outcomes for behavioral health-related initiatives in the 85th legislative session, SBHCC agencies repeated the same coordination process in preparation for legislative appropriations request for the 2020-21 biennium. SBHCC agencies met in August and September 2018 and reviewed all behavioral health-related items.

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7 State Hospital System improvements can be found at [https://hhs.texas.gov/about-hhs/process-improvement/changes-state-hospital-system](https://hhs.texas.gov/about-hhs/process-improvement/changes-state-hospital-system)
related exceptional items. In addition, some agencies not represented on the SBHCC joined these meetings to review and vet their behavioral health-related initiatives with the SBHCC.

This in-depth review and coordination ensures initiatives are aligned with the strategic plan and eliminates duplicative requests. Additional exceptional item review information can be found in the *Consolidated Behavioral Health Schedule and Exceptional Item Review*\(^8\) published in November 2018.

Figure 8, below, demonstrates that behavioral health-related exceptional item requests from the SBHCC agencies are being pursued to fulfill all five goals of the statewide behavioral health strategic plan, with an emphasis on Goal 2: Program and Service Delivery.

Figure 8. 2020-21 Biennium Behavioral Health-Related Exceptional Item Requests

Utilize Best Practices in Contracting Standards for Grant Projects

Texas Targeted Opioid Response Grant

On May 1, 2017, Texas received $27.4 million in federal funding through the SAMHSA State Targeted Response grant to address the opioid crisis by increasing access to medication-assisted treatment (MAT), reducing unmet treatment need, and reducing opioid overdose death through the provision of prevention, treatment, and recovery activities for opioid use disorder (OUD). Through the Texas Targeted Opioid Response (TTOR), Texas received the second highest award in the nation based on unmet treatment need and overdose death rates.

Outcomes of this initiative include increased access to evidence-based treatment for OUD (see Figure 9 below) as well as an increase in the number of people receiving overdose prevention education and overdose reversal medications. Individuals
trained in overdose prevention totaled 1,702, and 5,910 doses of medication were distributed to both traditional and non-traditional first responders resulting in 82 confirmed lives saved.

Figure 9. Percentage of OUD Admissions to MAT\textsuperscript{9}

SAMHSA released a funding opportunity announcement to extend and expand the State Targeted Response funding, called the State Opioid Response (SOR) grants. HHSC submitted an application for the grant on August 3, 2018, requesting $45.5 million a year in funding. HHSC received the Notice of Grant Award for $46.2 million a year on September 19, 2018, with a start date of September 30, 2018. The grant period is for two years with annual continuation. SOR will allow HHSC to continue to fund existing strategies established through TTOR as well as expand services in the following ways:

\textsuperscript{9} TTOR data is reported according to the federal fiscal year May 1, 2018 to April 30, 2019; therefore, the TTOR 2018 data is not a complete representation of the entire federal fiscal year.
Prevention

- **Opioid Misuse Prevention and Safe Prescribing** – HHSC plans to continue support of prescriber education through online training modules aimed at reducing opioid misuse through safe prescribing practices and overdose prevention education.

- **Utilization of the Prescription Monitoring Program** – HHSC plans to increase prescriber enrollment and meaningful use of the Prescription Monitoring Program to ensure not only patient screening but also identification of problematic opioid use and appropriate referral to treatment.

- **Safe Drug Disposal and Community Awareness** – HHSC will create safe drug disposal initiatives throughout Texas communities and evaluate the effectiveness of safe disposal initiatives in targeted environments with the goal of reducing the availability of unused medications that can lead to opioid misuse.

- **Overdose Prevention** – HHSC will provide Texas communities with overdose prevention education, access to overdose reversal medication, and overdose reversal tracking tools with the goal of providing timely community response and reducing overdose death.

Treatment

- **Office Based Opioid Treatment** – HHSC will increase access to MAT in the office setting by increasing the number of physicians providing MAT, expanding opportunities for physicians to obtain the training necessary to provide MAT in an office setting, creating a professional peer mentoring network, and expanding the network of state-funded treatment providers.

- **Opioid Treatment Services and Treatment for Co-Morbid Conditions** – HHSC will increase MAT capacity by expanding opioid treatment services at new and existing sites and enabling these sites to treat primary OUD along with co-morbid conditions such as hepatitis C, psychiatric, and wound care at a single site.

Recovery Support

- **Peer Support** – HHSC will expand peer recovery support services throughout the state in a variety of settings and provide opportunities for enhanced training in medication-assisted recovery for the peer support workforce.
- **Employment Services** – HHSC will provide job and supported employment services for individuals in medication-assisted recovery from OUD.
- **Reentry** – HHSC will provide peer support services for individuals being released from jail and at risk for opioid overdose. These services include overdose prevention education and access to naloxone, peer recovery support coaching, and linkage to MAT.
- **Recovery Housing** – HHSC will provide resources to reduce discrimination and increase safe housing for individuals in medication-assisted recovery from OUD.

### Integrated Services

- **Emergency Response** – HHSC will provide individuals identified as being at high risk for overdose and overdose survivors with treatment induction, recovery support, community paramedicine support, and overdose prevention services. In addition, select Mobile Crisis Outreach Teams at local mental health authorities will provide opioid crisis services.
- **Community Access** – HHSC will provide access to treatment, recovery support, overdose prevention, and linkage to care through Outreach, Screening, Assessment, and Referral Center services and 24/7 community drop-in sites.
- **Pre-Arrest Diversion** – HHSC will provide 24/7 drop-in pre-arrest diversion services that include treatment induction, recovery support, overdose prevention, and linkage to care.
- **Infrastructure Development** – HHSC will use approximately five percent of the funds to enhance the existing electronic health records system. This large-scale and long-term project aims to increase provider enrollment in OUD service delivery.

### Mental Health Block Grant Set Aside for Early Onset Psychosis Programs

Coordinated Specialty Care (CSC) programs provide behavioral health services and supports to individuals experiencing an early onset of psychosis, meaning the person accesses the CSC program within two years of an initial psychotic episode. Individuals are served via a team-based approach emphasizing individual ability to lead a normal life within their community. This is a time-limited program with a maximum length of stay in the program of three years. The program is funded through the MHBG.
Congress passed H.R. 3547 – Consolidated Appropriations Act, 113th Congress, 2014 which created a five percent MHBG set-aside for early onset psychosis programming. Initially, HHSC developed a pilot program and provided funding for two CSC programs. In 2016, the set-aside was increased to 10 percent allowing for eight additional local mental health and behavioral health authorities (LMHAs and LBHAs) to establish CSC programs, bringing the total to 10 programs around the state.

As a result of an increase in MHBG funding available in fiscal years 2018 and 2019, planning is underway to fund additional contractors to provide CSC. Figure 10, below, shows that since initial implementation, there have been 680 persons served in the programs.

**Figure 10. Coordinated Specialty Care Programs**

<table>
<thead>
<tr>
<th>Year</th>
<th>Coordinated Speciality Care Clients</th>
<th>Unduplicated Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2015</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>FY 2016</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>FY 2017</td>
<td>400</td>
<td>400</td>
</tr>
<tr>
<td>FY 2018</td>
<td>500</td>
<td>500</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1300</td>
<td>1300</td>
</tr>
</tbody>
</table>

**Community Collaborative Grants**

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 1, below.

HHSC implementation teams designed 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 1. Community Collaborative Programs Required to Present to SBHCC

<table>
<thead>
<tr>
<th>Grant Program</th>
<th>2018-19 Awards</th>
<th>Purpose</th>
<th>Appropriated Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Community Collaboratives Grant Program (S.B. 58, 83rd Legislature)</td>
<td>4(^{10})</td>
<td>Establish or expand community collaboratives bringing the public and private sectors together to provide services to people experiencing homelessness and mental illness.</td>
<td>$25 million 2018-19 biennium(^{11})</td>
</tr>
<tr>
<td>Community Mental Health Grant Program (H.B. 13, 85th Legislature)</td>
<td>55</td>
<td>Support community mental health programs providing services and treatment to people experiencing mental illness.</td>
<td>$10 million in FY 2018, $20 million in FY 2019</td>
</tr>
<tr>
<td>Mental Health Grant Program for Justice-Involved Individuals (S.B. 292, 85th Legislature)</td>
<td>24</td>
<td>Reduce recidivism rates, arrests, and incarceration among people with mental illness, and reduce the wait time for forensic commitments.</td>
<td>$12.5 million FY 2018, $25 million FY 2019</td>
</tr>
<tr>
<td>Texas Veterans + Family Alliance Grant Program (S.B. 55, 84th Legislature)</td>
<td>20</td>
<td>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.</td>
<td>$20 million 2018-19 biennium</td>
</tr>
</tbody>
</table>

\(^{10}\) In addition to the four grantees there is currently one third party evaluator and one contract in process for an entity to lead a learning community related to the rural expansion. Rural expansion grant awards have not been made yet.

\(^{11}\) 2018-19 General Appropriations Act (Article II, HHSC, Rider 73) included $10 million to expand to rural areas.
To fulfill reporting requirements in Section 10.04(c), HHSC partnered with Meadows Mental Health Policy Institute to hold a panel discussion as a preconference event at the annual Engage & Excel conference in October 2018. The panel featured grantee organizations discussing successes and challenges in launching grant projects as well as the impact grant funding had on fostering collaboration in the community and for those receiving grant-supported services.

**Statewide Behavioral Health Coordinating Council Review and Selection of Grantees**

SBHCC members participated in the review and selection of behavioral health matching grant awards in fiscal year 2018. Figure 11, below, identifies member SBHCC agencies that participated in selection committees.

*Figure 11. SBHCC Member Participation in Grant Award Selections*

Grant applications received through competitive solicitations went through a multiphase review process including an initial screening by HHSC staff and evaluation by a scoring team comprised of subject matter experts from various divisions within HHSC in the areas of behavioral health services, community collaboratives, and budget and contracts. The next phase included a review and development of funding recommendations by a selection committee.
As leaders in their respective fields and areas of expertise, SBHCC members provided insight in developing funding recommendations that considered maximizing existing resources, avoiding duplication of effort, and addressing gaps within the behavioral health system in Texas. With these considerations in mind, HHSC granted awards to the most qualified applicants. Figure 12, below, shows the distribution of awards for the behavioral health matching grants across the state. The areas in pink reflect where grants for both H.B. 13 and S.B. 292 were awarded.
Perpetuate Identified, Successful Models for Mental Health and Substance Abuse Treatment

Governor’s School Safety Plan

Released in May 2018, the Governor’s School Safety plan included expansion of Telemedicine, Wellness, Intervention, Triage, and Referral Project (TWITR), Mental Health First Aid (MHFA), iWatchTexas, and the Texas Critical Incident Stress Management (CISM) Network.
**Telemedicine, Wellness, Intervention, Triage, and Referral Project**

TWITR is a mental health screening program offered in mostly rural school districts in and around Lubbock and Amarillo. The project is dually funded by the Criminal Justice Division of the Office of the Governor and by an HHSC H.B. 13 grant.

The original intent of TWITR was to develop a model for use in schools with limited mental health resources, including counselor vacancies and/or excessive caseloads. The program was devised in 2013 and was fully operational as a demonstration project in 2014. The TWITR Project was developed by personnel of the F. Marie Hall Institute for Rural and Community Health of the Texas Tech University Health Sciences Center. TWITR features screening assessments of a variety of mental health risk factors, services provided by licensed professional counselors, and up to two telemedicine visits with a Board-Certified Child and Adolescent Psychiatrist to guide handoffs to appropriate treatment resources when necessary.

As a screening program, there are many referrals but a small number of people screened actually need psychiatric or long-term mental health intervention and treatment. Most referrals are assisted by school personnel, community assets such as LMHAs, or other programs such as Community in Schools.

**Mental Health First Aid**

The plan also called for an increase in MHFA training opportunities for educators during the summer of 2018. As a result of this plan's release, the LMHAs were asked to increase their training efforts during the fourth quarter of fiscal year 2018. A list of upcoming summer courses was also posted on www.MentalHealthTX.org and the state MHFA coordinator spoke at events throughout the summer to promote MHFA, as well as to work with education-related organizations to assist with the spread of MHFA information directly to educators in Texas.

Extensive collaboration and coordination has occurred between HHSC, the Texas Council of Community Centers, TEA, and the Office of the Governor to ensure the timely dissemination of information, strengthening of partnerships, and capitalization on opportunities to inform interested parties about MFHA training. Due to increased training efforts, 809 more individuals received training in the summer of 2018 compared to the summer of 2017. This change represents an over 90 percent increase in training for the fourth quarter alone. Figure 13 below,
identifies the number of individuals trained by profession. This number will continue to rise, as numbers for August 2018 are forthcoming.

**Figure 13. Mental Health First Aid Fiscal Years 2014 through 2018**

![Figure 13](image-url)

**iWatchTexas**

iWatchTexas makes it easier for the public to report suspicious activity in Texas, including criminal, terroristic, or school safety-related threats. All reports are confidential. In addition, the Department of Public Safety implemented initiatives that focus on working closely with local law enforcement and school officials to increase police presence in and around schools.

The app is free and available for iPhone users in the Apple App Store and for Android users on Google Play. Texans can also report suspicious activity online at www.iWatchTX.org or by calling 1-844-643-2251.

**Texas Critical Incident Stress Management Network**

HHSC expanded the CISM Network to increase the number of volunteer mental health professionals available to support services provided by CISM Network teams and to improve statewide capacity to deliver disaster behavioral health crisis intervention services to populations impacted by incidents of mass violence.

The CISM Network teams are comprised of trained volunteer mental health professionals, peers, and select members of the clergy who provide responsive
supportive crisis intervention services and stress management education to any Texas emergency services agency or organization.

The focus of the teams is to minimize the harmful effect of job stress and accelerate the recovery of personnel who were traumatized in disaster situations. The CISM Network was expanded to:

- increase awareness through monthly CISM Network calls;
- assess training needs of CISM Network teams via survey instrument;
- discuss need for mental health professionals with Texas Council and LMHAs; and
- recruit LMHA disaster contacts to participate on CISM Network calls.

**Peer Support**

Persons with mental health or substance use conditions need support while in recovery. These conditions can impair an individual’s ability to make effective decisions. Receiving support from someone with a lived experience in recovery can be invaluable.

Peer support is an evidence-based practice in which peers use their lived experiences recovering from mental health or substance use conditions, along with skills learned in formal training, to deliver strengths-based, person-centered services. Peer supports are provided in combination with other mental health and substance use services.

SAMHSA recommends peer support services because these services help people engage in the recovery process and reduce the likelihood of relapse. Research to date suggests peer support services may result in increased empowerment and hope, increased social functioning, more engagement in treatment, and an increased quality of life and life satisfaction.

As peer support services are designed and delivered by people who were successful in the recovery process, peer support providers can embody a powerful message of hope and share a wealth of experiential knowledge. Peer support services extend the reach of treatment beyond the clinical setting into the everyday lives of those seeking to achieve or sustain recovery. Peer support services also show considerable promise in addressing the behavioral health workforce shortage by supporting people in their paths to recovery.
Texas Government Code, Section 531.0999, as added by H.B. 1486, 85th Legislature, Regular Session, 2017, directs HHSC to adopt rules establishing training requirements for peer specialists to enable the provision of services to persons with mental illness or persons with substance use conditions, and to create a Medicaid benefit for peer support services. Pursuant to the bill, HHSC assembled a stakeholder workgroup to provide input on the development of Medicaid rules to define requirements for training, certification, scope of services, and supervision of certified peer specialists. HHSC anticipates rule adoption to occur by January 1, 2019.

**Integrated Behavioral Health Services**

During 2018, HHSC emphasized the importance of providing the right service at the right time through piloting and expanding the Certified Community Behavioral Health Clinics (CCBHC) model. CCBHCs offer integrated behavioral health (mental health and substance abuse services) with targeted acute care screening and care coordination. This best practice model operates in eight community centers, and in 2018, began expansion into five other locations (see Figure 14). Statewide capacity for this model is being built with strategic partnerships between HHSC subject matter experts covering behavioral health and the state Medicaid program. Also in 2018, Medicaid began utilizing CCBHC sites as pilot locations for a legislatively directed Behavioral Health Homes initiative. In addition, 1115 waiver measures were expanded to include CCBHC outcome measures.
In Figure 14, red stars indicate original pilot sites and blue stars indicate expansion sites.

In fiscal year 2019, this model will continue to receive focus, as Medicaid managed care organizations (MCOs) begin engaging CCBHCs with alternative payment strategies. CCBHC and Medicaid Behavioral Health Home project evaluations will examine the impact of payment models on client outcomes. In addition, HHSC recently received a SAMHSA grant for Promoting the Integration of Primary and Behavioral Health Care which will expand the scope of integration services into the community for three of the current CCBHCs.
2018 Texas Veterans Commission Mental Health Summit

The Texas Veterans Commission (TVC) organized a June 2018 summit hosting working groups of leaders, planners, implementers, and researchers from multiple local, state, and federal organizations to discuss gaps identified in the strategic plan concerning issues affecting veterans and their families. The summit began with a consumer panel comprised of veterans and family members who discussed their lived experiences in accessing and receiving mental health services. After the panel, TVC and HHSC co-facilitated work sessions addressing three areas:

- **Barriers to Access** - Workgroups discussed ways to address the three most common concerns veterans have when attempting to access services: transportation, childcare, and provider office hours.

- **Eligibility Criteria** - Summit participants discussed how military discharge status can impact eligibility for services as well as other eligibility requirements that may potentially bar access to services.

- **Awareness of Mental Health Services** - Organizations’ efforts to connect veterans and their families with services can be challenged by lack of community awareness about what those organizations offer. Focus groups discussed identified obstacles and ways to overcome them.

After the summit, TVC and HHSC collaborated to summarize key themes identified across the work sessions in a report intended to provide agencies and organizations with specific, actionable information to further attune and improve service practices.

Ensure Optimal Service Delivery

State Hospital System

HHSC is embarking on a multiyear project to expand, renovate, and transform the state hospital system, which provides inpatient psychiatric care for adults, adolescents, and children. Throughout the process of modernizing the state hospital system, HHSC continues to make every effort to optimize investments made in behavioral health.

The 2018-19 General Appropriations Act, S.B. 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 147) outlines the Legislature’s intent for a three-phased approach to redesign the state hospital system. The Legislature
appropriated HHSC $300 million to implement Phase I of the projects during the 2018-19 biennium. These projects and other changes are designed to:

- Enhance the safety, quality of care, and access to treatment for Texans with mental health issues;
- Expand capacity and reduce the wait for inpatient psychiatric treatment, particularly for maximum security units (MSU); and
- Increase collaboration with potential partners, including stakeholders, advocates, and higher education and health-related institutions.

The strategy for the State Hospital Initiative was outlined in the Comprehensive Plan for State-Funded Inpatient Mental Health Services¹², which was submitted to the Governor and Legislature on August 23, 2017.

The Comprehensive Plan established three guiding principles for the improvement projects:

- **Unparalleled care** – Texas state hospitals were built when mental health care and even office space had different needs. The planned renovations and new buildings will incorporate the latest design elements, complementing cutting edge services. The design of behavioral health facilities can affect efficiency in treatment and care. Projects funded in association with this plan will have a design emphasis on up-to-date mental health care.

- **Easy access** – Access to care includes reducing the wait time for inpatient services, particularly for MSUs, so individuals receive the care they need in a timely manner. Access also means that individuals and families are often better served locally, and to the degree possible, inpatient treatment through state hospitals, community partners, and local providers, should strive to provide care in the best suited, least restrictive setting available.

- **Systems-based continuum of care** – This goal focuses on the array of mental health services and effective use of alternatives to inpatient psychiatric treatment, as well as enhancing services available to individuals upon discharge from a state hospital. The HHSC plan recognizes that the inpatient care provided at the state hospitals should not be the first line of treatment for a person and that a robust and functioning set of services and

supports is necessary for individuals upon state hospital discharge. Texans should have access to the full array of mental health services, of which state hospitals are a critical component.

As previously noted, the comprehensive plan consists of three phases. In fiscal year 2018, HHSC began implementing Phase I, which involves expanding capacity quickly. Phase I projects focus on:

- Hospital improvements for which pre-planning has already occurred;
- Hospitals where major renovations can bring beds online swiftly; and
- Hospitals that will support MSUs.

Each state hospital construction project will consist of two to three stages, with each stage taking from one to three or more years. Pre-planning is the exploratory stage where community resources and specific facility design elements are developed with stakeholder involvement. Planning is the development of the architectural and engineering plan design. Construction is the final stage of building or renovation. Table 2 below provides details about each of the Phase I projects. Phase II and Phase III projects will be contingent upon legislative direction and appropriations.

**Table 2. Phase I State Hospital Construction Projects**

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Project Description</th>
<th>Budget</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rusk State Hospital</strong></td>
<td>Planning and construction of a 100 bed MSU to replace current 40 bed MSU and 60 non-MSU beds</td>
<td>$4.5 M – Planning</td>
<td>Planning: 06/18 – 01/20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$87 M – Construction</td>
<td>Construction: 03/19 – 09/21</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Move in: 10/21</td>
</tr>
</tbody>
</table>

13 Planning and construction phases will overlap. The construction phase will start while design documents are being completed with details.

14 Date hospital can begin admitting patients
<table>
<thead>
<tr>
<th>Hospital</th>
<th>Project Description</th>
<th>Budget</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rusk State Hospital</strong></td>
<td>Planning for a 100 bed non-MSU to replace 100 current beds</td>
<td>$4.5 M – Planning</td>
<td>Planning: 06/18 – 01/20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$82.5 M – Construction</td>
<td>Construction: 10/21 – 02/24</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Move in: 03/24</td>
</tr>
<tr>
<td><strong>Kerrville State Hospital</strong></td>
<td>Renovation of 4 existing buildings to add 70 MSU beds</td>
<td>$1.5 M – Planning</td>
<td>Planning: 03/18 – 04/19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$29 M – Construction/Renovation</td>
<td>Construction: 05/19 – 01/21</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Move in: 02/21</td>
</tr>
<tr>
<td><strong>UT Health Houston Continuum of Care Campus</strong></td>
<td>Planning and construction of a hospital with a minimum of 228 beds</td>
<td>$8.5 M – Planning</td>
<td>Planning: 05/18 – 08/19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$116.5 M – Construction</td>
<td>Finalize Lease with TMC: 06/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Construction: 03/19 – 11/21</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Move in: 12/21</td>
</tr>
</tbody>
</table>

15 Assumes a delay in the start of construction of the non-MSU (Phase II) until construction of the MSU (Phase I) is complete to limit impact to hospital operations and capacity during the construction process.

16 Timeline dependent upon additional legislative appropriations
<table>
<thead>
<tr>
<th>Hospital</th>
<th>Project Description</th>
<th>Budget</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Austin State Hospital</strong></td>
<td>Pre-planning and planning for the construction of a 240-bed hospital to replace the current Austin State Hospital</td>
<td>$2.5 M – Pre-planning</td>
<td>Preplanning: 02/18 – 12/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$13 M – Planning</td>
<td>Planning: 12/18 – 11/20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Construction: 10/19 – 05/23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Move in: 06/23</td>
</tr>
<tr>
<td><strong>San Antonio State Hospital</strong></td>
<td>Pre-planning and planning for the construction of a new hospital (300 beds) to replace the existing hospital</td>
<td>$1 M – Pre-planning</td>
<td>Preplanning: 02/18 – 12/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$13.5 M – Planning</td>
<td>Planning: 12/18 – 11/20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Construction: 10/19 – 11/22</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Move in: 12/22</td>
</tr>
<tr>
<td><strong>San Antonio State Hospital</strong></td>
<td>Renovations to existing building to add 40 non-MSU beds</td>
<td>$.5 M – Planning</td>
<td>Planning: 02/18 – 12/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$11 M – Construction</td>
<td>Construction: 01/19 – 02/20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Move in: 03/20</td>
</tr>
<tr>
<td><strong>Dallas Ft. Worth Metroplex Project</strong></td>
<td>Initiate preplanning activities for a new hospital in the Dallas Ft. Worth Metroplex</td>
<td>$1 M – Preplanning</td>
<td>Preplanning: 09/18 – 08/19</td>
</tr>
</tbody>
</table>

17 Cost estimates and timelines for planning and construction will be developed during the preplanning process. Timeline is dependent upon approval from the Legislative Budget Board and the Office of the Governor.
<table>
<thead>
<tr>
<th>Hospital</th>
<th>Project Description</th>
<th>Budget</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panhandle</td>
<td>Initiate preplanning activities for a new</td>
<td>$1 M</td>
<td>Preplanning: 09/</td>
</tr>
<tr>
<td>Project</td>
<td>hospital in the Panhandle</td>
<td>–</td>
<td>18 – 08/19</td>
</tr>
</tbody>
</table>

**Expanded Access to Community-based Inpatient Care**

Expanding access to community-based care is a key component of the long-term plan for state-funded inpatient services. The state hospital system now focuses on complex tertiary and forensic care, with local hospitals providing a growing share of short-term acute stabilization services. However, many areas lack funding to purchase beds locally, and others have fewer beds than needed.

To address growing demand, the 85th Legislature appropriated $20.5 million to expand access to community-based inpatient care. This funding added 43 local beds to the system, many in areas that previously had no access to community-based hospital care. Over 75 percent of the state’s LMHAs and LBHAs now have some level of funding to purchase inpatient services close to home. Figure 15, below, shows that local beds increased by over 10 percent, with over 75 percent of local authorities now receiving some level of funding to purchase local beds.

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18 Cost estimates and timelines for planning and construction will be developed during the preplanning process. Timeline is dependent upon approval from the Legislative Budget Board and the Office of the Governor.
Funds Expended to Remove Individuals on the Waiting List

The 2018-19 General Appropriations Act, S.B. 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 80) designated $62,673,000 of new funding to eliminate community mental health services waiting lists, increase capacity to avoid future waiting lists, address population growth in LMHA service areas, and increase equity in LMHA funding allocations.

HHSC notified LMHAs in December 2017 regarding the amount of funds their center would receive for the 2018-19 biennium. With the understanding that the funds would be forthcoming and rolled into the funding base, some LMHAs chose to begin serving individuals from the waitlist through the use of local resources prior to receiving new state funds. HHSC disbursed a total of approximately $30 million of the funds by June 2018 to all LMHAs for fiscal year 2018 targeted toward waitlist reduction and capacity increases.

Adult Community Mental Health Services

Figure 16, below, compares the average monthly number of adults served and adult waitlist since fiscal year 2016.
Figure 16. Adult Community Mental Health Waiting List Trend

Children’s Community Mental Health Services

Figure 17, below, compares the average monthly number of children served and children’s waitlist since fiscal year 2016.
**Figure 17. Children’s Community Mental Health Waiting List Trend**

**Disaster Relief**

HHSC, TEA, and the Meadows Institute for Mental Health partnered in October 2017 at the formation of the Hurricane Harvey Taskforce on School Mental Health Supports to share resources and coordinate a long-term response to students’ mental health needs.

The SBHCC formed a disaster subcommittee to start planning coordinated efforts around addressing long-term trauma response to disaster and student and community resiliency.

Through the Federal Emergency Management Agency Crisis Counseling Program’s (CCP) Regular Service Program (RSP) grant, HHSC hired two child mental health specialists who coordinate with local providers and schools to support Harvey-impacted children, families, school personnel, and communities in 31 disaster-declared counties.
In an innovative first-time initiative, the RSP grant includes TEA education service centers along with LMHAs as providers. The collaboration enables greater behavioral health access to schools via existing community infrastructures and is projected to strengthen and sustain communities’ trauma-informed approach to disaster response and recovery.

The CCP team initiated or attended children’s events, including program presentations at district school counselor meetings, community health fair events, library reading days, back-to-school supply drives, summer school and juvenile justice youth outreach, summer camps, and community fairs and festivals. Among these are art fair events emphasizing Hurricane Harvey recovery, YMCA groups, Big Brother and Big Sister events, Communities in Schools events, along with partnerships in Red Cross Pillow Case projects, Save the Children Journey of Hope Program, and Texas Children’s Hospital Trauma and Grief Center. Additionally, the CCP team is initiating partnerships with universities and colleges to provide impacted rural communities with tele-mental health programs, and mental health major internship programs that provide community mental health support.

HHSC child specialists assisted in developing partnerships with national and state advocacy groups, which provided community supports. Many CCP sites applied for additional grant funding modeled after the CCP program to continue community support after the CCP’s October 31, 2018 termination. Due to Harvey’s large impact area, the child specialists are a valuable resource to inform leaders in the state’s various regions on the differing recovery stages for children and schools.

As of July 31, 2018, the RSP’s overall survivor encounter numbers exceeded expectations by over 225 percent, and though counselors do not record most survivors’ ages, the above activities indicate considerably larger-than-expected child and student populations are being served under the program.

**Outpatient Competency Restoration External Stakeholder Rules Workgroup**

HHSC convened an outpatient competency restoration (OCR) external stakeholder rules workgroup to assist in the development of standards governing the provision of OCR services. Individuals may be court-ordered to receive OCR services if they are determined incompetent to stand trial, eligible for release on bail, not a danger to others, and able to be safely treated in the community. OCR services may be provided as an alternative to forensic commitment to a jail-based competency
restoration program, inpatient mental health facility, or residential care facility. Desired outcomes of the initiative include:

- Increase utilization of OCR programs to reduce general revenue expenditures for unnecessary inpatient competency restoration which may allow providers to repurpose general revenue toward preventive behavioral health services;
- Increase the judiciary confidence in OCR services as an alternative to inpatient state hospitalization when appropriate;
- Establish consistent continuity of care standards reflecting individuals’ movement through competency restoration environments from outpatient, to jail-based, and to inpatient settings;
- Expand eligible populations served through OCR programs including individuals with intellectual disabilities; and
- Improve outcomes in the delivery of OCR services.

The workgroup met July through October 2018 with the goal of developing draft minimum standards and will refine the rules after the 86th legislative session. This is a collaborative project with representation from organizations listed in Appendix B of this document.

By developing standards to reduce utilization of high-cost alternatives, such as institutional care, criminal incarceration, inpatient stays, and emergency room visits, this initiative will address the following strategic plan gaps:

- Gap 5: Continuity of Care for Individuals Exiting County and Local Jails
- Gap 7: Implementation of Evidence-based Practices
- Gap 9: Behavioral Health Services for Individuals with Intellectual Disabilities

This initiative will also improve access to lower- and flexible-intensity service alternatives.

**Judicial Mental Health Training: Texas Municipal Courts Education Center**

The Texas Municipal Courts Education Center (TMCEC) serves as the training body for municipal judges and court personnel. TMCEC provides judicial education, technical assistance, and resource materials to assist municipal judges, court support personnel, and city attorneys.
TMCEC serves as a leader in judicial education regarding behavioral health services. The HHSC and TMCEC partnership spans four years. In response to acts of the 85th Legislature that highlight the standardization of identification of inmates with mental illness or intellectual disability, magistrate-ordered collection of information or assessments, and linkage to in-jail or post-release treatment, TMCEC requested HHSC conduct a behavioral health webinar training series regarding:

- Identification of individuals with mental illness, intellectual disabilities, and substance use disorders; and
- Expansion of services under the matching grant programs and other programs funded from the 85th Legislature.

This webinar training series led up to TMCEC’s Mental Health Summit for judges and court personnel in July 2018 in which HHSC presented “Outpatient and Inpatient Mental Health Services.” Judges and court personnel from across the state of Texas received education on LMHA and LBHA local service areas, accessing crisis services, accessing on-going outpatient mental health services, and major behavioral health impacts of the 85th Legislature.

Attendees received resources that captured the 254 Texas counties and the LMHAs and LBHAs that provide services in each county, the name and contact information for each chief executive officer or executive director for the LMHAs, LBHAs, and local intellectual and developmental disability authorities (LIDDAs), and crisis hotline telephone numbers for their respective areas.

**Judicial Commission on Mental Health**

During 2015, the House Select Committee on Mental Health examined entry points into the mental health system for children and adults. As part of that effort, the committee identified several populations with increased mental health needs, including individuals with intellectual and developmental disabilities, individuals involved in the criminal justice system, veteran and military populations and their families, youth in the juvenile justice system, and children and youth in foster care.

In response to the House Select Committee on Mental Health’s findings and in recognition of the important intersection between these at-risk populations and the courts, the Texas Judicial Council (the policy-making body for the state judiciary) established a Mental Health Committee.
In October 2016, the Mental Health Committee developed several strategies to improve mental health outcomes for Texans, including specific recommendations that resulted in legislation on screening protocols, jail diversion, and competency restoration. The Mental Health Committee’s cornerstone recommendation was for the judiciary to establish a permanent judicial commission on mental health.

On January 11, 2018, the Supreme Court and the Court of Criminal Appeals held a joint hearing to gather input on what should comprise the priorities of a statewide judicial commission. Mental health experts, state and tribal judges, law enforcement, veterans, juvenile services experts, psychologists, psychiatrists, and persons with lived experience with these systems provided valuable insight at the hearing and voiced support for the creation of a statewide judicial commission. The Judicial Commission on Mental Health was subsequently created to develop, implement, and coordinate policy initiatives designed to improve the courts’ interaction with - and the administration of justice for - children, adults, and families with mental health needs.

HHSC maintains representation on the Judicial Commission on Mental Health along with the individuals listed in Appendix C of this document.

The Judicial Commission on Mental Health held its first meeting in May 2018 and the second in August 2018. For the third meeting, the Commission hosted the Judicial Summit on Mental Health in October 2018. The Judicial Summit on Mental Health included opportunities to connect with colleagues, establish new relationships, and engage in learning sessions designed to address mental health and related issues specific to youth-serving and adult-serving courts. In addition, regional teams received assistance in creating local plans to improve case management and leverage resources.

**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 began a more in-depth assessment of the housing needs of people with behavioral health needs and is determining how best to leverage resources.

To avoid duplication of efforts, the SBHCC is collaborating with existing councils and workgroups across state agencies. The Housing and Health Services Coordination
Council (HHSCC) is the designated housing workgroup for the SBHCC. Coordinated by TDHCA, the purpose of HHSCC is to increase state efforts to offer service-enriched housing for persons with disabilities and aging Texans through increased coordination of housing and health services.

HHSCC seeks to improve interagency understanding and increase the number of staff in state housing and health services agencies that are conversant in both housing and services. This cross-education and coordination of well-informed staff allows more persons with disabilities to connect with services that assist in applying to and maintaining housing.

At the January 31, 2018, quarterly HHSCC meeting, HHSCC was presented the opportunity to serve as a workgroup of the SBHCC in a supporting role to avoid SBHCC duplicating efforts by creating a similar group. HHSCC members expressed interest in collaborating with SBHCC and agreed to play a role in providing input and serving as informal committees to the SBHCC regarding housing issues.

HHSCC will work to address the identified gaps and strategies mentioned in the strategic plan and to support SBHCC’s efforts as the council works to ensure the coordination of housing and supportive services for Texas’ behavioral health population.

An example of an existing housing resource for persons with behavioral health disabilities is the U.S. Department of Housing and Urban Development Section 811 Project Rental Assistance (PRA) Program, which TDHCA partners with HHSC and the DFPS to implement. The program, launched in 2015, provides project-based rental assistance to extremely low-income people with disabilities, ages 18 to 62. The program is available in eight metropolitan areas across Texas, at integrated multifamily properties funded by tax credit awards and other Multifamily Programs offered by TDHCA through annual funding cycles.

TDHCA received over $24 million from the U.S. Department of Housing and Urban Development to provide project-based rental assistance to extremely low-income persons with disabilities who are eligible to receive long-term services under the

19 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; people exiting nursing facilities and intermediate care facilities for individuals with an intellectual disability or related condition (ICFs/IID); or current and former young adults with disabilities who have exited or may be exiting foster care.
Section 811 PRA Program. As of August 2018, TDHCA executed Section 811 Owner Participation Agreements with 85 properties committing an average of 10 units each to the Section 811 PRA. As units become available in these properties, they are offered to qualified Section 811 households that expressed an interest in living at the participating properties. As of August 2018, 71 households were served by the Section 811 PRA Program.

TDHCA, together with HHSC, trained over 368 disability services professionals on fair housing and identifying and connecting qualified households to the program. These trained professionals serve as referral agents to the Section 811 PRA Program.

TDHCA and HHSC are providing ongoing technical assistance to disability services professionals and managers of participating properties to ensure they have a good understanding of the critical role they play in this new program.

**IDD-Behavioral Health Intervention and Crisis Respite**

Approximately 35 percent of people with IDD have a co-occurring mental health diagnosis, often exhibiting substantial challenges requiring additional support beyond the array of services typically provided within community programs.

To strengthen Texas’ Promoting Independence initiatives for individuals with IDD, the 84th Legislature made significant investments which allowed the LIDDAs to develop and implement behavioral health intervention supports for individuals with significant behavioral and psychiatric challenges who transitioned or were diverted from institutional settings. This funding was the catalyst responsible for assisting LIDDAs to operationalize temporary stabilization resources meant to enhance the HHSC IDD crisis continuum of care. These resources included:

- Establishing, expanding, or enhancing community-based crisis services;
- Providing support to existing crisis mobile units (such as a mobile crisis outreach teams) to include the availability of a behavioral specialist specifically trained in addressing crisis situations involving individuals with IDD; and
- Providing crisis respite services for individuals with IDD and for individuals who have IDD with co-occurring mental illness.

In fiscal year 2018, LIDDAs delivered 164,239 crisis respite service hours and 9,574 crisis intervention specialist hours. Additionally, 2,760 individuals received more
intense case management support through the use of therapeutic intervention and LIDDAs documented 8,502 individual encounters for in- and out-of-home crisis respite support.

These crisis programs provided and continue to provide positive outcomes across all IDD programs by alleviating the use of law enforcement as the primary responder while also minimizing the criminalization of persons with co-occurring disorders in crisis. Through evaluation of these programs and current and future Legislative Appropriations Requests, HHSC aims to provide a more focused effort on finding ways to expand services to individuals with IDD across systems. As such, HHSC is collaborating with SBHCC agencies and IDD stakeholders to develop a more robust understanding of gaps in services through the development of a Statewide IDD Strategic Plan.

**IDD and Behavioral Health Cross-Agency Collaboration Workgroup**

The IDD and Behavioral Health Cross-Agency Collaboration Workgroup was formed as a result of multiple collaborative efforts between HHSC and TJJD to identify solutions for youth who were interfacing with the juvenile justice system and with co-occurring IDD and behavioral health needs. The youth were in need of community placement and appropriate behavioral health treatment; however, due to a lack of resources, they were unable to get these needed services.

HHSC coordinated among agencies to identify appropriate services to meet the youths’ needs on a case-by-case basis. Through coordination and use of shared resources and flexible and creative arrangements, the youth were ultimately able to receive needed behavioral health services and obtain residential placement, even if temporarily. However, the frequency of this issue and continued challenge of finding appropriate services for these youth highlighted this as a systemic problem and emphasized the need for more child-serving agencies offering potential services to be involved in the process.

HHSC formed the IDD and Behavioral Health Cross-Agency Collaboration Workgroup with support from members of the SBHCC and many council members or their designees attend, as well as representatives of other departments within HHSC. The original membership began with members from TJJD and HHSC and grew to include TDCJ and DFPS.

This workgroup aims to address issues from a statewide, systems perspective, differing from the localized support CRCGs provide. As the workgroup developed
their vision and mission, the agencies agreed that, to improve services for people with IDD and co-occurring behavioral health needs, consideration across the lifespan was required, which expanded the scope of the workgroup vision and mission to include adults.

The IDD Behavioral Health Cross-Agency Collaboration Workgroup addresses several strategic plan 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 6: Access to Timely Treatment Services
- Gap 7: Implementation of Evidence-based Practices
- Gap 9: Behavioral Health Services for Individuals with Intellectual Disabilities
- Gap 11: Prevention and Early Intervention Services
- Gap 12: Access to Housing
- Gap 13: Behavioral Health Workforce Shortage
- Gap 14: Services for Special Populations

**Identify and Collect Comparable Data on Results and Effectiveness**

**Interagency Behavioral Health Data Workgroup**

The Interagency Behavioral Health Data workgroup, composed of DFPS, HHSC, TJJD, and TDCJ, collected information from participating agencies to determine the scope of behavioral health clients who receive behavioral health services from or through a state agency. Through this analysis, the workgroup determined state agencies served approximately 1.3 million persons with a behavioral health diagnosis in fiscal year 2016.²⁰

Figure 22 illustrates, of all individuals with a behavioral health diagnosis served by DFPS, HHSC, TJJD, and TDCJ in fiscal year 2016, the percentage with a dual diagnosis, mental health diagnosis only, or substance abuse diagnosis only.

²⁰ This includes data from HHSC, DFPS, TDJC, and TJJD.
Figure 22. Breakdown by Diagnosis of Individuals with a Behavioral Health Need Served in Fiscal Year 2016\textsuperscript{21}

<table>
<thead>
<tr>
<th></th>
<th>Dual</th>
<th>Mental Health Only</th>
<th>Substance Abuse Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>DFPS*</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>HHSC**</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>TJJD***</td>
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<td></td>
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<tr>
<td>TDCJ****</td>
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<td></td>
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<tr>
<td>TOTAL</td>
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</tbody>
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Community Resource Coordination Group Data Collection System

In 2016, the HHSC partnered with Meadows Mental Health Policy Institute on a database and data collection technical assistance project to determine how CRCGs

\textsuperscript{21} There is currently no way to uniquely identify clients across programs and entities, with the exception of clients served by Medicaid. The figures presented herein have been unduplicated using Medicaid IDs where available. These figures may include duplication of clients across programs and entities, thereby inflating the number of distinct clients served.

\* Includes client counts from foster care program data and APS in-home program data.

\** Includes client counts from DSHS program data, DARS program data, DADS program data, and HHSC program data.

\*** Includes client counts for youth probation and youth admitted to TJJD.

\**** Is limited to incarcerated adult offenders.
collected and used data, and to identify barriers to gathering and entering data. This evaluation resulted in key findings that outlined the common reasons for low data entry, data portal interface issues, disconnect between data and demonstrating outcomes, learning and quality improvements, and recommendations.

Based on these findings and recommendations, the CRCG State Office in conjunction with the CRCG Workgroup, comprised of community and state partners, worked to develop a new data collection system launched in October 2018. The new system aims to increase data entry by decreasing barriers and being more user-friendly, clarifying and reflecting legislatively mandated data points, and providing real-time county- and state-level reports that outline needs, services, gaps, and barriers in communities across Texas.

**Mental Health Wellness for Individuals with IDD**

Mental Health Wellness for Individuals with IDD (MHW-IDD) is an online training series for direct support staff 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. It is available for free and can be accessed at www.mhwidd.com.

In fiscal year 2018, HHSC developed additional modules for health care practitioners on best practices in treating individuals who have IDD and behavioral health needs. Topics include trauma-informed care, the importance of interdisciplinary team work, and communicating with people with IDD and co-occurring behavioral health needs. Continuing Nursing Education and Continuing Medical Education credits are offered to physicians and nurses who take the courses.

The training received national recognition from the National Association of State Directors of Developmental Disabilities Services and is available to all state agencies on the SBHCC as well as to the public, 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
Users from across the country complete this training series weekly, including staff from HHSC, DSHS, TEA, TJJD, TDCJ, and DFPS. Figure 23, below, shows the total number of MHW-IDD training participants by month for the original six modules for fiscal year 2018.\footnote{In December 2017, system changes were made in how data was collected on course completion, likely contributing to the steep decline of course completers in December and January.} For fiscal year 2018, users completed a total of 12,569 training modules. Data collection for the new modules will begin in fiscal year 2019.

**Figure 23. MHW-IDD Total Participation by Month for Fiscal Year 2018**

![Chart showing total participation by month for fiscal year 2018](chart.png)

Figure 24 shows consistent positive feedback from individuals completing the original six training modules.

---

\footnote{In December 2017, system changes were made in how data was collected on course completion, likely contributing to the steep decline of course completers in December and January.}
Financial Alignment

Behavioral Health Exceptional Items

The SBHCC worked through the 85th legislative session interim to implement and monitor new initiatives and review upcoming spending to ensure financial alignment. In particular, the SBHCC provided input on the development of several HHSC exceptional items. Additionally, each behavioral health-related exceptional item requested by a state agency or institution of higher education underwent SBHCC review and endorsement.

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.

HHSC held the first summit November 3, 2017, in Dallas and brought together nearly 30 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. As a follow-up to the 2017 Funders Summit, HHSC will meet with the Texas Funder’s Collaborative in December 2018. The Funder’s Collaborative is a group of private philanthropic organizations in Texas providing funding to innovative health and behavioral health initiatives.

**Standardized Grant Contract Template and Grant Division**

Towards tracking the outcomes of services implemented as a result of matching grant programs authorized by acts of the 85th Legislature, HHSC worked with the SBHCC to develop a standardized set of questions and data points collect from grantees and report back to the SBHCC. Reported information will include:

- Cumulative number of individuals served by grant-supported activities;
- A description of the value the efforts of the collaborative have brought to the grant project;
- Identification of challenges experienced and how they were addressed;
- Identification of anticipated challenges and how the grantee plans to address them; and
- Outcome measures identified for grant projects and grantees’ progress toward meeting goals.

To support the ongoing coordination of behavioral health matching grants, HHSC established a behavioral health grants coordination unit. The unit will work with program areas to ensure grant programs are effectively and efficiently implemented by providing consistent oversight, developing and promoting best practices, and building system capacity.
4. Conclusion

This progress report shows the SBHCC and its member agencies are making progress toward the implementation of 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 2019 goals including, but not limited to:

- Investigating performance measures across agencies to develop an interim means of cross-agency comparison of performance data;
- Utilizing established work groups to develop targeted benchmarks for each strategy and objectives to evaluate the success of implementation;
- Working with universities to expand the use of best, promising, and evidence-based behavioral health practices across service agencies; and
- Reviewing and aligning behavioral health-related legislative initiatives, when appropriate, to coordinate existing resources, reduce utilization of high-cost alternatives, and meet the current and emerging behavioral health needs of Texans.

The SBHCC will update the strategic plan by December 2018 and continue to review the progress on strategic plan objectives and strategies to address behavioral health service gaps and needs. Building upon the gaps identified in the strategic plan, acts of the 85th Legislature, and implementation of services to increase provider training, cross-agency collaboration and behavioral health interventions for the IDD population, the next phase of work includes developing a Statewide IDD Strategic Plan. The IDD strategic plan will be developed in phases and focus on gaps in the Texas system for individuals with an IDD.
## List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
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<tbody>
<tr>
<td>ABC</td>
<td>Advancing Behavioral Health Collaborative</td>
</tr>
<tr>
<td>AWARE</td>
<td>Advancing Wellness and Resilience Education</td>
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<tr>
<td>BBI</td>
<td>Building Bridges Initiative</td>
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<tr>
<td>CCA</td>
<td>Court of Criminal Appeals</td>
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<tr>
<td>CCBHC</td>
<td>Certified Community Behavioral Health Clinics</td>
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<tr>
<td>CCP</td>
<td>Crisis Counseling Program</td>
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<tr>
<td>CHIP</td>
<td>Children’s Health Insurance Program</td>
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<tr>
<td>CISM</td>
<td>Critical Incident Stress Management</td>
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<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
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<tr>
<td>CRCG</td>
<td>Community Resource Coordination Group</td>
</tr>
<tr>
<td>CSC</td>
<td>Coordinated Specialty Care</td>
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<tr>
<td>DSHS</td>
<td>Department of State Health Services</td>
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<tr>
<td>DFPS</td>
<td>Department of Family Protective Services</td>
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<tr>
<td>H.B.</td>
<td>House Bill</td>
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<tr>
<td>HHSC</td>
<td>Health and Human Services Commission</td>
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<tr>
<td>Acronym</td>
<td>Full Name</td>
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<tr>
<td>HHSCC</td>
<td>Housing and Health Services Coordination Council</td>
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<tr>
<td>IDD</td>
<td>Intellectual and Developmental Disabilities</td>
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<tr>
<td>LBB</td>
<td>Legislative Budget Board</td>
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<tr>
<td>LBHA</td>
<td>Local Behavioral Health Authority</td>
</tr>
<tr>
<td>LIDDA</td>
<td>Local Intellectual and Developmental Disabilities Authority</td>
</tr>
<tr>
<td>LMHA</td>
<td>Local Mental Health Authority</td>
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<tr>
<td>MAT</td>
<td>Medication Assisted Treatment</td>
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<tr>
<td>MCO</td>
<td>Managed Care Organization</td>
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<td>MHBG</td>
<td>Mental Health Block Grant</td>
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<td>MHFA</td>
<td>Mental Health First Aid</td>
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<tr>
<td>MHW-IDD</td>
<td>Mental Health Wellness-Intellectual and Developmental Disabilities</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>MSU</td>
<td>Maximum Security Unit</td>
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<td>OCR</td>
<td>Outpatient Competency Restoration</td>
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<td>OMHC</td>
<td>Office of Mental Health Coordination</td>
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<td>OUD</td>
<td>Opioid Use disorder</td>
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<td>RSP</td>
<td>Regular Service Program</td>
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<td>Acronym</td>
<td>Full Name</td>
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<tr>
<td>RTC</td>
<td>Residential Treatment Center</td>
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<tr>
<td>SAMHSA</td>
<td>Substance Abuse and Mental Health Services Administration</td>
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<tr>
<td>S.B.</td>
<td>Senate Bill</td>
</tr>
<tr>
<td>SBHCC</td>
<td>Statewide Behavioral Health Coordinating Council</td>
</tr>
<tr>
<td>SOC</td>
<td>System of Care</td>
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<tr>
<td>TCOOMMI</td>
<td>Texas Correctional Office on Offenders with Medical or Mental Impairments</td>
</tr>
<tr>
<td>TCJS</td>
<td>Texas Commission on Jail Standards</td>
</tr>
<tr>
<td>TDCJ</td>
<td>Texas Department of Criminal Justice</td>
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<td>TDHCA</td>
<td>Texas Department of Housing and Community Affairs</td>
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<tr>
<td>TEA</td>
<td>Texas Education Agency</td>
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<tr>
<td>THTRC</td>
<td>Texas Human Trafficking Resource Center</td>
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<tr>
<td>TJJD</td>
<td>Texas Juvenile Justice Department</td>
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<tr>
<td>TMCEC</td>
<td>Texas Municipal Courts Education Center</td>
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<tr>
<td>TTOR</td>
<td>Texas Targeted Opioid Response</td>
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<tr>
<td>TVC</td>
<td>Texas Veterans Commission</td>
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<tr>
<td>TWC</td>
<td>Texas Workforce Commission</td>
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<tr>
<td>TWITR</td>
<td>Telemedicine Wellness Intervention Triage Referral</td>
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<td>Acronym</td>
<td>Full Name</td>
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<tr>
<td>USAC</td>
<td>Unified Services for All Children</td>
</tr>
</tbody>
</table>
Appendix A. Statewide Behavioral Health Coordinating Council Members and Authorized Designees

HHSC

Dr. Courtney Harvey, Chair, Associate Commissioner, Office of Mental Health Coordination

Sonja Gaines, Deputy Executive Commissioner, Intellectual and Developmental Disability and Behavioral Health Services

Office of the Governor

Andrew Friedrichs, Associate Director, Justice Programs

Texas Veterans Commission

Tish McCullough, Director, Veterans Mental Health Department

Department of Family and Protective Service

Robin Blackmon, Center of Planning, Evaluation, and Project Coordination, Director

Tamela Griffin, Assistant Budget Director (Designee: Rachel Clarkson)

Behavioral Health Services, HHSC

Trina Ita, Associate Commissioner, Behavioral Health Services (Designee: Rishi Sawhney, M.D.)

Intellectual and Developmental Disability Services, HHSC

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

Health and Specialty Care System, HHSC

Mike Maples, Deputy Executive Commissioner, Health and Specialty Care System (Designees: Tim Bray, Laura Cazabon-Braly)
Medicaid, HHSC

Stephanie Stephens, Deputy State Medicaid Director (Designee: Michelle Erwin)

Texas Civil Commitment Office

Stuart Jenkins, Director of Program Operations (Designee: Janet Latham)

The University of Texas, Health Science Center at Houston

Steve Glazier, Chief Operating Officer

The University of Texas, Health Science Center at Tyler

Daniel Deslate, Senior Vice President for Business Affairs (Designees: Carol Henson, Brittney Nichols)

Texas Department of Criminal Justice

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

Texas Juvenile Justice Department

Tushar Desai, M.D., Medical Director (Designee: Lori Robinson)

Texas Military Department

Shandra Sponsler, Branch Manager, Family Support Services (Designee: Colonel Susan Dickens)

Health Professions Council

John Monk, Administrative Officer/CFO

Texas Education Agency

Julie Wayman, Mental and Behavioral Health Manager, Interagency Liaison

________________________

23 State Board of Dental Examiners, Board of Pharmacy, Board of Veterinary Medical Examiners, Optometry Board, Board of Nursing, Medical Board
Texas Tech University System

Keino McWhinney, Director, Texas Tech Mental Health Institute (Designee: Billy Philips, Jr., Ph.D., M.P.H)

Texas Commission on Jail Standards

Brandon Wood, Executive Director

Texas Workforce Commission

Jonas Schwartz, Program Manager, Vocational Rehabilitation Division (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
Appendix B. OCR External Stakeholder Rules Workgroup Agency Representation

LMHAs/LBHAs

Harris County Psychiatric Center

Collin County MHMC Program

Meadows Mental Health Policy Institute

University of Denver-Forensic Institute for Research, Service, and Training

Texas Jail Project

Texas Council of Community Centers

Harris County District Attorney’s Office

El Paso Psychiatric Center

Hogg Foundation for Mental Health

NAMI Texas

Harris County Public Defender’s Office

Bexar County Department of Behavioral and Mental Health

TDCJ - TCOOMMI

TCJS

Disability Rights Texas

Texas Indigent Defense Commission

Judicial Commission on Mental Health

Texas Tech University
Office of Court Administration
Lubbock County Court at Law #2
Tarrant County Judicial Staff Counsel Mental Health Magistrate
Texas Conference of Urban Counties
Appendix C. Commissioners of the Judicial Commission on Mental Health

Hon. Jeff Brown, Co-Chair
Justice
Supreme Court of Texas

Hon. Barbara Hervey, Co-Chair
Judge
Texas Court of Criminal Appeals

Hon. Bill Boyce, Vice Chair
Justice
Fourteenth Court of Appeals

Camille Cain
Executive Director
Texas Juvenile Justice Department

Hon. Brent Carr
Judge
Tarrant County, Criminal Court No. 9

Terry Crocker
Chief Executive Officer
Tropical Texas Behavioral Health
Gerald Davis
President and CEO
Goodwill Industries of Central Texas

Hon. Francisco Dominguez
Judge
El Paso County, 205th Judicial District Court

Hon. Camile DuBose
Judge
Medina County, 38th Judicial District

Dr. Tony Fabelo
Senior Fellow for Justice Policy
Meadows Mental Health Policy Institute

Sonja Gaines
Deputy Executive Commissioner for Intellectual and Developmental Disability and Behavioral Health Services
Texas Health and Human Services Commission

Hon. Ernie Glenn
Drug Court Magistrate
Bexar County

Hon. Sid Harle
District Court Judge
Bexar County, 226th Criminal District Court
**Courtney Hjaltman**
Policy Advisor
Office of the Governor

**Hon. Joan Huffman**
Senator, District 17
Texas Senate

**Dr. Andrew Keller**
President and CEO
Meadows Mental Health Policy Institute

**Adrienne Kennedy**
President
National Alliance on Mental Illness

**Hon. M. Sue Kurita**
Judge
El Paso County Court at Law No. 6

**Beth Lawson**
Chief Executive Officer
StarCare Specialty Health System

**Major Mike Lee**
Mental Health & Jail Diversion Bureau
Harris County Sheriff’s Office
Mike Maples  
Deputy Executive Commissioner for Health and Specialty Care System  
Texas Health and Human Services Commission

Dr. Octavio Martinez  
Executive Director  
Hogg Foundation for Mental Health

Hon. Stacey Mathews  
Judge  
Williamson County, 277th District Court

Chief James McLaughlin  
Executive Director  
Texas Police Chiefs Association

Beth Mitchell  
Supervising Attorney  
Disability Rights Texas

Tom Mitchell  
Director of Jail Diversion Services  
The Harris Center for Mental Health and IDD

Hon. Joe Moody  
Representative, District 78  
Texas House of Representatives
Hon. Roxanne Nelson
Justice of the Peace
Burnet County Precinct 1

Hon. Robert Newsom
Judge
Hopkins County

Denise Onken
Bureau Chief
Harris County District Attorney, Mental Health Bureau

Hon. Harriet O’Neill
Justice (ret.)
Harriet O’Neill Law Office

Dr. William Schnapp
Mental Health Policy Advisor
Harris County

Prof. Brian Shannon
Paul Whitfield Horn Professor
Texas Tech University School of Law

Reginald Smith
Policy Analyst
Texas Criminal Justice Coalition
Hon. Polly Jackson Spencer
Judge (ret.)
Bexar County Probate Court

Hon. Cynthia Wheless
Judge
Collin County, 417th Judicial District Court
Appendix D: 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.**

**Texas Veterans Commission**

<table>
<thead>
<tr>
<th>Services &amp; Appropriation Strategies</th>
<th>Target Population</th>
<th>Goal/Services Description</th>
<th>FY 2019 Projected People Served</th>
<th>Prevention/Promotion</th>
<th>Screening/Assessment</th>
<th>Service Coordination</th>
<th>Treatment/Rehab.</th>
<th>Psychosocial Rehab.</th>
<th>Housing</th>
<th>Employment</th>
<th>Crisis Intervention</th>
<th>Other</th>
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<tbody>
<tr>
<td>Veteran Mental Health Grants; TVC Strategies A.1.4. Veterans Outreach &amp; B.1.1.1 General Assistance Grants (IAC between TVC and HHSC, grants for FY 2017 only)</td>
<td>Texas veterans, their families, and survivors.</td>
<td>Make grants to local nonprofit organizations and units of local governments providing direct mental health services to veterans and their families. Services include, but are not limited to, clinical counseling services, peer-delivered services, and non-clinical support services.</td>
<td>2019 grants are not awarded until May 2019</td>
<td>✓</td>
<td>✓</td>
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<td>Services &amp; Appropriation Strategies</td>
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<td>Goal/Services Description</td>
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<tr>
<td>Veteran Mental Health Program; TVC Strategy A.1.4. Veterans Outreach (IAC between TVC and HHSC)</td>
<td>Texas service members, veterans, their families.</td>
<td>Mental Health Program for Veterans is collaboratively implemented by TVC and HHSC. Provides training and technical assistance to coordinators and peers who connect veterans and their families to resources to address military trauma issues (Military Veteran Peer Network); trains community-based and faith-based organizations; and coordinates services for justice-involved veterans.</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
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</table>


<p>| Program Name &amp; Appropriation Strategies | Target Population                                                                 | Goal/Services Description                                                                                                                                                                                                 | FY 2019 Projected People Served | Prevention/Promotion | Screening/Assessment | Service Coordination | Treatment/Rehab. | Psychosocial Rehab. | Housing | Employment | Crisis Intervention | Other |
|-----------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------|---------------------|---------------------|-------------------|------------------|---------------------|--------|------------|---------------------|-------|
| Violence Against Women; Mental Health Services - Other Strategy A.1.3 (Rec. B.1.1) | Women 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.                                                                                             | 2,784                        | ✓                   | ✓                   | ✓                   | ✓                 | ✓                 | ✓                  | ✓      | ✓          | ✓                   |       |
| Crime Victim Assistance; Mental Health Services - Other Strategy A.1.3 (Rec. B.1.1) | Adults and juveniles who have 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.                                                                                             | 37,280                       | ✓                   | ✓                   | ✓                   | ✓                 | ✓                 | ✓                  | ✓      | ✓          | ✓                   |       |
| Criminal Justice / Drug Courts; Strategy A.1.3 (Rec. B.1.1) | Adults (charges include drug/DWI, mental health-related, veteran, family, and commercially sexually exploited persons) and juveniles charged with a nonviolent offense and who have a substance abuse or mental health problem. | Provide grant funds to counties, judicial districts or juvenile boards to support Specialty Courts. Services provided by the drug court programs include intense supervision, drug testing, counseling and therapy, and case management. | 9,366                        | ✓                   | ✓                   | ✓                   |                   |                   |                    |        |            | ✓                    |       |</p>
<table>
<thead>
<tr>
<th>Program Name &amp; Appropriation Strategies</th>
<th>Target Population</th>
<th>Goal/Services Description</th>
<th>FY 2019 Projected People Served</th>
<th>Prevention/Promotion</th>
<th>Screening/Assessment</th>
<th>Service Coordination</th>
<th>Treatment/Rehab.</th>
<th>Psychosocial Rehab.</th>
<th>Housing</th>
<th>Employment</th>
<th>Crisis Intervention</th>
<th>Other</th>
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</thead>
<tbody>
<tr>
<td>Criminal Justice / Juvenile Justice and Delinquency Program; Strategy A.1.3 (Rec. B.1.1)</td>
<td>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.</td>
<td>Provide grant funding to local communities and non-profit organizations to improve the juvenile and adult criminal justice system in a variety of ways, including increased access to mental health and substance abuse programs. Services include: • Early intervention and prevention activities and services such as academic tutoring, truancy, suspension, and expulsion prevention services • Substance abuse, alcohol, and mental health prevention services • Work awareness and training projects • Diversion activities to prevent youth from further involvement in the juvenile justice system</td>
<td>3,120</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>Program Name &amp; Appropriation Strategies</td>
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<td>Goal/Services Description</td>
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<tr>
<td>Criminal Justice / Residential Substance Abuse Treatment; Strategy A.1.3 (Rec. B.1.1)</td>
<td>Adults and juveniles charged with an offense who have a substance abuse problem.</td>
<td>Provide direct treatment services to the eligible offender populations of state agencies, counties, and community supervision and corrections departments operating secure correctional facilities.</td>
<td>1,134</td>
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<tr>
<td>Edward Byrne Memorial Justice Assistance; Mental Health Services - Other Strategy A.1.3 (Rec. B.1.1)</td>
<td>Adults and juveniles charged with an offense who have a substance abuse or mental health problem.</td>
<td>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.</td>
<td>1,416</td>
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</tbody>
</table>
### Article II.

#### Department of Family and Protective Services

<table>
<thead>
<tr>
<th>Program Name &amp; Appropriation Strategies</th>
<th>Target Population</th>
<th>Goal/Services Description</th>
<th>FY 2019 Projected People Served</th>
<th>Prevention/Promotion</th>
<th>Screening/Assessment</th>
<th>Service Coordination</th>
<th>Treatment/Rehab.</th>
<th>Psychosocial Rehab.</th>
<th>Housing</th>
<th>Employment</th>
<th>Crisis Intervention</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>APS Emergency Client Services; Strategy D.1.3</td>
<td>Persons 65 and older and adults 18 to 64 with a disability in APS cases that are receiving services, and their family members.</td>
<td>Provide payments to contractors for mental health services to individuals to assess capacity and meet their service plan needs where services are not already provided through other funding sources.</td>
<td>490</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Counseling and Therapeutic Services; Strategy B.1.8</td>
<td>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.</td>
<td>Provide payments to contractors for counseling and therapeutic services delivered to individuals to meet their service plan needs, where not met by STAR Health services. Services may include: • Psychological and developmental evaluation and testing, psychiatric evaluation, and psychosocial assessments • Individual, group, and/or family counseling and therapy, including home-based therapy</td>
<td>57,346</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
</tr>
<tr>
<td>Program Name &amp; Appropriation Strategies</td>
<td>Target Population</td>
<td>Goal/Services Description</td>
<td>FY 2019 Projected People Served</td>
<td>Prevention/Promotion</td>
<td>Screening/Assessment</td>
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</table>
| Substance Abuse Prevention and Treatment Services; Strategy B.1.7 | 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. Services are provided to children who are in substitute care, children who remain in their homes, and to their caregivers and families. | Provide payments to contractors for substance abuse prevention and treatment services delivered to individuals to meet their needs, where not met by HHSC services. Services may include: • Substance abuse assessment and diagnostic consultation • Individual, group, and/or family substance abuse counseling and therapy, including home-based therapy | 22,564 | ✓ | ✓ | ✓ | ✓
<table>
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<tr>
<th>Program Name &amp; Appropriation Strategies</th>
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</table>
| Intellectual and Developmental Disability (IDD) Crisis Respite and Behavioral Intervention Programs; Strategy A.1.1 | Individuals with IDD who have significant behavioral and psychiatric challenges. | Behavioral intervention and crisis respite programs at the LIDDAs to stabilize individuals with IDD in crisis while securing services that will meet their long-term needs.  
• Establish, expand, or enhance Community-based Crisis Services;  
• Provide existing crisis mobile units with the availability of a behavioral specialist trained to address crisis situations with individuals with IDD;  
• Provide crisis respite services for individuals with IDD; and  
• Provide follow-up care to monitor and provide support to individuals with IDD who received crisis services. | Prevention/Promotion ✓ Screening/Assessment ✓ Service Coordination ✓ Treatment/Rehab. ✓ Psychosocial Rehab. ✓ Housing ✓ Employment ✓ Crisis Intervention ✓ Other ✓ |
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<th>Crisis Intervention</th>
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<tr>
<td>Community Mental Health Crisis Services; Strategy D.2.3</td>
<td>Adults and children with mental illness or in crisis and at risk of unnecessary hospitalization, incarceration, or use of emergency rooms.</td>
<td>Provide an array of community crisis services in the least restrictive environment and ensure statewide access to crisis hotlines, mobile crisis response, and facility-based crisis services, including community-based competency restoration services and other specialized projects to support persons in periods of crisis. Goals also include preventing the utilization of more intensive services.</td>
<td>LBB Annual Target Residential: 25,000 Outpatient 72,200</td>
<td>✓</td>
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<tr>
<td>1915(i) Home and Community Based Services; Strategy D.2.5</td>
<td>Adults with extended tenure in state mental health facilities, high utilization of emergency room, or frequent incarcerations.</td>
<td>Support the recovery of adults in the target population by providing intensive wraparound home and community-based services. Individuals enrolled in HCBS-AMH are eligible for all Medicaid behavioral health services as well as those specific to the HCBS-AMH program, such as supervised living services, home modifications, home-delivered meals, and transportation services.</td>
<td>250</td>
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| Child Advocacy Programs (Child Advocacy Centers); Strategy D.2.4 | Victims of child abuse and the non-offending caretaker. Target population age range is between 0 and 18 and older. Victims over the age of 18 can include those who are developmentally delayed. | • Provide assistance and coordination for victims in local law enforcement agencies and district attorney’s offices.  
• Assess victims of child abuse and their families to determine their need for services relating to the investigation of child abuse.  
• Provide the services determined to be needed.  
• Provide a facility at which a multidisciplinary team appointed under Family Code §264.406 can meet to facilitate the efficient and appropriate disposition of child abuse cases through the civil and criminal justice systems.  
• Coordinate the activities of governmental entities relating to child abuse investigations and delivery of services to child abuse victims and their families.  
• Expand vendor-delivered services to state hospitals. | Prevention/Promotion: ✓  
Screening/Assessment:  
Service Coordination:  
Treatment/Rehab.:  
Psychosocial Rehab.:  
Housing:  
Employment:  
Crisis Intervention: ✓  
Other: ✓ |
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<tr>
<td>Children’s Health Insurance Program; Strategy C.1.1</td>
<td>CHIP provides health coverage to low-income, uninsured children in families with incomes too high to qualify for Medicaid but who cannot afford private insurance. CHIP is administered by the Centers for Medicare &amp; Medicaid Services (CMS) and is jointly funded by the federal government and the states.</td>
<td>• Inpatient mental health services  • Outpatient mental health services  o Neuropsychological and psychological testing  o Medication management  o Rehabilitative day treatments  o Residential treatment services  o Sub-acute outpatient services  o Skills training  • Inpatient substance abuse treatment services including detoxification and crisis stabilization  • Outpatient substance abuse treatment services including:  o Prevention and intervention  o Intensive outpatient services  o Partial hospitalization</td>
<td>54,180</td>
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<tr>
<td>Community Mental Health Crisis Services Strategy D.2.3. (Rider 83)</td>
<td>Individuals experiencing mental illness.</td>
<td>H.B. 13 / Rider 83: Community Mental Health Grant Program 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. This is a matching grant program to support community collaboratives.</td>
<td>85,404</td>
<td>✓</td>
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<tr>
<td>Community Mental Health Crisis Services Strategy D.2.3. (Rider 82)</td>
<td>Individuals involved in the criminal justice system with a serious and persistent mental illness.</td>
<td>S.B. 292 / Rider 82: Mental Health Grant Program for Justice-Involved Individuals Reduce recidivism rates, arrests, and incarceration among individuals with mental illness and reduce wait times for forensic commitments. This is a matching grant program to support community projects that provide services and programs for individuals with mental illness encountering the criminal justice system.</td>
<td>24,241</td>
<td>✓</td>
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<tr>
<td>Community Mental Health Services for Adults; Strategy D.2.1</td>
<td>Adults with mental illness.</td>
<td>Support adults in their movement toward independence and recovery through the provision of an array of community-based services. Examples include medication-related services, rehabilitation services, counseling, case management, peer support services, crisis intervention services, and special programs such as Clubhouses and services provided throughout the Texas Targeted Opioid Response.</td>
<td>LBB Annual Target: 149,458</td>
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<tr>
<td>Community Mental Health Services for Children; Strategy D.2.2</td>
<td>Children and adolescents (ages 3 through 17) with serious emotional disturbance.</td>
<td>Improve the mental health and well-being of children and youth experiencing serious emotional disturbance through the provision of child-centered, family-driven community mental health services that can increase child’s strengths and supports and foster resilience, recovery, and functioning in the family, school, and community. Examples of services provided: assessment, case management, psychosocial rehabilitation, skills training, counseling, family support services, and crisis intervention services.</td>
<td>LBB Annual Target: 44,991</td>
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<tr>
<td>Community Resource Coordination Group Program Support (Information Technology); Strategy A.1.1</td>
<td>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.</td>
<td>• Provide complex, individualized service planning using local resources and interagency coordination and collaboration. Local CRCG members identify service gaps and barriers and assist CRCG consumers in avoiding duplication in service provision through local CRCGs. • Provide program oversight, technical assistance, training support, policy guidance, and subject matter expertise to local CRCGs through State CRCG Office and Workgroup. The State CRCG Workgroup is made up of the 11 state agencies mandated to participate in CRCG service planning and coordination at the state and local level.</td>
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| Enhanced Community Coordination; Strategy F.1.3 | Individuals with IDD residing in an institution, such as a state supported living center or nursing facility, who are transitioning to a community Medicaid waiver program or community intermediate care facilities for individuals with an intellectual disability or related condition. | Provide:  
- Information to the individual and the individual's legally authorized representative (LAR) about available community living options, services, and supports, in addition to the information provided during the community living options process  
- Information to the individual and LAR about opportunities to visit community resources  
- The individual intensive and flexible support to achieve success in a community setting  
- The individual enhanced pre- and post-transition services | |
<p>| 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. | Operations for the current state hospital system. | |</p>
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<tr>
<td>Jail-Based Competency; Community Mental Health Crisis Services Strategy D.2.3</td>
<td>• Defendants in county jails participating in the program. • Persons not able to be served in outpatient competency restoration.</td>
<td>Implement a pilot project to provide competency restoration services for individuals in a county jail setting.</td>
<td>20</td>
<td>✓</td>
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| Medicaid Fee-for-Service               | Some Medicaid clients are served through a traditional fee-for-service (FFS) delivery system in which health care providers are paid for each service they provide, such as an office visit, test, or procedure. The FFS model allows access to any Medicaid provider. The provider submits claims directly to the Texas Medicaid claims administrator for reimbursement of Medicaid-covered services. | • 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  
• SUD treatment assessment  
• MAT  
• Hospital-based detoxification  
• Residential detoxification  
• Ambulatory detoxification  
• SUD residential treatment  
• Screening, Brief Intervention, and Referral to Treatment (SBIRT) | 192,121 | ☑️ ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ |
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<tr>
<td>Mental Health Community Hospital Beds; Strategy G.2.1</td>
<td>Seriously mentally ill persons from all regions of Texas, regardless of their financial status, in need of inpatient psychiatric care.</td>
<td>Provide inpatient psychiatric services in communities throughout the state to allow individuals to receive acute care in their home communities. This includes funding for LMHAs and 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.</td>
<td>LBB Annual Target: 10,695</td>
<td>✔</td>
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<tr>
<td>Mental Health Program for Veterans; Rider 174, Strategy D.2.1.1</td>
<td>Texas service members, veterans, their families.</td>
<td>Mental Health Program for Veterans is collaboratively implemented by HHSC and TVC and supports providing: • 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; and • Suicide prevention training for coordinator and peers.</td>
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<tr>
<td>Mental Health State Hospitals; Strategy G.2.2</td>
<td>Seriously mentally ill persons from all regions of Texas, regardless of their financial status in need of inpatient care or forensic commitment.</td>
<td>Provide intensive inpatient diagnostic, treatment, rehabilitative, competency restoration and referral services at 10 state mental health facilities across the state.</td>
<td>6,598</td>
<td>✓</td>
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<td>✓</td>
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| 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:  
• Support the behavioral health needs of individuals with an IDD and a co-occurring mental health condition; and  
• Promote their successful placements in community settings of their choice. | | | | | | | | | | | | |
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<tr>
<td>Patient Transition Support into Communities; Strategy F.1.1</td>
<td>Seriously mentally ill persons who are currently in state hospitals, from all regions of Texas, regardless of their financial status, who need assistance with decision-making/guardianship.</td>
<td>Create a supported decision-making program within HHSC to reduce the number of patients who cannot be discharged from the state hospitals because they lack the capacity for independent decision-making.</td>
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| Regional Medical, Behavioral, and Psychiatric Technical Support Teams; *CMS Grant-Funded Initiative | Community providers and LIDDA who serve individuals with IDD at risk of being admitted to an institution, and those who have moved from institutional settings, including state supported living centers and nursing facilities. | Provide the following:  
• Quarterly educational activities, webinars, videos, and other correspondence, to increase the expertise of LIDDA and provider staff in supporting the targeted population  
• Technical assistance, upon request from LIDDA and providers, on specific disorders and diseases, with examples of best practices and evidence-based services for individuals with significant medical, behavioral, and psychiatric challenges  
• De-identified (as necessary) case-specific peer review support to service planning teams that need assistance planning and providing effective care for an individual |
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<tr>
<td>Relinquishment Slots; Strategy D.2.2</td>
<td>Children and youth ages 5 to 17 referred to DFPS who are at risk for parental relinquishment of rights.</td>
<td>Provide intensive residential treatment for children and youth referred to DFPS who are at risk for parental relinquishment of rights to solely 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.</td>
<td>✔ ✔ ✔ ✔ ✔ ✔ ✔</td>
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<td>Repair and Renovation of Mental Health Facilities; Strategy G.4.2</td>
<td>Seriously mentally ill persons from all regions of Texas, regardless of their financial status in need of inpatient care or forensic commitment.</td>
<td>Repair, renovate, and construct projects required to maintain the state's 10 psychiatric hospitals at acceptable levels of effectiveness and safety.</td>
<td>N/A</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
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<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rider 172. Community Mental Health Services - Children Strategy D.2.2</td>
<td>Children in foster care in the Intense Service Level.</td>
<td>Rider 172: Targeted Case Management and Services for Foster Care Children Grant. Increase access to targeted case management (TCM) and psychiatric rehabilitative services for high-needs children in the foster care system. This is a grant program to fund LMHAs and other nonprofit entities making investments to become providers of these services or to increase their capacity to provide these services to children in foster care in the Intense Service Level.</td>
<td>6 Providers/Organizations</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>Rio Grande State Center Outpatient Clinic; Strategy C.1.2</td>
<td>Adults living in the lower Rio Grande Valley in four counties: Cameron, Hidalgo, Willacy, and Starr.</td>
<td>• An outpatient public health clinic including primary care, women's health, diagnostic services, psychiatric consults and prescription assistance program. • Funding includes all Rio Grande State Center activity and not just activity related directly to behavioral health</td>
<td>22,540 based on target of 92 visits per business day</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tbody>
</table>
| STAR                                  | Pregnant women, newborns, and children with limited income. STAR is the program through which most people in Texas get their Medicaid coverage. People in STAR Medicaid get their services through medical plans, also known as managed care plans, which they choose. | • Mental health TCM  
• Mental health rehabilitation  
• Individual psychotherapy  
• Family psychotherapy  
• Group psychotherapy  
• Psychological and neuropsychological testing  
• Psychiatric diagnostic evaluation  
• Inpatient psychiatric hospitalization  
• Pharmacological management  
• Psychotropic medications  
• SUD treatment assessment  
• MAT  
• Hospital-based detoxification  
• Residential detoxification  
• Ambulatory detoxification  
• SUD Residential Treatment  
• SBIRT | 431,407 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
<table>
<thead>
<tr>
<th>Program Name &amp; Appropriation Strategies</th>
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<th>Housing</th>
<th>Employment</th>
<th>Crisis Intervention</th>
<th>Other</th>
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</thead>
</table>
| STAR Health                            | STAR Health is a statewide program designed to provide medical, dental, vision, and behavioral health benefits, including unlimited prescriptions, for children and youth in conservatorship of DFPS, including those in foster care and kinship care. Services are delivered through a single MCO under contract with HHSC. | • Mental health TCM  
• Mental health rehabilitation  
• Individual psychotherapy  
• Family psychotherapy  
• Group psychotherapy  
• Psychological and neuropsychological testing  
• Psychiatric diagnostic evaluation  
• Inpatient psychiatric hospitalization  
• Pharmacological management  
• Psychotropic medications  
• SUD treatment assessment  
• MAT  
• Hospital-based detoxification  
• Residential detoxification  
• Ambulatory detoxification  
• Outpatient treatment  
• SUD Residential Treatment  
• SBIRT | 31,471 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
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<th>Housing</th>
<th>Employment</th>
<th>Crisis Intervention</th>
<th>Other</th>
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</thead>
</table>
| STAR Kids                              | Children and youth age 20 or younger who either receive SSI Medicaid or are enrolled in the Medically Dependent Children Program receive all their services through the STAR Kids program. STAR Kids is the managed care program that provides acute and community-based Medicaid benefits to children with disabilities. | • Mental health TCM  
• Mental health rehabilitation  
• Individual psychotherapy  
• Family psychotherapy  
• Group psychotherapy  
• Psychological and neuropsychological testing  
• Psychiatric diagnostic evaluation  
• Inpatient psychiatric hospitalization  
• Pharmacological management  
• Psychotropic medications  
• SUD treatment assessment  
• MAT  
• Hospital-based detoxification  
• Residential detoxification  
• Ambulatory detoxification  
• Outpatient treatment  
• SUD Residential Treatment  
• SBIRT | 100,999 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
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<th>Housing</th>
<th>Employment</th>
<th>Crisis Intervention</th>
<th>Other</th>
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</thead>
</table>
| STAR+PLUS                              | Medicaid STAR+PLUS provides acute care services plus long-term services and supports (LTSS) by integrating primary care, pharmacy services, and LTSS for individuals who are age 65 or older or have a disability. STAR+PLUS serves 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 (HCBS) STAR+PLUS waiver services. | • Mental health TCM  
• Mental health rehabilitation  
• Individual psychotherapy  
• Family psychotherapy  
• Group psychotherapy  
• Psychological and neuropsychological testing  
• Psychiatric diagnostic evaluation  
• Inpatient psychiatric hospitalization  
• Pharmacological management  
• Psychotropic medications  
• SUD treatment assessment  
• MAT  
• Hospital-based detoxification  
• Residential detoxification  
• Ambulatory detoxification  
• Outpatient treatment  
• SUD Residential Treatment  
• SBIRT | 185,335 | ✓ | ✓ | ✓ | ✓ | ✓ |
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<th>Housing</th>
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<th>Crisis Intervention</th>
<th>Other</th>
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<tbody>
<tr>
<td>Substance Abuse Intervention; Strategy D.2.4</td>
<td>Individuals at risk of developing a substance use disorder.</td>
<td>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. Intervention programs also seek to break the cycle of harmful use of legal substances and all use of illegal substances by adults to halt the progression and escalation of use, abuse, and related problems. These programs include the Pregnant and Post-Partum Intervention Program and the Parenting Awareness and Drug Risk Education Program.</td>
<td>Adult: LBB Avg. Monthly Target 6,959 Youth: LBB Avg. Monthly Target 565</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Substance Abuse Prevention; Strategy D.2.4</td>
<td>Primarily youth and young adult populations. Some services target risk factors and some are aimed at the general population.</td>
<td>Reduce the use of alcohol, tobacco, and other drugs among youth and adults and prevent substance abuse problems from developing. Prevention services include community- and school-based services including but not limited to: youth prevention, adult prevention, community coalitions, Strategic Prevention Framework Partnership for Success, and prevention services targeting opioid use and prescription misuse.</td>
<td>Adult: N/A Youth: LBB Avg. Monthly Target 151,847</td>
<td>✓</td>
<td>✓</td>
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</tbody>
</table>
| Substance Abuse Treatment; Strategy D.2.4 | • Adults above the age of 17 a diagnosis of SUD  
• Youth between the ages 13-17 who meet DSM-5 criteria for substance use or dependence | Initiate, promote, or maintain a person’s drug-free status through a planned, structured, and organized treatment program. The treatment services continuum includes a range of services to fit individual needs, including medically supervised and ambulatory detoxification programs, residential treatment, outpatient treatment, and maintenance programs. | Adult: LBB Avg. Monthly Target 9,957  
Youth: LBB Avg. Monthly Target 1,582 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |}
<p>| 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) | Reduce the incidence, severity, and costs associated with NAS. This project supports a range of health care services, products, and community-based activities. | 120 Substance Abuse Prevention and Treatment block grant-paid OST claims | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |</p>
<table>
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<tr>
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<th>Goal/Services Description</th>
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</thead>
</table>
| System of Care Expansion; Strategy A.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 | • Expand from pilot/demonstration to statewide implementation for developing local SOCs.  
• Maintain and implement a comprehensive strategic plan and supportive infrastructure for statewide delivery of mental health services and supports to children and families using a collaborative SOC framework or approach, increasing:  
  o Access to services and supports  
  o Community implementation capacity  
  o Use of cross-system data  
  o Diverse funding opportunities  
See: http://www.txsystemofcare.org/ |  
<p>|  |  | FY 2019 Projected People Served | Prevention/Promotion | Screening/Assessment | Service Coordination | Treatment/Rehab. | Psychosocial Rehab. | Housing | Employment | Crisis Intervention | Other |</p>
<table>
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<tr>
<td>Veterans Services Veterans Mobile App; Strategy A.1.1</td>
<td>• Veterans, including current Guard and Reserve, • Military/veteran families • Veteran service providers and volunteers • Other state, federal, and local agencies/entities</td>
<td>The Texas Veterans App provides one location for veterans to get information about the local, state, and national resources available to them. The app gives direct access to the Veterans Crisis Line from the U.S. Department of Veterans Affairs. This line is a free, confidential, 24-hour phone line to help veterans transitioning back to civilian life with mental health or any other challenges. Additional features on the app are Connect with Texas Veterans, which provides veterans with information about community resources, and the Texas Veterans Portal that includes a comprehensive list of services and benefits. The app also has a direct connection to the national Hotline for Women Veterans.</td>
<td></td>
</tr>
<tr>
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<tr>
<td>Youth Empowerment Services (YES) Waiver; Strategy D.2.5</td>
<td>Children at risk of hospitalization or parental relinquishment due to a need for services to treat serious emotional disturbance.</td>
<td>Provide intensive wrap-around services, including community living supports, family supports, flexible funding for transition services, minor home modifications, adaptive aids and supports, respite, specialized therapies, and paraprofessional services. Children enrolled in YES are eligible for all Medicaid behavioral health services as well as those specific to the YES service array.</td>
<td>3,359</td>
</tr>
<tr>
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<tr>
<td>Texas Civil Commitment Office (TCCO); Strategy M.1.1 Sexually Violent Predator Mental Health Services</td>
<td>Sexually violent predators who suffer from a behavioral abnormality which is not amenable to traditional mental health treatment modalities. A portion of the sexually violent predators have concurrent mental health diagnoses that require traditional mental health or substance abuse treatment.</td>
<td>Provide or contract for behavioral health services for clients in the community, which include but are not limited to:  • Substance abuse treatment  • Assessments  • Psychiatric case management  • Medication  • Rehabilitation  • Counseling  • Crisis services  • Psychiatric hospitalization  • Other related services</td>
<td>7</td>
</tr>
</tbody>
</table>

Provide or contract for behavioral health services for clients in the community, which include but are not limited to:  • Substance abuse treatment  • Assessments  • Psychiatric case management  • Medication  • Rehabilitation  • Counseling  • Crisis services  • Psychiatric hospitalization  • Other related services  

Execute contracts to provide behavioral health services for the identified areas of need in order to provide services for civilly committed sex offenders who reside in the community.
<table>
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<tr>
<td>Texas Civil Commitment Office (TCCO); Strategy M.1.1 Sexually Violent Predator Mental Health Services</td>
<td>Sexually violent predators who suffer from a behavioral abnormality which is not amenable to traditional mental health treatment modalities. A portion of the sexually violent predators have concurrent mental health diagnoses that require substance abuse treatment.</td>
<td>Provide or contract for behavioral health services for clients in the Texas Civil Commitment Center, which include but are not limited to: • Substance abuse treatment • Assessments • Substance abuse testing • Rehabilitation • Other related services Execute contracts to provide behavioral health services for the identified areas of need to provide services for civilly committed sex offenders who reside in the Texas Civil Commitment Center.</td>
<td>353</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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### Article III.

**The University of Texas Health Science Center - Houston**

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<th>Service Coordination</th>
<th>Treatment/Rehab.</th>
<th>Psychosocial Rehab.</th>
<th>Housing</th>
<th>Employment</th>
<th>Crisis Intervention</th>
<th>Other</th>
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</thead>
</table>
| Psychiatric Services [UTHealth Department of Psychiatry & Behavioral Sciences] | Adults and children with mental health issues treatable in outpatient settings, including UT Physicians Clinics, Harris Health, and integrated-care community-health centers. | • Provide outpatient care for more than 40,600 patient visits for persons with mental illness yearly.  
• Implement clinical training and interventions to enhance the ability and capacity to treat mental illness.  
• Conduct evidence-based research to allow for long-term follow-up with validation of treatment and its effect. | • 20,000 estimated unduplicated patient count  
• 500 medical students | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| UTHealth Harris County Psychiatric Center | Adults and children assessed with mental health disorders (73 percent non-resource funding, i.e. state or county funds) | • 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. | >9,000 | ✓ | ✓ | ✓ | ✓ | ✓ |
<p>| | | | &gt;1,850 | | | | | |</p>
<table>
<thead>
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<tr>
<td>Mental Health Training Programs; Strategy D.1.2</td>
<td>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).</td>
<td>Support mental health workforce training programs in underserved areas including, but not limited to, Rusk State Hospital and Terrell State Hospital. This strategy funds a new psychiatry residency, psychology internship, and training for other mental health professionals and providers.</td>
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</table>

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).

Support mental health workforce training programs in underserved areas including, but not limited to, Rusk State Hospital and Terrell State Hospital. This strategy funds a new psychiatry residency, psychology internship, and training for other mental health professionals and providers.

- ✔
## Article IV.

### Court of Criminal Appeals

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<tr>
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</thead>
<tbody>
<tr>
<td>Judicial and Court Personnel Mental Health Education and Training Program; Strategy B.1.1.</td>
<td>Judges and court personnel from all courts (i.e., appellate, district, county, justices of the peace, and municipal) in the state of Texas.</td>
<td>The programs 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.</td>
<td>8,288</td>
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<tr>
<td>Program Name &amp; Appropriation Strategies</td>
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</table>
| Improve Indigent Defense Practices and Procedures; Strategy 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 and operating specialized mental health indigent defense programs to improve outcomes, cut unnecessary jail days, and reduce recidivism. Provide specialized attorneys and 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 and improve case outcomes. | N/A other - TIDC does not provide direct services

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<thead>
<tr>
<th>Prevention/Promotion</th>
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<th>Service Coordination</th>
<th>Treatment/Rehab.</th>
<th>Psychosocial Rehab.</th>
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<td>✓</td>
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## Article V.

### Texas Commission on Jail Standards

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</thead>
<tbody>
<tr>
<td>Training for County Jailers; Strategy A.2.2</td>
<td>All current county jailers.</td>
<td>Three new FTEs allocated for the Mental Health Trainer position. 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.</td>
<td>4,100</td>
<td>✓</td>
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<tr>
<td>Community Corrections; Strategy A.1.3</td>
<td>Offenders on probation.</td>
<td>Provide formula funding to Community Supervision and Corrections Departments for substance abuse services to serve primarily as diversions from prison.</td>
<td>19,413</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Diversion Programs / Discretionary Grants – Substance Abuse Programs; Strategy A.1.2</td>
<td>Offenders on probation.</td>
<td>Provide grants to local adult probation departments for outpatient programs to divert offenders with substance abuse disorders from further court action or prison.</td>
<td>20,462</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Diversion Programs / Discretionary Grants – Substance Abuse Programs; Strategy A.1.2</td>
<td>Offenders on probation.</td>
<td>Provide grants to local adult probation departments to divert offenders with substance abuse disorders from prison through residential beds for substance abuse treatment.</td>
<td>7,372</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Diversion Programs / Specialized Mental Health Caseloads; Strategy A.1.2</td>
<td>Offenders on probation.</td>
<td>Support specialized community supervision caseloads for offenders with mental health disorders.</td>
<td>7,924</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Diversion Programs / Substance Abuse Felony Punishment Facilities (SAFPF) Aftercare; Strategy A.1.2</td>
<td>Offenders on probation.</td>
<td>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 TDCJ SAFPF.</td>
<td>10,684</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Driving While Intoxicated (DWI) Treatment; Strategy C.2.5</td>
<td>Incarcerated offenders.</td>
<td>Provide a six-month program offering a variety of educational modules accommodating the diversity of needs presented in the DWI offender population, including treatment activities and group and individual therapy.</td>
<td>1,565</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>In-Prison Substance Abuse Treatment &amp; Coordination; Strategy C.2.5</td>
<td>Incarcerated offenders.</td>
<td>• 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.</td>
<td>3,950</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Intermediate Sanction Facility Treatment; Strategy F.2.3</td>
<td>Paroled offenders.</td>
<td>Provide substance abuse or cognitive treatment slots for Intermediate Sanction Facility beds.</td>
<td>13,054</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>Managed Health Care – Pharmacy; Strategy C.1.10</td>
<td>Incarcerated offenders.</td>
<td>Provide pharmacy services, both preventive and medically necessary care, consistent with standards of good medical practice for mental health cases.</td>
<td>Included in Unit and Psychiatric Care above</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
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<tr>
<td>Parole Supervision; Strategy F.2.1.</td>
<td>Paroled offenders.</td>
<td>Provide outpatient substance abuse counseling to parolees.</td>
<td>16,991</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
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<tr>
<td>Reentry Initiatives / Transitional Coordinators; Strategy C.2.3.</td>
<td>Incarcerated offenders.</td>
<td>Provide for 10 designated reentry transitional coordinators for special needs offenders.</td>
<td>1,820</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
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<tr>
<td>Special Needs Programs and Services / TCOOMMI – Juvenile; Strategy B.1.1</td>
<td>Juvenile detainees, incarcerated juveniles, paroled juveniles on probation, discharged youth.</td>
<td>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).</td>
<td>1,486</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
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<td>Special Needs Programs and Services / TCOOMMI – Adult; Strategy B.1.1</td>
<td>Adult incarcerated offenders, paroled offenders, offenders on probation, pre-trial defendants.</td>
<td>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).</td>
<td>48,514</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
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<tr>
<td>State Jail Substance Abuse Treatment; Strategy C.2.5</td>
<td>Incarcerated offenders.</td>
<td>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 TDCJ’s state jail population.</td>
<td>2,774</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
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<tr>
<td>SAFPF; Strategy C.2.4</td>
<td>Incarcerated offenders.</td>
<td>• 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.</td>
<td>6,500</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
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<tr>
<td>Substance Abuse Treatment and Coordination; Strategy C.2.5</td>
<td>Incarcerated offenders.</td>
<td>Provide support services for pre-release substance abuse facilities, to include alcoholism and drug counseling, treatment programs, and continuity of care services.</td>
<td>2,855</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
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<tr>
<td>Treatment Alternatives to Incarceration Program; Strategy A.1.4</td>
<td>Offenders on probation.</td>
<td>Provide grants to local adult probation departments for treatment to divert offenders from incarceration, including screening, evaluation, and referrals to appropriate services.</td>
<td>13,990</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
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<tr>
<td>Treatment Services / Parole Special Needs; Strategy C.2.3</td>
<td>Paroled offenders.</td>
<td>• Provide specialized parole supervision and services for offenders with mental illness, IDD, terminal illness, and physical disabilities. • Provide subsidized psychological counseling to sex offenders.</td>
<td>8,983</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Treatment Services / Sex Offender Treatment Program; Strategy C.2.3</td>
<td>Incarcerated offenders.</td>
<td>• 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.</td>
<td>1,570</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Unit and Psychiatric Care; Strategy C.1.8</td>
<td>Incarcerated offenders.</td>
<td>Provide mental health care for incarcerated offenders.</td>
<td>23,277</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td><strong>Probation Grants: Commitment Diversion Initiatives; Strategy A.1.5</strong></td>
<td>Juvenile offenders under the jurisdiction of a juvenile probation department.</td>
<td>Funding to local juvenile probation departments for community-based or residential alternatives to commitment to state residential facilities.</td>
<td>4,271</td>
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<tr>
<td><strong>Probation Grants: Community Programs; Strategy A.1.3</strong></td>
<td>Juvenile offenders under the jurisdiction of a juvenile probation department.</td>
<td>Provide assistance to local juvenile probation departments for community-based services for misdemeanors, enhanced community-based services for felons, and other behavioral health programs.</td>
<td>34,968</td>
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<td><strong>Probation Grants: Mental Health Services; Strategy A.1.7</strong></td>
<td>Juvenile offenders under the jurisdiction of a juvenile probation department.</td>
<td>Provide grants and technical assistance to local juvenile probation departments for mental health services.</td>
<td>4,216</td>
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<tr>
<td><strong>Probation Grants: Special Needs Diversionary Program; Strategy A.1.3</strong></td>
<td>Juvenile offenders under the jurisdiction of a juvenile probation department.</td>
<td>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.</td>
<td>1,293</td>
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<td>State Programs: General Rehabilitation Treatment; Strategy B.1.8</td>
<td>Juveniles in state-operated residential care except orientation and assessment and the designated mental health residential treatment center.</td>
<td>Supports all rehabilitation treatment services to target population including case management, correctional counseling, ongoing assessment of risk and protective factors, case planning, review by multidisciplinary team, crisis intervention and management, reintegration planning, and family involvement.</td>
<td>1,739</td>
<td>✓</td>
<td>✓</td>
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<td>State Programs: Parole Programs and Services; Strategy C.1.2</td>
<td>Juveniles who have been released from residential programs to parole status and who require aftercare services in addition to general parole services. A youth may reside in an approved home or home substitute while receiving aftercare services.</td>
<td>Youth who have completed specialized treatment in residential placements require aftercare services in those areas as a condition of their parole to improve outcomes.</td>
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<td>State Programs: Psychiatric (Mental Health) Services; Strategy B.1.1</td>
<td>Youth at the intake and orientation unit with mental health problems who require psychiatric treatment and psychotropic medication or require a comprehensive psychiatric evaluation based on a 12 Minimum Length of Stay or longer.</td>
<td>Psychiatric services provided by contracted psychiatric providers for services to youth who are assigned to intake and assessment unit. *Please note, in TJJD's coordinated expenditure proposal, this row and the subsequent row were combined in a single line. They are shown separately here for ease of identifying output and outcome measures.</td>
<td>689</td>
<td>✓</td>
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<tr>
<td>State Programs: Psychiatric (Mental Health) Services; Strategy B.1.7</td>
<td>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.</td>
<td>Psychiatric services provided by contracted psychiatric providers for services to youth who are assigned to TJJD residential facilities. *Please note, in TJJD's coordinated expenditure proposal, this row and the previous row were combined in a single line. They are shown separately here for ease of identifying output and outcome measures.</td>
<td>1,280</td>
<td>✓</td>
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<td>State Programs: Specialized Rehabilitation Treatment; Strategy B.1.8</td>
<td>Juveniles in state-operated residential care except orientation and assessment who require specialized treatment services in addition to general rehabilitation treatment.</td>
<td>TJJD administers four specialized treatment programs: sexual behavior, capital and serious violent offender, alcohol/other drug, and mental health programs. Of youth entering TJJD, 97 percent have a need for one or more of these programs. Services include assessment, group or individual counseling, multi-disciplinary team collaboration, and re-integration planning and are provided by licensed or certified staff.</td>
<td>1,731</td>
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| 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 mental health and counseling services on the topics of stress, anxiety, depression, anger, grief, family/relationship problems, and more.  
• Develop support plans for individuals and/or their families.  
• Respond to critical incidents and provide post-vention care.  
• Coordinate with Texas Military Forces unit leadership to support behavioral health awareness and wellness promotion plans.  
• Conduct behavioral health training for Texas Military Forces.  
• Provide support through the 24/7 counseling line.  
• Coordinate with Texas Military Forces Family Support Services (FSS) programs to offer holistic care to all clients.  
• Assist and execute plans for behavioral health assistance to Texas Military Forces soldiers and employees during disaster response missions. | 30,000 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
**Article VII.**

**Texas Department of Housing and Community Affairs**

<table>
<thead>
<tr>
<th>Program Name &amp; Appropriation Strategies</th>
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</thead>
<tbody>
<tr>
<td>Strategy A.1.4</td>
<td>Low income persons with disabilities transitioning out of institutions.</td>
<td>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 DADS).</td>
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<tr>
<td>Strategy A.1.4</td>
<td>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.</td>
<td>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 interagency agreement with HHSC.</td>
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<tr>
<td>Strategy A.1.4</td>
<td>Persons with disabilities</td>
<td>All of the programs administered by TDHCA, from homeless and weatherization activities, to rental assistance and homeownership, are open to all income-eligible households, which is inclusive of those with disabilities. Additionally, the Comprehensive Energy Assistance, Weatherization Assistance, HOME, Housing Tax Credit, Multifamily Bond, Neighborhood Stabilization, Housing Trust Fund, Section 8, and Section 811 PRA programs all have specific measures to address the needs of people with disabilities. Two examples: priority for energy assistance through Comprehensive Energy Assistance and Weatherization Assistance programs are given to persons with disabilities as well as other special needs and prioritized groups, and five percent 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.</td>
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### Article VIII.

#### Board of Dental Examiners

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</table>
| Peer Assistance Program; Strategy A.1.2  | Dentists impaired by chemical dependency or mental illness. | • Monitor impaired dentists to ensure safe practice and allow for rehabilitation for the professional to enter safe, healthy recovery Identify dentists with a potential impairment and coordinate evaluation to assess impairment  
• Provide referrals to qualified mental health professionals to evaluate and provide mental health services, including treatment and counseling  
• Coordinate treatment among mental health professionals to ensure proper and efficient treatment and services  
• Allow for self-referral to access mental health services confidentially and without professional disciplinary action  
• Provide crisis intervention through peer assistance program | 85 | | | | | | | | | | | ✓ |
### Peer Assistance Program; Strategy B.1.2

<table>
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</table>
| 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. | Identify, monitor, and assist with locating appropriate treatment to aid target population to return to practice safe nursing.  
- Statewide peer advocacy  
- Statewide monitoring  
- A network of trained peer volunteer advocates  
- Physical and psychological evaluations;  
- Substance abuse treatment  
- Drug screening  
- Individual and group psychotherapy | 810 |
## Board of Pharmacy

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| Peer Assistance Program; Strategy B.1.2 | Pharmacists or eligible pharmacy students impaired by chemical abuse or mental or physical illness. | • Monitor impaired pharmacists to ensure safe practice and allow for rehabilitation for the professional to enter safe, healthy recovery  
• Identify pharmacists with a potential impairment and coordinate evaluation to assess impairment  
• Provide referrals to qualified mental health professionals to evaluate and provide mental health services (MHS), including treatment and counseling  
• Coordinate treatment among mental health professionals to ensure proper and efficient treatment and services  
• Allow for self-referral to access MHS confidentially and without professional disciplinary action  
• Provide crisis intervention through peer assistance program | 180 | | | | | | | | | | |


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| Peer Assistance Program; Strategy A.2.2 | Veterinarians impaired by chemical dependency or mental illness. | • Monitor to ensure safe practice and allow for rehabilitation for the professional to enter safe, healthy recovery  
• Identify veterinarians with a potential impairment and coordinate evaluation to assess impairment for veterinarians  
• Provide referrals to qualified mental health professionals to evaluate and provide mental health services (MHS) to veterinarians, including treatment and counseling  
• Coordinate treatment among mental health professionals to ensure proper and efficient treatment and services | 22 | | | | | | | | | | |
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<tr>
<td>Physician Health Program; Strategy B.1.2</td>
<td>Licensees of the Medical Board and associated boards (physicians, physician assistants, acupuncturists, and surgical assistants).</td>
<td>Provide for the oversight and monitoring of licensees who may have a substance abuse disorder, mental health issue, or physical illness or impairment that has the potential to compromise a licensee's ability to practice.</td>
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| Peer Assistance Program; Strategy A.1.4 | Optometrists impaired by chemical abuse or mental or physical illness. | • Monitor to ensure safe practice and allow for rehabilitation to enter safe, healthy recovery  
• Identify optometrists with a potential impairment and coordinate evaluation to assess impairment  
• Provide referrals to qualified mental health professionals to evaluate and provide mental health services (MHS), including treatment and counseling  
• Coordinate treatment among mental health professionals to ensure proper and efficient treatment and services  
• Allow for self-referral to access MHS confidentially and without professional disciplinary action  
• Provide crisis intervention through peer assistance program | 2 |