

Coordinated Statewide Behavioral Health Expenditure Proposal

Fiscal Year 2017

*As Required By
2016-17 General Appropriations Act,
H.B. 1, 84th Legislature, Regular Session,
2015 (Article IX, Section 10.04)*



Statewide Behavioral Health Coordinating Council
June 2016



Coordinated Statewide Behavioral Health Expenditure Proposal for Fiscal Year 2017

Health and Human Services Commission

June 1, 2016

Introduction and Attachment Details

Pursuant to the 2016-17 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015 (Article IX, Section 10.04), the Health and Human Services Commission (HHSC) is requesting approval from the Legislative Budget Board (LBB) for the Coordinated Statewide Behavioral Health Expenditure Proposal for Fiscal Year 2017.

In an effort to enhance cross-agency behavioral health service coordination, Article IX, Section 10.04, created the Statewide Behavioral Health Coordinating Council for the purpose of working collectively to develop a five-year Statewide Behavioral Health Strategic Plan for the time period 2017 through 2021 and a Coordinated Statewide Behavioral Health Expenditure Proposal for fiscal year 2017. On May 2, 2016, the LBB received notification of the approved strategic plan and an inventory of behavioral health programs and services. Further, Article IX, Section 10.04 requires that HHSC submit the expenditure proposal to the LBB by June 1, 2016. The proposal will be considered approved unless the LBB issues written disapproval by August 1, 2016.

The Coordinated Statewide Behavioral Health Expenditure Proposal for Fiscal Year 2017 provides information regarding \$1.8 billion in behavioral health expenditures obtained from council member agencies and institutions of higher education. Expenditures are linked to applicable goals, objectives, and strategies in the strategic plan and the inventory of behavioral health services to demonstrate how state appropriations will be spent in accordance with, and further the goals of the strategic plan during fiscal year 2017. The identified links between state expenditures and strategic plan goals, objectives, and strategies will assist agencies and institutions of higher education in eliminating redundancy and ensuring optimal service delivery.

The Coordinated Statewide Behavioral Health Expenditure Proposal for Fiscal Year 2017 submission contains three attachments, which are listed below.

1. Cover letter addressed to the Office of the Governor and the LBB
2. Coordinated Statewide Behavioral Health Expenditure Proposal for Fiscal Year 2017 (three components)
 - a. Summary
 - b. Full Proposal
 - c. Strategic Plan Key
3. Mental Health Expenditures in Medicaid, Fiscal Years 2014-2017

**Coordinated Statewide Behavioral Health
Expenditure Proposal for Fiscal Year 2017
Summary**

Coordinated Statewide Behavioral Health Expenditures Proposal for Fiscal Year 2017

Agency	GAA, Article IX, Section 10.04, Expenditures - All Funds	Proposed FY 2017 Expenditures - General Revenue	Proposed FY 2017 Expenditures - All Funds
Office of the Governor (GOV)	\$ 5,269,948	\$ 950,000	\$ 5,269,948
Texas Veterans Commission (TVC)	\$ 2,000,000	\$ -	\$ 2,000,000
Article I Subtotal	\$ 7,269,948	\$ 950,000	\$ 7,269,948
Department of Aging and Disability Services (DADS)	\$ 12,316,944	\$ 12,000,000	\$ 12,316,944
Department of Family and Protective Services (DFPS)	\$ 27,668,231	\$ 14,702,058	\$ 27,668,231
Department of State Health Services (DSHS) ¹	\$ 1,351,430,144	\$ 993,696,956	\$ 1,351,430,144
Health and Human Services Commission (HHSC) ²	\$ 40,093,912	\$ 14,376,606	\$ 38,224,548
Texas Civil Commitment Office (TCCO)	\$ 154,611	\$ 154,611	\$ 154,611
Article II Subtotal	\$ 1,431,663,842	\$ 1,034,930,231	\$ 1,429,794,478
University of Texas - Health Science Center at Houston (UTHSC-Houston)	\$ 6,000,000	\$ 6,000,000	\$ 6,000,000
University of Texas - Health Science Center at Tyler (UTHSC-Tyler)	\$ 4,000,000	\$ 4,000,000	\$ 4,000,000
Article III Subtotal	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000
Texas Department of Criminal Justice (TDCJ) ³	\$ 247,908,621	\$ 250,386,515	\$ 250,877,549
Texas Juvenile Justice Department (TJJJ) ⁴	\$ 84,747,891	\$ 85,458,830	\$ 87,299,830
Texas Military Department (TMD)	\$ 628,500	\$ 628,500	\$ 628,500
Article V Subtotal	\$ 333,285,012	\$ 336,473,845	\$ 338,805,879
Texas State Board of Dental Examiners (BDE)	\$ 124,250	\$ 124,250	\$ 124,250
Texas State Board of Pharmacy (BPH)	\$ 238,585	\$ 238,585	\$ 238,585
Texas Board of Veterinary Medical Examiners (TBVME)	\$ 30,000	\$ 30,000	\$ 30,000
Texas Optometry Board (TOB)	\$ 36,000	\$ 36,000	\$ 36,000
Texas Board of Nursing (TBN)	\$ 873,558	\$ 873,558	\$ 873,558
Texas Medical Board (TMB)	\$ 533,969	\$ 533,969	\$ 533,969
Article VIII Subtotal	\$ 1,836,362	\$ 1,836,362	\$ 1,836,362
Cross Article Total	\$ 1,784,055,164	\$ 1,384,190,438	\$ 1,787,706,667

Summary By Service Type Category ⁵	Proposed FY 2017 Expenditures - All Funds
Education and Training	\$ 4,000,000
Information Technology	\$ 1,882,365
Infrastructure	\$ 2,882,062
Intervention and Treatment Services	\$ 1,657,002,029
Prevention	\$ 98,976,583
Research	\$ 6,000,000
Staff	\$ 16,963,628

Notes:
 ---Summary page does not include IAC adjustments, see Summary Description section of the following Expenditures Proposal.---
 1. DSHS funds include Medicaid as reflected in GAA, Art. IX, Sec. 10.04 rider; NorthSTAR funds will transfer to HHSC January 1, 2017.
 2. HHSC variance from the GAA, Art. IX, Sec.10.04 includes revisions in CHIP projections based on the September 2015 operating budget forecast, as well as adjustments for the System of Care Grant, CCBHC Planning Grant, and the Texas Veteran + Family Alliance Pilot Program, which were unknown at the time the original rider amounts were developed.
 3. TDCJ's FY 2017 expenditure proposal includes additional behavioral health funding in two strategies not included in the GAA, Art. IX, Sec.10.04 rider and an adjustment in one other strategy to specifically reflect only behavioral health-related initiatives.
 4. TJJJ's FY 2017 expenditure proposal includes additional behavioral health funding in two strategies not included in the GAA, Art. IX, Sec.10.04 rider and an adjustment throughout several strategies to remove federal funding not specifically related to behavioral health.
 5. The Education and Training and Research Service Type Categories are as defined by the BH Coordinating Council, the remaining categories are as defined by the LBB.

**Coordinated Statewide Behavioral Health
Expenditure Proposal for Fiscal Year 2017
Full Proposal**

Coordinated Statewide Behavioral Health Expenditure Proposal for Fiscal Year 2017

Service Type	Strategy	Summary Description	Estimated FY 2016 GR	Estimated FY 2016 AF	Projected FY 2017 GR	Projected FY 2017 AF	Strategic Plan: Inventory of Behavioral Health Programs and Services Location	Strategic Plan: Strategies
Article I								
Office of the Governor (GOV)								
Intervention and Treatment Services	B.1.1. Criminal Justice	Drug Courts - Provide grant funding to counties to establish specialized courts offering court-supervised substance abuse treatment as an alternative to traditional criminal sanctions, including incarceration. Amount for FY 2016 and 17 are estimated amounts and the Office of the Governor anticipate additional collection.	\$ 750,000	\$ 750,000	\$ 750,000	\$ 750,000	Criminal Justice / Drug Courts; Strategy A.1.3 (Rec. B.1.1)	1.1.1, 1.1.3, 2.3.2, 2.5.2, 4.2.2
Intervention and Treatment Services	B.1.1. Criminal Justice	Juvenile Justice and Delinquency Programs - Provide grant funding to local communities and non-profit organizations to improve the juvenile and adult criminal justice system with increased access to mental health and substance abuse programs.	\$ 200,000	\$ 3,267,865	\$ 200,000	\$ 3,500,000	Criminal Justice / Juvenile Justice and Delinquency Program; Strategy A.1.3 (Rec. B.1.1)	1.1.1, 1.1.3, 2.3.2, 2.5.2, 4.2.2
Intervention and Treatment Services	B.1.1. Criminal Justice	Residential Substance Abuse Treatment - Provide grant funding to establish and to operate substance abuse treatment programs within state and local correctional facilities to create and maintain community-based aftercare services for offenders.	\$ -	\$ 908,404	\$ -	\$ 1,019,948	Criminal Justice / Residential Substance Abuse Treatment; Strategy A.1.3 (Rec. B.1.1)	1.1.1, 1.1.3, 2.3.2, 2.5.2, 4.2.2
Office of the Governor Subtotal			\$ 950,000	\$ 4,926,269	\$ 950,000	\$ 5,269,948		
Texas Veterans Commission (TVC)								
Intervention and Treatment Services	A.1.4. Veterans Outreach	Veterans Outreach (Veteran Mental Health Program) - Veteran Mental Health Program provides training to coordinators and peers who connect veterans and their families to resources for them to address their military trauma issues(Military Veteran Peer Network); trains community-based therapists, community-based organizations and faith-based organizations and coordinates services for justice involved veterans. <i>IAC from DSHS to TVC.</i>	\$ -	\$ 600,000	\$ -	\$ -	DSHS B.2.1 (IAC between TVC and DSHS)	1.1.1, 2.5.1, 2.5.2
Intervention and Treatment Services	B.1.1. General Assistance Grants	General Assistance Grants (Veterans Mental Health Grants) - Fund for Veterans Assistance Grants provides assistance to veterans, their families and survivors by making grants to local nonprofit organizations and units of local governments providing direct services.	\$ -	\$ 2,000,000	\$ -	\$ 2,000,000	General Assistance Grants (Veterans Mental Health Grants); Strategy B.1.1	1.1.1, 2.5.1, 2.5.2, 4.1.2, 4.1.3
Intervention and Treatment Services	B.1.1. General Assistance Grants	General Assistance Grants (Veterans Mental Health Grants) - Fund for Veterans Assistance Grants provides assistance to veterans, their families and survivors by making grants to local nonprofit organizations and units of local governments providing direct services. <i>IAC from DSHS to TVC.</i>	\$ -	\$ -	\$ -	\$ -	General Assistance Grants (Veterans Mental Health Grants); Strategy B.1.1.	1.1.1, 2.5.1, 2.5.2, 4.1.2, 4.1.3
Staff	A.1.4. Veterans Outreach	Veterans Outreach (Veteran Mental Health Program) - Veteran Mental Health Program provides training to coordinators and peers who connect veterans and their families to resources for them to address their military trauma issues(Military Veteran Peer Network); trains community-based therapists, community-based organizations and faith-based organizations and coordinates services for justice involved veterans. <i>IAC from DSHS to TVC.</i>	\$ -	\$ 639,517	\$ -	\$ -	DSHS B.2.1 (IAC between TVC and DSHS)	1.1.1, 2.5.1, 2.5.2
Education and Training	A.1.4. Veterans Outreach	Veterans Outreach (Veteran Mental Health Program) - Veteran Mental Health Program provides training to coordinators and peers who connect veterans and their families to resources for them to address their military trauma issues(Military Veteran Peer Network); trains community-based therapists, community-based organizations and faith-based organizations and coordinates services for justice involved veterans. <i>IAC from DSHS to TVC.</i>	\$ -	\$ 200,000	\$ -	\$ -	DSHS B.2.1 (IAC between TVC and DSHS)	1.1.1, 2.5.1, 2.5.2
Staff	A.1.4. Veterans Outreach	Veterans Outreach (Veteran Mental Health Program) - Veteran Mental Health Program provides training to coordinators and peers who connect veterans and their families to resources for them to address their military trauma issues(Military Veteran Peer Network); trains community-based therapists, community-based organizations and faith-based organizations and coordinates services for justice involved veterans. <i>IAC from DSHS to TVC.</i>	\$ -	\$ 71,483	\$ -	\$ -	DSHS B.2.1 (IAC between TVC and DSHS)	1.1.1, 2.5.1, 2.5.2
TVC Subtotal			\$ -	\$ 3,511,000	\$ -	\$ 2,000,000		
Article I Subtotal			\$ 950,000	\$ 8,437,269	\$ 950,000	\$ 7,269,948		

Coordinated Statewide Behavioral Health Expenditure Proposal for Fiscal Year 2017

Service Type	Strategy	Summary Description	Estimated FY 2016 GR	Estimated FY 2016 AF	Projected FY 2017 GR	Projected FY 2017 AF	Strategic Plan: Inventory of Behavioral Health Programs and Services Location	Strategic Plan: Strategies
Article II								
Department of Aging and Disability Services (DADS)								
Intervention and Treatment Services	A.4.2. ID Community Services	Funding for Crisis Respite and Behavioral Intervention Services - Provide behavioral intervention and crisis respite to individuals with IDD with complex behavioral and/or mental health needs who are in crisis. Provide resources for LIDDAs and community services providers to help prevent institutionalization of individuals with IDD. Assist in funding for those LIDDAs that do not receive any or enough funding for all of their catchment areas through an 1115 waiver delivery system reform incentive payment (DSRIP). Provide funding for DADS to hire 1 additional utilization review staff and 3 local authority staff to administratively manage IDD programs and provide training to all 39 LIDDAs.	\$ 6,000,000	\$ 6,316,945	\$ 12,000,000	\$ 12,316,944	Intellectual and Developmental Disability (IDD) Crisis Respite and Behavioral Intervention Programs; Exceptional Item 5a, Strategy A.4.2	2.3.2, 2.5.4
DADS Subtotal			\$ 6,000,000	\$ 6,316,945	\$ 12,000,000	\$ 12,316,944		
Department of Family and Protective Services (DFPS)								
Intervention and Treatment Services	B.1.7. Substance Abuse Purchased Services	Substance Abuse - Payments to contractors for substance abuse prevention and treatment services (education, counseling, and treatment) delivered to individuals to meet their needs, where not met by DSHS services. Services may include:* - substance abuse assessment and diagnostic consultation - individual, group and/or family substance abuse counseling and therapy, including home-based therapy	\$ 1,759,116	\$ 2,590,707	\$ 1,759,116	\$ 2,590,707	Substance Abuse Prevention and Treatment Services; Strategy B.1.7	2.3.2, 2.5.2
Intervention and Treatment Services	B.1.8. Other CPS Purchased Services	Other Purchased - 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.	\$ 9,235,628	\$ 20,970,047	\$ 9,399,973	\$ 21,343,202	Counseling and Therapeutic Services; Strategy B.1.8	2.3.2
Intervention and Treatment Services	B.1.9. Foster Care Payments	Sub-Acute - Payments to contractors for specialized treatment to children in the conservatorship of DFPS with serious mental health needs in an inpatient non-hospital setting.*	\$ 835,000	\$ 835,000	\$ 3,340,000	\$ 3,340,000	Foster Care Payments, Sub-Acute Inpatient Treatment; Strategy B.1.9	2.3.2, 2.5.2
Intervention and Treatment Services	D.1.3. APS Purchased Emergency Client Services	APS ECS - Payments to contractors for mental health services to individuals as a component of assessing capacity and meeting service plan needs where services are not already provided through other funding sources.	\$ 202,969	\$ 394,322	\$ 202,969	\$ 394,322	APS Emergency Client Services; Strategy D.1.3	2.3.2, 2.5.2
DFPS Subtotal			\$ 12,032,713	\$ 24,790,076	\$ 14,702,058	\$ 27,668,231		
Department of State Health Services (DSHS)								
Intervention and Treatment Services	B.2.1. Mental Health Services-Adults	Mental Health Services for Adults - Community services designed to support adults' movement toward independence and recovery. The array of community-based services include: assessment, case management, medication, rehabilitation, counseling, supported housing/employment and other related services. <i>IAC is with TDCJ</i>	\$ 237,393,312	\$ 278,445,125	\$ 260,664,392	\$ 305,225,004	Mental Health Services for Adults; Strategy B.2.1	2.3.2, 4.1.2, 4.1.3
Intervention and Treatment Services	Strategy B.2.1 (old Exceptional Item 1b)	1915(i) Home and Community Based Services - To continue fiscal year 2015 appropriated funding (funding lapsed in 2015, so estimated/budgeted is zero) for the Home and Community Based Services – Adult Mental Health (HCBS-AMH) program established in response to the 2014-2015 General Appropriations Act, S.B. 1, 83rd Legislature, 2013 (Article II, Department of State Health Services, Rider 81) The HCBS-AMH program provides intensive home and community-based services to adults with extended tenure in state mental health facilities in lieu of their remaining long term residents of those facilities.	\$ 14,008,704	\$ 22,993,655	\$ 18,008,702	\$ 28,442,437	1915(i) Home and Community Based Services; Strategy B.2.1	2.3.2, 4.1.2
Intervention and Treatment Services	B.2.1. Mental Health Services-Adults	Development and Expansion of Recovery-Focused Clubhouses - Development and Expansion of Recovery-Focused Clubhouses-The International Center for Clubhouse Development is a day treatment program for rehabilitating adults diagnosed with mental health problems. This request will serve to enhance the scope of and capabilities of existing Clubhouses and provide funding for the startup of an additional four Clubhouses.	\$ 402,765	\$ 402,765	\$ 871,348	\$ 871,348	Development and Expansion of recovery-focused Clubhouses; Exceptional Item 6d, Strategy B.2.1	1.1.1, 2.3.2, 2.5.2, 4.1.1

Coordinated Statewide Behavioral Health Expenditure Proposal for Fiscal Year 2017

Service Type	Strategy	Summary Description	Estimated FY 2016 GR	Estimated FY 2016 AF	Projected FY 2017 GR	Projected FY 2017 AF	Strategic Plan: Inventory of Behavioral Health Programs and Services Location	Strategic Plan: Strategies
Intervention and Treatment Services	Strategy B.2.1 Rider 62	Mental Health Program for Veterans - For the purpose of administering the Mental health program for Veterans pursuant to Health and Safety Code 1001.201-204. \$1,669,000 is an IAC with TVC for FY17.	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	Not reported in Inventory of Programs and Services	2.3.2, 4.1.3
Intervention and Treatment Services	Strategy B.2.1 Exceptional Item 6b.3	Preadmission Screening and Resident Review (PASSR) Medicaid costs for Mental Health for Adults - Ensure sufficient matching dollars to provide Medicaid case management and rehabilitation.	\$ 1,786,643	\$ 4,184,178	\$ 2,386,098	\$ 5,578,904	PASSR Medicaid costs for MH, Exceptional Item 6b.3, Strategy B.2.1	2.3.2, 4.1.2, 4.1.3
Intervention and Treatment Services	Strategy B.2.1 Conference Committee Action Item	Mental Health Funding Adjustments - Funding adjustments made to mental health services for adults (B.2.1), children (B.2.2), Crisis (B.2.3), Substance Abuse (B.2.5) and for Mental Health Adult waiting lists	\$ 4,716,864	\$ 4,716,864	\$ 4,716,864	\$ 4,716,864	Mental Health Services for Adults; Strategy B.2.1	2.3.2
Intervention and Treatment Services	B.2.2. Mental Health Services-Children	Mental Health Services for Children - Services for children (ages 3 through 17) with mental illness including outpatient services, inpatient services, family support services, new generation and other medications, and medication-related services.	\$ 60,593,653	\$ 95,305,222	\$ 68,307,960	\$ 104,539,842	Mental Health Services for Children; Strategy B.2.2	2.3.2, 4.1.3
Intervention and Treatment Services	B.2.2. Mental Health Services-Children	Relinquishment Slots (DFPS) - Fund an additional 20 residential treatment center beds, which on average can serve 40 children per year.	\$ 2,354,860	\$ 2,354,860	\$ 2,450,744	\$ 2,450,744	Relinquishment Slots (DFPS); Exceptional Item 6c, Strategy B.2.2	4.2.2, 4.1.1
Intervention and Treatment Services	B.2.3. Community Mental Health Crisis Services	Community Mental Health Crisis Services - Community services for mental health and substance abuse crisis to ensure statewide access to crisis hotlines, mobile crisis response, and facility-based crisis services. The array of crisis options work to help adults and children avoid unnecessary hospitalization, incarceration and use of emergency rooms. Also includes Community-Based Competency Restoration Services and other specialized projects to support persons in periods of crisis.	\$ 107,436,150	\$ 109,086,718	\$ 107,436,148	\$ 109,086,716	Community Mental Health Crisis Services; Strategy B.2.3	2.3.2, 2.5.4, 4.1.3
Intervention and Treatment Services	Strategy B.2.3 Rider 70	Jail Based Competency Rider	\$ 1,743,000	\$ 1,743,000	\$ -	\$ -	Jail Based Competency ; GAA (84-R) Rider 70, Strategy B.2.3	2.3.2
Intervention and Treatment Services	Strategy B.2.3 Old Exceptional Item	Crisis Service Expansion and Enhancement - This item focuses on community health initiatives intended to fill gaps in the current system or to enhance services currently being provided. Crisis Service Expansion and Enhancement Activities-Funds via this item will expand or enhance crisis services based on assessment of community needs.	\$ 15,873,678	\$ 15,873,678	\$ 15,873,678	\$ 15,873,678	Community Mental Health Crisis, Services; Exceptional Item 5a, Strategy B.2.3	2.3.2, 4.1.1, 4.1.3
Information Technology	B.2.3. Community Mental Health Crisis Services	Clinical Management Behavioral Health Services (CMBHS) System - Mental Health Information Technology System Improvements-This project will complete the current functionality for the Clinical Management for Behavioral Health Services (CMBHS) system. Upgrades include: tracking services and outcomes for additional programs; support third party billing/attestations; and development of required interfaces with contract management system. The project will also include changes to CMBHS for automated invoicing and client services tracking for the Home and Community-Based Services as well as a mobile application with up-to-date information to assist with referrals to crisis facilities and aid in diverting individuals from high cost hospitalizations.	\$ 953,116	\$ 953,116	\$ 953,116	\$ 953,116	Clinical Management Behavioral Health Services (CMBHS) System; Exceptional Item 5e, Strategy B.2.3.	5.1.1, 5.1.2, 5.1.3
Intervention and Treatment Services	B.2.4. NorthSTAR Behavioral Health Waiver	Crisis Service Expansion and Enhancement Activities - Funds via this item will expand or enhance crisis services based on assessment of community needs.	\$ 47,842,154	\$ 124,862,160	\$ 16,153,786	\$ 41,928,709	NorthSTAR Behavioral Health Waiver; Strategy B.2.4, Sept. 1 – Dec. 31, 2016,	4.1.1, 4.1.2
Intervention and Treatment Services	Strategy B.2.4 New Exceptional Item 1d	Health Insurance Fee - ACA Health Insurance Issuer Tax payment for NorthSTAR. Fee is imposed by the Affordable Care Act on all managed care organizations, which includes NorthSTAR.	\$ 973,670	\$ 2,332,840	\$ 974,519	\$ 2,343,785	Health Insurance Fee; Exceptional Item 1d, Strategy B.2.4	2.3.2
Intervention and Treatment Services	Strategy B.2.4 Exceptional Item 6b.4	Preadmission Screening and Resident Review (PASSR) Medicaid costs for NorthSTAR - Ensure sufficient matching dollars to provide Medicaid case management and rehabilitation.	\$ 220,821	\$ 517,145	\$ 294,911	\$ 689,528	PASSR Medicaid costs for NorthSTAR, Exceptional Item 6b.4, Strategy B.2.1	4.1.2

Coordinated Statewide Behavioral Health Expenditure Proposal for Fiscal Year 2017

Service Type	Strategy	Summary Description	Estimated FY 2016 GR	Estimated FY 2016 AF	Projected FY 2017 GR	Projected FY 2017 AF	Strategic Plan: Inventory of Behavioral Health Programs and Services Location	Strategic Plan: Strategies
Intervention and Treatment Services	B.2.4. NorthSTAR Behavioral Health Waiver	Substance Abuse: Neonatal Abstinence Syndrome - This exceptional item will expand existing services in the NorthSTAR service area; create new services and systems to address the incidence of Neonatal Abstinence Syndrome (NAS), which may occur when a woman ingests alcohol and other drugs, including certain prescription medications, during her pregnancy. Service delivery and administrative changes will improve client outcomes and greatly reduce costs associated with NAS. The requested dollars will purchase health care services, products, and community-based activities to reduce the incidence, severity and costs associated with NAS.	\$ 686,093	\$ 686,093	\$ 704,280	\$ 704,280	Substance Abuse: Neonatal Abstinence Syndrome; Exceptional Item 5b, Strategy B.2.4 (NorthSTAR area allocation)	2.3.2, 3.1.3
Intervention and Treatment Services	B.2.5. Substance Abuse Prev/Interv/Treat	Substance Abuse Intervention and Treatment - The Substance Abuse Treatment programs serve adults above the age of 17 who are diagnosed with a Substance Use Disorder; youth between the ages 13-17 who meet DSM-5, criteria for substance use or dependence are eligible for treatment services. The Substance Abuse Intervention programs serve persons who are involved with or have completed treatment services and who need support of their efforts to address their substance use disorder.	\$ 26,878,287	\$ 96,662,781	\$ 27,738,212	\$ 104,160,403	Substance Abuse Intervention; Strategy B.2.5	2.3.2
Prevention	B.2.5. Substance Abuse Prev/Interv/Treat	Substance Abuse Prevention - The Substance Abuse Prevention programs provide evidence-based programming in schools and community sites. Substance Abuse Prevention is targeted to school age children. Other prevention approaches include Community Coalitions that implement environmental strategies that focus on changing policies and social norms in communities to prevent and reduce alcohol and other drugs use. Prevention Resource Centers serve as a central data collection repository and substance abuse prevention training liaison for the region. Individuals at risk for substance abuse receive evidence-based intervention in schools and community sites.	\$ 8,383,655	\$ 53,348,296	\$ 8,383,655	\$ 53,348,296	Substance Abuse Prevention; Strategy B.2.5	2.3.2, 3.1.3, 4.1.1
Prevention	B.2.5. Substance Abuse Prev/Interv/Treat	Substance Abuse Prevention - Substance Abuse Prevention Expansion	\$ 2,808,903	\$ 2,808,903	\$ 5,019,690	\$ 5,019,690	Substance Abuse Prevention; Strategy B.2.5	2.3.2
Intervention and Treatment Services	B.2.5. Substance Abuse Prev/Interv/Treat	Substance Abuse: Neonatal Abstinence Syndrome - This exceptional item will expand existing services; create new services and systems to address the incidence of Neonatal Abstinence Syndrome (NAS), which may occur when a woman ingests alcohol and other drugs, including certain prescription medications, during her pregnancy. Service delivery and administrative changes will improve client outcomes and greatly reduce costs associated with NAS. The requested dollars will purchase health care services, products, and community-based activities to reduce the incidence, severity and costs associated with NAS.	\$ 4,252,353	\$ 4,252,353	\$ 5,509,934	\$ 5,509,934	Substance Abuse: Neonatal Abstinence Syndrome; Exceptional Item 5b, Strategy B.2.5	2.3.2, 3.2.2, 4.1.1
Intervention and Treatment Services	C.1.2. Rio Grande State Outpatient Clinic	Rio Grande State Center Outpatient Clinic - The Outpatient Medical Clinic provides referrals to local mental health authorities for primary care services to adults living in the lower Rio Grande Valley. The Outpatient Clinic services are provided to the following four counties: Cameron, Hidalgo, Willacy, and Starr.	\$ 4,236,911	\$ 4,236,911	\$ 4,236,910	\$ 4,236,910	Rio Grande State Center Outpatient Clinic; Strategy C.1.2	2.3.1, 2.3.2
Intervention and Treatment Services	C.1.3. Mental Health State Hospitals	Mental Health State Hospitals - The State MH Hospital System consists of ten state mental health facilities within the Texas Department of State Health Services (DSHS) system. Each hospital provides intensive inpatient diagnostic, treatment, rehabilitative, and referral services for seriously mentally ill persons from all regions of Texas regardless of their financial status. RGSC and SASH have an IAC with DADS. The Hospitals were appropriated \$14.8M.	\$ 320,277,451	\$ 422,920,039	\$ 317,742,516	\$ 420,359,763	Mental Health State Hospitals; Strategy C.1.3	2.6.1, 2.6.2, 2.6.3, 4.1.1, 4.1.2
Intervention and Treatment Services	C.1.3. Mental Health State Hospitals	Hospital Cost Increases - Fund inflation-related direct cost increases for operating the current state hospital system.	\$ 9,322,108	\$ 9,322,108	\$ 15,093,995	\$ 15,093,995	Hospital Cost Increases; Exceptional Item 1b, Strategy C.1.3	2.6: 2.6.1, 2.6.2, 4.1.2
Intervention and Treatment Services	C.1.3. Mental Health State Hospitals	Patient Transition Support into Communities - Create a supported decision making program within DSHS to reduce the number of patients who cannot be discharged from the state hospitals because they lack the capacity for independent decision-making.	\$ 887,640	\$ 887,640	\$ 1,579,633	\$ 1,579,633	Patient Transition Support into Communities; Exceptional Item 2c, Strategy C.1.3 (Guardianship)	1.1.1, 1.1.3, 2.3.2, 2.5.2, 2.5.3, 2.6.3, 4.2.2
Information Technology	C.1.3. Mental Health State Hospitals	State Hospitals: Electronic Medical Record System - Support the full cost of the state hospital electronic medical record system; replacement of state hospital IT infrastructure; software for quality improvement; and wireless technology to support delivery of patient care.	\$ 869,249	\$ 869,249	\$ 869,249	\$ 869,249	Hospital IT Infrastructure Strategy C.1.3.	2.6.1, 2.6.2, 2.6.3, 4.1.2
Infrastructure	C.1.3. Mental Health State Hospitals	Enterprise: DSHS Regional Laundry - Replacement of laundry equipment at State Hospitals.	\$ 738,193	\$ 738,193	\$ -	\$ -	Enterprise: DSHS Regional Laundry; Exceptional Item 4b Strategy C.1.3	2.6.1, 2.6.2, 2.6.3, 4.1.2
Intervention and Treatment Services	C.2.1. Mental Health Community Hospitals	Mental Health Community Hospitals - Inpatient psychiatric facilities (this includes both hospitals or Crisis Stabilization Units that are not operated by DSHS) in communities throughout the state. The services provided at these facilities vary from site to site in response to contract specifications and local needs.	\$ 69,850,921	\$ 79,971,621	\$ 69,850,920	\$ 79,971,620	Mental Health Community Hospital Beds; Exceptional Item 21, Strategy C.2.1	2.6.1, 2.6.2, 2.6.3, 4.1.1

Coordinated Statewide Behavioral Health Expenditure Proposal for Fiscal Year 2017

Service Type	Strategy	Summary Description	Estimated FY 2016 GR	Estimated FY 2016 AF	Projected FY 2017 GR	Projected FY 2017 AF	Strategic Plan: Inventory of Behavioral Health Programs and Services Location	Strategic Plan: Strategies
Intervention and Treatment Services	C.2.1. Mental Health Community Hospitals	Mental Health Community Hospital Beds - Purchase additional beds outside the state hospital system. DSHS will purchase 250 additional psychiatric beds. The beds will be purchased through entities outside of DSHS. These beds address growth in the state and demand for state hospital beds.	\$ 20,000,000	\$ 20,000,000	\$ 30,000,000	\$ 30,000,000	Mental Health Community Hospital Beds; Exceptional Item 21, Strategy C.2.1	2.5.1, 2.6: 2.6.1, 2.6.2, 4.1.1, 4.1.2
Infrastructure	F.1.2. Repair and Renovation: MH Facilities	Repair and Renovation of Mental Health Facilities - Funds the necessary repair, renovation, and construction projects required to maintain the state's ten psychiatric hospitals at acceptable levels of effectiveness and safety.	\$ 21,318,458	\$ 21,171,218	\$ 2,875,696	\$ 2,875,696	Repair and Renovation of Mental Health Facilities; Strategy F.1.2	2.6.1, 2.6.2, 2.6.3, 4.1.1, 4.1.2
DSHS Subtotal			\$ 991,809,612	\$ 1,386,646,731	\$ 993,696,956	\$ 1,351,430,144		
Health and Human Services Commission (HHSC)								
Staff	A.1.1. Enterprise Oversight and Policy	System of Care Expansion - Expansion of the Comprehensive Community Mental Health Services for Children and their Families. This grant is being used to develop a comprehensive strategic plan for improving and expanding services provided by systems of care (SOC) and to build and expand upon the progress already achieved in addressing the mental health needs of children, youth and families. Note: Program area provides strategic planning and coordination.	\$ -	\$ 1,526,381	\$ -	\$ 794,336	System of Care Expansion; Strategy A.1.1	2.3.2, 3.1.1, 3.1.2, 3.1.3, 3.2.1, 4.1.1, 4.1.3
Staff	A.1.1. Enterprise Oversight and Policy	Children with Special Needs - Children with special needs are children that have complex or chronic conditions that require a variety of services for the children and their families. Most of their daily needs are in the form of supports and services that are provided separately from their medical care. Senate Bill 1824, 81st Leg, Regular Session, created the Interagency Task Force for Children with Special Needs and defines this group of children as "children younger than 22 years of age diagnosed with a chronic illness, intellectual or other developmental disability, or serious mental illness." Note: Program area provides strategic planning and coordination. No clients served.	\$ 733,609	\$ 1,226,414	\$ 733,609	\$ 1,226,414	Children with Special Needs; Strategy A.1.1	2.3.1, 3.1.3, 3.2.1, 3.2.2, 4.1.1
Information Technology	A.1.1. Enterprise Oversight and Policy	Veteran's Mobile Application - 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.	\$ 55,358	\$ 55,358	\$ 60,000	\$ 60,000	Veterans Services Veterans Mobile App; Strategy A.1.1	2.3.1, 3.1.3, 3.2.1, 3.2.2, 4.1.2
Prevention	A.1.1. Enterprise Oversight and Policy	CCBHC SAMHSA Planning Grant - SAMHSA Planning Grant to develop and certify community behavioral health centers (CCBHC) to provide integrated mental health, substance abuse, and physical health services. HHSC will also develop a prospective payment system (methodology) in order to reimburse these centers for services provided to clients.	\$ -	\$ 982,373	\$ -	\$ -	Certify Community Behavioral Health Centers (CCBHC), SAMHSA Planning Grant, Rider 79	1.2.2, 2.1.1, 2.3.2, 3.1.1, 4.1.3, 4.2.1, 4.2.2
Staff	A.1.1. Enterprise Oversight and Policy	Mental Health Coordination - HHSC oversees statewide mental health coordination across the HHS system. The Mental Health Coordinator consults and coordinates with other state agencies and local governments to ensure a strategic statewide approach to mental health (HHSC Rider 82, Statewide Mental Health Service Coordination).	\$ 85,257	\$ 793,960	\$ 120,272	\$ 1,120,045	Mental Health Coordination; Strategy A.1.1	1.2.1, 1.2.2
Staff	A.1.1. Enterprise Oversight and Policy	CRCG Program Support - Support Community Resources Coordination Group (CGRG) statewide network by funding 2 staff and enhanced web-based data collection/reporting tool. CRGs coordinate community-based services for children and youth with multi-agency needs, including mental health. Includes 2 FTEs per fiscal year.	\$ 123,395	\$ 123,395	\$ 123,395	\$ 123,395	Community Resource Coordination Group (CGRG) Program Support (Information Technology); Strategy A.1.1	1.1.1
Intervention and Treatment Services	C.1.1. CHIP	Children's Health Insurance Program - Texas CHIP provides behavioral health benefits, including inpatient and outpatient mental health services and inpatient, residential, and outpatient substance abuse treatment services. <i>Does not include CHIP prescription drugs.</i>	\$ 1,727,317	\$ 19,473,703	\$ 1,600,935	\$ 21,037,258	Children's Health Insurance Program; Strategy C.1.1	2.3.2
Intervention and Treatment Services	A.1.1. Enterprise Oversight and Policy	Texas Veterans and Family Alliance Program - Established by SB 55, Rider 68. Provide grants to support community programs that offer mental health care services and treatment to veterans and their families and that coordinate mental health care and other supportive services.	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	Mental Health for Veterans Grant Program, Rider 68	2.1.1, 2.5.1, 2.5.2, 2.5.3, 4.1.1
Intervention and Treatment Services	A.1.1.	Texas Veterans and Family Alliance Pilot Program - Established by SB 55, Rider 68. Provide grants to support community programs that offer mental health care services and treatment to veterans and their families and that coordinate mental health care and other supportive services.	\$ 1,000,000	\$ 1,000,000	\$ -	\$ -	Mental Health for Veterans Grant Program, Rider 68	2.1.1, 2.5.1, 2.5.2, 2.5.3, 4.1.1

Coordinated Statewide Behavioral Health Expenditure Proposal for Fiscal Year 2017

Service Type	Strategy	Summary Description	Estimated FY 2016 GR	Estimated FY 2016 AF	Projected FY 2017 GR	Projected FY 2017 AF	Strategic Plan: Inventory of Behavioral Health Programs and Services Location	Strategic Plan: Strategies
Intervention and Treatment Services	D.2.4. Child Advocacy Programs	Child Advocacy Programs (Child Advocacy Centers) - Children's Advocacy Centers (CAC) provide assistance and coordination for victims in local law enforcement agencies and district attorney's offices.	\$ 1,738,395	\$ 3,863,100	\$ 1,738,395	\$ 3,863,100	Child Advocacy Programs (Child Advocacy Centers); Strategy D.2.4	2.1.1, 2.3.2, 2.5.2, 3.2.2
HHSC Subtotal			\$ 15,463,331	\$ 39,044,684	\$ 14,376,606	\$ 38,224,548		
Texas Civil Commitment Office (TCCO)								
Intervention and Treatment Services	G.1.1. Texas Civil Commitment Office	Sexually Violent Predator Mental Health Services - Behavioral Health Services for Civilly Committed Sex Offenders who reside in the community.	\$ 154,611	\$ 154,611	\$ 154,611	\$ 154,611	Texas Civil Commitment Office (TCCO); Strategy G.1.1 Sexually Violent Predator Mental Health Services	1.1.3, 2.3.2, 2.5.1, 2.5.2
TCCO Subtotal			\$ 154,611	\$ 154,611	\$ 154,611	\$ 154,611		
Article II Subtotal			\$ 1,025,460,267	\$ 1,456,953,047	\$ 1,034,930,231	\$ 1,429,794,478		
Article III								
University of Texas Health Science Center at Houston (UTHSC-Houston)								
Research	E.3.4. Psychiatric Services	Faculty Recruitment and Clinical Research - Faculty recruitment and clinical research into the causes and treatments of mental illness, from the investigation of basic biological mechanisms to the development of new treatment methods.	\$ 6,000,000	\$ 6,000,000	\$ 6,000,000	\$ 6,000,000	Psychiatric Services [UTHealth Department of Psychiatry and Behavioral Sciences]	2.2.1, 2.2.2, 4.1.3
UTHSC-Houston Subtotal			\$ 6,000,000	\$ 6,000,000	\$ 6,000,000	\$ 6,000,000		
University of Texas Health Science Center at Tyler (UTHSC-Tyler)								
Education and Training	D.1.2. Mental Health Training Programs	Mental Health Training Programs - Support mental health workforce training programs in underserved areas including, but not limited to, Rusk State Hospital and Terrell State Hospital.	\$ 4,000,000	\$ 4,000,000	\$ 4,000,000	\$ 4,000,000	Mental Health Training Programs; Strategy D.1.2	2.4.1, 2.4.2, 2.4.3, 4.1.3
UTHSC-Tyler Subtotal			\$ 4,000,000	\$ 4,000,000	\$ 4,000,000	\$ 4,000,000		
Article III Subtotal			\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000		
Article V								
Texas Department of Criminal Justice (TDCJ)								
Intervention and Treatment Services	A.1.2. Diversion Programs	Diversion Programs/Specialized Mental Health Caseloads - Support specialized community supervision caseloads for offenders with mental health disorders.	\$ 3,541,976	\$ 3,715,531	\$ 3,715,531	\$ 3,715,531	Diversion Programs / Specialized Mental Health Caseloads; Strategy A.1.2	1.1.1, 1.1.2, 1.1.3, 2.3.2, 3.2.1, 3.2.2, 4.1.1, 4.1.2, 4.1.3
Intervention and Treatment Services	A.1.2. Diversion Programs	Diversion Programs/Discretionary Grants-Substance Abuse Programs - Provide grants to local adult probation departments for outpatient programs to divert offenders with substance abuse disorders from further court action and/or prison.	\$ 8,620,698	\$ 8,956,305	\$ 8,956,305	\$ 8,956,305	Diversion Programs / Discretionary Grants – Substance Abuse Programs; Strategy A.1.2	1.1.1, 1.1.2, 1.1.3, 2.3.2, 3.2.1, 3.2.2, 4.1.3
Intervention and Treatment Services	A.1.2. Diversion Programs	Diversion Programs/Residential Services Grants - Substance Abuse - Provide grants to local adult probation departments to divert offenders with substance abuse disorders from prison through residential beds for substance abuse treatment.	\$ 49,010,551	\$ 51,233,947	\$ 51,233,947	\$ 51,233,947	Diversion Programs / Discretionary Grants – Substance Abuse Programs; Strategy A.1.2	1.1.1, 1.1.2, 1.1.3, 2.3.2, 3.2.1, 3.2.2, 4.1.3
Intervention and Treatment Services	A.1.2. Diversion Programs	Diversion Programs/SAFPF Aftercare - 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 SAFP.	\$ 2,200,239	\$ 2,300,000	\$ 2,300,000	\$ 2,300,000	Diversion Programs / Substance Abuse Felony Punishment Facilities (SAFPF) Aftercare; Strategy A.1.2	1.1.1, 1.1.2, 1.1.3, 2.3.2, 3.2.1, 3.2.2, 4.1.3
Intervention and Treatment Services	A.1.3. Community Corrections	Community Corrections - Provide formula funding to Community Supervision and Corrections Departments for substance abuse services to serve primarily as diversions from prison.	\$ 7,593,810	\$ 8,083,687	\$ 8,083,687	\$ 8,083,687	Community Corrections; Strategy A.1.3	1.1.1, 1.1.2, 1.1.3, 2.3.2, 3.2.1, 3.2.2, 4.1.2

Coordinated Statewide Behavioral Health Expenditure Proposal for Fiscal Year 2017

Service Type	Strategy	Summary Description	Estimated FY 2016 GR	Estimated FY 2016 AF	Projected FY 2017 GR	Projected FY 2017 AF	Strategic Plan: Inventory of Behavioral Health Programs and Services Location	Strategic Plan: Strategies
Intervention and Treatment Services	A.1.4. Treatment Alternatives to Incarceration	Treatment Alternatives to Incarceration Program (TAIP) - Provide grants to local adult probation departments for treatment to divert offenders from incarceration, including screening, evaluation, and referrals to appropriate services. <i>IAC with DSHS to provide outpatient substance abuse treatment services for adult probationers in TAIP.</i>	\$ 9,588,310	\$ 10,863,875	\$ 10,388,310	\$ 10,863,875	Treatment Alternatives to Incarceration Program; Strategy A.1.4	1.1.1, 1.1.2, 1.1.3, 2.3.2, 3.2.1, 3.2.2
Intervention and Treatment Services	B.1.1. Special Needs Programs and Services	Special Needs Programs and Services/Texas Correctional Office on Offenders with Medical/Mental Impairments - Adult (TCOOMMI) - 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).	\$ 16,765,986	\$ 16,765,986	\$ 16,765,986	\$ 16,765,986	Special Needs Programs and Services / Texas Correctional Office on Offenders with Medical/Mental Impairments (TCOOMMI) – Adult; Strategy B.1.1	1.1.1, 1.1.2, 1.1.3, 2.3.2, 3.2.1, 3.2.2, 4.1.1, 4.1.2, 4.1.3
Intervention and Treatment Services	B.1.1. Special Needs Programs and Services	Special Needs Programs and Services/TCOOMMI - Juvenile - 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).	\$ 3,664,003	\$ 3,664,003	\$ 3,664,003	\$ 3,664,003	Special Needs Programs and Services / TCOOMMI – Juvenile; Strategy B.1.1	1.1.1, 1.1.2, 1.1.3, 2.3.2, 3.2.1, 3.2.2, 4.1.1, 4.1.2, 4.1.3
Intervention and Treatment Services	B.1.1. Special Needs Programs and Services	TCOOMMI - Expansion of Mental Health/Criminal Justice Initiatives - Additional funding to provide services to an additional 1,250 prison/state jail offenders with serious mental illnesses; additional funding to serve an additional 1,400 offenders in the community with mental health issues.	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	Special Needs Programs and Services / Texas Correctional Office on Offenders with Medical/Mental Impairments (TCOOMMI) – Adult; Strategy B.1.1	1.1.1, 1.1.2, 1.1.3, 2.3.2, 3.2.1, 3.2.2, 4.1.1, 4.1.2, 4.1.3
Intervention and Treatment Services	C.1.8. Unit and Psychiatric Care	Unit and Psychiatric Care - Provide mental health care for incarcerated offenders.	\$ 38,006,033	\$ 38,006,033	\$ 38,006,032	\$ 38,006,032	Unit and Psychiatric Care; Strategy C.1.8	2.3.2, 2.4.1, 2.4.2, 2.4.3, 3.2.1, 3.2.2, 4.1.3
Intervention and Treatment Services	C.1.8. Unit and Psychiatric Care	Unit and Psychiatric Care - Additional funding for in-prison offender health care. Includes psychiatric care.	\$ 6,131,564	\$ 6,131,564	\$ 6,131,565	\$ 6,131,565	Unit and Psychiatric Care; Strategy C.1.8	2.3.2, 2.4.1, 2.4.2, 2.4.3, 3.2.1, 3.2.2, 4.1.3
Intervention and Treatment Services	C.1.10. Managed Health Care-Pharmacy	Managed Health Care - Pharmacy - Provide pharmacy services, both preventative and medically necessary care, consistent with standards of good medical practice for mental health cases.	\$ 3,156,251	\$ 3,156,251	\$ 3,156,251	\$ 3,156,251	Managed Health Care – Pharmacy; Strategy C.1.10	2.3.2, 3.2.1, 3.2.2
Intervention and Treatment Services	C.1.10. Managed Health Care-Pharmacy	Managed Health Care - Pharmacy - Additional funding for in-prison offender health care. Includes psychiatric care.	\$ 126,943	\$ 126,943	\$ 126,943	\$ 126,943	Managed Health Care – Pharmacy; Strategy C.1.10	2.3.2, 3.2.1, 3.2.2
Intervention and Treatment Services	C.2.3. Treatment Services	Treatment Services/Parole Special Needs - Provide specialized parole supervision and services for offenders with mental illness, intellectual disabilities, developmental disabilities, terminal illness, and physical disabilities. Provide subsidized psychological counseling to sex offenders.	\$ 1,629,583	\$ 1,629,583	\$ 1,629,583	\$ 1,629,583	Treatment Services / Parole Special Needs; Strategy C.2.3	1.1.1, 1.1.2, 1.1.3, 2.3.2, 2.5.2, 3.2.1, 3.2.2, 4.1.3
Intervention and Treatment Services	C.2.3. Treatment Services	Treatment Services/Sex Offender Treatment Program - Provide sex offender education for lower risk offenders, through 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.	\$ 3,216,200	\$ 3,216,200	\$ 3,216,200	\$ 3,216,200	Treatment Services / Sex Offender Treatment Program; Strategy C.2.3	1.1.1, 1.1.2, 1.1.3, 2.3.2, 2.5.2, 3.2.1, 3.2.2
Staff	C.2.3. Treatment Services	Reentry Initiatives/Transitional Coordinators - Provide for 10 designated reentry transitional coordinators for special needs offenders. <i>Excludes funding for 40 reentry transitional coordinators not designated for offenders with special needs [\$1.6 million].</i>	\$ 404,937	\$ 404,937	\$ 404,937	\$ 404,937	Reentry Initiatives / Transitional Coordinators; Strategy C.2.3.	1.1.3, 2.1.2, 4.1.3
Intervention and Treatment Services	C.2.4. Substance Abuse Felony Punishment	Substance Abuse Felony Punishment Facilities (SAFPF) - Provide a six-month substance abuse program for offenders who are sentenced by a judge as a condition of community supervision or as a modification to parole or community supervision. Provide a nine-month substance abuse program for special needs offenders who are sentenced by a judge as a condition of community supervision or as a modification to parole or community supervision. Upon completion, offenders must complete a Transitional Treatment Center for residential and outpatient care/counseling.	\$ 49,704,508	\$ 49,718,310	\$ 49,704,508	\$ 49,718,310	Substance Abuse Felony Punishment Facilities (SAFPF); Strategy C.2.4	1.1.1, 1.1.2, 1.1.3, 2.3.2, 4.1.1, 4.1.2, 4.1.3

Coordinated Statewide Behavioral Health Expenditure Proposal for Fiscal Year 2017

Service Type	Strategy	Summary Description	Estimated FY 2016 GR	Estimated FY 2016 AF	Projected FY 2017 GR	Projected FY 2017 AF	Strategic Plan: Inventory of Behavioral Health Programs and Services Location	Strategic Plan: Strategies
Intervention and Treatment Services	C.2.5. In-Prison Substance Abuse Treatment and Coordination	In-Prison Substance Abuse Treatment and Coordination - Provide a six-month substance abuse program for offenders within six months of parole release. Upon completion, offenders must complete a Transitional Treatment Center for residential and outpatient care/counseling.	\$ 20,663,077	\$ 20,663,077	\$ 20,663,076	\$ 20,663,076	In-Prison Substance Abuse Treatment and Coordination; Strategy C.2.5	1.1.1, 1.1.2, 1.1.3, 2.3.2, 2.5.4
Intervention and Treatment Services	C.2.5. In-Prison SA Treatment and Coordination	Driving While Intoxicated (DWI) Treatment - Provide a six-month program that provides a variety of educational modules that accommodate the diversity of needs presented in the DWI offender population, including treatment activities, group and individual therapy.	\$ 2,368,768	\$ 2,368,768	\$ 2,368,769	\$ 2,368,769	Driving While Intoxicated (DWI) Treatment; Strategy C.2.5	1.1.1, 1.1.2, 1.1.3, 2.3.2
Intervention and Treatment Services	C.2.5. In-Prison SA Treatment and Coordination	500 DWI Treatment beds - Funding for an additional 500 in-prison DWI treatment beds	\$ 1,462,000	\$ 1,462,000	\$ 1,462,000	\$ 1,462,000	Driving While Intoxicated (DWI) Treatment; Strategy C.2.5	1.1.1, 1.1.2, 1.1.3, 2.3.2
Intervention and Treatment Services	C.2.5. In-Prison SA Treatment and Coordination	State Jail Substance Abuse Treatment - 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.	\$ 2,731,250	\$ 2,732,918	\$ 2,731,251	\$ 2,732,918	State Jail Substance Abuse Treatment; Strategy C.2.5	1.1.1, 1.1.2, 1.1.3, 2.3.2
Intervention and Treatment Services	C.2.5. In-Prison SA Treatment and Coordination	Substance Abuse Treatment and Coordination - Provide support services for pre-release substance abuse facilities, to include alcoholism and drug counseling, treatment programs, and continuity of care services.	\$ 5,481,843	\$ 5,481,843	\$ 5,481,842	\$ 5,481,842	Substance Abuse Treatment and Coordination; Strategy C.2.5	1.1.1, 1.1.2, 1.1.3, 2.3.2, 2.5.4
Intervention and Treatment Services	F.2.1. Parole Supervision	Substance Abuse Treatment - Provides outpatient substance abuse counseling to parolees. <i>Excluded from Article IX Section 10.04</i>	\$ 947,170	\$ 947,170	\$ 933,073	\$ 933,073	Substance Abuse Treatment; Strategy F.2.1.	2.3.2
Intervention and Treatment Services	F.2.3. Intermediate Sanction Facilities	Intermediate Sanction Facility Treatment - Provide treatment slots for existing Intermediate Sanction Facility beds. <i>Excluded from Article IX Section 10.04</i>	\$ 3,655,602	\$ 3,655,602	\$ 3,655,604	\$ 3,655,604	Intermediate Sanction Facility Treatment; Strategy F.2.3	1.1.1, 1.1.2, 1.1.3, 2.3.2, 2.5.4
Intervention and Treatment Services	F.2.3. Intermediate Sanction Facilities	Treatment on remaining Intermediate Sanction Facility (ISF) beds - Funding to provide treatment slots for existing ISF beds which do not currently offer treatment.	\$ 2,607,111	\$ 2,607,111	\$ 2,607,112	\$ 2,607,112	Intermediate Sanction Facility Treatment; Strategy F.2.3	1.1.1, 1.1.2, 1.1.3, 2.3.2, 2.5.4
TDCJ Subtotal			\$ 246,278,413	\$ 250,891,644	\$ 250,386,515	\$ 250,877,549		
Texas Juvenile Justice Department (TJJD)								
Prevention	A.1.3. Community Programs	Special Needs Diversionary Program - Provides mental health treatment and specialized supervision to rehabilitate juvenile offenders and prevent them from penetrating further into the criminal justice system.	\$ 1,974,034	\$ 1,974,034	\$ 1,974,034	\$ 1,974,034	Probation Grants: Special Needs Diversionary Program; Strategy A.1.3.	1.1.1, 1.1.2, 1.1.3, 3.2.1, 3.2.2, 4.1.2, 4.1.3, 4.2.2
Prevention	A.1.3. Community Programs	Community Programs - Provides assistance to local juvenile probation departments for community based services for misdemeanors, enhanced community based services for felons, special needs programs and Federal Title IVE placements and services	\$ 42,285,340	\$ 43,435,340	\$ 37,484,563	\$ 38,634,563	Probation Grants: Community Programs; Strategy A.1.3.	1.1.1, 1.1.2, 1.1.3, 3.2.1, 3.2.2, 4.1.2, 4.1.3, 4.2.2
Intervention and Treatment Services	A.1.5. Commitment Diversion Initiatives	Commitment Diversion Initiatives - Funding to local juvenile probation departments for community based and/or residential alternatives to commitment to state residential facilities	\$ 19,492,500	\$ 19,492,500	\$ 19,492,500	\$ 19,492,500	Probation Grants Commitment Diversion Initiatives; Strategy A.1.5.	1.1.1, 1.1.2, 1.1.3, 2.3.2, 2.5.4, 4.1.2, 4.1.3, 4.2.2
Intervention and Treatment Services	A.1.7. Mental Health Services Grants	Mental Health Services Grants - Provide grants and technical assistance to local juvenile probation departments for mental health services	\$ 12,804,748	\$ 12,804,748	\$ 12,804,748	\$ 12,804,748	Probation Grants: Mental Health Services; Strategy A.1.7.	4.1.1, 4.1.2, 4.1.3, 4.2.2
Intervention and Treatment Services	B.1.1. Assessment, Orientation, Placement	Psychiatric (Mental Health) Services - Psychiatric services provided by contract psychiatric providers for services to youth who are assigned to the intake and assessment unit	\$ 430,543	\$ 430,543	\$ 422,333	\$ 422,333	State Programs: Psychiatric (Mental Health) Services; Strategy B.1.1.	2.3.2, 2.3.3, 2.5.2
Intervention and Treatment Services	B.1.7. Mental Health (Psychiatric) Care	Psychiatric (Mental Health) Services - Psychiatric services provided by contract psychiatric providers to juveniles while in residential care, includes assessments for youth who do not require services at the intake unit but who later develop a mental health need.	\$ 841,595	\$ 841,595	\$ 784,272	\$ 784,272	State Programs: Psychiatric (Mental Health) Services; Strategy B.1.7.	2.3.2, 2.3.3, 2.5.2
Staff	B.1.8. Integrated Rehabilitation Treatment	General Rehabilitation Treatment - Supports all rehabilitation treatment services to target population including case management, correctional counseling, ongoing assessment of risk and protective factors, case planning, review by multi-disciplinary team (MDT), crisis intervention and management, reintegration planning and family involvement. <i>Excluded from Article IX Section 10.04</i>	\$ 7,108,019	\$ 7,108,019	\$ 5,841,919	\$ 5,841,919	State Programs: General Rehabilitation Treatment; Strategy B.1.8.	2.4.1, 2.4.2, 2.4.3, 4.1.2
Intervention and Treatment Services	B.1.8. Integrated Rehabilitation Treatment	General Rehabilitation Treatment - Supports all rehabilitation treatment services to target population including case management, correctional counseling, ongoing assessment of risk and protective factors, case planning, review by multi-disciplinary team (MDT), crisis intervention and management, reintegration planning and family involvement. <i>Excluded from Article IX Section 10.04</i>	\$ 17,650	\$ 17,650	\$ 23,933	\$ 23,933	State Programs: General Rehabilitation Treatment; Strategy B.1.8.	2.3.1, 2.3.2, 2.3.3, 2.5.2, 2.5.4

Coordinated Statewide Behavioral Health Expenditure Proposal for Fiscal Year 2017

Service Type	Strategy	Summary Description	Estimated FY 2016 GR	Estimated FY 2016 AF	Projected FY 2017 GR	Projected FY 2017 AF	Strategic Plan: Inventory of Behavioral Health Programs and Services Location	Strategic Plan: Strategies
Staff	B.1.8. Integrated Rehabilitation Treatment	Specialized Rehabilitation Treatment - TJJJ administers four types of specialized treatment programs: sexual behavior treatment, capital and serious violent offender treatment, alcohol and other drug treatment, and mental health treatment programs. 97% of youth entering TJJJ state programs have a need for one or more of these programs. Services which include assessment, group and/or individual counseling, MDT collaboration, re-integration planning, are provided by licensed or appropriately certified staff appropriate to the youth's need, using approved curricula. <i>IAC from DSHS to TJJJ.</i>	\$ 4,098,722	\$ 4,811,770	\$ 5,040,397	\$ 5,716,492	State Programs: General Rehabilitation Treatment; Strategy B.1.8.	2.4.1, 2.4.2, 2.4.3
Intervention and Treatment Services	B.1.8. Integrated Rehabilitation Treatment	Specialized Rehabilitation Treatment - TJJJ administers four types of specialized treatment programs: sexual behavior treatment, capital and serious violent offender treatment, alcohol and other drug treatment, and mental health treatment programs. 97% of youth entering TJJJ state programs have a need for one or more of these programs. Services which include assessment, group and/or individual counseling, MDT collaboration, re-integration planning, are provided by licensed or appropriately certified staff appropriate to the youth's need, using approved curricula. <i>IAC from DSHS to TJJJ.</i>	\$ 154,500	\$ 163,884	\$ 170,716	\$ 185,621	State Programs: General Rehabilitation Treatment; Strategy B.1.8.	1.2.2, 2.3.2, 2.5.2
Staff	C.1.2. Parole Programs and Services	Parole Programs and Services - Youth who have completed specialized treatment in residential placements require aftercare services in those areas as a condition of their parole in order to improve outcomes. <i>Excluded from Article IX Section 10.04</i>	\$ 495,478	\$ 495,478	\$ 500,912	\$ 500,912	State Programs: Parole Programs and Services; Strategy C.1.2.	2.4.1, 2.4.2, 2.4.3
Intervention and Treatment Services	C.1.2. Parole Programs and Services	Parole Programs and Services - Youth who have completed specialized treatment in residential placements require aftercare services in those areas as a condition of their parole in order to improve outcomes. <i>Excluded from Article IX Section 10.04</i>	\$ 774,050	\$ 774,050	\$ 918,503	\$ 918,503	State Programs: Parole Programs and Services; Strategy C.1.2.	1.1.3, 1.2.2, 2.3.2, 2.5.2, 2.5.4
TJJJ Subtotal			\$ 90,477,179	\$ 92,349,611	\$ 85,458,830	\$ 87,299,830		
Texas Military Department (TMD)								
Staff	C.1.3. Mental Health Initiative	Mental Health Initiative - Provide counseling services, crisis intervention, and prevention training to adult Texas military members, dependents, and TMD employees.	\$ 628,500	\$ 628,500	\$ 628,500	\$ 628,500	Mental Health Services; Strategy C.1.3	2.3.1, 2.3.2, 2.4.1, 2.4.2, 2.4.3, 2.5.2, 3.1.3, 4.1.3
TMD Subtotal			\$ 628,500	\$ 628,500	\$ 628,500	\$ 628,500		
Article V Subtotal			\$ 337,384,092	\$ 343,869,755	\$ 336,473,845	\$ 338,805,879		
Article VIII								
Texas State Board of Dental Examiners (BDE)								
Intervention and Treatment Services	A.1.2. Peer Assistance Program	Provide a Peer Assistance Program for Licensed Individuals - Provides treatment to dentists, dental hygienists, and dental assistants impaired by chemical dependency or mental illness through the peer assistance program.	\$ 97,500	\$ 97,500	\$ 97,500	\$ 97,500	Peer Assistance Program; Strategy A.1.2	2.3.2, 2.3.3
Staff	A.1.2. Peer Assistance Program	Provide a Peer Assistance Program for Licensed Individuals - Provides treatment to dentists, dental hygienists, and dental assistants impaired by chemical dependency or mental illness through the peer assistance program.	\$ 26,750	\$ 26,750	\$ 26,750	\$ 26,750	Peer Assistance Program; Strategy A.1.2	2.4.1, 2.4.2, 2.4.3
BDE Subtotal			\$ 124,250	\$ 124,250	\$ 124,250	\$ 124,250		
Texas State Board of Pharmacy (BPH)								
Intervention and Treatment Services	B.1.2. Peer Assistance	Peer Assistance - Provide a Peer Assistance Program for Licensed Individuals impaired by chemical dependency or mental illness.	\$ 186,260	\$ 186,260	\$ 186,260	\$ 186,260	Peer Assistance Program; Strategy B.1.2	2.3.2, 2.3.3
Staff	B.1.2. Peer Assistance	Peer Assistance - Provide a Peer Assistance Program for Licensed Individuals impaired by chemical dependency or mental illness.	\$ 42,480	\$ 42,480	\$ 52,325	\$ 52,325	Peer Assistance Program; Strategy B.1.2	2.4.1, 2.4.2, 2.4.3
BPH Subtotal			\$ 228,740	\$ 228,740	\$ 238,585	\$ 238,585		
Texas Board of Veterinary Medical Examiners (TBVME)								
Intervention and Treatment Services	A.2.2. Peer Assistance	Peer Assistance - Provide a Peer Assistance Program for Licensed individuals.	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000	Peer Assistance Program; Strategy A.2.2	2.3.2, 2.3.3
TBVME Subtotal			\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000		
Texas Optometry Board (TOB)								
Intervention and Treatment Services	A.1.4. Peer Assistance	Peer Assistance Program - Contract to provide a program under the authority of Chapter 467, Texas Health and Safety Code. Program makes an initial evaluation and directs participants to substance abuse / mental health providers at the participant's expense.	\$ 36,000	\$ 36,000	\$ 36,000	\$ 36,000	Peer Assistance Program; Strategy A.1.4	2.3.2, 2.3.3
TOB Subtotal			\$ 36,000	\$ 36,000	\$ 36,000	\$ 36,000		

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Texas Board of Nursing (TBN)								
Intervention and Treatment Services	B.1.2. Peer Assistance	Peer Assistance - Identify, refer and assist nurses whose practice is impaired.	\$ 873,558	\$ 873,558	\$ 873,558	\$ 873,558	Peer Assistance Program; Strategy B.1.2	2.3.1, 2.3.2, 2.3.3
TBN Subtotal			\$ 873,558	\$ 873,558	\$ 873,558	\$ 873,558		
Texas Medical Board (TMB)								
Infrastructure	B.1.2. Physician Health Program	Physician Health Program - 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. TXPHP does not directly treat participants for behavioral health or any other services. Infrastructure costs are related to leased copy machines. Other services costs are related to legal, temporary employees, and computer programming services.	\$ 6,366	\$ 6,366	\$ 6,366	\$ 6,366	Physician Health Program; Strategy B.1.2	2.3.2, 2.3.3
Staff	B.1.2. Physician Health Program	Physician Health Program - 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. TXPHP does not directly treat participants for behavioral health or any other services. Staff expenses are related to salaries, wages, and other personnel costs for the program FTEs.	\$ 526,763	\$ 526,763	\$ 527,603	\$ 527,603	Physician Health Program; Strategy B.1.2	2.4.1, 2.4.2, 2.4.3
TMB Subtotal			\$ 533,129	\$ 533,129	\$ 533,969	\$ 533,969		
Article VIII Subtotal			\$ 1,825,677	\$ 1,825,677	\$ 1,836,362	\$ 1,836,362		
Behavioral Health Coordinating Council Funding Total			\$ 1,375,620,036	\$ 1,821,085,748	\$ 1,384,190,438	\$ 1,787,706,667		

Statewide Behavioral Health Strategic Plan Key

Goals, Objectives, and Strategies

Goal 1: Program and Service Coordination

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

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

- Strategy 1.1.2** Increase diversion of people with behavioral health needs from the criminal and juvenile justice systems through the coordinated use of risk and
- Strategy 1.1.3** Ensure service eligibility and integration into the community for those transitioning from governmental custody, foster care, and hospital settings.

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

- Strategy 1.2.1** Identify and address duplication of effort across state agencies.
- Strategy 1.2.2** Implement improved program and service coordination and integrated program and service strategies to reduce duplication of effort and maximize

Goal 2: Program and Service Delivery

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

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

- Strategy 2.1.1** Identify and coordinate best, promising, and evidenced-based behavioral health practices.
- Strategy 2.1.2** Evaluate implementation of best, promising, and evidence-based practices process and outcomes.

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

- Strategy 2.2.1** Promote research aimed at the development and implementation of new and innovative evidence-based behavioral health practices.
- Strategy 2.2.2** Promote research on current treatment methodologies to identify new or updated evidence-based practices, and improve benchmarking.

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

- Strategy 2.3.1** Identify strategies to improve and strengthen access to behavioral health programs and services to engage and serve individuals in remote areas,
- Strategy 2.3.2** Implement strategies to improve service access and continuity of care, including outpatient and inpatient, substance use treatment, and crisis
- Strategy 2.3.3** Evaluate the effectiveness of identified access improvement strategies.

Objective 2.4 Strengthen the behavioral health workforce by fiscal year 2021.

- Strategy 2.4.1** Expand opportunities to address behavioral health workforce shortages in rural and urban areas through such activities as residency programs,
- Strategy 2.4.2** Support and increase the competency of the workforce through joint training efforts, and continuing education in identified best, promising, and
- Strategy 2.4.3** Enhance the recruitment and retention of a diverse workforce.

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

- Strategy 2.5.1** Identify service delivery gaps for diverse populations in the state.
- Strategy 2.5.2** Develop and implement programs and services to address identified gaps to include integrated approaches for special populations
- Strategy 2.5.3** Develop a coordinated approach to address the housing and employment needs of individuals with behavioral health issues.
- Strategy 2.5.4** Develop a comprehensive behavioral health approach to meet the complex needs of the highest users of high cost alternatives.

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

- Strategy 2.6.1** Identify opportunities for ongoing input, interagency collaboration and support for the implementation of the 10 year plan related to state psychiatric
- Strategy 2.6.2** Address gaps related to the maintenance of the state-operated facility infrastructure to ensure quality of care and efficient operation.
- Strategy 2.6.3** Address gaps related to access to state funded inpatient psychiatric facilities.

Goal 3: Prevention and Early Intervention Services

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

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

- Strategy 3.1.1** Identify and evaluate current strategies used across state agencies, and additional state and national best, promising, and evidence-based
- Strategy 3.1.2** Develop recommendations for maintenance of currently identified best, promising, and evidence-based practices; and coordinate resources to
- Strategy 3.1.3** Develop a communication and outreach strategy for consumers and providers to increase awareness of and access to behavioral health services

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

- Strategy 3.2.1** Identify prevention and early intervention service gaps for diverse and special populations in the state.
- Strategy 3.2.2** Implement programs and services to reduce identified service gaps affecting diverse and special populations.

Goal 4: Financial Alignment

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

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

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

Objective 4.2 Reduce utilization of high cost alternatives, such as institutional care, criminal and juvenile justice incarceration, inpatient stays, emergency room visits,

- Strategy 4.2.1** Explore and promote alternative payment structures that reward or incentivize the provision of services that avert more costly care.
- Strategy 4.2.2** Improve access to lower and flexible intensity service alternatives, e.g. crisis stabilization, crisis respite, intensive community treatment, and

Goal 5: Statewide Data Collaboration

Compare statewide data across state agencies on results and effectiveness.

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

Strategy 5.1.1 Identify existing common or similar metrics to evaluate the effectiveness of programs and services across targeted agencies.

Strategy 5.1.2 Leverage existing information technology (IT) systems to match current common or similar performance measures across targeted agencies.

Strategy 5.1.3 Analyze and compare the interim measures on effectiveness across targeted agencies.

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

Strategy 5.2.1 Establish a common set of data metrics that each targeted agency will collect and share.

Strategy 5.2.2 Identify barriers including confidentiality, data points, and existing information technology (IT) systems regarding near real-time data exchange

Strategy 5.2.3 Work collaboratively with IT and programs staff to determine a technically feasible and cost-effective means to share data on a near real-time basis.

Strategy 5.2.4 Determine any resources needed to implement identified means of near real-time data sharing.

Mental Health Expenditures in Medicaid Fiscal Years 2014-2017

Mental Health Expenditures in Medicaid*: Fiscal Years 2014-2017

Medicaid Expenditures for Mental Health, FY 2014-2017 with NorthSTAR January 2017

FY 14-15 Expended		FY 16-17**				FY 16-17 Biennial Total	
GR-Related	All Funds	FY 16 GR	FY 16 All Funds	FY 17 GR	FY 17 All Funds	GR	AF
\$ 1,167,910,335	\$ 2,808,328,270	\$ 632,504,367	\$ 1,478,159,307	\$ 708,898,121	\$ 1,620,709,010	\$ 1,341,402,489	\$ 3,098,868,317

Delivery System Reform Incentive Payment (DSRIP) Expenditures for Mental Health***

Delivery Years 3-4 (FFY 14)		DY 5 + Remaining (FFY 16)	
IGT/GR	Federal Funds	IGT/GR	Federal Funds
<i>na (counted elsewhere)</i>	\$693,499,345	<i>na (counted elsewhere)</i>	\$542,655,047

* Medicaid expenditures include all claims with a primary diagnosis code of 290-314.99 (ICD-9), as well as all drug claims for codes 2812, 2816, 2820m 2824, 2828, 2892, removing those drugs most commonly prescribed for dual functions, e.g. sleep apnea, seizure disorder

Medicaid expenditures in FY 2015 are not final.

**Estimated FY 16-17 expenditures are proportioned from prior years mental health costs to total costs, and applied to forecasted costs in FY 16-17.

NorthSTAR costs for the final 8 months of FY 2017 are added to this estimate. Other years NorthSTAR costs are included with DSHS information

***The Delivery System Reform Incentive Payment (DSRIP) program under Texas' Medicaid 1115 Transformation Waiver provides incentive payments for 3- and 4-year projects to improve health care access, innovate care delivery, and improve outcomes. The two target populations of the DSRIP program are Medicaid enrollees and low-income uninsured individuals, but DSRIP projects also may serve others such as individuals on Medicare and commercial insurance. Each DSRIP project has a maximum value that may be earned for achieving specific project metrics each year. DSRIP is funded at the federal matching assistance percentage, which varies each year and is approximately 58%. The non-federal share of DSRIP payments (about 42%) comes from intergovernmental transfers from local and state public entities. The DSRIP figures shown here represent the federal funds share of the payments only to avoid possibly double counting the non-federal share of the payments, which may already be counted in other expenditure figures, such as those provided by DSHS.