

Fiscal Year 2022

Texas Statewide Behavioral Health Strategic Plan:

Progress Report



*As required by the 2022-23 General Appropriations Act, Senate Bill 1,
87th Legislature, Regular Session, 2021 (Article IX, Section 10.04(c))*

December 2022

Table of Contents

Executive Summary	1
1. Introduction	5
2. Background	6
Texas Population and Growth Trends	6
Serious Mental Illness in Texas	7
Major Providers of State-Funded Behavioral Health Services	9
Texas’ Behavioral Health Workforce	12
Insurance Coverage and Behavioral Health Parity	15
3. Populations with Complex Needs and Difficulty Accessing Behavioral Health Care	17
Individuals with Co-Occurring Mental Health and Substance Use Disorders.....	17
Co-occurring Behavioral Health and Intellectual and Developmental Disabilities	18
Youth with Complex Behavioral Health Needs	18
Youth and Adults who are Justice-Involved	19
4. Select Behavioral Health System and Service Innovations in the Last 10 Years.....	21
Multidisciplinary Collaboratives	21
Improving Access and Quality of Behavioral Health Services	23
5. Conclusion	33
List of Acronyms	35
Appendix A. Inventory of Behavioral Health Programs and Services.....	A-1
Article I.....	A-1
Article II	A-4
Article III	A-23
Article IV.....	A-26
Article V.....	A-27
Article VIII	A-33
Additional Programs and Services by SBHCC Agencies Supporting Behavioral Health	A-36

Executive Summary

The 84th Texas Legislature established the Statewide Behavioral Health Coordinating Council (SBHCC) and directed them to develop a 5-year statewide behavioral health strategic plan.¹ The result was the development of the *Texas Statewide Behavioral Health Strategic Plan for Fiscal Years 2017-2021*.² The SBHCC identified 15 gaps in behavioral health³ infrastructure and services that must be improved to advance the Texas behavioral health system and improve client access to timely, quality, and appropriate care.

Gap 1: Access to appropriate behavioral health services

Gap 2: Behavioral health needs of public-school students

Gap 3: Coordination across state agencies

Gap 4: Veteran and military service member supports

Gap 5: Continuity of care for individuals exiting county and local jails

Gap 6: Access to timely treatment services

Gap 7: Implementation of evidenced-based practices

Gap 8: Use of peer services

Gap 9: Behavioral health services for individuals with intellectual disabilities

Gap 10: Consumer transportation and access to treatment

¹ [2016-17 General Appropriations Act, House Bill 1, 84th Legislature, Regular Session, 2015](https://www.lbb.texas.gov/Documents/GAA/General_Appropriations_Act_2016-2017.pdf), link (https://www.lbb.texas.gov/Documents/GAA/General_Appropriations_Act_2016-2017.pdf).

² [Texas Statewide Behavioral Health Strategic Plan Update Fiscal Years 2017-2021 and the Foundation for the IDD Strategic Plan](https://www.hhs.texas.gov/sites/default/files/documents/texas-statewide-behavioral-health-strategic-plan-progress-report-dec-2021.pdf), link (<https://www.hhs.texas.gov/sites/default/files/documents/texas-statewide-behavioral-health-strategic-plan-progress-report-dec-2021.pdf>).

³ The [Substance Abuse and Mental Health Services Administration](https://www.samhsa.gov/sites/default/files/samhsa-behavioral-health-integration.pdf) defines behavioral health as “the promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities”, link (<https://www.samhsa.gov/sites/default/files/samhsa-behavioral-health-integration.pdf>).

Gap 11: Prevention and early intervention services

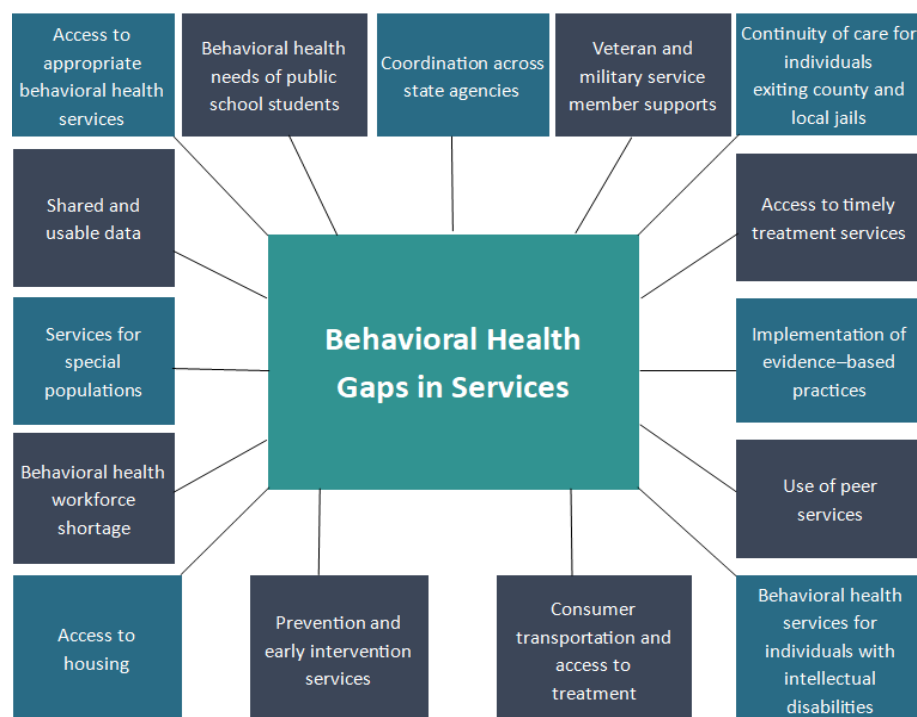
Gap 12: Access to housing

Gap 13: Behavioral health workforce shortage

Gap 14: Services for special populations

Gap 15: Shared and usable data

Figure 1. Gaps in Behavioral Health Infrastructure and Services for Fiscal Years 2017-2021



In 2016, the Texas House Select Committee on Mental Health cited that “just over 500,000 adults in Texas live with a serious and persistent mental illness (SPMI)” and “nearly 250,000 children have a serious emotional disturbance.” Today, it is estimated that 1.2 million adults and 430,000 youth in Texas have a serious mental illness (SMI).



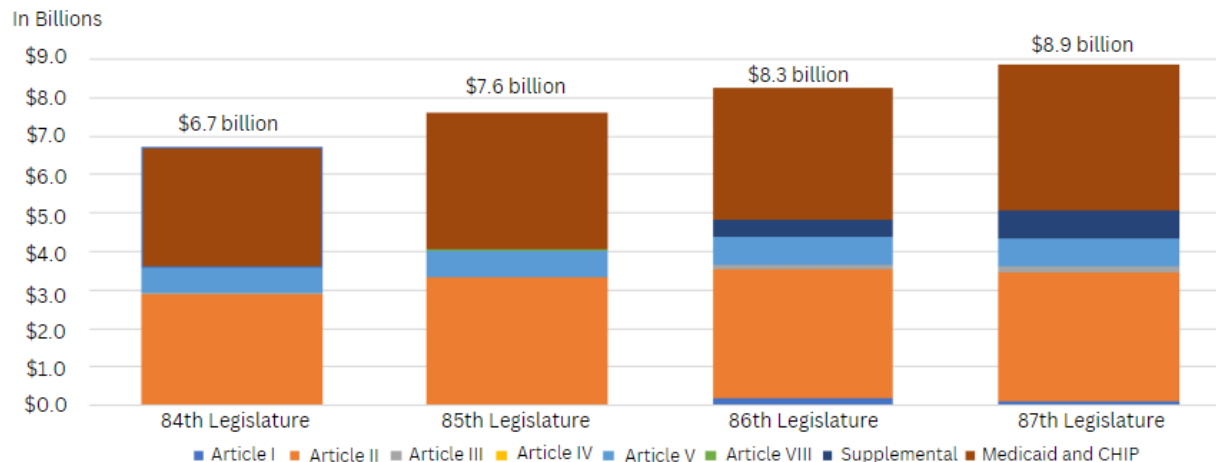
1.2 million
adults
430,000 youth
have a serious
mental illness.

SBHCC agencies receive general revenue (GR) and federal funding, including Medicaid and Children’s Health Insurance Program (CHIP) funds, to treat youth and adults with behavioral health conditions. On July 12, 2022, the Legislative Budget Board (LBB) presented to the Texas House of Representatives Committee on Appropriations an overview and funding of statewide behavioral health services. The figure below reflects the state’s financial investment in behavioral health funding from 2017-present.

Figure 2. Behavioral Health Funding by 84th-87th Legislature

July 12, 2022

Behavioral Health Funding by Legislature (All Funds)



Funding Source	84th Legislature	85th Legislature	86th Legislature	87th Legislature
Article I	\$14,609,948	\$21,783,021	\$164,793,370	\$106,210,428
Article II	\$2,887,877,630	\$3,293,558,237	\$3,348,559,604	\$3,355,178,488
Article III	\$20,000,000	\$24,000,000	\$133,460,000	\$153,209,140
Article IV	\$0	\$637,000	\$8,637,000	\$8,637,000
Article V	\$666,044,744	\$694,733,008	\$706,926,836	\$716,870,764
Article VIII	\$3,662,039	\$4,007,765	\$4,282,988	\$4,327,275
Supplemental	\$0	\$15,100,000	\$475,054,363	\$739,176,220
Medicaid and CHIP	\$3,121,075,207	\$3,565,822,268	\$3,416,388,938	\$3,775,992,216
Total Funding	6.7 billion	7.6 billion	8.3 billion	8.9 billion

Despite these investments, factors such as Texas geography and access to transportation and broadband,⁴ a decline in behavioral health providers, particularly those that accept private insurance,⁵ population growth, and the residual behavioral health impacts of the Coronavirus 2019 (COVID-19) pandemic means there are more people who require care than state agencies alone can serve.



96.78% Texas households have broadband speeds at 25/3 Mbps.

246,997 out of 286,908 rural Texas households remain unserved.



The SBHCC has solutions to enhance behavioral health services within their scope of care.

⁴ [Texas Broadband Plan 2022](https://comptroller.texas.gov/programs/broadband/), link (<https://comptroller.texas.gov/programs/broadband/>).

⁵ Statewide Behavioral Health Coordinating Council 2023-2028 Texas State Health Plan

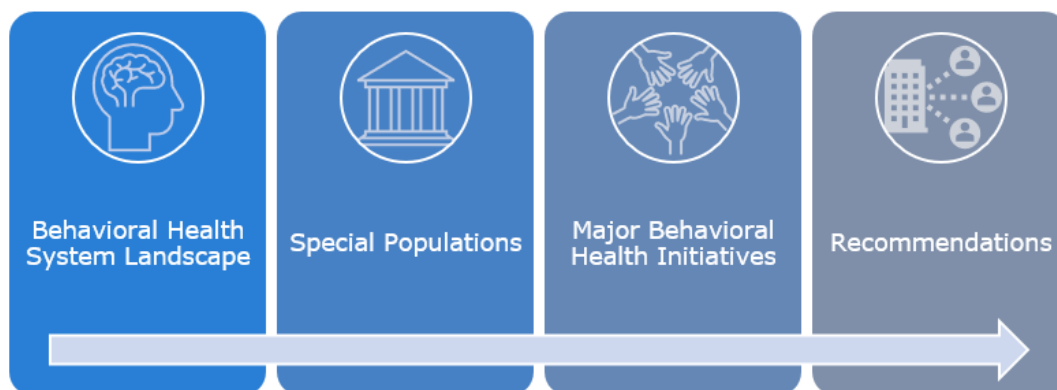
1. Introduction

The SBHCC submits this progress report in compliance with the 2022-23 General Appropriations Act, Senate Bill (S.B.) 1, 87th Legislature, Regular Session, 2021 [Article IX, Section 10.04(c)] and Government Code 531.476(a)(3). Historically, the SBHCC's progress report detailed legislative financial investments and the SBHCC's major successes with implementing the *Texas Statewide Behavioral Health Strategic Plan for Fiscal Years 2017-2021* and advancing behavioral health care.

This is the last report to be written based on the SBHCC's implementation of the Texas Statewide Behavioral Health Strategic Plan for Fiscal Years 2017-2021. In November 2022, the SBHCC published the *Texas Statewide Behavioral Health Strategic Plan for Fiscal Years 2022 – 2026*, featuring the state's first *Texas Strategic Plan for Diversion, Community Integration, and Forensic Services* which will serve as the foundation for future progress reports.

In this progress report, the SBHCC is focused on Texans timely access to affordable quality, evidence-based behavioral health services and supports that meet their short and long term needs.

This report captures the Texas behavioral health landscape, special populations with difficulty accessing behavioral health services and supports, examples of behavioral health initiatives that represent major advancements to the system in the last 10 years, and recommendations for increasing access to behavioral health services and supports.



2. Background

Texas Population and Growth Trends

The landmass of Texas is large. To put it into perspective Alaska is the largest state in the United States with a landmass of 663,267 square miles. Texas is 268,597 square miles⁶ and California is 163,696 square miles.

In 2010, the Texas population was approximately 25 million people. From 2010-2020, the population increased to approximately 29 million people, 16 percent growth compared to 7 percent nationally.⁷ The Texas population is expected to be 31.6 million by 2030 which is an 8 percent increase over 10 years. According to the US Census Bureau, Texas is still one of the fastest growing states in the United States.

Table 1: Top Counties for Percent Growth in Texas, 2010-2020

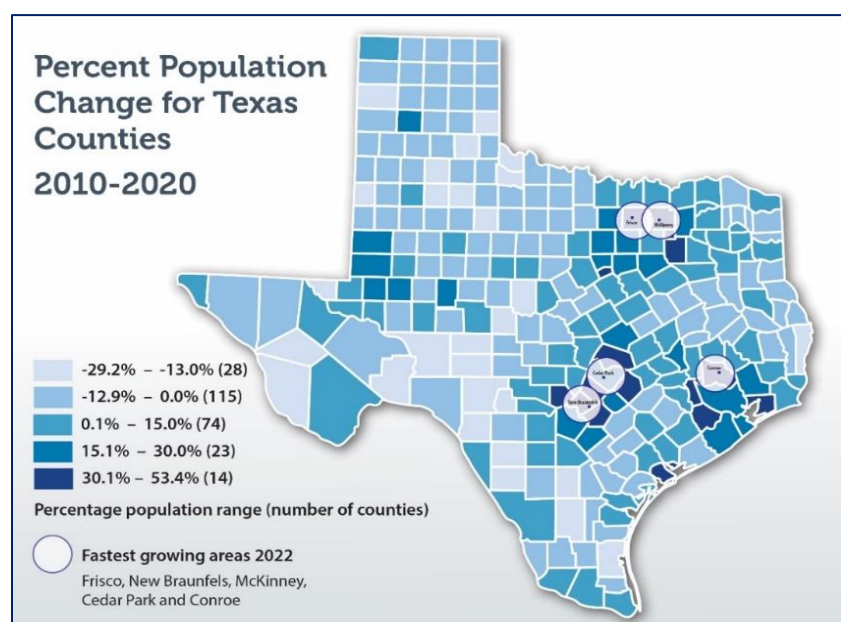
County	US Rank	2020 Population Estimate	Population Change 2010-2020	Percent Population Change 2010-2020
Hays	1	241,365	84,387	53.7%
Comal	2	164,812	56,287	51.9%
Williamson	6	617,855	195,084	46.2%
Fort Bend	7	839,706	255,074	43.6%
Rockwall	11	109,888	31,490	40.2%
Denton	13	919,324	257,709	38.9%
Kaufman	15	143,198	39,846	38.6%

⁶ [All Texas Access Report](https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/all-texas-access-report-dec-2020.pdf), link
(<https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/all-texas-access-report-dec-2020.pdf>)

⁷ [Texas Demographic Trends and Characteristics, Texas Asphalt Pavement Association, September 21, 2022](https://demographics.texas.gov/Resources/Presentations/OSD/2022/2022_09_21_TexasAsphaltPavementAssociation.pdf), link
(https://demographics.texas.gov/Resources/Presentations/OSD/2022/2022_09_21_TexasAsphaltPavementAssociation.pdf)

County	US Rank	2020 Population Estimate	Population Change 2010-2020	Percent Population Change 2010-2020
Montgomery	16	626,351	170,611	37.4%
Collin	17	1,072,069	291,175	37.2%
Waller	22	57,452	14,133	32.7%
Midland	29	177,863	40,976	29.9%
Guadalupe	35	191,760	42,111	28.1%

Figure 3. Percent Population Change for Texas Counties 2010-2020



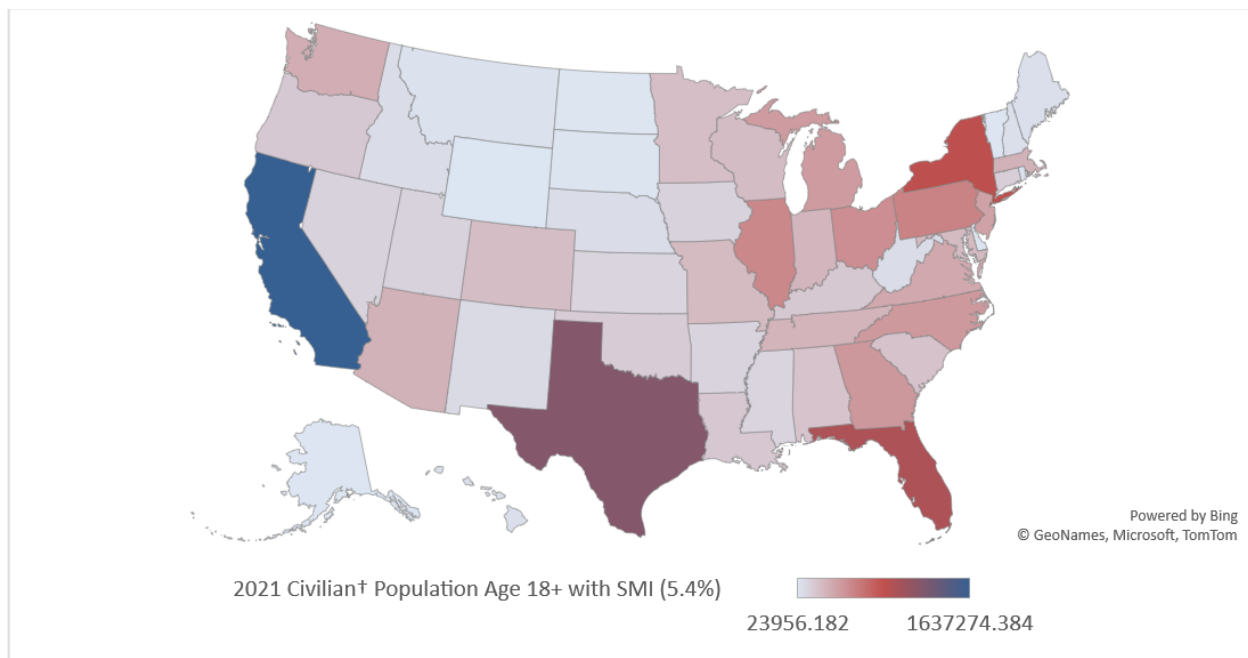
Serious Mental Illness in Texas

The National Institute of Mental Health (2022) defines Serious Mental Illness (SMI) as “a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.”

An estimated 1.2 million adults and 430,000 youth in Texas have an SMI.⁸

SMI is different than Serious and Persistent Mental Illness (SPMI). While there is not a consistent definition of SPMI; generally, mental illnesses that meet the definition of SPMI are those with a lengthy duration of symptoms that can cause significant impairment to an individual's ability to function such as schizophrenia, bipolar disorder, or non-affective psychoses. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 5-6 percent of the adult population has an SMI, versus 2-3 percent who have an SPMI.⁹ Figures 3 and 4 below capture the number of adults and youth with SMI by state. California, Texas, New York, Florida, and New York lead the country with the most adults and youth with serious mental illness.

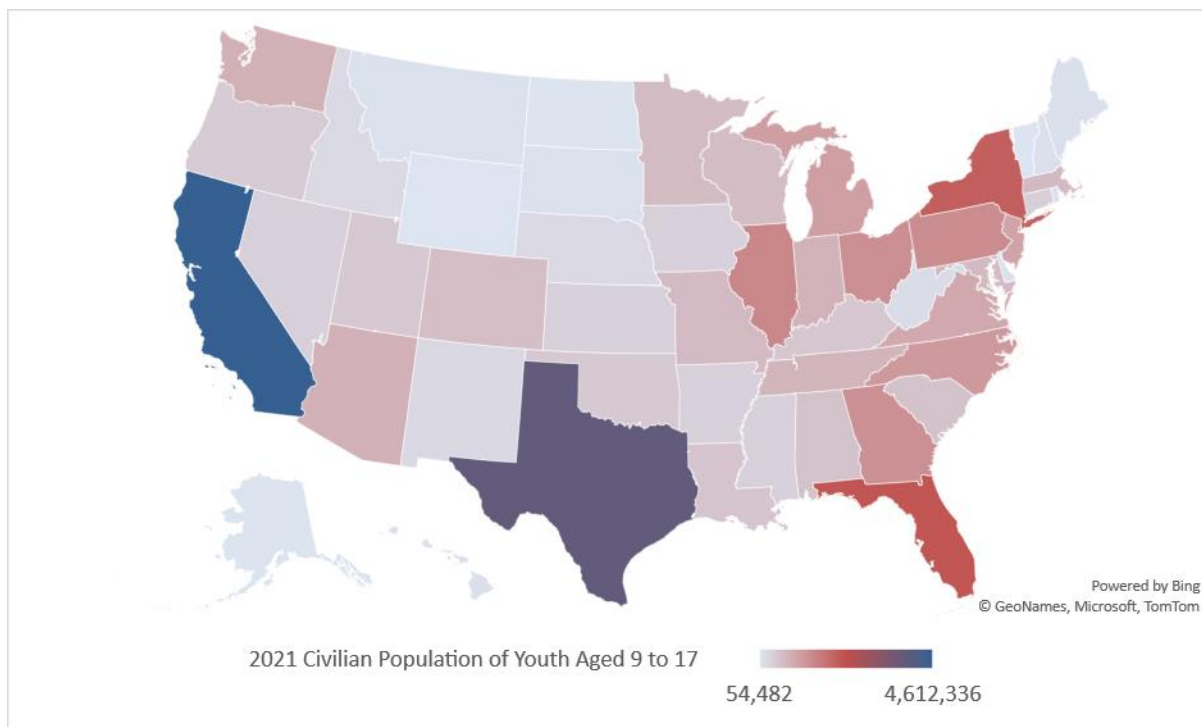
Figure 4. Number Adults in the United States with Serious Mental Illness



⁸ Source: Prepared by Hendall for SAMHSA using the SAMHSA estimation methodology. September 2022.

⁹ [Federal Register Volume 64, Number 121](https://www.federalregister.gov/documents/2019/06/24/99-15377), link (<https://www.govinfo.gov/content/pkg/FR-1999-06-24/html/99-15377.htm>).

Figure 5. Number Youth in the United States with Serious Mental Illness



Estimations for SMI and SPMI are relevant because some states base their estimations for the number of people in their service delivery system who have mental health needs on the SPMI figures. In these instances, publicly funded mental health services may be prioritized for those with SPMI.

Major Providers of State-Funded Behavioral Health Services



Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs). Health and Human Services Commission (HHSC) designates LMHAs or LBHAs in one or more local service areas and may delegate to the LMHA or LBHA the authority and responsibility for regional planning, regional policy development, and regional coordination of services. They also develop, allocate, and oversee regional mental health resources. There are 37 LMHAs and 2 LBHAs in Texas. LMHAs and LBHAs are both an authorizer and provider of HHSC-funded services within their local service area. They are responsible for developing networks of providers within their local service area that can serve individuals with

behavioral health conditions. LMHAs and LBHAs are a provider of last resort. In fiscal year 2022, LMHAs and LBHAs served 310,806 adults and 106,475 youth.



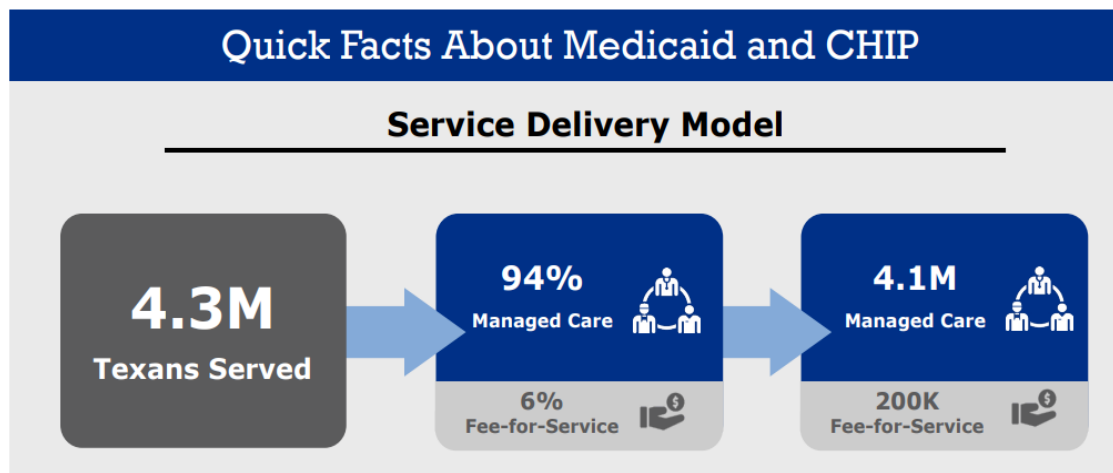
State Hospitals. HHSC operates nine state hospitals, one adolescent residential treatment center, one inpatient hospital operated under contract by UTHHealth Houston, and three units operated by contract with The University of Texas Health Science Center at Tyler, Palestine Regional Medical Center, and the Montgomery County Forensic Treatment Facility. The state hospitals serve individuals who have been civilly or criminally committed to receive mental health services. There are 2,500 beds in the state hospital system. In fiscal year 2022, the state hospitals served 4,120¹⁰ individuals.



Medicaid Managed Care Organization (MCO) Providers. HHSC contracts with MCOs that have a network of providers who deliver an array of medically necessary health care services, including behavioral health services. MCOs are paid a fixed amount per member enrolled per month. Managed care incentivizes improvements in quality of care and cost-effectiveness and serves as the member's "medical home" by providing comprehensive preventive and primary care. In fiscal year 2019, 4.3 million Texans were enrolled in Medicaid and 94 percent of those were served by the MCOs. Figure 5 below reflects quick facts about Medicaid and CHIP in Texas.

¹⁰ This figure does not include the number of individuals served in contracted psychiatric beds that are managed by HHSC's Health and Specialty Care System or Behavioral Health Services Departments.

Figure 6. Quick Facts About Medicaid and CHIP



With 4.3 million Texans served through Medicaid and CHIP, 94 percent (4.1 million Texans) are in managed care plan and 6 percent (200,000 Texans) are in a fee-for-service plan.



Schools, Colleges, and Universities. House Bill (H.B.) 906, 86th Legislature, Regular Session, 2019, created a task force to study and evaluate state-funded, school-based mental health services and training. The collaborative task force on public school mental health generated a report with recommendations.¹¹ The Texas Education Agency (TEA) implemented its [Statewide Plan for Student Mental Health](#). TEA aligned with the Texas Statewide Behavioral Health Strategic Plan to ensure coordination with its Safe and Supportive Schools Program. The goals and objectives were to advance the coordination of services and resources for youth, pursuant to S.B. 11, 86th Legislature, Regular Session, 2019. TEA applied for and received a competitive federal grant, Project Advancing Wellness and Resiliency in Education (AWARE) Texas to increase access to school-based mental health professionals and services in the Hurricane Harvey region and support statewide infrastructure building activities for school mental health through September 2023.¹² Also a part of this grant, TEA developed the [Texas School Mental Health](#) website with over 1300 resources that are available statewide for

¹¹ The Collaborative Task Force on Public School Mental Health Services. [Year 1 Report. November 2, 2020](#), link (<https://tea.texas.gov/sites/default/files/HB-906-Mental-Health-Task-Force-Year-1-Report.pdf>).

¹² [Texas Education Agency. Statewide Plan for Student Mental Health. SB11. December 2020](#), link (<https://tea.texas.gov/sites/default/files/sb11mhsp.pdf>).

schools. TEA developed a school mental health toolkit and posted other resources to support implementation of statutes and best practices. The [toolkit can be downloaded here](#), and resources can be searched through filters on the website. Finally, TEA developed a Texas Mental Health Resources Database in partnership with HHSC, ESCs, and other statewide partners, pursuant to S.B. 11, 86th Legislative Session, Regular Session, 2019.

HHSC and TEA have a cooperative agreement to administer the School Health and Related Services (SHARS) program. The SHARS program allows Local Education Agencies (LEAs) in Texas to obtain federal Medicaid reimbursement for the costs of providing certain direct medical and transportation services for Medicaid-enrolled students who qualify for special education under the Individuals with Disabilities Education Act. As of federal fiscal year 2020, LEAs reported \$789 million in total Medicaid allowable costs serving 306,735 students across 926 school districts and public charter schools in Texas.

The University of Texas (UT) System Board of Regents approved the allocation of \$16.5 million over the next five years to expand and enhance student mental health, student safety, and alcohol education resources at all 13 UT academic and health institutions. The total allocation of \$16.5 million will fund five initiatives, as well as evaluation of their impact, for five years across the UT System:

- Mental health crisis line;
- Expanding clinical mental health services to students via telehealth;
- Web-based alcohol education and sexual assault and harassment prevention for students;
- Harassment, safety, and other training for faculty/staff; and
- Thrive at UT Mobile App¹³.

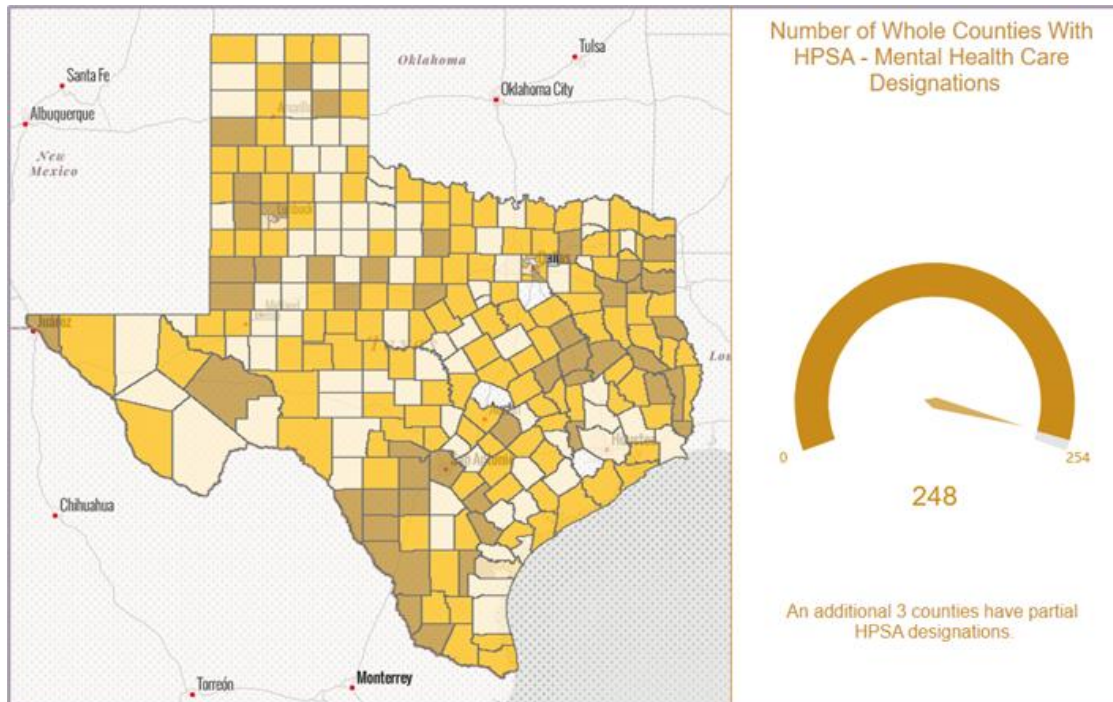
Texas' Behavioral Health Workforce

In Texas, 248 of the 254 counties are designated by the Health Resources and Services Administration (HRSA) as a mental health care health professional

¹³ The University of Texas System. [UT Regents approve funding to enhance, expand student mental health and safety resources](https://www.utsystem.edu/news/2022/06/28/ut-regents-approve-funding-enhance-expand-student-mental-health-and-safety-resources). TUESDAY, JUNE 28, 2022, link (<https://www.utsystem.edu/news/2022/06/28/ut-regents-approve-funding-enhance-expand-student-mental-health-and-safety-resources>).

shortage area (HPSA).¹⁴ An additional three counties have partial HPSA designations. Texas needs an additional 702 psychiatrists to remove the HPSA designation.¹⁵ Figure 6 below captures the number of whole counties with HPSA mental health care designations.

Figure 7. Number of Whole Counties in Texas with HPSA Mental Health Care Designation.¹⁶



There is not a consistent definition of who constitutes a mental health professional in Texas, however, Table 1 below highlights licensed professionals who are generally included.

¹⁴ HPSA designations are used to identify areas and populations groups in the United States that are experiencing a health care provider shortage. To be designated as a Mental Health Professional Shortage Area, areas must have a ratio of 30,000 citizens to 1 mental health provider, or 20,000 to 1 if there are “unusually high needs in the community.” HRSA defines mental health provider in a HPSA as a psychiatrist only, core mental health professional only, or both psychiatrist and core mental health professional.

¹⁵ [Kaiser Family Foundation](https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas), link. (<https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas>)

¹⁶ [Department of State Health Services HPSA Mental Health Dashboard](https://experience.arcgis.com/experience/49b893caa0174cb395d6d0e882f19b35), link. (<https://experience.arcgis.com/experience/49b893caa0174cb395d6d0e882f19b35>)

Table 2. Number of Licensed Behavioral Health Professionals in 2022

Type of Professional	Number
Psychiatrists	2,489
Psychologists	5,031
Psychological Associates	780
Specialists in School Psychology	3,881
Baccalaureate Social Workers	3,306
Master Social Workers	11,708
Clinical Social Workers	9,746
Marriage and Family Therapists	3,076
Professional Counselors	23,927
Psychiatric-Mental Health Advanced Practice Registered Nurses	2,486
Chemical Dependency Counselors	5,940

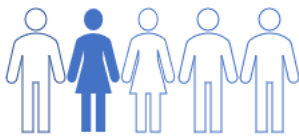
There are also mental health professionals that may be unlicensed, many of which require a certification for practice: community health workers or “promotores,” certified peer specialists, recovery support peer specialists, and school counselors.

Insurance Coverage and Behavioral Health Parity

In Texas, 4.1 million people are covered by Medicare, Medicare Advantage, or have Medicare paired with another non-Medicaid form of insurance where Medicare is the primary payor. 4.9 million are covered by Medicaid, CHIP, and those who have both Medicaid and another type of coverage, such as dual eligible who are also covered by Medicare¹⁷.

Even with health insurance, some individuals with behavioral health conditions encounter limitations to treatment that people with only physical health conditions do not experience. In a 2015 survey by the National Alliance on Mental Illness, nearly one third (i.e., 29 percent) of respondents reported that they or their family members had been denied mental health care based on medical necessity, more than twice the percentage who reported being denied general medical care on that basis¹⁸. Over the past two decades, federal and state legislation have been enacted to ensure that health plan coverage for behavioral health care is equal to the coverage for medical conditions, which is referred to as “parity.”¹⁹

1 in 5 Texans or 5.2 million are uninsured



¹⁷ United States Census Bureau. American Community Survey. [S2704 PUBLIC HEALTH INSURANCE COVERAGE BY TYPE AND SELECTED CHARACTERISTICS. 2021: ACS 1-Year Estimate Subject Tables](https://data.census.gov/cedsci/table?t=Health%20Insurance&g=0400000US48&tid=ACSS T1Y2021.S2704), link (https://data.census.gov/cedsci/table?t=Health%20Insurance&g=0400000US48&tid=ACSS T1Y2021.S2704)

¹⁸ National Alliance on Mental Illness. (2015, April). [A Long Road Ahead: Achieving True Parity in Mental Health and Substance Use Care](https://www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/A-Long-Road-Ahead/2015-ALongRoadAhead), link (https://www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/A-Long-Road-Ahead/2015-ALongRoadAhead)

¹⁹ [Texas Mental Health Condition and Substance Use Disorder Parity Strategic Plan](https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2021/mhcsud-parity-strategic-plan-august-2021.pdf). Mental Health Condition and Substance Use Disorder (MHCSUD) Parity Work Group. August 2021, link. (https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2021/mhcsud-parity-strategic-plan-august-2021.pdf)

National experts in parity law and best practices have recognized Texas laws as some of the best in the country.²⁰ The passage of H.B. 10, 85th Legislature, Regular Session, 2017, and subsequent authorization of the Texas Department of Insurance to enforce parity was identified as a best practice.

H.B. 10 changed how behavioral health care is provided through private insurance health plans. This law strengthens existing federal protections to help ensure Texans get the services they need. H.B. 10 included the establishment of a behavioral health ombudsman to assist individuals with complaints related to behavioral health treatment in the public and private insurance programs. It also required submission of data from health plans and Medicaid MCOs to compare rates of prior authorization, utilization review, medical necessity denials, and appeals across behavioral health and medical/surgical benefits. Texas has established quantitative standards to enforce and measure network adequacy for behavioral health services. This specifically includes wait time and travel distance standards for preferred provider benefit plans and health maintenance organizations.²¹ HHSC's 2018 report found that MCOs did not meet access standards for behavioral health.²²

²⁰ Ibid.

²¹ 81st Texas Legislature. (2009). [House Bill 2256, Legislative Session 81\(R\)](https://capitol.texas.gov/BillLookup/History.aspx?LegSess=81R&Bill=HB2256), link (<https://capitol.texas.gov/BillLookup/History.aspx?LegSess=81R&Bill=HB2256>); Codified at TEX. INS. CODE ANN. §. 1301.0055 (2009); 28 TEX. ADMIN. CODE §§ 3.3704; 11.1607.

²² Texas Health and Human Services Commission. Report on Medicaid Managed Care Provider Network Adequacy. (p. 2).

3. Populations with Complex Needs and Difficulty Accessing Behavioral Health Care

The populations of focus in this section are not monolithic groups. Many members of these groups have unique needs influenced by their identification with more than one group. This can increase their difficulty in accessing the services and supports they need and their response to treatment. For example, an individual diagnosed with an intellectual and developmental disability (IDD) may also have co-occurring behavioral health conditions, be classified as a youth, and involved in the juvenile or criminal justice system. Statutes, administrative rules, funding source requirements, and service delivery infrastructure can catapult an individual into a particular pipeline for care that may not be resourced to meet the full scope of their needs.

Individuals with Co-Occurring Mental Health and Substance Use Disorders

Results of the 2018 National Survey on Drug Use and Health reflected that an estimated 9.2 million adults had any mental illness and at least one substance use disorder (SUD) in the past year. 3.2 million adults had a SMI and a SUD in the past year.²³ Based on HHSC's 2022-2023 block grant application, it was estimated that 243,788 adults in Texas had a co-occurring SMI and SUD.²⁴

Though a high degree of individuals with mental illness have a co-occurring SUD, there are differences in laws, administrative policies, and funding for mental health versus substance use treatment. For example, SAMHSA provides states with a Substance Abuse Prevention and Treatment Block Grant (SABG) and Mental Health Block Grant (MHBG). Each grant has distinct purposes, priority populations, and goals. About 74 percent of funding for HHSC's SUD services comes from the SABG compared with roughly 26 percent from GR. Conversely, the MHBG accounts for roughly 5 percent of HHSC's funding for comprehensive mental health services

²³ [Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health](https://store.samhsa.gov/sites/default/files/d7/priv/pep19-5068.pdf), link (https://store.samhsa.gov/sites/default/files/d7/priv/pep19-5068.pdf).

²⁴ Estimates were based on the 2020 Texas adult population estimates.

compared with roughly 90 percent from GR, and five percent all other federal funds.

Co-occurring Behavioral Health and Intellectual and Developmental Disabilities

The Hogg Foundation for Mental Health reported in 2022 that an estimated 500,000 Texans have an IDD.²⁵ Approximately 35 percent of individuals with IDD have a co-occurring behavioral health condition.²⁶ If IDD is the primary diagnosis, most often, the individual will primarily receive services and supports through the IDD services system and there may be minimal to no coordination with professionals who have mental health expertise and can address the individual's mental health concerns.²⁷

Providing holistic care to this population can be difficult based on funding. For example, SAMHSA does not allow MHBG funds to be used to serve individuals with co-occurring IDD and mental health disorders if IDD is the primary diagnosis. Holistic care can also be impacted by provider shortages and competency in serving individuals with co-occurring IDD and mental health conditions. Academic training in a mental health related discipline does not equate to training in IDD or substance use disorders. Developing an awareness and skillset to serve this population requires recurring training and exposure to the population.²⁸

Youth with Complex Behavioral Health Needs

For the purposes of this report, "youth with complex behavioral health needs" reflect those youth who require comprehensive home and community-based mental health services who are at risk of or admitted to institutions operated by, or contracted with, HHSC, the Department of Family and Protective Services, the Texas Juvenile Justice Department (TJJD), and the Texas Department of Criminal Justice. The term "institutions" is broadly used to reflect facilities operated by these

²⁵ [Meeting the Mental Health Needs of Individuals with Intellectual and Other Developmental Disabilities](https://hogg.utexas.edu/wp-content/uploads/2022/07/IDD_MH-Policy-Brief-2022.pdf), link (https://hogg.utexas.edu/wp-content/uploads/2022/07/IDD_MH-Policy-Brief-2022.pdf).

²⁶ [Texas Statewide Intellectual and Developmental Disabilities Strategic Plan](https://www.hhs.texas.gov/sites/default/files/documents/statewide-idd-strategic-plan-jan-13-2022.pdf), link (https://www.hhs.texas.gov/sites/default/files/documents/statewide-idd-strategic-plan-jan-13-2022.pdf).

²⁷ [Meeting the Mental Health Needs of Individuals with Intellectual and Other Developmental Disabilities](https://hogg.utexas.edu/wp-content/uploads/2022/07/IDD_MH-Policy-Brief-2022.pdf), link (https://hogg.utexas.edu/wp-content/uploads/2022/07/IDD_MH-Policy-Brief-2022.pdf).

²⁸ [Mental Health Wellness for Individuals with Intellectual and Developmental Disabilities](https://training.mhw-idd.uthscsa.edu/), link (https://training.mhw-idd.uthscsa.edu/).

agencies and institutional systems that have a role in the service continuum. They may not be the most appropriate providers of care to these youth. These youth and families have needs that are difficult to meet by one agency, reflect a small percentage of youth served in these multi-systems, and often require the most expensive levels of care. For example, as of September 7, 2021, 28,943 children and youth were in the Texas child welfare system; 161 (0.56%) of those children and youth were in children without placement (CWOP) status, pending an appropriate placement.²⁹ Youth in CWOP status are an example of a small percentage of individuals in a system that require a high degree of multi-system attention and services and supports that are often the most expensive and hard to access.

Youth and Adults who are Justice-Involved

The Texas juvenile justice system serves youth between the ages of 10 and 16.³⁰ In fiscal year 2021, approximately 45 percent of youth referred to juvenile probation departments had mental health needs. To minimize the number of youth who are referred to the TJJD, it is vital that local and state resources prioritize early identification of youth who have experienced Adverse Child Experiences or other traumas³¹, for example, involvement with negative peers, lack of family structure and support, and verbal, physical, and sexual abuse.³²

In the criminal justice system, between September 1, 2020, and June 17, 2021, there were 644,795³³ Continuity of Care Query (CCQ) queries from county jails.³⁴

²⁹ [Texas Department of Family and Protective Services, Children Without Placement, September 2021](https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2021/2021-09-14-DFPS_CWOP_Report.pdf), link
(https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2021/2021-09-14-DFPS_CWOP_Report.pdf).

³⁰ [The State of Juvenile Probation Activity in Texas](https://www.tjtd.texas.gov/index.php/doc-library/send/334-state-of-juvenile-probation-activity/3201-the-state-of-juvenile-probation-activity-in-texas-2021), link
(<https://www.tjtd.texas.gov/index.php/doc-library/send/334-state-of-juvenile-probation-activity/3201-the-state-of-juvenile-probation-activity-in-texas-2021>).

³¹ [Centers for Disease Control and Prevention, Adverse Childhood Experiences \(ACES\)](https://www.cdc.gov/violenceprevention/aces/index.html), link
(<https://www.cdc.gov/violenceprevention/aces/index.html>).

³² [The State of Juvenile Probation Activity in Texas](https://www.tjtd.texas.gov/index.php/doc-library/send/334-state-of-juvenile-probation-activity/3201-the-state-of-juvenile-probation-activity-in-texas-2021), link
(<https://www.tjtd.texas.gov/index.php/doc-library/send/334-state-of-juvenile-probation-activity/3201-the-state-of-juvenile-probation-activity-in-texas-2021>).

³³ This figure solely reflects mental health inquiries. The CCQ process is also done for individuals suspected of having an IDD. For additional information review the [Annual Report on the Screening of Offenders with Mental Impairment](https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2021/hb1-annual-report-screening-offenders-mental-impairment-sept-2021.pdf), link
(<https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2021/hb1-annual-report-screening-offenders-mental-impairment-sept-2021.pdf>)

³⁴ Ibid.

The CCQ process is used to identify if an individual booked into a county jail has a history of receiving mental health services in the HHSC-funded mental health system to include the LMHAs and LBHAs, state hospitals, or contracted psychiatric beds. Of the 644,795 queries, it is estimated that over 212,000 individuals had a prior history of receiving services through the HHSC mental health provider network. It should be noted that the data exchange process that makes the CCQ inquiry possible is based on a three-year look-back. It may be a reasonable assumption that a much higher percentage of individuals in county jails have a history of receiving services through the HHSC mental health provider network.

The forensic adult population who access state hospital services have been determined incompetent to stand trial or acquitted not guilty by reason of insanity. In June 2022, it was reported that 65 percent of the state hospital population were court-ordered by criminal courts for treatment and the waitlist for forensic state hospital services was approximately 2,400 people.³⁵

³⁵ [Presentation to the House Human Services Committee on State Hospitals and the Forensic Waitlist](https://www.hhs.texas.gov/sites/default/files/documents/presentation-to-the-house-human-services-committee.pdf), link
(<https://www.hhs.texas.gov/sites/default/files/documents/presentation-to-the-house-human-services-committee.pdf>).

4. Select Behavioral Health System and Service Innovations in the Last 10 Years

Multidisciplinary Collaboratives



Texas is unique from many other states with more than 20 state agencies, institutions of higher education, and the judiciary receiving funding to advance awareness of, training on, and delivery of behavioral health services. To bolster a persons' clinical response to behavioral health treatment, there is an acknowledgement that supports for the social determinants of health are required. This includes:

- Education Access and Quality;
- Health Care Access and Quality;
- Neighborhood and Built Environment;
- Social and Community Context; and
- Economic Stability.

Successful implementation of these services and supports require:

- collaboration to include joint input on program design and implementation,
- joint oversight when service elements align with another agency's scope,
- shared visibility on program metrics,
- funding,
- populations served,
- outcomes, and more.

This collaboration, communication, shared oversight and accountability, and statewide behavioral health visioning and planning is what was contemplated in the establishment of the SBHCC.



In 2018, the Judicial Commission on Mental Health (JCMH) was established by a joint court order of the Supreme Court of Texas and the Texas Court of Criminal Appeals. The purpose of the JCMH is 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.”³⁶ The philosophy is that judges are central figures for organizing communities. There is also an acknowledgement that the services and supports that reduce recidivism are those that help people gain an awareness of their behavioral health conditions, treat the conditions, and address social determinants of health. Commissioners serving on the JCMH include judges, attorneys, advocates, people and family members with behavioral health lived experience, and human service agencies. Major accomplishments include the creation of legislative proposals resulting in new mental health law, five annual judicial summits on mental health, specialized

³⁶ [Judicial Commission on Mental Health](http://www.texasjcmh.gov/about-us/), link (<http://www.texasjcmh.gov/about-us/>).

mental health training, and bench books and other guides on this complex area of the law.

In 2019, the 86th Texas Legislature established the Texas Child Mental Health Care Consortium (TCMHCC).³⁷ The TCMHCC allows the state to leverage the expertise and service capacity of the health-related institutions of higher education to address the urgent mental health challenges of children, youth, and their families, and advance the child and youth serving mental health system. The TCMHCC implements five initiatives:

- the Child Psychiatry Access Network (CPAN),
- the Texas Child Health Access Through Telemedicine (TCHATT) program,
- Community Psychiatry Workforce Expansion (CPWE),
- the Child and Adolescent Psychiatry (CAP) Fellowships program, and
- two research initiatives focused on treating youth depression and preventing suicide and improving the state's response to trauma in youth.

Improving Access and Quality of Behavioral Health Services

The services and supports highlighted in this section do not reflect the full breadth and scope of initiatives implemented by SBHCC member organizations that have improved access to and the quality of behavioral health services. The SBHCC elected to spotlight initiatives implemented within the last 10 years that have been innovative, produced favorable outcomes, and improved access and quality of behavioral health services. These services and supports are placed in three major categories: public awareness and prevention services, early identification and early onset services and supports, and long-term services and recovery supports. Appendix A is a more comprehensive inventory of behavioral health programs and services implemented by SBHCC member organizations.

³⁷ [Texas Child Mental Health Care Consortium](https://tcmhcc.utsystem.edu/), link (<https://tcmhcc.utsystem.edu/>).

Public Awareness and Prevention Services

Mental Health First Aid (MHFA) plays a critical role in raising public awareness to ensure Texans experiencing a mental health crisis get the right help at the right time. MHFA includes three components:

1. Know the signs
2. Learn the actions
3. Be a lifeline

Since FY 2014, there has been a significant increase in MHFA trainings. In FY 2014, 2,868 people were trained and in FY 2022 this has increased to 141,497 trained.

Mental Health First Aid (MHFA)

*Significant increase in
Mental Health First Aid
trainings since FY 2014.*

Numbers Trained
2014: 2,868
2022: 141,497



MHFA is an 8-hour training that “introduces participants to signs and symptoms of mental health and substance use concerns, builds understanding of their impact, and gives an overview of common treatments and resources.”³⁸ MHFA is a

³⁸ [Mental Health First Aid](https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/behavioral-health-services/mental-health-first-aid), link (https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/behavioral-health-services/mental-health-first-aid).

proprietary training owned by the National Council for Mental Wellbeing (National Council). There are three MHFA courses available in Texas: Adult MHFA, Youth MHFA, and Teen MHFA. In addition, the National Council produces several MHFA training programs geared towards specific populations and environments including the workplace, public safety, higher education, older adults, veterans, fire and emergency medical services, rural communities, schools, and faith and spiritual communities.³⁹ The Texas MHFA training program, by statute, focuses on university employees, school district employees, and school resource officers.

Suicide Care Initiative (SCI)

SCI is a framework for improving suicide care in the public behavioral health care system in Texas with a two-part focus: implementing the Zero Suicide framework to fidelity and increasing provider capacity to prevent, treat, and provide postvention suicide care. In 2019, HHSC contracted with four LMHAs to establish Regional Suicide Care Support Centers (RSCSCs). The Harris Center for Mental Health and IDD, Integral Care, My Health My Resources of Tarrant County, and Tropical Texas Behavioral Health serve as suicide care workforce development and technical assistance sites supporting the suicide prevention and suicide care needs of the eight to nine LMHAs in their regions. Each RSCSC is required to fully implement the Zero Suicide framework to fidelity at their LMHA and assist the LMHAs in their assigned RSCSC region to do the same. HHSC contracts with the University of Texas Institute for Excellence in Mental Health to evaluate SCI's implementation and outcomes. In fiscal year 2022:

- 543 LMHA and LBHA staff were trained as trainers in evidenced-based training such as Applied Suicide Intervention Skills Training, SafeTALK, and Counseling on Access to Lethal Means and 968 staff received the training.
- The RSCSCs showed a 29 percent increase in fidelity to the Zero Suicide framework.

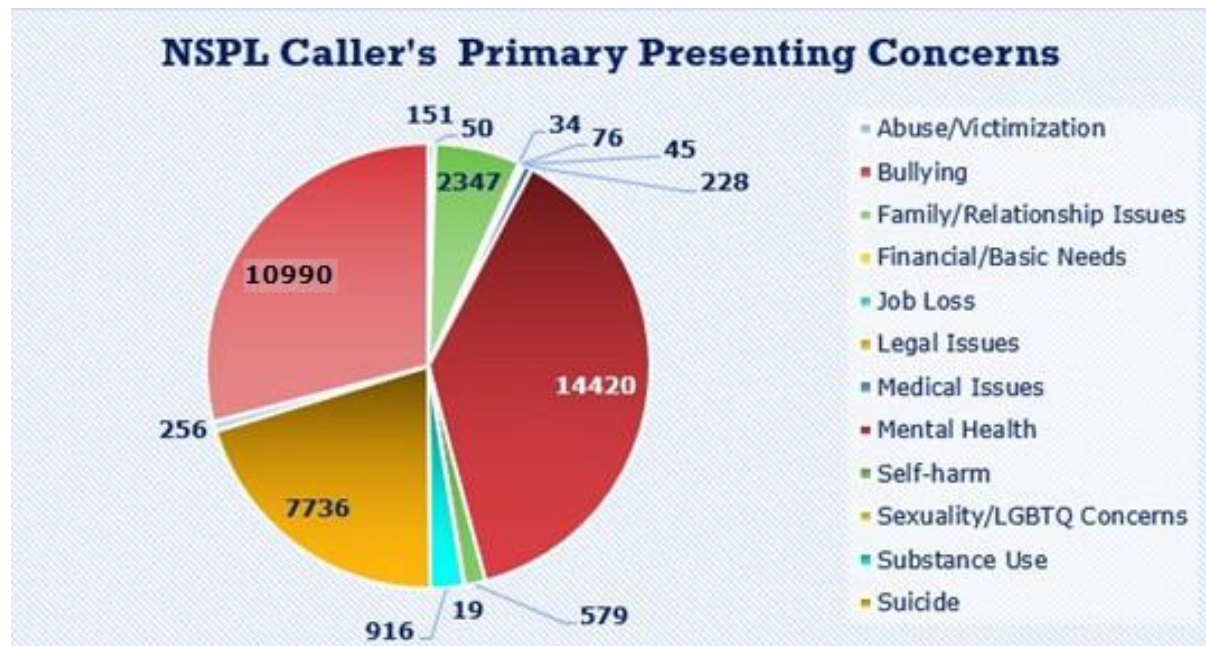
988 – Universal Telephone Number for the National Suicide Prevention Lifeline (NSPL)

988 is the three-digit number that is the primary avenue for contacting the NSPL. "The NSPL provides confidential support for people in a suicide crisis or mental health-related distress, and is available through calls, chats, or texts at no cost, 24

³⁹ [Mental Health First Aid, Programs](https://www.mentalhealthfirstaid.org/programs/), link (<https://www.mentalhealthfirstaid.org/programs/>).

hours a day, seven days a week (24/7).⁴⁰ There are five⁴¹ NSPL call centers in Texas. Four of the call centers are LMHAs that HHSC contracts with to answer calls: The Harris Center for Mental Health and IDD, Integral Care, Emergence Health Network, and My Health My Resources of Tarrant County. In federal fiscal year 2021, the HHSC contracted NSPL call centers collected data on 60,000 calls and presenting concerns were captured for 37,847 of those calls. Figure 7 below reflects the primary concerns of callers.

Figure 8. NSPL Callers' Primary Presenting Concerns, October 2020 – September 2021



Vibrant Emotional Health, operator of the National Suicide Prevention Line, projected costs to the Texas system for year one of 988 implementation is \$22,926,070

87 percent of presenting concerns were for mental health, bullying, and suicide. Other issues included abuse/victimization, job loss, self-harm, family/relationship issues, financial/basic needs, legal issues, medical issues, sexuality/LGBTQ

⁴⁰ [Report on the 988 Implementation Study](https://www.hhs.texas.gov/sites/default/files/documents/9-8-8-implementation-study-rider-58.pdf), link (https://www.hhs.texas.gov/sites/default/files/documents/9-8-8-implementation-study-rider-58.pdf).

⁴¹ The Suicide and Crisis Center of North Texas is the 5th call center that fields NSPL calls and is not an HHSC contractor.

concerns, and substance use. Vibrant Emotional Health, operator of the NSPL, projected that the estimated total cost to the Texas system for year one of 988 implementation is approximately \$22.9 million.⁴² This figure reflects added costs for the NSPL calls centers and excludes communication and technology expenses and maintenance. It is reasonable to assume that this is a conservative estimate as it may not contemplate the number of people who will require follow-up and treatment in the HHSC-funded system, other state agencies, and local organizations.

Early Identification and Early Onset Services and Supports

Project AWARE Texas

In 2018, SAMHSA awarded TEA a five-year grant to implement and conduct a program evaluation of project Project AWARE. TEA partners with four LEAs, the Texas Institute for Excellence in Mental Health (TIEMH) at the University of Texas at Austin, and HHSC to provide evidenced-based mental health services and supports to 15 school districts impacted by Hurricane Harvey. In 2022, TEA was awarded a second, five-year Project AWARE grant to provide mental health services and supports in three school districts in Central Texas. Project AWARE has four goals:⁴³

- Increase and improve access to culturally competent and developmentally appropriate school and community-based mental health services.
- Increase awareness and identification of mental health issues among adults working with young people.
- Help students develop skills that promote resilience, self-regulation, pro-social behaviors, avert the development of mental health disorders, and prevent youth violence.
- Develop an infrastructure that will sustain services at LEA/Education Service Centers and build statewide capacity for promoting mental health awareness and evidence-based practices.

⁴²[Report on the 988 Implementation Study](https://www.hhs.texas.gov/sites/default/files/documents/9-8-8-implementation-study-rider-58.pdf), link (https://www.hhs.texas.gov/sites/default/files/documents/9-8-8-implementation-study-rider-58.pdf).

⁴³ [AWARE Texas](https://schoolmentalhealthtx.org/aware-texas/), link (https://schoolmentalhealthtx.org/aware-texas/).

During the 2021-2022 academic school year:

- 4,835 students were screened for mental health concerns.
- 153 students were referred to a mental health professional to address their mental health concerns.
- 86 percent of students who were referred to a mental health professional received mental health services resulting from the referral.

Some of the participating school districts, their respective LMHAs, and the health-related institutions serving their area have established formal agreements to bolster student access to mental health services provided through TCHAT network. For example, Memoranda of Understanding were executed between Woodsboro Independent School District (ISD) and Gulf Bend Center as well as Port Aransas ISD and Nueces Center for Mental Health and Intellectual Disabilities. They have also implemented school climate surveys, developed school-wide service delivery plans for universal prevention, targeted, and intensive services. AWARE Texas has implemented evidence-based practices in classrooms school-wide in participating schools, such as the PAX Good Behavior Game, receiving positive feedback from participating school administrators and educators.

Coordinated Specialty Care (CSC) for First Episode of Psychosis (FEP)

CSC-FEP is an evidenced-based approach for serving individuals who have experienced early onset psychosis within two years of that initial experience. These services are for people ages 15 to 30 and the goal is to provide mental health services and supports early and promote the skills needed to manage the illness and live a fuller life.⁴⁴ HHSC contracts with 24 providers to deliver CSC-FEP services. This is a team-based approach to care that incorporates “low-dose atypical antipsychotic medication, cognitive behavioral therapy, family psychoeducation, educational and vocational support, and case management.”⁴⁵ Participation in CSC-FEP programming is limited to three years. In fiscal year 2021:

- There was an average caseload of 23 clients to every one case-manager.

⁴⁴ [Coordinated Specialty Care for First Episode of Psychosis](https://www.hhs.texas.gov/providers/behavioral-health-services-providers/coordinated-specialty-care-first-episode-psychosis), link (https://www.hhs.texas.gov/providers/behavioral-health-services-providers/coordinated-specialty-care-first-episode-psychosis)

⁴⁵ [Texas Institute for Excellence in Mental Health, Fidelity Monitoring Plan for Coordinated Specialty Care](https://sites.utexas.edu/mental-health-institute/files/2021/10/FEP-2021-Report-Fidelity-Plan.pdf), link (https://sites.utexas.edu/mental-health-institute/files/2021/10/FEP-2021-Report-Fidelity-Plan.pdf).

- 1,059 individuals were served.
- 32.6 percent of clients had at least one visit with a Supported Employment Specialist.
- Prior to receiving CSC-FEP services, the clients served experienced 2,726 crisis episodes. Post receiving CSC-FEP services, clients experienced 992 crisis episodes, representing a 63 percent decrease in crisis events.

TCHATT

TCHATT provides school districts the opportunity to use telehealth to increase student access to mental health screening, assessment, and treatment. The goal is to offer every Texas ISD the opportunity to use these services and supports to identify and treat student mental health needs early. TCHATT services are no cost to families and may include psychiatric and psychological supports, crisis intervention, community referrals to long-term mental health care, and consultation with school employees. TCHATT services are currently available across 422 school districts and 3,706 school campuses. This equates to 2,449,492 students who could be served through TCHATT. As of November 2022, there are 84 school districts and 652 school campuses that are pending the implementation of TCHATT services. This equates to potentially 431,762 students accessing mental health services and supports.

Long-Term Services and Recovery Supports

Certified Community Behavioral Health Clinics (CCBHCs)

CCBHCs are a model of care that advances access to primary health screenings and SUD care by integrating these services into mental health settings, clinically, financially, and administratively.



37 Texas providers have
been awarded
\$141,771,766 from
SAMHSA to expand the
CCBHC model of care

HHSC is transitioning from the term CCBHC to T-CCBHC, which stands for Texas Certified Community Behavioral Health Clinics, to differentiate between HHSC-certified providers and those that received SAMHSA funding but are not state certified.

HHSC has certified all 39 LMHAs and LBHAs as CCBHCs and four non-LMHA providers (The Montrose Center, Metrocare Services, PILLAR, and SCAN). Since 2016, 37 Texas providers have been awarded approximately \$141.8 million from SAMHSA to expand the CCBHC model of care. In fiscal year 2022, 15 CCBHC sites began providing outpatient substance use treatment due to their CCBHC status and 9 CCBHCs added additional slots for outpatient substance use treatment for a total of 4,467 additional slots statewide.

Community Mental Health Grant (CMHG)

HHSC was directed by H.B. 13, 85th Legislature, Regular Session, 2017, to implement the CMHG program. LMHAs and LBHAs, non-profit organizations, educational institutions, and governmental entities are eligible to apply for funds under this grant. Grantees must dedicate matching funds equal to a certain percentage of the state award, contingent on the size of the population of the county being served. Projects implemented under this program are categorized as follows:

- **Access to Care.** Increasing access to outpatient behavioral health services.
- **Co-occurring Disorders/SUD Services.** Identifying individuals with complex needs due to co-occurring illnesses such as mental health/IDD, behavioral health, or behavioral and physical health and increasing access to services that address these health care needs.
- **Crisis and Forensic Services.** Increasing access to crisis services and supports and other strategies that promote pre- and post-booking jail diversion.
- **Peer Support Services.** Increasing access to recovery-focused clubhouses, peer support services, and educational training to develop peer providers within community service delivery structures.
- **School-Based and Early Intervention.** Increasing access to prevention and intervention services, school-based response, and at-risk screening and identification of early onset behavioral health conditions.

In fiscal year 2021:

- 40,721 individuals were served across 155 counties.
- 1,397 people were trained on behavioral health topics.
- 1,982 students out of 2,575 showed behavioral improvement in an academic setting because of receiving services.
- 98 percent of participants with a history of hospitalization were prevented from immediate re-admission while enrolled in a CMHG-funded program.
- 92 percent of participants were not arrested while enrolled in a CMHG-funded program.

Mental Health Grant Program for Justice-Involved Individuals (MHG-JII)

HHSC was directed by S.B. 292, 85th Legislature, Regular Session, 2017, to develop the MHG-JII grant program to reduce recidivism by decreasing the frequency of arrest and incarceration among people with mental illness and the total wait time for people with mental illness placed on forensic commitment to a state hospital.⁴⁶ Grants must be administered to collaboratives that include a county, an LMHA, and each hospital district, if any, located in the county. These collaboratives are required to match state award⁴⁷ and the amount of match is contingent on the population of the county being served. MHG-JII funds may be used to establish or expand a variety of crisis and jail diversion services such as interdisciplinary rapid response teams, expanding community-based inpatient psychiatric beds, non-state hospital competency restoration programs, and crisis facilities. In fiscal year 2021:

- 47,691 individuals were served across 45 counties. 5,872 lived in rural communities.
- 640 individuals participated in community reentry services, which may include but are not limited to assistance with symptom management, employment, housing, or social supports.

⁴⁶ [Mental Health Grant Program for Justice-Involved Individuals](https://www.hhs.texas.gov/business/grants/behavioral-health-services-grants/mental-health-grant-program-justice-involved-individuals), link (https://www.hhs.texas.gov/business/grants/behavioral-health-services-grants/mental-health-grant-program-justice-involved-individuals).

⁴⁷ Match may be cash (i.e., provided through funds by the applicant, local philanthropic, community collaboratives, city, and county funds) or in-kind contributions (i.e., goods or services committed for the grant project, such as donated resources, and volunteer time).

- 8 grantees tracked recidivism rate as an outcome and collectively the recidivism rate was 2%, down from 6% in fiscal year 2020.

5. Conclusion

The SBHCC's desire is to have a behavioral health system that reflects:

- A competent and adequately staffed workforce at the state level that exceeds minimum standards in program design and oversight, quality, fiscal and contract monitoring, and training and technical assistance.
- A competent, trained, and adequately staffed workforce at the local level that delivers outcomes associated with effective program implementation and service provision.
- A continuum of services between outpatient and inpatient care that represents the fluid clinical and social determinants of health-related needs of the individuals served.
- Individuals being able to access the types of services they need when they need them. Services match individual need and reflect evidenced-based practices, promising practices, a nationally recognized practice, a practice that was locally generated but proven to be successful in meeting the needs of a particular population, or a legislative requirement.
- Data-driven decision making that reflects the effectiveness, quality, and value of behavioral health services to include right-sizing or redesigning programs or interventions that are ineffective. Services are fiscally accountable.
- Local planning and collaboratives that are multi-disciplinary and inclusive of people with lived experience and family members, reflect the range of systems that interface with individuals served, identify local needs, and implement solutions.

For the 2022-23 biennium, Texas is investing \$8 billion in state and federal funds to increase access to and provide behavioral health services. However, factors such as Texas geography, access to transportation and broadband, a change in behavioral health providers, population growth, and the residual behavioral health impacts of COVID-19 means there are more people who require care than state agencies alone can serve. The statistics, special populations who have trouble accessing behavioral health services, and examples of innovative initiatives and their outcomes implemented within the last 10 years covered in this report may not be new information. However, this is a new opportunity to better understand the behavioral

health needs of Texas and advance access to timely, quality, appropriate, and effective behavioral health services and supports.

Finally, the SBHCC would be remiss if we failed to underscore issues with the state's workforce at local and state levels. The SBHCC's network of providers require competent, skilled, and trained staff to deliver care to the most vulnerable Texans. SBHCC member agencies require a competent, skilled, and trained workforce to ensure that we are meeting our statutory and fiduciary responsibilities.

List of Acronyms

Acronym	Full Name
AWARE	Advancing Wellness and Resiliency in Education
CCBHC	Certified Community Behavioral Health Clinic
CCQ	Continuity of Care Query
CHIP	Children’s Health Insurance Program
CMHG	Community Mental Health Grant
CSC-FEP	Coordinated Specialty Care for First Episode of Psychosis
CWOP	Children Without Placement
ESC	Education Service Center
H.B.	House Bill
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
IDD	Intellectual and Developmental Disabilities
JCMH	Judicial Commission on Mental Health
LBHA	Local Behavioral Health Authority
LEA	Local Education Agency
LMHA	Local Mental Health Authority
MHBG	Mental Health Block Grant
MHFA	Mental Health First Aid
MHG-JII	Mental Health Grant Program for Justice-Involved Individuals
NSPL	National Suicide Prevention Lifeline
SABG	Substance Abuse Block Grant
S.B.	Senate Bill
SBHCC	Statewide Behavioral Health Coordinating Council
SCI	Suicide Care Initiative
SHARS	School Health and Related Services
SMI	Serious Mental Illness
SPMI	Severe and Persistent Mental Illness
SUD	Substance Use Disorders
TCHAT	Texas Child Health Access Through Telemedicine
TEA	Texas Education Agency
TJJD	Texas Juvenile Justice Department
UT	University of Texas

Appendix A. Inventory of Behavioral Health Programs and Services

The inventory describes how the identified programs, services, initiatives, and expenditures will further the goals of the strategic plan and outlines behavioral health programs and services provided by SBHCC agencies for fiscal year 2023.

Article I

Office of the Governor, Trusteed Programs

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Violence Against Women; Mental Health Services; Strategy B.1.1	Women who have been identified through testing as suffering from a substance abuse or mental health problem.	Provide grant funding to local governments and non- profit corporations to provide mental health services to victims of crime.	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No
Crime Victim Assistance; Mental Health Services; Strategy B.1.1	Adults and juveniles who have been identified through testing as suffering from a substance abuse or mental health problem.	Provide grant funding to local governments and non- profit corporations to provide mental health services to victims of crime.	No	Yes	Yes	Yes	Yes	No	No	Yes	No
Residential Substance Abuse Treatment; Substance Use Disorder Services; Strategy B.1.1	Adults and juveniles charged with an offense who have been identified through testing as suffering from a substance abuse problem.	Provide direct treatment services to the eligible offender populations of state agencies, counties, and community supervision and corrections departments operating secure correctional facilities.	No	Yes	Yes	Yes	Yes	No	No	No	No
Specialty Courts; Substance Use Disorder Services; Strategy B.1.1	Adults (charges include Drug/Driving While Intoxicated (DWI), Mental Health related, Veteran, Family, and Commercially Sexually Exploited Persons) and juveniles charged with a nonviolent offense and who are suffering from substance abuse or mental health problem.	Provide grant funds to counties, judicial districts or juvenile boards to support Specialty Courts (Drug/DWI, Mental Health, Veteran, Family, and Commercially Sexually Exploited Persons). Services provided by the drug court programs include intense supervision, drug testing, counseling and therapy, and case management.	No	Yes	Yes	Yes	No	No	No	No	No

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Juvenile Justice and Delinquency Program; Mental Health Services; Strategy B.1.1	At-risk youth and juveniles who have had contact with the juvenile justice system. Local communities with a high population of mentally ill or population suffering from substance abuse problems.	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: <ul style="list-style-type: none"> • 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. 	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Edward Byrne Memorial Justice Assistance; Mental Health Services; Strategy B.1.1	Adults and juveniles charged with an offense who have been identified through testing as suffering from a substance abuse or mental health problem.	Provide 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.	No	Yes	Yes	Yes	Yes	No	No	No	No

Texas Veterans Commission

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Veteran Mental Health Grants; Texas Veterans Commission (TVC) Strategy B.1.1.1 General Assistance Grants	Texas veterans, their families, and survivors.	Fund for Veterans’ Assistance Grants provide assistance to veterans, their families, and survivors by making grants to local nonprofit organizations and units of local governments providing direct services.	Yes	No	Yes	Yes	No	Yes	Yes	No	No

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Veterans Mental Health Department (VMHD), Texas Veterans Commission (TVC) Strategy A.1.4. Veterans Outreach	Texas service members, veterans, their families.	<ul style="list-style-type: none">• Trainings on veteran mental health needs including suicide prevention/intervention, military trauma, military cultural competency/military-informed care, and evidence-based practices.• Certification, training, and technical assistance to the statewide Military Veteran Peer Network (MVPN) made up of peer service coordinators and peer volunteers who connect veterans and their families to local resources to address veteran mental health needs including military trauma.• Training and technical assistance tailored to licensed clinicians and community-based mental health professionals who work with veterans and their families.• Collaboration with community-based organizations, and faith-based organizations to include promoting the Faith and Allegiance Initiative and the Ask the Question campaign.• Coordination of services and technical assistance to criminal justice entities working with justice-involved veterans including veteran treatment courts, local and state law enforcement, TDCJ, and community supervision.• Coordination of TVC's Homeless Veteran Initiative aimed at reducing homelessness across Texas.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

Article II

Department of Family and Protective Services

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Post-Adoption/Post-Permanency Purchased Services; Strategy B.1.5	Children and youth at risk of re-entering conservatorship following an adoption.	Provide payments to contractors for short-term residential behavioral health services to provide families with critical supports to promote permanency and reduce re-entry into the foster care system and dissolution of consummated adoptions.	No	No	No	Yes	No	No	No	No	No
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.	Provide payments to contractors for substance abuse prevention and treatment services (education, counseling, and treatment) delivered to families where needs were not met by HHSC services. Services may include: <ul style="list-style-type: none">Substance abuse assessment and diagnostic consultation.Individual, group and/or family substance abuse counseling and therapy, including home-based therapy. Service coordination is provided by assigned caseworker who evaluates family on a case-by-case basis and determines the appropriate services (including substance use treatment, mental health, recovery support, and any other appropriate supports). The caseworker makes referrals and coordinates any services for the family with contracted providers to ensure the family receives the support required to ensure child safety.	No	Yes	No	Yes	No	No	No	No	No
Counseling and Therapeutic Services; Strategy B.1.8	Families who need assistance to facilitate the achievement of the child's or family's service plan. Services are provided to children who are in substitute care, children who remain in their homes, and to their caregivers and families including those in family-based safety services.	Provide payments to contractors for counseling and therapeutic services delivered to meet service plan needs, where not met by STAR Health or other services. Services may include: <ul style="list-style-type: none">Psychological testing, psychiatric evaluation, and psychosocial assessments.Individual, group, and/or family counseling and therapy, including home-based therapy.	No	Yes	No	Yes	No	No	No	No	No
Adult Protective Services (APS) Emergency Client Services; Strategy D.1.3	Persons 65 years and older and adults 18 to 64 years old with a disability in APS cases that are receiving services, and their family members.	Provide payments to contractors for mental health services to assess capacity and meet service plan needs where services are not already provided through HHSC or other funding sources.	Yes	Yes	Yes	No	No	No	No	Yes	No

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Prevention and Early Intervention Services; Strategy C	Families in communities identified as having a high level of maltreatment risk factors including poverty, instability, poor health outcomes, substance abuse, and mental illness, targeted for voluntary prevention and family-strengthening programs.	Fund family-strengthening programs and initiatives that support healthy parenting relationships and positive conflict resolution while promoting positive outcomes for children, youth and families to: <ul style="list-style-type: none"> Mitigate the need for more intensive interventions. Make referrals and offer complementary auxiliary support to families. 	Yes	Yes	Yes	No	No	No	No	Yes	No

Department of State Health Services

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Texas Center for Infectious Disease (TCID) Behavioral Health Services; A.2.5; Mental Health Services; Inpatient	People with Tuberculosis infection and co- occurring mental health and substance abuse disorders.	All patients receive multidisciplinary assessment for mental disorders, substance abuse and other concerns, with interventions provided as appropriate to improve inpatient treatment compliance, reduce suffering from mental disorders, improve emotional-social-physical functioning, enhance use of healthy coping behaviors, and deliver appropriate discharge planning with referral to available medical care.	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Human Immunodeficiency Virus (HIV) Care Services, Ryan White Part B HIV Grant Program; A.2.2; Substance Use Disorder Services; Outpatient	Texas residents (youth and adults) living with HIV who are low-income, uninsured, and/or underinsured with need for substance use disorder services.	Substance Use Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include: screening, assessment, diagnosis, and/or treatment of substance use disorder, including: pretreatment/recovery readiness programs, harm reduction, behavioral health counseling associated with substance use disorder, outpatient drug-free treatment and counseling, medication assisted therapy, Neuro-psychiatric pharmaceuticals, and/or relapse prevention. Goals are to retain clients in care so they remain, or attain, viral suppression and improve health outcomes.	No	Yes	Yes	Yes	No	No	No	No	No

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
HIV Care Services, Ryan White Part B HIV Grant Program; A.2.2; Mental Health Services; Outpatient	Texas residents (youth and adults) living with HIV who are low-income, uninsured, and/or underinsured with need for mental health services.	Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized with the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers. Goals are to retain clients in care, so they remain, or attain, viral suppression and improve health outcomes.	No	Yes	Yes	Yes	No	No	No	No	No
Article II, Department of State Health Services; Specialized Health and Social Services; B.1.1 primary; A.3.3; and A.4.1; Mental Health Services; Other	Children ages zero to 21 with special health care needs.	<ul style="list-style-type: none">Service 1: Regional case management staff are active members of the Community Resource Coordination Groups (CRCG) and provide evidence- based technical assistance to families and organizations in need of behavioral health/ disability services.Service 2: Regional case management staff coordinate with local mental health authorities & parents to conduct risk assessments if client shows signs of need. Regional Texas Health Steps (THSteps) staff educate providers on importance of conducting risk screenings per periodicity schedule for Medicaid recipients.Service 3: Regional case management/Texas Health Steps staff recruit for new behavioral health providers in underserved areas and coordinate with providers in populated areas to assist in underserved area via telehealth or in-person.	Yes	Yes	Yes	No	No	No	Yes	No	Yes

Health and Human Services Commission

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Community Mental Health Services for Adults; Strategy D.2.1	Adults with serious mental illness	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, and crisis intervention services.	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
1915(i) Home and Community Based Services (HCBS); Strategy D.2.5	Adults with extended tenure in state mental health facilities, high utilization of emergency room, and/or frequent incarcerations	Support the recovery of adults with extended tenure in state mental health facilities, high utilization of emergency rooms, and/or frequent incarcerations by providing intensive wrap-around home and community- based services. People enrolled in HCBS-Adult Mental Health (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.	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Community Mental Health Services for Children; Strategy D.2.2	Children and adolescents (ages 3 through 17) with serious emotional disturbance	Improve the mental health and well-being of children and adolescents experiencing serious emotional disturbances through the provision of community mental health services that are person-centered, family-driven that can increase children and adolescent's strengths and supports, and foster resilience, recovery and functioning in the family, school and community. Examples of the services provided include assessment, medication management, case management, skills training, counseling, family support services, and crisis intervention services.	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes
Relinquishment Slots (DFPS); Strategy D.2.2	Children and adolescents (ages 5 through 17) who are at risk for parental relinquishment of rights due to their child or adolescent's serious emotional disturbance	Provide intensive residential treatment for children and adolescents who are at risk for parental relinquishment of rights due to their child or adolescent's serious emotional disturbance. Services at the residential treatment center include weekly individual and group therapy, family therapy, medication management, and habilitative services.	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
YES Waiver; Strategy D.2.5	Children at risk of hospitalization or parental relinquishment due to a need for services to treat serious emotional disturbance	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 that are specific to the YES service array.	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Community Mental Health Crisis Services; Strategy D.2.3	Adults and children with mental illness or in crisis and at risk of unnecessary hospitalization, incarceration, or use of emergency rooms	Provide 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.	No	Yes	Yes	No	No	No	No	No	No

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Jail-Based Competency; Community Mental Health Crisis Services; Strategy D.2.3	Defendants in county jails participating in the program and people first not able to be served in outpatient competency restoration in designated pilot site	Implement a pilot project to provide competency restoration services for people in a county jail setting.	No	Yes	Yes	Yes	No	No	No	No	No
Substance Abuse Prevention; Strategy D.2.4	Primarily youth and young adult populations. Some services focus on risk factors and some are aimed at the general population	Promote behavioral health/wellness and reduce use or misuse of substances, prioritizing the following: underage alcohol use, marijuana and cannabinoid use, tobacco and other nicotine product use, and prescription drug misuse. Strategies address underlying factors that lead to substance use and misuse including but not limited to, adverse childhood experiences, social determinants of health, and/or other youth, family and community risk and protective factors. Prevention services include individual youth/family skills-building, community coalition work, data/resource hubs, and public awareness strategies.	Yes	No	Yes	No	No	No	No	No	No
Substance Abuse Intervention; Strategy D.2.4	Targeted people who are at risk or high risk of substance use	<ul style="list-style-type: none"> Reduce substance use and/or substance use effects to target populations. Outreach, Screening, Assessment, and Referral Centers provide coordinated access to a continuum of substance use disorder services. Parenting Awareness and Drug Risk Education programs provide community-based, gender-specific services to parenting males and expecting fathers who at risk for involvement or currently involved with child welfare who use substances. Pregnant and Postpartum Intervention programs provide community-based, gender-specific intervention and outreach services for pregnant, postpartum, and parenting females who use substances. Rural Border Intervention programs provide integrated prevention and intervention services through coordinated care to members of the rural border communities who are using substances. Community Health Worker programs increase access to existing behavioral and physical health services for marginalized communities. 	Yes	Yes	Yes	No	No	Yes	Yes	No	No
Substance Abuse Treatment; Strategy D.2.4	Adults (ages 18 and above) who are diagnosed with a substance use disorder. Youth (aged 13-17) diagnosed with a substance use disorder.	State-funded substance use disorder treatment services serve youth and adults. For youth, residential and outpatient services are available. For adults, detoxification, residential, and outpatient services are available.	No	Yes	Yes	Yes	No	Yes	No	No	No

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Recovery; Strategy D.2.4	Recovery support service organizations provide peer services to increase long-term recovery. Youth Recovery Communities provide recovery support for youth who want a substance free environment.	Recovery Support Services (24 providers) embed long- term recovery support services into peer-based organizations, community-based organizations and substance use disorder treatment programs in local communities across Texas; and expand the recovery supports that are available to people in their natural community environments. Services include a wide array of non-clinical services and supports to help people initiate, support, and maintain recovery from substance use disorders. One of the key elements of the project was the recruitment and utilization of recovery support peer specialists. Services also included peer-run Recovery Support Services that increase the prevalence and quality of long-term recovery from substance use disorders by enhancing quality of life and increasing social connections through sustained long-term engagement. Youth Recovery Communities (11 providers) provide recovery support services to youth and young adults ages 13-21 that may have a substance use disorder or want a substance-free environment. YRCs support youth, young adults and their families by providing peer support and recovery-oriented services in addition to hosting substance free activities. YRCs establish effective linkages between recovery support organizations, substance use treatment programs, and other community resources that support efforts to initiate and sustain the recovery of young people and their families.	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No
Substance Abuse: Neonatal Abstinence Syndrome (NAS); Strategy D.2.4	Pregnant women who use opioids, including certain prescription medications, during pregnancy, possibly causing NAS	Reduce the incidence, severity, and costs associated with NAS. This project supports a range of health care services, products, and community-based activities.	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No
Community Mental Health Crisis Services; Strategy D.2.3.	Children in the foster care system	Targeted Case Management and Services for Foster Care Children Grant. Increase access to targeted case management 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 services to children in foster care in the Intense Service Level.	No	Yes	No	No	No	No	No	No	Yes

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
PAX Good Behavior Game Program; Substance Abuse Prevention, Strategy D.2.4	Faculty, staff, and students Pre-K-8, community educators, and youth-serving professionals	Texas Targeted Opioid Response contracts with the Education Service Center Region 13 to implement, manage, and report on the PAX Good Behavior Game (GBG) Program in Texas schools. GBG is an evidence- based instructional and behavioral health strategy used daily by teachers and students in the classroom to improve self-regulation and co-regulation with peers. This universal preventive approach not only reduces opioid misuse by reducing early childhood predictors of opioid use disorder, but also improves classroom behavior and academics. Children, their families, teachers, and society benefit for decades as a result.	Yes	No	No	No	No	No	No	No	No
Utilization of the Prescription Drug Monitoring Program; Substance Abuse Prevention, Strategy D.2.4	Physicians and pharmacists	Texas Targeted Opioid Response contracts with The University of Texas at Austin Center for Health Communication, on this award-winning project, to create additional content that increases prescriber and pharmacist enrollment and their meaningful use of the Prescription Monitoring Program (PMP). Meaningful use ensures not only patient screening but identification of problematic opioid use and appropriate referral to treatment. Because it is becoming a recognized resource, this project serves as a familiar, evidence- based strategy for healthcare providers to access effective tools to engage patients about their opioid use when using the PMP.	Yes	Yes	No	No	No	No	No	No	No
Mental Health Community Hospital Beds; Strategy G.2.2	People experiencing mental illness	General Revenue \$15,000,000 for additional state- purchased inpatient psychiatric beds in rural areas of the state and \$15,000,000 in urban areas of the state.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Community Mental Health Grant Programs; Strategy D.2.6	Individuals with a mental illness	Healthy Community Collaborative: The goal of the Healthy Community Collaborative program is to support an individual's transition from homelessness to integration in the community by engaging and assisting participants with obtaining and maintaining housing and employment, and achieving sustained recovery from their medical, mental, and substance use disorder(s).	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Community Mental Health Grant Programs; Strategy D.2.6	Individuals with a mental illness	The Community Mental Health Grant (CMHG) Program is designed to foster community collaboration, reduce duplication of mental health services, and strengthen continuity of care for individuals receiving services through a diverse local provider network.	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Community Mental Health Grant Programs; Strategy D.2.6	Individuals with a mental illness involved with the justice system	Justice Involved, Statewide Diversion Grant Program: Reduce recidivism rates, arrests, and incarceration among people 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 people with mental illness encountering the criminal justice system.	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Community Mental Health Grant Programs; Strategy D.2.6	Texas veterans and their families	<p>Texas Veterans and Family Alliance (TV+FA): The TV+FA Grant Program was created to improve the quality of life of Texas veterans and their families by supporting local communities to expand the availability of, increase access to, and enhance the delivery of mental health treatment and supportive services. Grants are awarded to community collaboratives to provide mental health services, coordinate supportive services such as transportation and child care, and support community collaboratives to be sustainable after funding ends. TV+FA grants support a wide range of clinical mental health and non-clinical supportive services for veterans and family members, including but not limited to:</p> <ul style="list-style-type: none"> • Evidence-based therapies and treatment • Individual, group and family or couples peer-support services • Individual and family counseling • Treatment of substance use disorders • Suicide prevention initiatives to help community members, veterans and family members develop awareness and skills in recognizing, assisting and referring to mental health services 	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Mental Health Program for Veterans; Strategy D.2.1.1, Community Mental Health Services for Adults	Texas service members, veterans, their families	<p>Mental Health Program for Veterans is collaboratively implemented by HHSC and TVC and supports providing:</p> <ul style="list-style-type: none"> • Peer-to-peer counseling • Access to licensed mental health professionals • HHSC-approved training for peer service coordinators, licensed mental health professionals, and peers • Identification, retention, and screening of community-based licensed mental health professionals • Suicide prevention training for peer service coordinators and peers • Veteran jail diversion services, including veteran treatment courts • Coordination of mental health first aid for veterans training to veterans and immediate family members of veterans • An initiative for veterans who are women • An initiative for veterans who live in rural areas 	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Community Resource Coordination Group (CRCG) Program Support (Information Technology); Strategy A.1.1	People (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.	<ul style="list-style-type: none"> Provide complex, individualized service planning utilizing 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. 	Yes	Yes	Yes	No	No	Yes	Yes	No	No
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.	<p>Implement the System of Care (SOC) cross-systems framework through a five-year strategic plan to local communities throughout the state with support of state child/youth agency leadership and advice from additional stakeholders.</p> <ul style="list-style-type: none"> Expand from pilot/demonstration to statewide implementation for developing local systems of care. 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: <ul style="list-style-type: none"> Access to services and supports Community implementation capacity Use of cross-system data Diverse funding opportunities 	Yes	No	Yes	No	Yes	No	Yes	Yes	No
Rio Grande State Center Outpatient Clinic; Strategy G.3.1	Adults living in the lower Rio Grande Valley in four counties: Cameron, Hidalgo, Willacy, and Starr.	<p>Provide the following:</p> <ul style="list-style-type: none"> A physical health care clinic that also makes referrals to local mental health authorities for mental health services. Funding includes all Rio Grande State Center (RGSC) activity and not just activity related directly to behavioral health. 	No	Yes	Yes	Yes	Yes	No	No	Yes	No
Mental Health State Hospitals; Strategy G.2.1	Seriously mentally ill persons from all regions of Texas, regardless of their financial status in need of inpatient care or forensic commitment.	<p>Provide the following:</p> <ul style="list-style-type: none"> Provide inpatient psychiatric care, including diagnostic, treatment, rehabilitative, and referral services at 10 state mental health facilities across the state. Provide operational funding for 168 beds at the John S. Dunn Behavioral Sciences Center in Houston. 	No	Yes	Yes	Yes	Yes	No	No	Yes	No
Repair and Renovation of Mental Health Facilities; Strategy G.4.2	State Hospital Infrastructure	Repair, renovate, and construct projects required to maintain the state's 10 psychiatric hospitals at acceptable levels of effectiveness and safety.	No	No	No	No	No	No	No	No	Yes

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other	
Intellectual and Developmental Disability (IDD) Crisis Respite and Behavioral Intervention Programs; Strategy A.1.1	People with intellectual and developmental disabilities (IDD) who have significant behavioral and psychiatric challenges.	<p>Outpatient Biopsychosocial approach for IDD services (OBI) offers security of services that will meet individual’s long-term needs. These services provide:</p> <ul style="list-style-type: none">Evidence-based biopsychosocial approach to care including a person-centered and trauma-informed treatment plan;Education and training on co-occurring IDD and mental health conditions to practitioners in mental health, substance use, or other related fields to establish, expand, or enhance Community-based Crisis Services; <p>Holistic case management approach focused on increasing access and creating a team of medical, psychiatric, mental health and paraprofessionals to address the person’s unique needs; and</p> <ul style="list-style-type: none">Both the person and their support system mental wellness support and skills training. <p>Crisis Intervention Services:</p> <ul style="list-style-type: none">Intervention for individuals experiencing a crisis and linking to other Local Intellectual and Developmental Disability Authorities (LIDDA) supports like the Transition Support Team;Follow-up care to monitor and provide support to people with IDD who received crisis services; andSupport to existing crisis mobile units (such as a Mobile Crisis Outreach Team [MCOT]) to include the availability of a behavioral specialist who is specifically trained on addressing crisis situations with people with IDD/Developmental Disability (DD). <p>Crisis Respite Services:</p> <ul style="list-style-type: none">Provides people with IDD in crisis with access to temporary stabilization through in-home or out-of- home crisis respite services. <p>Crisis respite services for people with IDD/DD and IDD/Mental Illness which excludes mental illness only.</p>	Yes	No	No	No	No	No	No	No	Yes	No

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Regional Medical, Behavioral, and Psychiatric Technical Support Teams; Centers for Medicare and Medicaid Services (CMS) Grant Funded Initiative	Community providers and LIDDAs who serve people with IDD at risk of being admitted into an institution, and those who have moved from institutional settings, including state supported living centers (SSLCs) and nursing facilities (NFs).	Provide the following: <ul style="list-style-type: none"> 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 LIDDAs and providers, on specific disorders and diseases, with examples of best practices and evidence-based services for people 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. 	Yes	No	No	No	No	No	No	Yes	No
Enhanced Community Coordination; Strategy A.1.1	People with IDD residing in an institution, such as an SSLC or NF, who are transitioning to a community Medicaid waiver program or community Intermediate Care Facilities for People with an Intellectual Disability or Related Conditions (ICF/IID).	Provide information to: <ul style="list-style-type: none"> 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; The individual and LAR are provided opportunities to visit community resources; The individual is provided intensive and flexible support to achieve success in a community setting; and The individual is provided enhanced pre- and post- transition services. 	No	No	Yes	No	No	No	No	No	No
Mental Health Wellness for Individuals with IDD (MHW-IDD); CMS Grant Funded Initiative 2.4	Direct service workers who support people with IDD with behavioral health needs. People with IDD who have behavioral health needs and co-occurring mental illness (MI).	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 people with an IDD and a co-occurring mental health condition; and promote their successful placements in community settings of their choice.	Yes	No	No	No	No	No	No	No	No

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Positive Behavior Management and Support (PBMS) Workshops 2.1, 2.4, 3.1	The target audience that benefits from PBMS training includes, but is not limited to: <ul style="list-style-type: none"> Family members Caregivers Providers: Educational: Geriatric, Foster Care, Long Term Services & Supports in IDD & Aging Population Adult Protective Services Case Managers Mental Health Professionals 	The workshops are designed to help attendees learn techniques for supporting positive behavior, including strategies and techniques for the prevention of problem behavior. Attendees from a variety of backgrounds and professions learn proactive approaches to establishing positive relationships with and supporting individuals who engage in challenging behavior. The sessions teach participants to use positive reinforcement to "tip the scales" toward adaptive and positive behavior and to safely and effectively prevent potentially harmful behaviors. Research has shown that the use of Applied Behavior Analysis (ABA) techniques are effective in a variety of settings when teaching adaptive skills and supporting those struggling with potentially harmful behavior. Reducing challenging behavior will be helpful to individuals exiting institutions and will help them be successful and remain in community settings.	Yes	No	No	No	No	No	No	Yes	No
Music and Memory Pilot at Austin State Hospital 2.1. 2.2, 2.4, 3.1	Individuals receiving services/treatment in a state hospital	The Money Follows the Person M&M Pilot will support people with serious mental illness (SMI) [such as depression, schizophrenia, or bipolar disorder] at Austin State Hospital (ASH), by establishing a person-centered tool to prepare them for transition to the community. Music & Memory is a program that utilizes digital music devices filled with personalized playlists with favorite songs. Listening to favorite music reduces anxiety, confusion, and fear while facilitating engagement and connection in a way only music can.	Yes	No	No	Yes	Yes	No	No	Yes	Yes

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Children's Health Insurance Program (CHIP); Strategy C.1.1	CHIP provides health coverage to low- income, uninsured children in families with incomes too high to qualify for Medicaid. CHIP is administered by CMS and is jointly funded by the federal government and the states.	<p>Inpatient mental health services, including for serious mental illness, furnished in a free-standing psychiatric hospital, psychiatric units of general acute care hospitals, and state-operated facilities.</p> <p>Outpatient mental health services, including for serious mental illness, provided on an outpatient basis, including, but not limited to:</p> <ul style="list-style-type: none"> • Neuropsychological and psychological testing • Medication management • Rehabilitative day treatments • Residential treatment services • Sub-acute outpatient services (partial hospitalization or rehabilitative day treatment) <p>Skills training (psycho-educational skill development)</p> <p>Inpatient substance abuse treatment services including but not limited to residential substance abuse treatment services including detoxification and crisis stabilization, and 24-hour residential rehabilitation programs.</p> <p>Outpatient substance abuse treatment services include:</p> <ul style="list-style-type: none"> • Prevention and intervention services that are provided by physician and non-physician providers, such as screening, assessment and referral for chemical dependency disorders • Intensive outpatient services • Partial hospitalization • (Intensive outpatient service is defined as an organized non-residential service providing structured group and individual therapy, educational services, and life skills training which consists of at least 10 hours per week for four to 12 weeks, but less than 24 hours per day.) 	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
STAR	Pregnant women, families, newborns, and children with limited income	Benefits include: <ul style="list-style-type: none"> • Mental health targeted case management • Mental health rehabilitation • Individual, family & group psychotherapy • Psychological, neuropsychological, and neurobehavioral testing • Psychiatric diagnostic evaluation • Pharmacological management • Electroconvulsive therapy • Substance use disorder (SUD) assessment/evaluation • SUD - outpatient, residential and inpatient withdrawal management • SUD - individual and group counseling • SUD - residential treatment • Medication assisted treatment (e.g., methadone for opioid addiction) • Screening, Brief Intervention, and Referral to Treatment (SBIRT) (10 years of age and older) • Inpatient psychiatric services • Health and Behavior Assessment and Intervention (HBAI) services (age 20 and older) • Peer specialist services for substance use disorder or mental health condition (adults ages 21 and older) 	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
STAR+PLUS	People who are age 65 or older and adults with disabilities receive services through managed care organizations (MCOs) under contract with the HHSC.	<p>The Medicaid STAR+PLUS program provides acute care and long-term services and supports (LTSS) by integrating primary care, pharmacy services, and LTSS. Benefits include:</p> <ul style="list-style-type: none"> • Mental health targeted case management • Mental health rehabilitation • Individual, family & group psychotherapy • Psychological, neuropsychological, and neurobehavioral testing • Psychiatric diagnostic evaluation • Pharmacological management • Electroconvulsive therapy • Substance use disorder (SUD) assessment/evaluation • SUD - outpatient, residential and inpatient withdrawal management • SUD - individual and group counseling • SUD - residential treatment • Medication assisted treatment (e.g., methadone for opioid addiction) • Screening, Brief Intervention, and Referral to Treatment (SBIRT) (10 years of age and older) • Inpatient psychiatric services • Health and Behavior Assessment and Intervention (HBAI) services (age 20 and younger) * • Peer specialist services for substance use disorder or mental health condition (adults ages 21 and older) <p>* STAR+PLUS members are age 21 and older, except for members receiving Medical Breast and Cervical Cancer (MBCC) who are age 18 and older.</p>	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
STAR Kids	Children and young adults age 20 or younger who have disabilities receive most of their services through managed care organizations (MCOs) under contract with the HHSC.	<p>STAR Kids is a managed care program that provides Medicaid-covered acute care and community-based long-term services & supports to children and young adults age 20 or younger with disabilities. Benefits include:</p> <ul style="list-style-type: none"> • Mental health targeted case management • Mental health rehabilitation • Individual, family & group psychotherapy • Psychological, neuropsychological, and neurobehavioral testing • Psychiatric diagnostic evaluation • Pharmacological management • Electroconvulsive therapy • Substance use disorder (SUD) assessment/evaluation • SUD - outpatient, residential and inpatient withdrawal management • SUD - individual and group counseling • SUD - residential treatment • Medication assisted treatment (e.g., methadone for opioid addiction) • Screening, Brief Intervention, and Referral to Treatment (SBIRT) (10 years of age and older) • Inpatient psychiatric services • Health and Behavior Assessment and Intervention (HBAI) services (age 20 and younger) 	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
STAR Health	Children and youth in conservatorship of DFPS, including those in foster care and kinship care. Services are delivered through a single managed care organization (MCO) under contract with the HHSC.	<p>Other qualifications include:</p> <ul style="list-style-type: none"> • Young adults aged 18 through the month of their 22nd birthday who voluntarily agree to continue in a foster care placement; • Young adults aged 18 through the month of their 21st birthday who are participating in the Former Foster Care Children (FFCC) program or are participating in the Medicaid for Transitioning Foster Care Youth (MTFCY) Program due to ineligibility for the FFCC program; • Children and youth with disabilities who are participating in the DFPS Adoption Assistance or Permanency Care Assistance programs; and • An infant born to a Medicaid-eligible mother enrolled in STAR Health MCO. <p>STAR Health is a statewide program designed to provide medical, dental, vision, and behavioral health benefits, including unlimited prescriptions.</p> <ul style="list-style-type: none"> • Mental health targeted case management • Mental health rehabilitation • Individual, family & group psychotherapy • Psychological, neuropsychological, and neurobehavioral testing • Psychiatric diagnostic evaluation • Pharmacological management • Electroconvulsive therapy • Substance use disorder (SUD) assessment/evaluation • SUD - outpatient, residential and inpatient withdrawal management • SUD - individual and group counseling • SUD - residential treatment • Medication assisted treatment (e.g., methadone for opioid addiction) • Screening, Brief Intervention, and Referral to Treatment (SBIRT) (10 years of age and older) • Inpatient psychiatric services • Health and Behavior Assessment and Intervention (HBAI) services (age 20 and younger) • Peer specialist services for substance use disorder or • mental health condition (adults ages 21 and older) 	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Medicaid Fee for Service	Some Medicaid clients are served through a traditional fee-for-service (FFS) delivery system. 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.	Services include: <ul style="list-style-type: none"> • Mental health targeted case management • Mental health rehabilitation • Individual, family & group psychotherapy • Psychological, neuropsychological, and neurobehavioral testing • Psychiatric diagnostic evaluation • Pharmacological management • Electroconvulsive therapy • Substance use disorder (SUD) assessment/evaluation • SUD - outpatient, residential and inpatient withdrawal management • SUD - individual and group counseling • SUD - residential treatment • Medication assisted treatment (e.g., methadone for opioid addiction) • Screening, Brief Intervention, and Referral to Treatment (SBIRT) (10 years of age and older) • Inpatient psychiatric services • Health and Behavior Assessment and Intervention (HBAI) services (age 20 and younger) • Peer specialist services for substance use disorder or mental health condition (adults ages 21 and older) * Mental Health Targeted Case Management includes helping Medicaid clients gain access to needed medical, social/behavioral, educational and other services and supports.	Yes	Yes	Yes *	Yes	Yes	No	Yes	Yes	No
Healthy Texas Women (HTW) Plus	HTW Plus is an enhanced postpartum services package. HTW clients who have been pregnant in the 12 months prior to HTW enrollment are eligible to receive additional HTW Plus services to treat certain health conditions including behavioral health conditions, like postpartum depression or substance use disorders.	Services include: <ul style="list-style-type: none"> • Individual, family & group psychotherapy • Pharmacological management* • Substance use disorder (SUD) assessment/evaluation • SUD - individual and group counseling • Medication assisted treatment (e.g., methadone for opioid addiction) • Screening, Brief Intervention, and Referral to Treatment (SBIRT) • Peer specialist services for substance use disorder or mental health condition (adults aged 21 and over) • Postpartum depression screening and treatment* * Office visits including mental health screenings and antidepressant medications are covered in the core HTW benefit package rather than HTW Plus.	Yes	Yes	No	Yes	No	No	No	No	No

Texas Civil Commitment Office

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Sexually Violent Predator Mental Health Services; Strategy M.1.1	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.	<p>Provide and/or contract for behavioral health services, for clients in the community, which include but are not limited to:</p> <ul style="list-style-type: none">• Substance abuse treatment• Assessments• Psychiatric case management• Medication• Rehabilitation• Counseling• Crisis services• Psychiatric hospitalization• Other related services <p>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. Due to COVID-19, Texas Civil Commitment Office (TCCO) suspended the substance abuse screening and treatment programs temporarily. Accordingly, the number of clients served for FY 2020 and FY 2021 was reduced. Services have since resumed during FY 2021 and are expected to continue at full service levels in FY 2022.</p>	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Sexually Violent Predator Mental Health Services; Strategy M.1.1	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.	<p>Provide and/or contract for behavioral health services, for clients in the Texas Civil Commitment Center, which include but are not limited to:</p> <ul style="list-style-type: none">• Substance abuse treatment• Assessments• Substance abuse testing• Rehabilitation• Other related services <p>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 Texas Civil Commitment Center. Due to COVID-19, TCCO temporarily suspended the substance abuse screening and treatment programs. Accordingly, the number of clients served for FY 2020 and FY 2021 was reduced. Services have since resumed during FY 2021 and are expected to continue at full service levels in FY 2022.</p>	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No

Article III

Texas Higher Education Coordinating Board & Texas Child Mental Health Care Consortium

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Child Psychiatry Access Network (CPAN)	Children and adolescents.	Network of child psychiatry access centers that provides consultation services and training opportunities to pediatricians and primary care providers operating in each center’s geographical region to support them in providing better care for children and youth with behavioral health needs.	No	Yes	No	No	No	No	No	No	No
Texas Child Health Access Through Telemedicine (TCHATT)	Children and adolescents.	Creates or expands telemedicine or telehealth programs to identify and assess the behavioral health needs of at- risk children and youth, providing short-term, school- based access to mental health services. It aims to maximize the number of school districts served in diverse regions of Texas.	No	Yes	Yes	Yes	No	No	No	No	No
Community Psychiatry Workforce Expansion	Children and adolescents.	Funds community psychiatric workforce expansion projects through partnerships between health-related institutions of higher education and community mental health providers. It develops training opportunities for residents and supervising residents.	No	No	No	No	No	No	No	No	Yes
Child and Adolescent Psychiatry (CAP) Fellowships	Children and adolescents.	Funds additional (CAP) fellowship positions at health- related institutions of higher education.	No	No	No	No	No	No	No	No	Yes
Centralized Operations Support Hub	Children and adolescents.	Provides centralized communications and data management systems to health-related institutions providing services through Child Psychiatry Access Network (CPAN), Texas Child Health Access Through Telemedicine (TCHATT) and Community Psychiatry Workforce Expansion. Provides high level coordination and facilitates collaboration between physicians providing CPAN and TCHATT consultations through a Medical Director position.	No	No	No	No	No	No	No	No	Yes

Texas School for the Deaf

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
A.1.3 Related & Support Services	Deaf and Hard of Hearing students and Residential Services staff.	Provide Mental Health Counselor (State Classification: Health Specialist VI) to support the mental health needs of our deaf and hard of hearing students during evening hours through risk assessments, increased services and interventions and mental health training.	Yes	Yes	Yes	No	No	No	No	Yes	No

Texas Tech University Health Sciences Center

Services & Appropriation Strategies s	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Rural Health Care; Strategy D.4.1.	Children and adolescents in rural school districts	The Campus Alliance for Telehealth Resources (CATR) program seeks to improve the mental health of communities across West Texas through partnership with independent school districts. CATR improves access to mental health care expertise through free mental health services to youth. CATR ECHO® services equip communities with their mental health care needs by connecting independent school districts with behavioral health specialists at centers of excellence in real-time, collaborative sessions—improving lives and making contributions to the school-based mental health workforce.	Yes	Yes	Yes	Yes	No	No	No	No	Yes

University of Texas – Health Science Center Houston

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
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	<p>This strategy is an Article III appropriation for research. The other services listed are not funded through a state appropriation.</p> <ul style="list-style-type: none">• Provide outpatient care for people with mental illness.• 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.	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
UTHealth Harris County Psychiatric Center	Adults and children assessed with mental health disorders (includes non-resource funding, i.e., state or county funds)	<ul style="list-style-type: none"> Funding for the services listed comes through a state appropriation to DSHS in Article II. 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. 	No	Yes	Yes	Yes	Yes	No	No	Yes	No

University of Texas – Health Science Center Tyler

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Mental Health Training Programs;	Psychiatry residents, Psychology interns, and other mental health professionals and providers	<p>This strategy does not fund direct patient services; it funds new educational programs designed to increase the mental health workforce in rural underserved areas.</p> <p>Residents complete rotations in underserved areas including, but not limited to, Rusk State Hospital and Terrell State Hospital.</p>	No	No	No	No	No	No	No	No	Yes

Article IV

Court of Criminal Appeals

The Court of Criminal Appeals (CCA) does not deliver these services directly. These services are funded by CCA but delivered by other organizations.

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Judicial and Court Personnel Mental Health Education and Training; Judicial Education; Strategy B.1.1.	Judges and court personnel from all courts in the state of Texas (appellate, district, county, justice of the peace, and municipal), prosecuting attorneys, and criminal defense attorneys.	The programs follow a master strategic plan to assist criminal justice stakeholders in identifying, assessing, and providing proper treatment of alleged offenders with mental deficiencies. The programs encompass an appreciation for mental health disorders, treatment options, and relative enactments designed to facilitate proper treatment, deferment, or placement of mentally impaired people. 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.	No	No	No	No	No	No	No	No	Yes

Office of Court Administration – Texas Indigent Defense Commission

The Office of Court Administration (OCA) does not deliver these services directly. These services are funded by OCA but delivered by other organizations.

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
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 & 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, improve case outcomes.	No	Yes	Yes	No	No	No	No	No	Yes

Article V

Texas Commission on Law Enforcement

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Peer Support Network, Technical Assistance; Strategy B.1.2.	Appointed peace officers of Municipal police departments, County law enforcement agencies, and Texas Dept. of Public Safety	TCOLE will subcontract with the Caruth Police Institute at The University of North Texas at Dallas to do the following: <ul style="list-style-type: none">Recruit peers throughout the regional catchment area to serve as volunteer peers.Provide TCOLE-approved peer training to volunteer peers in person and virtually.Provide app registration codes to approved volunteer peers.Coordinate peer network events throughout the region and provide calendar events to the Network Coordinator to be placed on the app at TCOLE.Market the network throughout the region to departments and officers.Identify and recruit culturally appropriate clinical providers to become members of the network providing low-cost services to first responders.Keep deidentified statistics.	yes	yes	yes	yes	no	no	no	yes	no

Texas Department of Criminal Justice – Texas Correctional Office on Offenders with Medical/Mental Impairments

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Diversion Programs / Specialized Mental Health Caseloads; Strategy A.1.2	Defendants on probation.	Support specialized community supervision caseloads for offenders with mental health disorders.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Diversion Programs / Discretionary Grants – Substance Abuse Programs; Strategy A.1.2	Defendants on probation.	Provide grants to local adult probation departments for outpatient programs to divert offenders with substance use disorders from further court action and/or prison.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Diversion Programs / Discretionary Grants – Substance Abuse Programs; Strategy A.1.2	Defendants on probation.	Provide grants to local adult probation departments to divert offenders with substance use disorders from prison through residential beds for substance use treatment.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Diversion Programs / Substance Abuse Felony Punishment Facilities (SAFPF) Aftercare; Strategy A.1.2	Defendants on probation.	Provide funding to local adult probation departments for continuum of care management services and aftercare outpatient counseling for felony substance use probationers after their release from a TDCJ SAFPF.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Community Corrections; Strategy A.1.3	Defendants on probation.	Provide formula funding to Community Supervision and Corrections Departments for substance use services to serve primarily as diversions from prison.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Treatment Alternatives to Incarceration Program; Strategy A.1.4	Defendants on probation.	Provide grants to local adult probation departments for treatment to divert offenders from incarceration, including screening, evaluation, and referrals to appropriate services.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Special Needs Programs and Services / TCOOMMI – Adult; Strategy B.1.1	Adult incarcerated inmates, paroled clients, defendants on probation, pre- trial defendants.	Provide grants for community-based treatment programs, funding a continuity of care program and responsive system for local referrals from various entities for adult offenders with special needs (serious mental illness, intellectual disabilities, terminal/serious medical conditions, physical disabilities).	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Special Needs Programs and Services / TCOOMMI – Juvenile; Strategy B.1.1	Juvenile detainees, incarcerated juveniles, paroled juveniles, juveniles on probation, discharged youth.	Provide grants for community-based treatment programs, funding a continuity of care program and responsive system for local referrals from various entities for juvenile offenders with special needs (serious mental illness, intellectual disabilities, terminal/serious medical conditions, physical disabilities).	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Unit and Psychiatric Care; Strategy C.1.8	Incarcerated inmates.	Provide mental health care for incarcerated inmates.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Managed Health Care – Pharmacy; Strategy C.1.10	Incarcerated inmates.	Provide pharmacy services, both preventive and medically-necessary care, consistent with standards of good medical practice for mental health cases.	No	No	No	Yes	Yes	No	No	No	No

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Treatment Services / Parole Special Needs; Strategy C.2.3	Paroled clients.	Provide specialized parole supervision and services for clients with mental illness, intellectual disabilities, developmental disabilities, terminal illness, and physical disabilities. Provide subsidized psychological counseling to sex offenders.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Treatment Services / Sex Offender Treatment Program; Strategy C.2.3	Incarcerated inmates.	Provide sex offender education for lower risk inmates, though a four-month program addressing healthy sexuality, anger management, and other areas. Provide sex offender treatment for higher risk inmates, through a nine-month or 18-month intensive program using a cognitive-behavioral model.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Reentry Initiatives / Transitional Coordinators; Strategy C.2.3.	Incarcerated inmates.	Provide for 12 designated reentry transitional coordinators for special needs inmates.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Substance Abuse Felony Punishment Facilities (SAFPF); Strategy C.2.4	Incarcerated inmates.	Provide a six-month substance use program for inmates (nine-months for inmates 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, clients must complete a Transitional Treatment Center for residential and outpatient care/counseling.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
In-Prison Substance Abuse Treatment & Coordination; Strategy C.2.5	Incarcerated inmates.	Provide a six-month substance use program for inmates within six months of parole release. Upon completion of the incarcerated phase, clients must complete a Transitional Treatment Center for residential and outpatient care/counseling.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Driving While Intoxicated (DWI) Treatment; Strategy C.2.5	Incarcerated inmates.	Provide a six-month program that offers a variety of educational modules that accommodate the diversity of needs presented in the DWI inmate population, including treatment activities, and group and individual therapy.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
State Jail Substance Abuse Treatment; Strategy C.2.5	Incarcerated inmates.	Provide a substance use program for inmates 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.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Substance Abuse Treatment and Coordination; Strategy C.2.5	Incarcerated inmates.	Provide support services for pre-release substance use facilities, to include alcoholism and drug counseling, treatment programs, and continuity of care services.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Parole Supervision; Strategy E.2.1.	Paroled clients.	Provide outpatient substance use counseling to parolees.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Intermediate Sanction Facility Treatment; Strategy E.2.3	Paroled clients.	Provide substance use and or cognitive treatment slots for Intermediate Sanction Facility beds.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

Texas Juvenile Justice Department

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Probation Grants: Special Needs Diversionary Program; Strategy A.1.3	Juvenile offenders under the jurisdiction of a juvenile probation department	Provide 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.	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Probation Grants: Community Programs; Strategy A.1.3	Juvenile offenders under the jurisdiction of a juvenile probation department	Provide assistance to local juvenile probation departments for community-based services for misdemeanors, enhanced community-based services for felons, and other behavioral health programs.	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Probation Grants: Commitment Diversion Initiatives; Strategy A.1.5	Juvenile offenders under the jurisdiction of a juvenile probation department	Funding to local juvenile probation departments for community based and/or residential alternatives to commitment to state residential facilities.	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Probation Grants: Mental Health Services; Strategy A.1.7	Juvenile offenders under the jurisdiction of a juvenile probation department	Provide grants and technical assistance to local juvenile probation departments for mental health services.	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Probation Grants: Regional Diversion Alternatives; Strategy A.1.8.	Juvenile offenders under the jurisdiction of a juvenile probation department	Provide discretionary grants to local juvenile probation departments to build additional mental health resources.	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
State Programs: Psychiatric (Mental Health) Services; Strategy B.1.1	Youth at the intake and orientation unit with mental health problems who require psychiatric treatment and psychotropic medication and/or require a comprehensive psychiatric evaluation based on the assignment of a 12 Minimum Length of Stay or longer.	Psychiatric services provided by contract psychiatric providers for services to youth who are assigned to intake and assessment unit.	No	Yes	No	Yes	No	No	No	Yes	No
State Programs: Psychiatric (Mental Health) Services; Strategy B.1.7	Juveniles in residential care who are receiving ongoing psychiatric services as part of their rehabilitation program. Youth are assigned to any of the state-operated programs.	Psychiatric services provided by contract psychiatric providers for services to youth who are assigned to TJJD residential facilities.	No	Yes	Yes	Yes	No	No	No	Yes	No
State Programs: General Rehabilitation Treatment; Strategy B.1.8	Juveniles in state- operated residential care except orientation and assessment and the designated mental health residential treatment center.	Support all rehabilitation treatment services to target population including case management, correctional counseling, ongoing assessment of risk and protective factors, case planning, review by Youth Service Team (YST), crisis intervention and management, reintegration planning and family involvement.	No	Yes	Yes	Yes	Yes	No	No	Yes	No
State Programs: Specialized Rehabilitation Treatment; Strategy B.1.8	Juveniles in state- operated residential care except orientation and assessment who require specialized treatment services in addition to general rehabilitation treatment.	TJJD administers four specialized treatment programs: sexual behavior, capital and serious violent offender, alcohol/other drug, and mental health programs. 99% of youth entering TJJD have a need for one or more of these programs. Services include assessment, group and/or individual counseling, YST collaboration, and re- integration planning, which are provided by licensed or those under the supervision of a licensed clinician.	No	Yes	Yes	Yes	Yes	No	No	Yes	No
State Programs: Parole Programs and Services; Strategy C.1.2	Juveniles who have been released from residential programs to parole 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.	Youth who have completed specialized treatment in residential placements required aftercare services in those areas as a condition of their parole in order to improve outcomes.	No	No	No	Yes	Yes	No	No	No	No

Texas Military Department

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Mental Health Services; Strategy C.1.3	Texas Military Department members (Texas Army National Guard, Texas Air National Guard, and Texas State Guard) and service members’ surviving family	<ul style="list-style-type: none">• Provide mental health and counseling services on the topics of stress, anxiety, depression, anger, grief, family/relationship problems, and more.• Develop support plans for TMD service members.• Respond to critical incidents and provide post-vention care.• Coordinate with TMD unit leadership to support behavioral health awareness and wellness promotion plans.• Conduct behavioral health training for TMD.• Provide support through the 24/7 Counseling Line.• Coordinate with Texas Military Department) Family Support Services (FSS) programs to offer holistic care to TMD Service members.• Assist and execute plans for behavioral health assistance to TMD Service members during disaster response missions.• Provide appropriate referrals to care for non-TMD service members (dependents, veterans, non-TMD service members).	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes
Mental Health Services; Sexual Assault Response Counselor; Strategy C.1.3	Texas Military Department members (Texas Army National Guard, Texas Air National Guard, and Texas State Guard)	<ul style="list-style-type: none">• Provide mental health and counseling services on the topics of stress, anxiety, depression, anger, grief, family/relationship problems, and more.• Develop support plans for TMD service members.• Facilitates individual and group counseling sessions for survivors of domestic and/or sexual violence as a priority, supporting general behavioral health counseling as needed.• Facilitate individual and group violence intervention sessions for military sexual offenders.• Coordinate with TMD unit leadership to support behavioral health awareness and wellness promotion plans.• Conduct behavioral health training for TMD.• Coordinate with TMD Family Support Services (FSS) programs to offer holistic care to TMD Service members.• Assist and execute plans for behavioral health assistance to TMD Service members during disaster response missions.• Provide appropriate referrals to care for non-TMD service members (dependents, veterans, non-TMD service members).	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes

Article VIII

Board of Dental Examiners

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Peer Assistance Program; Strategy A.1.2	Dentists impaired by chemical dependency or mental illness.	<div>Provide services to impaired dentists to support recovery and monitor people to allow for continued employment and prevent unsafe professional practice:</div> <ul style="list-style-type: none">• 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 for dentists.• Provide referrals to qualified mental health professionals to evaluate and provide mental health services to dentists, including treatment and counseling.• Coordinate treatment among mental health professionals to ensure proper and efficient treatment and services.• Allow for self-referral of dentists to access mental health services in a confidential manner through a support agreement without professional disciplinary action.• Provide crisis intervention through peer assistance program.	No	No	No	No	No	No	No	No	Yes

Board of Nursing

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
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.	<div>Provide services to registered and licensed vocational nurses, whose practice is impaired or suspected of being impaired by chemical dependency, mental illness, or diminished mental capacity. Texas Peer Assistance Program for Nurses (TPAPN) identifies, monitors, and assists with locating appropriate treatment so that they may return to practice safe nursing.</div> <ul style="list-style-type: none">• 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	Yes	No	Yes	No	No	No	Yes	No	No

Board of Pharmacy

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Peer Assistance Program; Strategy B.1.2	Pharmacists or eligible pharmacy students impaired by chemical abuse or mental or physical illness.	<p>Provide services to impaired pharmacists to support recovery and monitor people to allow for continued employment and prevent unsafe professional practice:</p> <ul style="list-style-type: none">• 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 for pharmacists.• Provide referrals to qualified mental health professionals to evaluate and provide mental health services to pharmacists, including treatment and counseling.• Coordinate treatment among mental health professionals to ensure proper and efficient treatment and services.• Allow for self-referral of pharmacists to access mental health services in a confidential manner through a support agreement without professional disciplinary action.• Provide crisis intervention through peer assistance program.	No	No	No	No	No	No	No	Yes	Yes

Board of Veterinary Medical Examiners

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Peer Assistance Program; Strategy A.2.2	Veterinarians impaired by chemical dependency or mental illness.	<p>Provide services to impaired veterinarians to support recovery and monitor people to allow for continued employment and prevent unsafe professional practice:</p> <ul style="list-style-type: none">• Monitor impaired veterinarians 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 to veterinarians, including treatment and counseling.• Coordinate treatment among mental health professionals to ensure proper and efficient treatment and services.• Allow for self-referral of veterinarians to access mental health services in a confidential manner through a support agreement without professional disciplinary action.• Provide crisis intervention through peer assistance program.	No	No	No	No	No	No	No	Yes	Yes

Medical Board

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Physician Health Program; Strategy B.1.2	Licensees of the Medical Board and associated boards (physicians, physician assistants, acupuncturists, and surgical assistants).	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.	No	No	No	No	No	No	No	No	Yes

Optometry Board

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Peer Assistance Program; Strategy A.1.4	Optometrists impaired by chemical abuse or mental or physical illness.	<div>Provide services to impaired optometrists to support recovery and monitor people to allow for continued employment and prevent unsafe professional practice:</div> <ul style="list-style-type: none">• Monitor impaired optometrists to ensure safe practice and allow for rehabilitation for the professional to enter safe, healthy recovery.• Identify optometrists with a potential impairment and coordinate evaluation to assess impairment for optometrists.• Provide referrals to qualified mental health professionals to evaluate and provide mental health services to optometrists, including treatment and counseling.• Coordinate treatment among mental health professionals to ensure proper and efficient treatment and services.• Allow for self-referral of optometrists to access mental health services in a confidential manner through a support agreement without professional disciplinary action.• Provide crisis intervention through peer assistance program.	No	No	No	No	No	No	No	No	Yes

Additional Programs and Services by SBHCC Agencies Supporting Behavioral Health

The following agencies do not receive appropriations as part of the SBHCC coordinated behavioral health funding. However, they are members of the SBHCC and deliver programs and services based on eligibility, which may include people with behavioral health needs.

Texas Department of Housing and Community Affairs

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Project Access; Strategy A.15	Low income persons with disabilities transitioning out of institutions.	Assist 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.	No	No	No	No	No	Yes	No	No	No
Section 811; Strategy A.1.6	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.	Provide project-based rental assistance for extremely low-income people with disabilities linked with voluntary long-term services through HHSC or DFPS. Program coordinated via an Interagency Agreement with HHSC.	No	No	No	No	No	Yes	No	No	No

Texas Workforce Commission

Services & Appropriation Strategies	Target Population	Goal/ Services Description	Prevention / Promotion	Screening / Assessment	Service Coordination	Treatment / Rehab.	Psychosocial Rehab.	Housing	Employment	Crisis Intervention	Other
Vocational Rehabilitation; Strategy A.2.1	All Texans with disabilities including people with behavioral health disorders or IDD.	Workforce Solutions Vocational Rehabilitation Services provides services for people with disabilities to help them prepare for, obtain, retain or advance in employment.	No	No	Yes	No	Yes	No	Yes	No	No