

Fiscal Year 2024

Texas Statewide Behavioral Health Strategic Plan: *Progress Report*



*As required by the 2024-25 General Appropriations Act, House Bill 1,
88th Legislature, Regular Session, 2023 (Article IX, Section 10.04(c))*

December 2024

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Executive Summary

The *Statewide Behavioral Health Strategic Plan Progress Report for Fiscal Year 2024* is submitted in compliance with the 2024-25 General Appropriations Act¹ and Texas Government Code.²

One of the gaps identified in the *Fiscal Years 2022–2026 Statewide Behavioral Health Strategic Plan* featuring the Texas Strategic Plan for Diversion, Community Integration and Forensic Services is the implementation of evidence-based practices.³ The Statewide Behavioral Health Coordinating Council (SBHCC) decided to focus this report on the implementation of evidence-based and promising practices.

There are evidence-based and promising practices that can prevent behavioral health disorders and improve the quality of life of people living with these conditions long-term. The institutions comprising the SBHCC use evidence-based and promising practices to serve Texans with behavioral health needs by using state and federal funds to:

- Support the implementation of behavioral health programs or services that are evidence-based or promising practices.
- Prevent, treat, and support recovery from behavioral health conditions.
- Develop a workforce skilled to serve people with behavioral health and co-occurring conditions (e.g., behavioral health and intellectual and developmental disabilities [IDD]).

¹ [2024-25 General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023 \(Article IX, Section 10.04 \(c\)\)](#)

² [Chapter 531, Texas Government Code, Section 531.476\(a\)\(3\)](#)

³ [Texas Statewide Behavioral Health Strategic Plan Fiscal Years 2022–2026.](#)

1. Introduction

The 84th Texas Legislature established the SBHCC and directed them to develop a five-year statewide behavioral health strategic plan.⁴ The initial plan spanned fiscal years 2017 through 2021 and was updated in 2022, spanning fiscal years 2022-26. The 2024-25 General Appropriations Act⁵ requires the SBHCC to submit an annual report including the progress of the strategic plan's implementation to the Governor and Legislative Budget Board by December 1.

The SBHCC identified 14 gaps in the behavioral health⁶ system which impact Texans timely access to available, appropriate, and quality behavioral health care:

- Access to appropriate behavioral health services.
- Behavioral health needs of public-school students.
- Coordination across state agencies.
- Supports for service members, veterans, and their families.
- Continuity of Care for people in the justice system.
- Implementation of evidence-based practices.
- Access to timely treatment services.
- Use of peer services.
- Behavioral health services for people with Intellectual and Developmental Disabilities.
- Social Determinants of Health and other barriers of care.
- Prevention and Early Intervention Services.
- Access to supported housing and employment.
- Behavioral health workforce shortage.
- Shared and usable data.

⁴ [Texas General Appropriations Act 2016 - 17.](#)

⁵ [2024-25 General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023 \(Article IX, Section 10.04 \(c\)\)](#)

⁶ Per the American Medical Association, behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis, and treatment of those conditions.

Implementation of Evidence-Based and Promising Practices

Each progress report focuses on one or two gaps in behavioral health services identified in the *Statewide Behavioral Health Strategic Plan*. ***The focus of this progress report is implementation of evidence-based and promising practices.***

The *Statewide Behavioral Health Strategic Plan* defines evidence-based and promising practices as follows:⁷

- Evidence-based practice: Integrate clinical expertise, expert opinion, external scientific evidence, and client, patient, and caregiver perspectives to help providers offer high-quality services that reflect the interests, values, needs, and choices of the people served.
- Promising practice: a practice that leads to an effective and productive result and must have measurable results that demonstrate success over time.

The report highlights:

- Evidence-based and promising practices currently implemented by SBHCC member institutions; and
- Data resulting from the implementation of these practices that reflects the value of financial investments.

⁷ [Texas Statewide Behavioral Health Strategic Plan Fiscal Years 2022–2026](#)

2. Implementation of Evidence-Based Mental Health Services

SBHCC member institutions have invested state and federal funds to expand the implementation of evidence-based practices to provide more effective services and improve outcomes for people served. The following are examples of evidence-based practices used to treat people with mental health or co-occurring behavioral health conditions.

Assertive Community Treatment

Assertive Community Treatment (ACT)⁸ is a team-based program that provides psychosocial rehabilitation and support services to people who have complex behavioral health needs and require on-going intensive services to meet these needs. Often, people receiving ACT have a history of multiple psychiatric hospitalizations, substance use, and non-medical drivers of health such as homelessness, lack of transportation, or food insecurity. ACT provides an integrated team approach, merging clinical and rehabilitation staff to support the person and reduce the likelihood of psychiatric inpatient care and promote long-term recovery. ACT involves intensive home-based care and may include substance use, employment, peer, and housing services.

The Texas Health and Human Services Commission (HHSC) uses multiple funding sources from state and Community Mental Health Services Block Grant (MHBG)⁹ to contract with 39 Local Mental Health Authorities (LMHA) and Local Behavioral Health Authorities (LBHA) to provide ACT. ACT is the most intensive Level of Care available to adults served by the LMHAs and LBHAs.

In fiscal year 2023:

- 6,360 people received ACT.
- 42 percent of people served experienced a decrease in crisis encounters before and after receiving ACT services.

⁸ [Assertive Community Treatment \(ACT\) Evidence-Based Practices \(EBP\) KIT | SAMHSA Publications and Digital Products](#)

⁹ Funding from the Substance Abuse and Mental Health Services Administration (SAMHSA)

- 88 percent of people served experienced a decrease in psychiatric hospitalizations¹⁰ before and after receiving ACT services.

Cognitive Behavioral Therapy and Cognitive Processing Therapy

Cognitive Behavioral Therapy (CBT) is a form of psychological treatment aimed to help people change thinking and behaviors that are unhelpful in managing their behavioral health condition, recovery, and ultimately, their quality of life.¹¹

Cognitive Processing Therapy (CPT) is a form of CBT that helps people learn how to modify and challenge unhelpful beliefs related to trauma.¹²

CBT and CPT can be provided individually, with a family unit, and in group therapy settings. HHSC uses state and MHBG funds to contract with 39 LMHAs and LBHAs to provide CBT and CPT when behavioral health needs are identified that could be improved by these treatments. For adults, LMHAs and LBHAs primarily provide CBT and CPT to client's authorized to receive Level of Care 2: Basic Services including Counseling, although CBT and CPT can be provided to adults in other levels of care as authorized.

For fiscal year 2023:

- 26,956 adults received Level of Care 2 services.
- There was a 78.36 percent decrease in crisis intervention encounters before and after receiving Level of Care 2 services.
- There was a 55.55 percent decrease in psychiatric hospitalizations before and after receiving Level of Care 2 services.

Coordinated Specialty Care for First Episode Psychosis

HHSC uses state, MHBG, Coronavirus Response and Relief Supplemental Appropriations Act, and American Rescue Plan Act of 2021 (ARPA) funds to contract with LMHAs and LBHAs to provide Coordinated Specialty Care for First Episode Psychosis (CSC-FEP) services. CSC-FEP is a multi-component, evidence-based,

¹⁰ Reflects admission to HHSC contracted or operated psychiatric beds

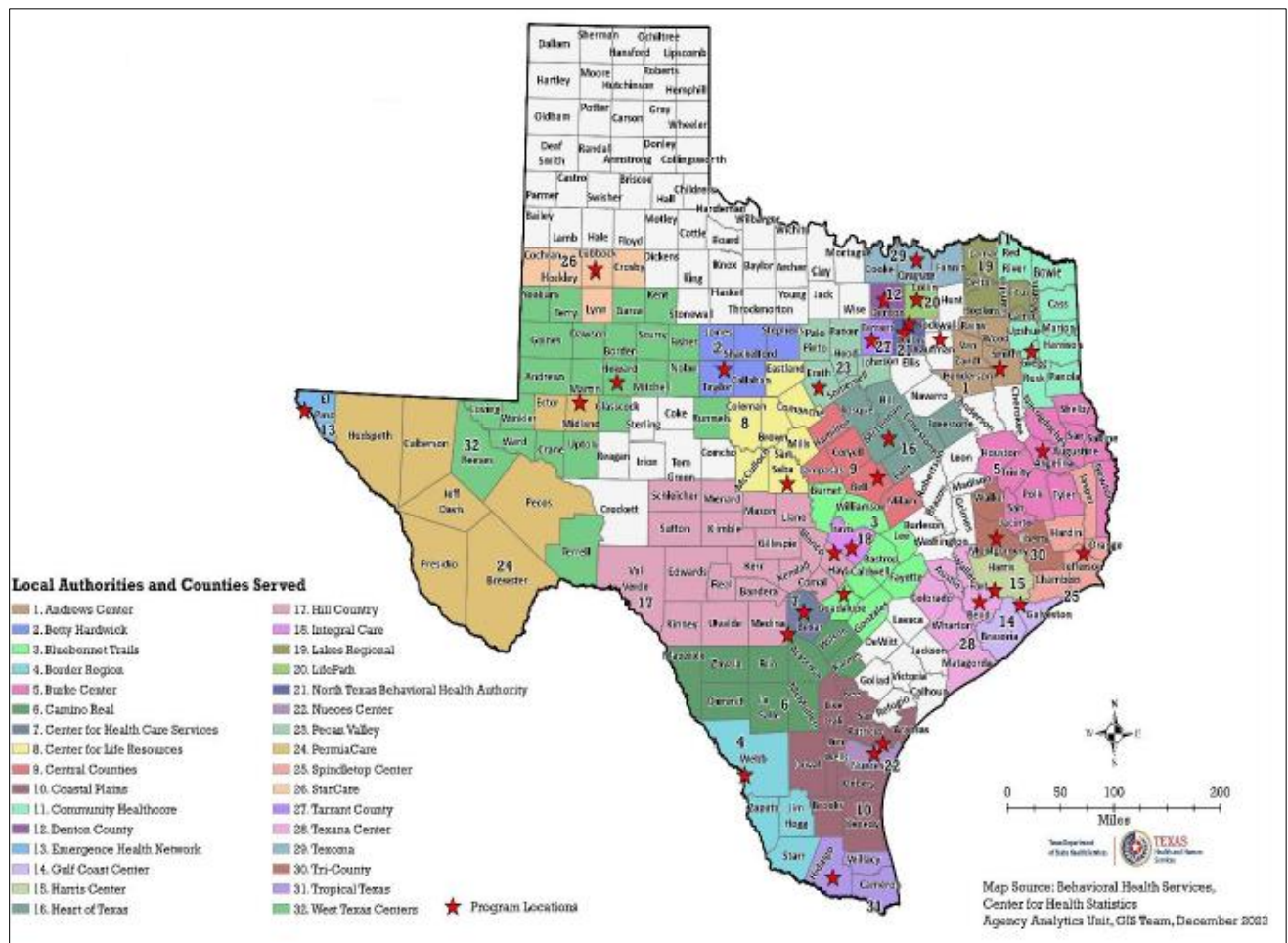
¹¹ [What is Cognitive Behavioral Therapy?](#)

¹² [Cognitive Processing Therapy \(CPT\)](#)

early intervention service for people ages 15-30 who have received a psychiatric diagnosis within the past two years that involves psychosis. Services are provided via a team-based approach and typically includes access to a psychiatrist, Certified Family Partner, Certified Peer Specialist, licensed therapist, and supportive employment and education specialist. This team serves no more than 20-30 people at a time which allows them to provide individualized, targeted treatment with the goal to provide the person with the tools needed to lead a self-directed life within the community. CSC-FEP is a time-limited program with a maximum length of stay of three years.

Figure 1 highlights the 32 providers, some of which have multiple teams, resulting in a total of 48 teams serving 171 counties across Texas.

Figure 1. Map of Coordinated Specialty Care Teams in Texas



In fiscal year 2023:

- A total of 1,289 people received CSC-FEP services (217 children and 1,072 adults).
- There was a 39.21 percent decrease in the number of crisis encounters after receiving CSC-FEP.
- There was a 52.11 percent decrease in the number of psychiatric hospitalizations¹³ after receiving CSC-FEP.

Table 1 shows the growth of the CSC-FEP over time.

Table 1. Total Number of Children and Adults Served under the CSC-FEP, FY15-23

| Fiscal Year | Number of Children Served | Number of Adults Served | Total Number Served per Fiscal Year |
|----------------------------|----------------------------------|--------------------------------|--|
| 2015 | 4 | 148 | 152 |
| 2016 | 3 | 182 | 185 |
| 2017 | 41 | 370 | 411 |
| 2018 | 66 | 468 | 534 |
| 2019 | 102 | 600 | 702 |
| 2020 | 148 | 834 | 982 |
| 2021 | 144 | 917 | 1,061 |
| 2022 | 171 | 1,047 | 1,218 |
| 2023 | 217 | 1,072 | 1,289 |
| Total Number Served | 896 | 5,638 | 6,534 |

Intensive Family Services – Intensive Case Management-Wraparound

HHSC uses state funds to contract with 39 LMHAs and LBHAs to provide Intensive Family Services for children authorized to receive this Level of Care. The core approach to treatment for children in this Level of Care is Intensive Case Management (ICM)–Wraparound. ICM–Wraparound is an approach to providing targeted case-management services to children and families who are often involved

¹³ Reflects admission to HHSC contracted or operated psychiatric beds

in multiple systems such as child welfare and juvenile justice. The aim is to coordinate community resources and implement the Wraparound planning process to address the child's and their family's unmet needs across life domains, such as family, health, community, and work. This is the most intensive Level of Care that can be provided to children in the LMHA and LBHA network aside from Youth Empowerment Services and Residential Treatment Center services.

In fiscal year 2023:

- 1,873 children received ICM-Wraparound services.
- 51.34 percent of children served had a decrease in crisis intervention encounters.
- 36.84 percent of children served had a decrease in psychiatric hospitalizations.

Multisystemic Therapy

Multisystemic Therapy (MST) is a proven family- and community-based treatment for at-risk youth with intensive needs and their families. It has been especially effective for treating youth who have committed violent offenses, have serious mental health or substance use concerns, are at risk of out-of-home placement, or who have experienced abuse and neglect.

MST is intensive, short-term (three to five months), and is provided in the youth's community and home instead of an office setting.

In fiscal year 2023, HHSC used state funds to contract with seven LMHAs and LBHAs to provide MST. That fiscal year, 85 children were served, 41 of which were justice involved, and 2 of which were Department of Family and Protective Services (DFPS) involved. In fiscal year 2023, of the 29 children discharged from the program:

- 76 percent were living at home.
- 84 percent were in school or working.
- 80 percent had no new arrests.

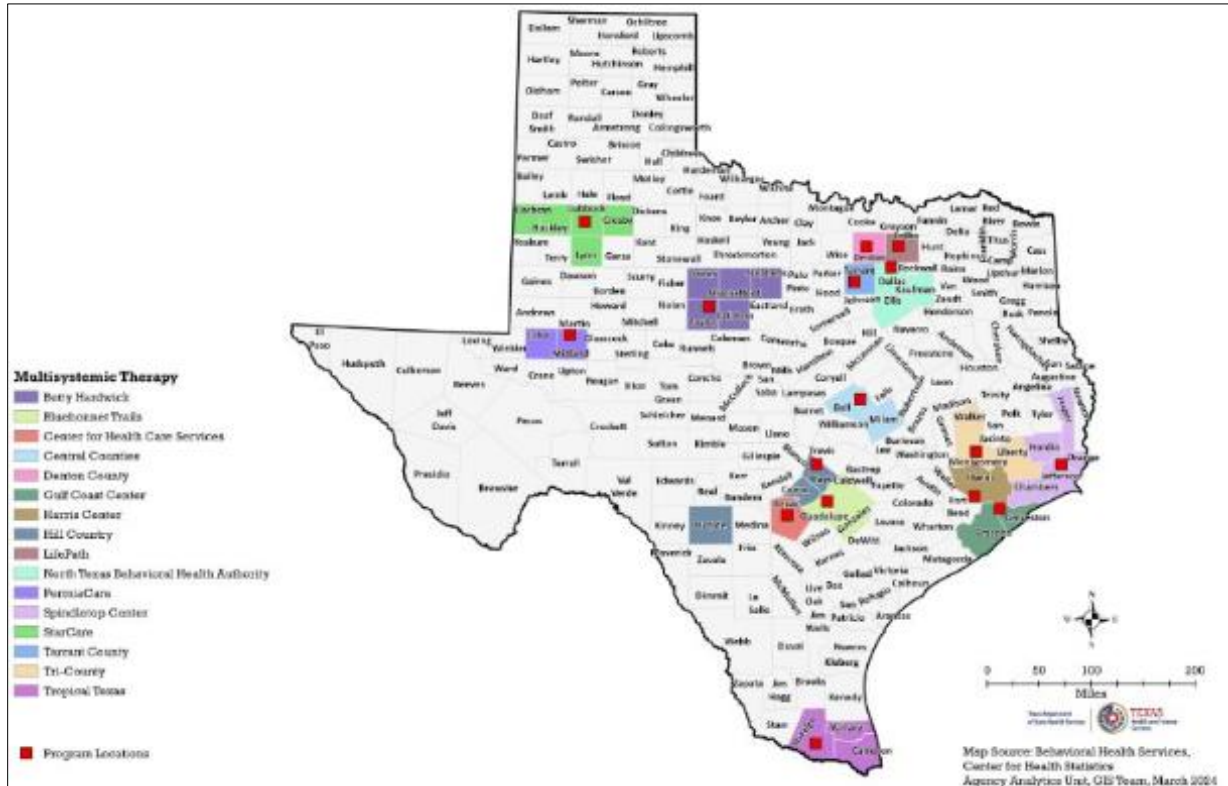
In fiscal year 2023 of the 41 children who were justice-involved:

- 56 percent were living at home.

- 67 percent were in school or working.
- 78 percent had no new arrests.

In fiscal year 2024, HHSC expanded MST by contracting with 16 additional LMHAs and LBHAs resulting in 22 total teams, serving 39 counties (see Figure 2).

Figure 2. HHSC Funded Multisystemic Therapy, Fiscal Year 2024



Reentry Intensive Case Management

The Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) implements the mental health outpatient community-based adult ICM initiative. The program provides outpatient mental health services to adults with a clinical need indicative of intensive services and have a higher likelihood of engaging in future criminal activity. TCOOMMI ICM services have a maximum duration of two years, after which transition occurs to traditional community-based Level of Care services. To be eligible, the individual must be on parole or probation supervision, have a severe and persistent mental health diagnosis, an assessed moderate or above criminogenic risk level, and an assessed team-approach clinical level of need.

Adult ICM services use a team model of specialized community supervision officers and professional mental health providers that, in tandem with the client, develop a treatment plan that not only targets mental health needs but is designed to reduce likelihood of recidivism. Specialized caseloads of 20-25 clients allow the team to provide individualized attention, provide services in community settings outside of clinics, engage and refer clients to additional resources, provide psychosocial rehabilitation and skill building, medication monitoring, and benefit assistance. All services are provided with a goal of reducing recidivism and promoting long-term independence.

Figure 3 shows differences between recidivism rates of those who participated in TCOOMMI ICM services compared to the state recidivism rate of those released from prison without those supports. The fiscal year cohort represents the year of service delivery or release. Fiscal year 2019 is the most recent cohort for which complete year comparison follow-up data is available.

Figure 3. Recidivism Rate Comparison of TCOOMMI ICM Participants and those Released from Prison for fiscal years 2015-19

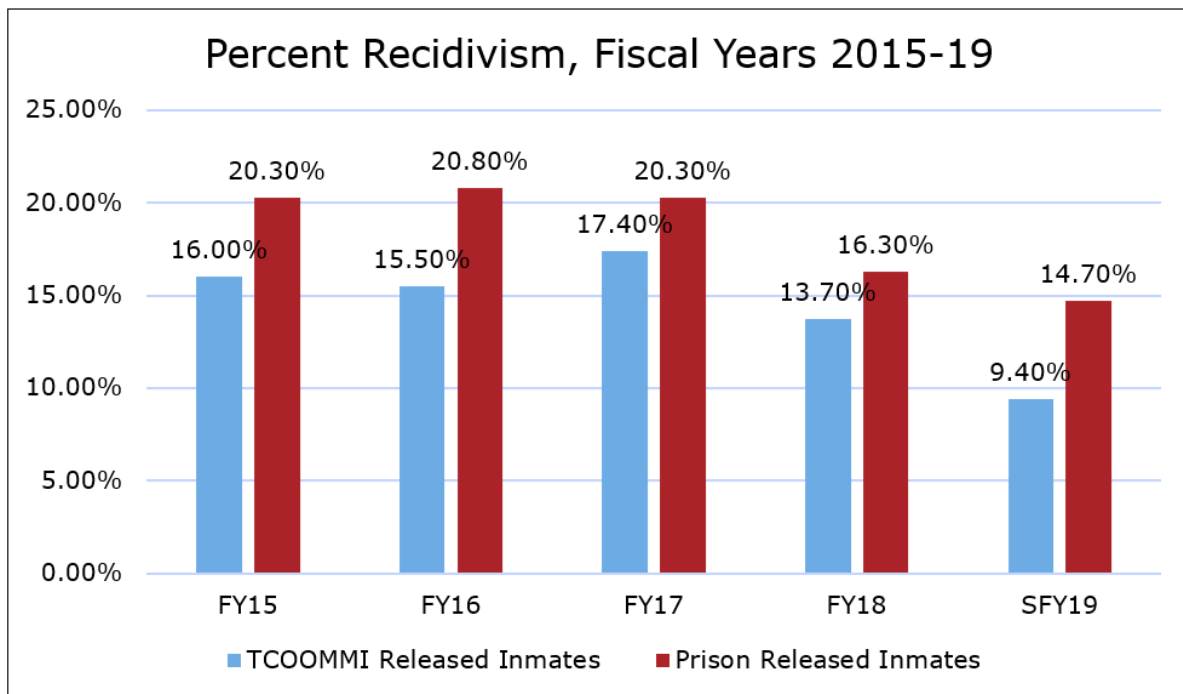


Table 2. Recidivism Rate Comparison of TCOOMMI ICM Participants and those Released from Prison for fiscal year 2015-19 (accessible version of information in figure above)

| Fiscal year | TCOOMMI Released Inmates | Prison Released Inmates |
|-------------|--------------------------|-------------------------|
| 2015 | 16.00% | 20.30% |
| 2016 | 15.50% | 20.80% |
| 2017 | 17.40% | 20.30% |
| 2018 | 13.70% | 16.30% |
| 2019 | 9.40% | 14.70% |

In fiscal year 2024, \$27.2 million in state funds were allocated to support TCOOMMI mental health community-based programs, which include ICM services. Additional programs are funded by TCOOMMI, such as continuity of care services, juvenile case management services, the residential dual diagnosis program, transitional case management services, and diversion and court resources.

Enhancement opportunities through additional support from the Texas Legislature have allowed for expansion of services statewide, with opportunities for diversion case management services, and a partnership with Texas Department of Criminal Justice (TDCJ)-Community Justice and Supervision Division for Dual Diagnosis Residential Programming. There have also been opportunities for specialized programs that support reentry transition, mental health education, early connection to community services, and healthcare benefit connection during reentry planning with community partners. Additionally, TCOOMMI has been able to lay groundwork for pre-release training to become a Certified Mental Health Peer while incarcerated to then transition to community employment opportunities and opportunities to engage in Reentry Peer Specialist training and Veteran Peer training programs.

Texas Child Health Access Through Telemedicine

The Texas Child Health Access Through Telemedicine (TCHATT) initiative managed by the Texas Child Mental Health Care Consortium (TCMHCC), creates or expands telemedicine or telehealth programs with school districts to help identify and assess behavioral health needs of children and adolescents.¹⁴ Implementing TCHATT has cost over \$82 million.

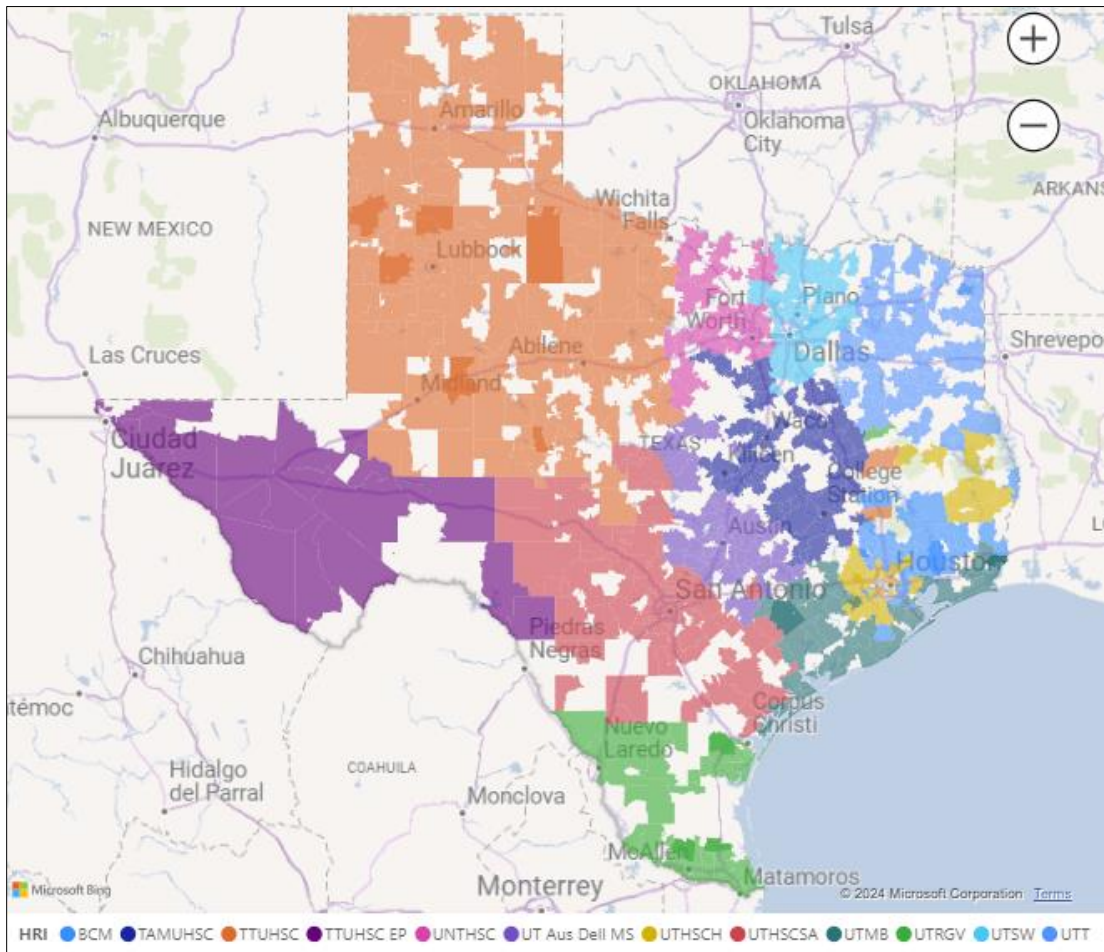
¹⁴ [Texas Child Health Access Through Telemedicine \(TCHATT\) – TCMHCC](#).

Any public school in Texas can have TCHAT at their campus once a memorandum of understanding is in place with its school district. The school TCHAT liaison, often a school counselor, can call TCHAT when behaviors concerning a student's mental health are observed or reported. Verbal consent from a student's parent or guardian is required for the student to be referred to TCHAT. After a referral is submitted, TCHAT staff contacts the parent or guardian to gather more information and determine next steps for treatment and services. TCHAT enhances prevention and early intervention services across a child's lifespan, by addressing the identified gaps in behavioral health needs of public-school students through early intervention services.

As of May 31, 2024, over 4 million students had access to TCHAT services. Additionally, 846 school districts were enrolled, including 6,486 school campuses. Figure 4 below highlights areas within Texas that have TCHAT-funded services, color-coded by the Health Related Institutions (HRI) that provides the services.¹⁵

¹⁵ Health Related Institutions are the academic science centers affiliated with 12 university members: Baylor College of Medicine (BCM), Texas A&M University Health Science Center (TAMUHSC), Texas Tech University Health Sciences Center Lubbock (TTUHSC), Texas Tech University Health Sciences Center El Paso (TTUHSC EP), University of North Texas Health Science Center (UNTHSC), UT Austin Dell Medical School (UT Aus Dell MS), UTHSC Houston (UTHSCH), UTHSC San Antonio (UTHSCSA), UT Medical Branch (UTMB), UT Rio Grande Valley (UTRGV), UT Southwestern (UTSW), and UT Tyler (UTT).

Figure 4. TCHATT Funded Services by Health-Related Institution, May 2024



As of May 31, 2024, the highest percent of referrals were for anxiety and depression, 42 percent and 30 percent, respectively. Referrals for anger were 25 percent of referrals. Referrals for substance use comprised 4 percent of referrals and hallucinations and aggressions each were 1 percent of referrals. Figure 5 below shows the reasons for referral from the highest percentage to the lowest.

Figure 5. Reasons for TCHAT Referrals as of May 2024

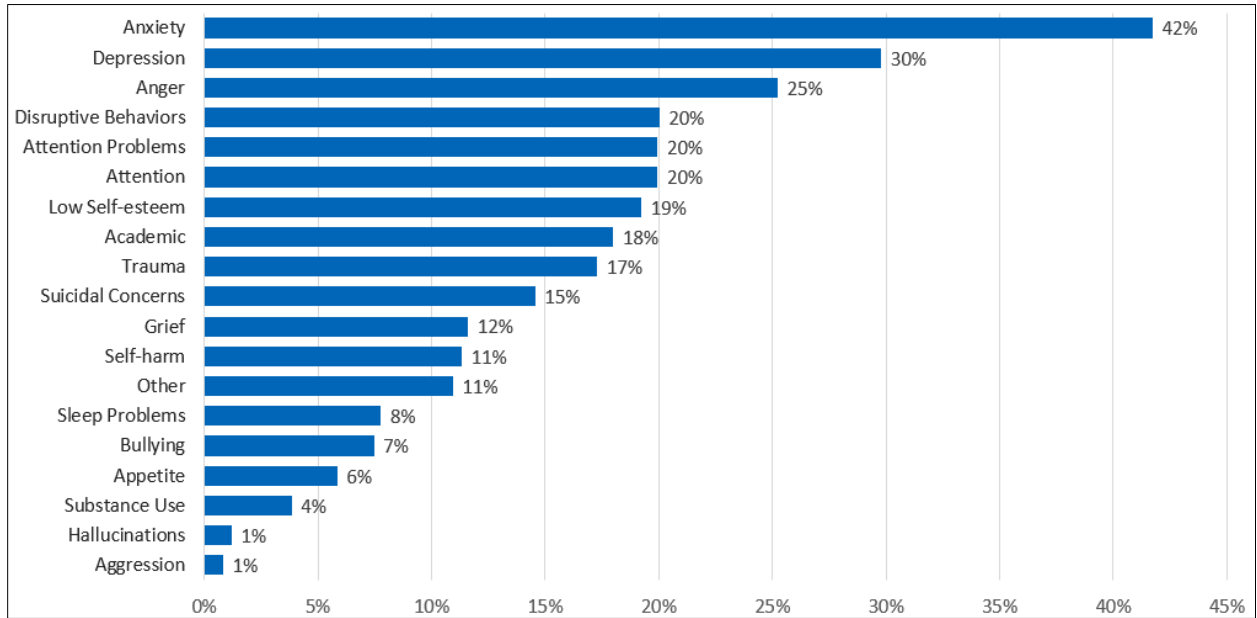


Table 3. Reason for TCHAT Referrals as of May 2024 (accessible version of information in figure above)

| Reason | Percentage |
|----------------------|------------|
| Anxiety | 42% |
| Depression | 30% |
| Anger | 25% |
| Disruptive Behaviors | 20% |
| Attention Problems | 20% |
| Attention | 20% |
| Low Self-esteem | 19% |
| Academic | 18% |
| Trauma | 17% |
| Suicidal Concerns | 15% |
| Grief | 12% |
| Self-harm | 11% |
| Other | 11% |
| Sleep Problems | 8% |
| Bullying | 7% |
| Appetite | 6% |

| Reason | Percentage |
|----------------|------------|
| Substance Use | 4% |
| Hallucinations | 1% |
| Aggression | 1% |

As of May 31, 2024, 50.7 percent of students or families who received TCHAT care were referred to services. Figure 6 below highlights the different type of service referrals following TCHAT care. The highest number of service referrals was for individual therapy at 85 percent, followed by the second highest child and adolescent psychiatry with 17 percent. Intensive outpatient and group therapy were the least services referred with 2 percent and 1 percent respectively.

Figure 6. Referrals Following TCHAT Care as of May 31, 2024

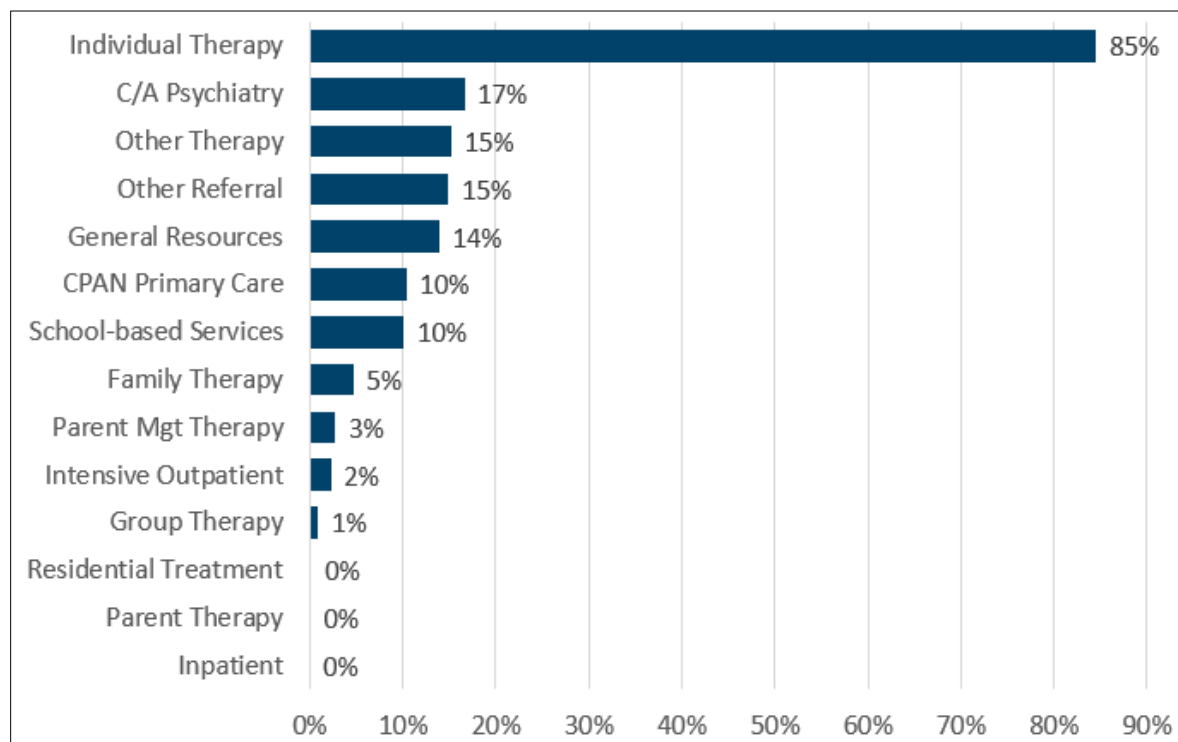


Table 4. Referrals Following TCHAT Care as of May 31, 2024 (accessible version of information in figure above)

| Referral Type | Percentage |
|--------------------|------------|
| Individual Therapy | 85% |
| C/A Psychiatry | 17% |
| Other Therapy | 15% |

| Referral Type | Percentage |
|-----------------------|-------------------|
| Other Referral | 15% |
| General resources | 14% |
| CPAN Primary Care | 10% |
| School-based Services | 10% |
| Family Therapy | 5% |
| Parent Mgt Therapy | 3% |
| Intensive Outpatient | 2% |
| Group Therapy | 1% |
| Residential Treatment | 0% |
| Parent Therapy | 0% |
| Inpatient | 0% |

Moving forward, the TCMHCC will focus on the implementation of standard measurement-based care, providing care coordination to enrolled students, and expanding services for intermediate and specialty care in areas where services do not exist or are unavailable.

Transitional Care Clinic and New Opportunities for Wellness Programs

UT Health San Antonio’s Department of Psychiatry and Behavioral Health Sciences Transitional Care Clinic (TCC) and the New Opportunities for Wellness (NOW) programs, deliver evidence-based behavioral health services to clients, including:

- Cognitive Behavioral Health Therapy for Depression and Anxiety, for Insomnia, and for Psychosis.
- Dialectical Behavioral Therapy for adults and adolescents.
- Cognitive Processing Therapy.
- Prolonged Exposure.
- Written Exposure Therapy.
- Cognitive Adaptation Training.
- Motivational Interviewing.
- Marriage and family Therapy.

- Peer Support.

All therapies listed above are available, as needed, to those referred to the program. People are screened and referred to the provider or treatment that will best meet their individual needs. Some people attend both groups and individual therapy, or family therapy. Peer support is available daily as requested.

The TCC is a rapid-access, sub-acute program for adults with serious mental illness and emotion dysregulation. Over 60 percent of those in the program have a recent suicide attempt. People served are referred directly from area inpatient units and emergency departments. The NOW clinic is a community-based program, open to the public via self-referral, provider referral, community partner referral, or internally through UT Health San Antonio. The mission of NOW is to be rapidly available to provide the care people need when they need it most. NOW's goal is to ultimately reduce reliance upon hospitals for standard care.

For fiscal year 2024, TCC operations were funded using HHSC allocated MHBG funds in the amount of \$789,186, three-year funding from the Baptist Health Foundation, in the amount of \$340,000, and a \$516,000 clinical contract with the University Health System. For fiscal year 2024, NOW Clinic operations were funded through the University Health System clinical contracts in the amount of \$2,648,594, and funding from the City of San Antonio for a three-year period totaling \$1,482,000.

Individuals receiving services at the TCC and NOW clinics have a significantly lower likelihood of hospital readmittance or having hospital contact within 30 days than those who do not receive services. Over 8 percent of those who are referred to TCC go back to an emergency department in 30 days if they do not attend their TCC appointment, compared to less than 2 percent for those who engage at TCC. The NOW clinic serves to divert the public from crisis, by accepting self or community referrals for those uninsured and under-insured, seeing fewer than 3 percent of the population seeking hospital level care over the course of the year. 63 percent of patients reported improvement in quality of life within 90 days, and 100 percent of those who complete all assessments show significant symptom improvement. Below are additional client outcomes:

- 4,923 people served.
- 13,288 service encounter visits in person.
- 4,098 telemedicine visits.

- 1,074 group therapy participants.
- 6,751 individual therapy sessions.
- 555 Peer support encounters.
- 260 Crisis (Living Room).
- 6,907 Phone calls with an additional 1,555 patient messages.

For both the TCC and NOW clinics, the largest area of need for enhancement is to expand hours of service. There is an increasingly high demand for after-hours and weekend care, but the current funding and staffing model does not allow for this type of expansion. There is also a need for more robust case management (benefits applications, food stamp applications, housing, etc.). Currently there are only 2.5 full-time employees for case management across all programs. This staff ratio limits the ability to provide extensive social work support, requiring that focus be mostly on helping people connect to local resources.

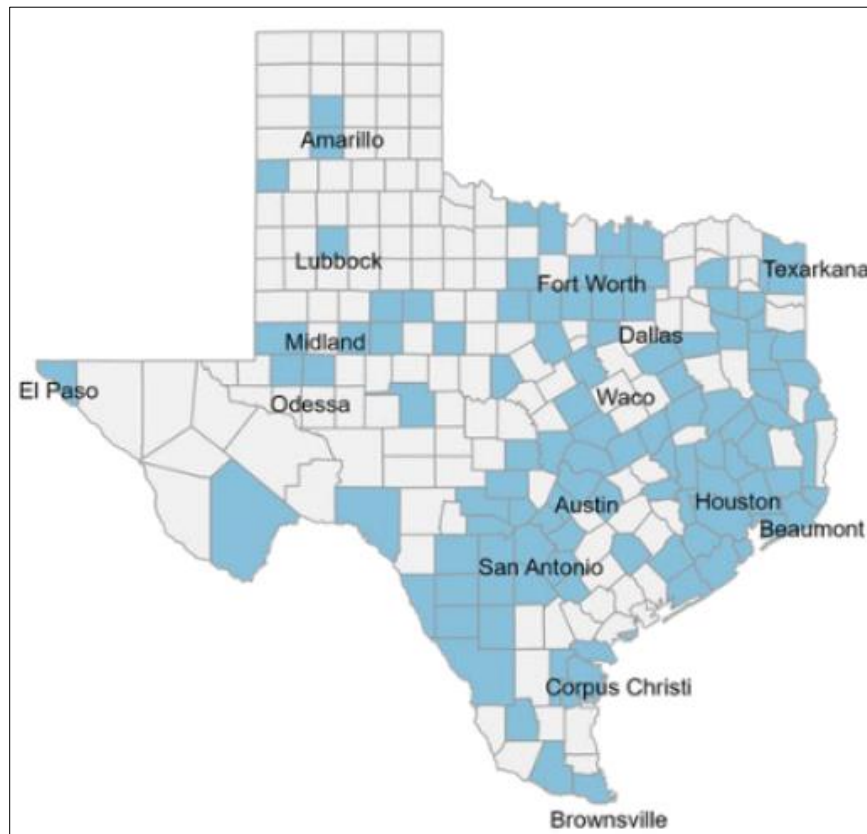
3. Implementation of Evidence-Based Substance Use Services

Examples of evidence-based practices used to treat people with substance use or co-occurring behavioral health conditions are described below.

Be Well Clinic

In 2021, UT Health San Antonio began operating the Be Well Clinic to provide virtual and in-person access to behavioral health services. As of May 2024, the Be Well Clinic has served over 2,000 patients virtually and in-person in 110 counties. Figure 7 is a map of Be Well Clinic coverage.

Figure 7. Texas Counties where Be Well Clinic Patients Reside



In fiscal year 2024, providing mail-order pharmacy services, remote lab testing, rideshares for appointments, and telehealth visits resulted in a 61.9 percent treatment retention rate.

Be Well Clinic services are funded through HHSC grant funds (55 percent), private insurance (32 percent), Medicaid and Medicare (10 percent), and private pay (3 percent).

The Be Well Clinic has continued to expand its outreach to underserved Texas communities since its inception. Plans include ongoing efforts for sustainability through grants and contracts, continued expansion through outreach, and the inclusion of adolescent substance use treatment in early 2025.

Hospital-Based Screening, Brief Intervention, and Referral to Treatment

HHSC allocated Coronavirus Response and Relief Supplemental Appropriations Act and ARPA funds to UT Health San Antonio to expand hospital-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) and recovery support services for individuals with alcohol or other substance use disorders. This project increases a continuum of substance use services provided in a hospital setting to assist primary care teams in identifying patients with alcohol or other substance use disorders. By placing SBIRT services in a hospital, underserved populations who are experiencing significant substance use related health issues have increased access to integrated care. The services in this project have been integrated into a community setting and made available to all Texans seeking access to brief intervention services and medications for withdrawal management, when appropriate. Individuals can also be directly connected to substance use programs.

In fiscal year 2023, SBIRT projects screened 14,824 individuals who were 12 years or older. Out of those individuals screened, 8.9 percent showed signs of alcohol use, of which 87.3 percent received brief intervention meetings or were referred to treatment.

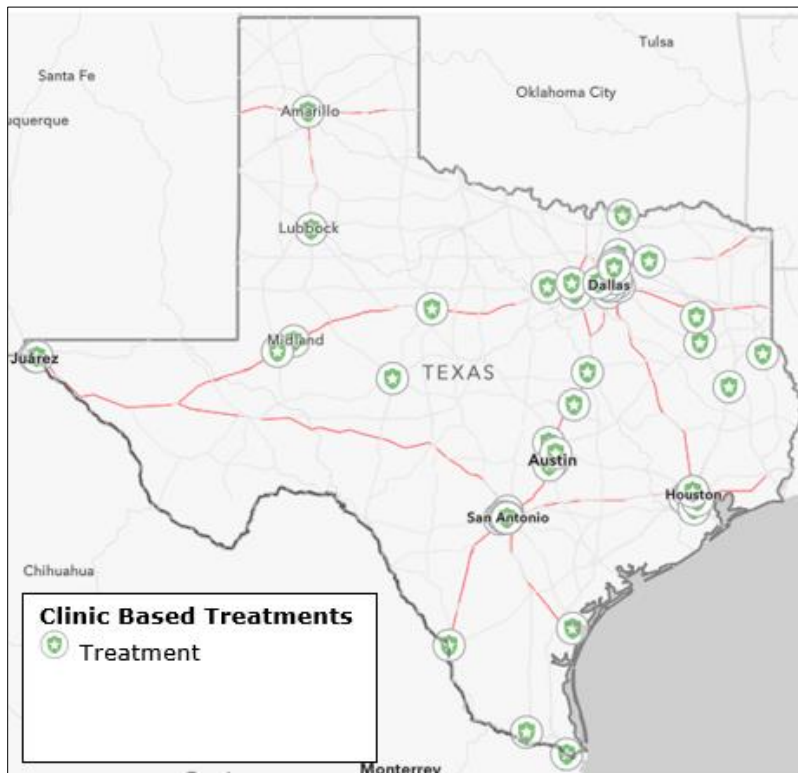
Medications for Opioid Use Disorder

In Clinic Project

The Medications for Opioid Use Disorder (MOUD) Clinic project increases access to all three U.S. Food and Drug Administration approved medications for the treatment of opioid use disorder (methadone, buprenorphine, and extended-release naltrexone) by expanding capacity at new and existing treatment clinics. This enables clinics to treat primary opioid use disorder along with co-morbid conditions

such as hepatitis C, psychiatric conditions, and wound care at a single clinic site. HHSC has contracts with 25 clinics across the state (Figure 8).

Figure 8. Map Showing the Locations for MOUD Treatment In-Clinic



In fiscal year 2023, clinics served 6,479 people with the following outcomes:

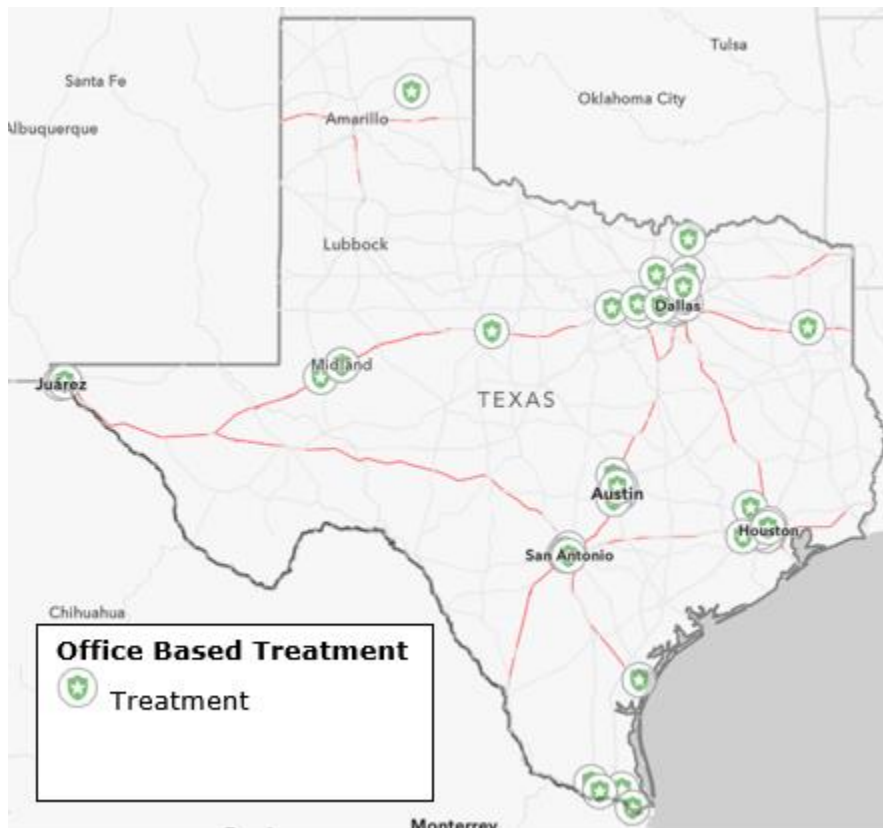
- 63.1 percent of people had a length of stay in services over one year.
- 5.4 percent increase in the number of people reporting, at their six month follow up, that they had not used alcohol or illegal drugs in the past 30 days during their six-month follow-up.
- 0.4 percent increase in the number of people reporting, at their six month follow up, that they had not been arrested in the past 30 days.
- 3.4 percent increase of people reporting social connectedness at their six month follow-up.

In Office Project

The MOUD in Office project increases access to medication assisted treatment in a variety of settings outside of the traditional clinic by increasing the number of physicians providing both buprenorphine and extended-released naltrexone,

creating a professional peer mentoring network, and expanding the network of state-funded treatment providers. Figure 9 shows the locations for office-based treatment.

Figure 9. Map Showing the Locations for MOUD Office Based Treatment



In fiscal year 2023, the program served 1,694 people and below are the outcomes:

- 31 percent of people with a length of stay in services over one year.
- 55.6 percent increase in the number of people reporting, at their six month follow-up, that they had not used alcohol or illegal drugs in the past 30 days.
- 2.4 percent increase in the number of people reporting, at their six month follow-up, that they had not been arrested in the past 30 days.
- 6.3 percent decrease in people reporting social connectedness at their six month follow up.

Overdose Prevention Drop-In Centers

Overdose Prevention Drop-In centers provide people at high-risk for overdose with access to prevention education, overdose reversal medication, access to Medication

Assisted Treatment, and recovery support. Drop-In centers are part of the Texas Targeted Opioid Response, which supports walk-in centers as well as pre-arrest diversion programs.

There are four drop-in centers located in Austin, El Paso, Houston, and San Antonio, which served a total of 30,049 individuals, and saved 3,017 lives through overdose reversal associated with naloxone distribution and training in fiscal year 2023. Table 5 shows the number of people with high needs served by these centers in fiscal year 2023.

Table 5. Number of People with High-Needs Served by Overdose Drop-In Centers in fiscal year 2023

| High Needs Population | Number served |
|------------------------------|----------------------|
| Veterans | 449 |
| Pregnant/postpartum women | 61 |
| Tribal members | 94 |

Oxford Houses of Texas

Oxford Houses of Texas, an affiliate of Oxford Houses, Inc., is a publicly supported nonprofit corporation that is nationally recognized as an effective and low-cost method of preventing relapse. Oxford Houses provide a safe, affordable, and drug-free living situation to recovering individuals with the help of other peers in recovery, Oxford staff, and community supports and services. In 1990, Oxford Houses of Texas were established, and with funding from the Substance Use Prevention, Treatment, and Recovery Services Block Grant, have grown to operate 313 houses across the state.¹⁶ In fiscal year 2023, Oxford Houses of Texas served 7,502 individuals with an average length of stay of 328 days.

PAX Good Behavior Game

HHSC allocated State Opioid Response 2022 funds¹⁷ to Education Service Center Region 13 to manage the PAX Good Behavior Game in schools and communities throughout Texas. Education Service Center Region 13 provides PAX Good Behavior Game and PAX Tools training sessions, equipping educators, and other adults with evidence-based strategies for building children’s self-regulation skills. This universal preventive approach not only reduces opioid misuse by reducing early childhood

¹⁶ [Oxford House Directory](http://www.oxfordhouse.org/directory) (link: www.oxfordhouse.org/directory).

¹⁷ [Department of Health and Human Services SAMHSA FY 2022 State Opioid Response Grants](http://www.samhsa.gov/sites/default/files/grants/pdf/fy-22-sor-nofo.pdf) (link: www.samhsa.gov/sites/default/files/grants/pdf/fy-22-sor-nofo.pdf).

predictors of opioid use disorder, but also improves classroom behavior and academics.

In fiscal year 2023, Education Service Center 13 trained 1,298 school educators, as well as 559 community educators and youth-serving professionals on how to implement PAX Good Behavior Game. 617,293 students have received intervention strategies in school to date.

Peer Recovery Support Services

Peer support is a process through which those with lived experience provide encouragement and assistance to individuals seeking to overcome similar challenges. HHSC has a network of 24 peer-based recovery support services (RSS) organizations to provide peer support, access to recovery housing, employment support, and reentry from criminal justice and rehabilitative settings to foster health, home, purpose, and community. RSS serves populations with a history of opioid and stimulant use.¹⁸

In fiscal year 2023, RSS served 6,573 individuals resulting in the following outcomes:

- 5,357 individuals received direct recovery supports.
- 186 individuals were admitted to Medication Assisted Treatment due to facilitation efforts of peer specialists.
- 2,287 individuals who were incarcerated in a correction facility or in a rehabilitative setting received recovery supports.
- 670 individuals post-release from a correctional facility or rehabilitative setting continued to receive recovery supports.

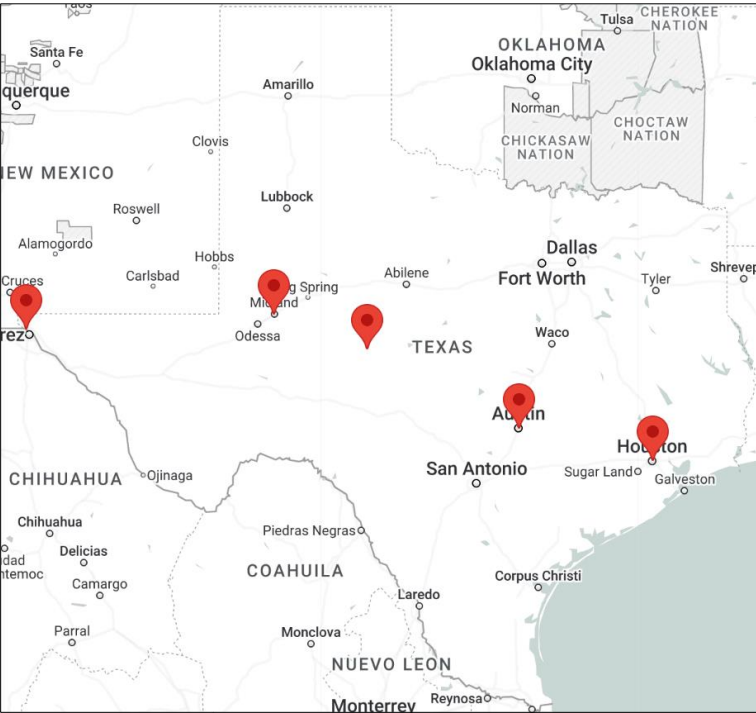
In fiscal year 2025, HHSC will expand RSS to include youth, ages 13 to 21 years. This includes a youth recovery community center that will provide an array of non-clinical services and supports to help youth maintain recovery from opiate and stimulant use. This youth program will also provide support to a fully accredited recovery high school within the Texas Education Agency. One RSS site is developing a grief support group for those who have lost someone due to overdose.

¹⁸ [Recovery Support Services by Location](https://www.bewelltexas.org/patients-families/browse-our-network/#rss) bewelltexas.org/patients-families/browse-our-network/#rss

Project HOMES

Housing for Opioid Medically-Assisted Recovery Expanded Services (Project HOMES) provides Level 2 and Level 3 recovery residences for people across the state who use MOUD or have a history of stimulant use disorder. Individuals living in the four residences in Houston and in the four residences in Austin receive recovery support services. One women’s residence in Midland accepts pregnant women and children up to 18 years old. Another women’s residence in San Angelo accepts pregnant women and children up to one year old. Figure 10 shows the locations of Project HOMES residences.

Figure 10. Locations of Project HOMES Recovery Residences



In fiscal year 2023, Project HOMES served 208 individuals in 15 recovery homes. There were 170 individuals who received peer coaching or mentoring. They received 20 referrals for treatment services and 113 referrals for peer-to-peer recovery support services.

Along with the numerous success stories and resident testimonials submitted to UHealth Houston by Project HOMES residents, current studies have produced retention data indicating the average number of days the residents remained in the residence was 101 days. Preliminary analysis of changes in health care use by residents indicated that opioid use disorder diagnoses decreased after enrollment

and later increased in subsequent fiscal years. Although substance use disorder diagnoses increased, this is a positive and expected result as a formal diagnosis is a necessary link to medications for opioid use disorder and other tailored recovery support services. Timely diagnosis of substance use disorders allows for proactive treatment and prevention management. Consequently, it is expected that participants enjoy better health outcomes. Project HOMES residents' health care use results are optimistic and trending in the desired direction. Also, comparisons of service sector use before and after enrolling in Project HOMES indicate a decrease in acute health care use and an increase in non-acute care and use of social services. There is also a large decrease in mental and behavioral diagnoses and circulatory system diseases.

Recovery Residence Housing

HHSC contracts for recovery housing that meets the National Alliance of Recovery Residences standards. There are four levels of support for recovery residences: Level 1 are peer run, Level 2 are monitored and have a house manager, Level 3 are supervised with organizational hierarchy, and Level 4 are a service provider with clinical and administrative supervision.¹⁹

Emerging Adults

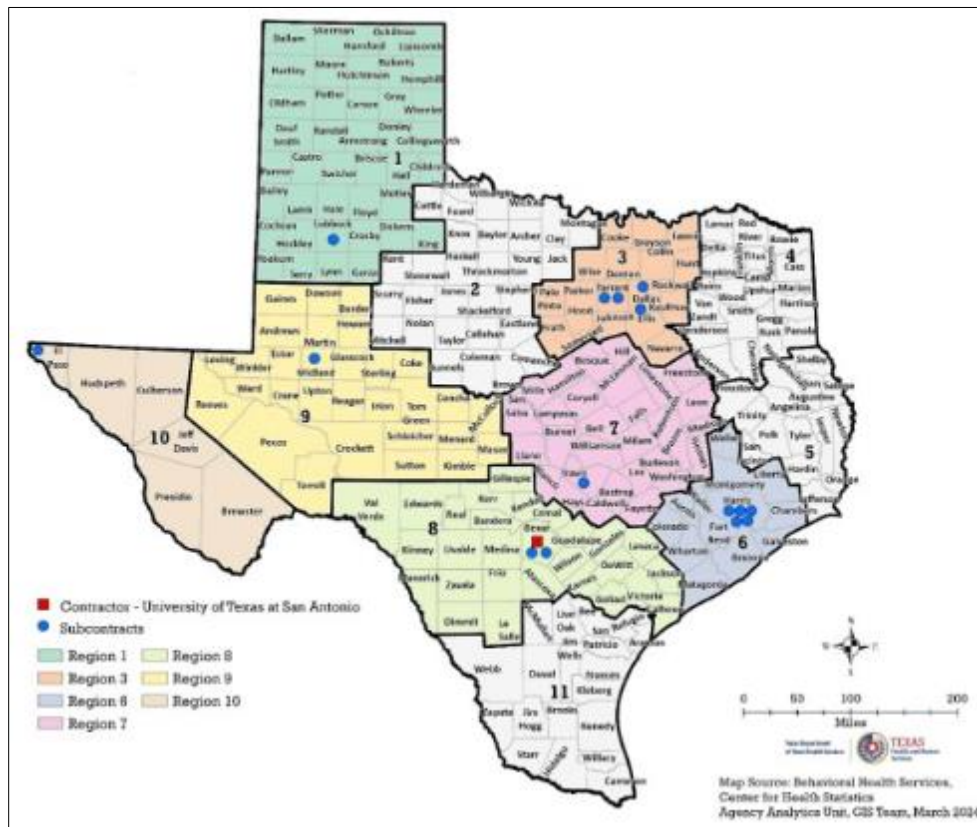
The Recovery Residence Housing for Emerging Adults (RRH-EA) expands supportive recovery housing to emerging adults ages 18 to 25 years. RRH-EA works with existing Level 2 and Level 3 Recovery Residences across Texas to provide a holistic approach to meeting the needs of young adults with a substance use disorder and addressing challenges exacerbated by the COVID-19 pandemic, particularly lack of stable housing, HHSC has been working with the provider on sustainability of the project, but the funding will expire at the end of fiscal year 2025.

Emerging adult populations residing in RRH-EA recovery residences are given the opportunity to develop and strengthen family relationships and community supports. Providing housing with recovery support services allows emerging adults the opportunity to gain critical independent living skills and build recovery capital.

RRH-EA subcontracts with 15 housing providers with 50 Level 2 and Level 3 recovery residences across seven health service regions (Figure 11).

¹⁹ [Recovery residence Levels of Support - National Association of Recovery Residences](https://narronline.org/wp-content/uploads/2024/05/NARR-Levels-of-Support.pdf)
narronline.org/wp-content/uploads/2024/05/NARR-Levels-of-Support.pdf

Figure 11. Location of Subcontractors for Recovery Residence Housing for Emerging Adults



Since the start of the program in 2021, there have been 411 people served. 249 people were served in fiscal year 2023.

Screening for Substance Use

Each of the Texas Civil Commitment Office’s (TCCO) clients has been convicted of at least two sexually violent offenses and are diagnosed with a behavioral abnormality that makes the client likely to engage in repeated predatory acts of sexual violence. Several of the clients have a significant history of substance use and were using drugs or alcohol at the time of their sexual offending. Relapsing and utilizing drugs or alcohol again can increase the client’s risk to reoffend.

Accordingly, it is imperative that clients abstain from using drugs and alcohol and receive treatment, if needed, to support ongoing sobriety. The vast majority of TCCO’s clients reside at the Texas Civil Commitment Center which is a secured facility. The possession of drugs or alcohol inside a civil commitment center is a felony offense under Texas law. The presence of drugs or alcohol inside a civil commitment center can have a negative impact on the safety and security of the facility staff and other clients, and usage of drugs or alcohol can hinder a client’s

ability to participate in required sex offender treatment programming aimed at reducing the client's risk to reoffend.

TCCO completes screening for substance use via urinalysis to confirm client's compliance with court-ordered requirements to comply with TCCO's supervision and treatment, as well as to identify and address any substance use issues. If a client tests positive for drugs or alcohol and the positive test cannot be explained because of legitimate purposes such as prescribed medication, confirmation testing is performed. Since the opening of the Texas Civil Commitment Center, TCCO has never had a client test positive on a confirmation test. Negative tests confirm program compliance.

During fiscal year 2023:

- 2,070 urinalysis drug tests for substance use were administered by TCCO staff.
- 115 clients were screened to determine a need for treatment services provided by a Licensed Chemical Dependency Counselor onsite at the Texas Civil Commitment Center.

During fiscal year 2024 through July 15, 2024:

- 999 urinalysis drug tests for substance use were administered by TCCO staff.
- 57 clients were screened to determine a need for treatment services provided by a Licensed Chemical Dependency Counselor onsite at the Texas Civil Commitment Center.

The Center for Substance Use Training and Telementoring by Be Well Texas

The Center for Substance Use Training and Telementoring uses the Project Extension for Community Healthcare Outcomes (ECHO) model, an internationally used evidence-based learning community model, to build local capacity for best practices in patient care. The model involves a panel of experts providing virtual teaching and case-based learning on the treatment of substance use disorders to health and behavioral health providers, public safety professionals, and peer recovery support specialists. In addition to leveraging an evidence-based training model, evidence-based clinical practices are taught within the learning communities

including integrated healthcare, motivational interviewing, medications for opioid use disorder, contingency management, and other modalities.

For fiscal year 2024, the total operating expenses for eight ECHO programs was \$516,000 funded through the following state contracts of federal pass-through funding:

- HHSC ECHO contract for \$422,000 annually.
- HHSC Texas Targeted Opioid Response contract for \$47,000.
- HHSC Texas Emergency Response COVID-19 Behavioral Health contract for \$47,000.

Return on investment from ECHO programming typically comes in the form of improvements in patient care and thus improvements in patient outcomes.

Since the program started, over two thousand learners have taken part in ECHO programming from 64 Texas cities, representing 278 organizations (Figure 12). Post-training survey results indicate high rates of learner satisfaction, with an average rating of 4.68 on a 5-point Likert-type scale (Figure 13).

Figure 12. Map of ECHO Learners Across Texas, 2021-2024

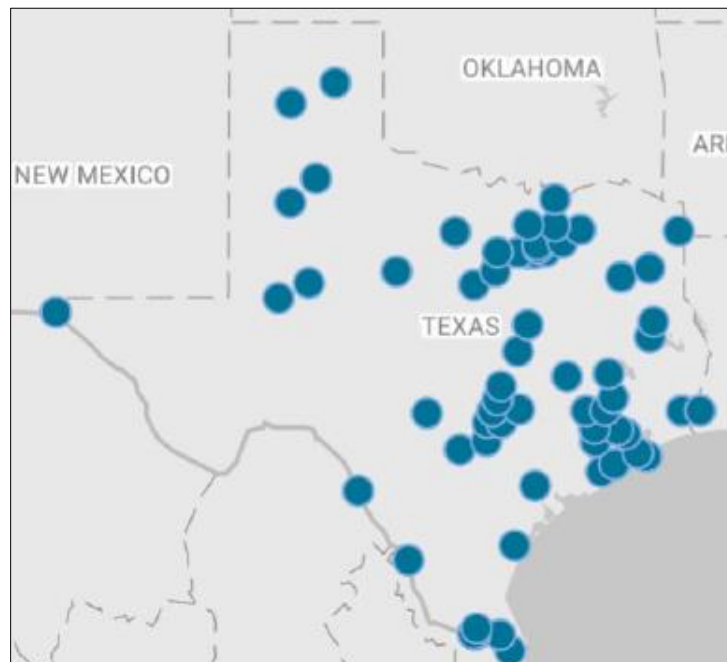


Figure 13. Learner Satisfaction in Most Recent Quarter by ECHO Program (Q3, fiscal year 2024)

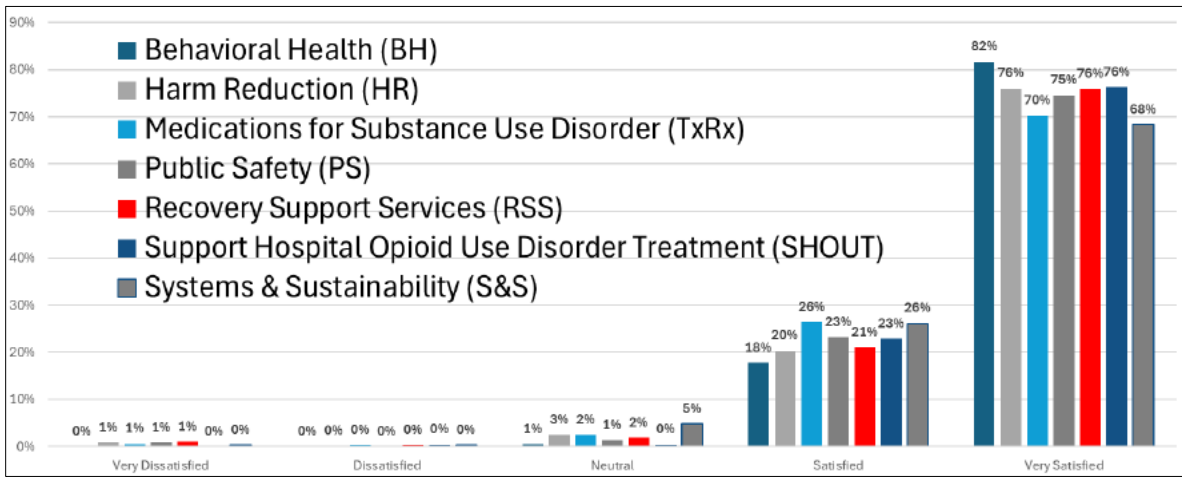


Table 6. Learner Satisfaction in Most Recent Quarter by ECHO Program (Q3, fiscal year 2024) (accessible version of information in figure above)

| ECHO Topics | Very Dissatisfied (%) | Dissatisfied (%) | Neutral (%) | Satisfied (%) | Very Satisfied (%) |
|--|-----------------------|------------------|-------------|---------------|--------------------|
| Behavioral Health | 0 | 0 | 1 | 18 | 82 |
| Harm Reduction | 1 | 0 | 3 | 20 | 76 |
| Medications for Substance Use Disorder | 1 | 0 | 2 | 26 | 70 |
| Public Safety | 1 | 0 | 1 | 23 | 75 |
| Recovery Support Services | 1 | 0 | 2 | 21 | 76 |
| Support Hospital Opioid Use Disorder Treatment | 0 | 0 | 0 | 23 | 76 |
| Systems and Sustainability | 0 | 0 | 5 | 26 | 68 |

4. Implementation of Promising Mental Health Services

SBHCC agencies have also invested in practices that are not considered evidence-based but show promise in addressing the behavioral health needs of Texans.

Community Mental Health Grant Program

The Community Mental Health Grant program is designed to foster community collaboration, reduce duplication of mental health services, and strengthen continuity of care for persons receiving services through a diverse local provider network. Although the grant itself is not an evidence-based practice, it funds services and programs that are promising or evidence-based practices.

The purpose of the grant is to support community programs providing mental health care services and treatment to persons with mental illness and coordinate mental health care services for persons with a mental illness with other transition support services. There are five project categories the grant supports:

- Access to Care,
- Co-occurring Disorders,
- Crisis and Forensic Services,
- Peer Support, and
- School Based Early Intervention.

In fiscal year 2023, there were 52 providers with 55 projects providing services in 155 counties across the state, serving 34,834 people. Of the people participating in Community Mental Health Grant funded programs, 80 percent reported an improved quality of life, and 90 percent reported improved social support. There was a 5 percent hospitalization rate due to mental health or substance use related concerns for participants during program enrollment.

In rural communities, 93 percent of participants were not arrested while enrolled in the program, 91 percent of participants showed improved housing stability at program exit, and 72 percent showed improved satisfaction with their quality of life.

Over 4,700 youth accessed behavioral health services such as individual family and family counseling, psychological treatment groups, and case management. 85 percent of youth participants in Community Mental Health Grant funded school-based programs showed improvement in behavior while enrolled in an academic setting and 72 percent showed improvement in grades.

The Community Mental Health Grant Program is legislatively authorized under Texas Government Code²⁰ and is state funded.

Early Childhood Intervention – Infant and Early Childhood Mental Health Consultation Pilot

Texas HHSC Early Childhood Intervention (ECI) is a statewide program for families with children from 0 to 36 months old who have developmental delays or other disabilities. ECI supports families to help children reach their potential through providing developmental services. Social-emotional development is one of the developmental domains addressed during program evaluation and assessments to determine ECI eligibility and identify developmental needs. A child’s Individualized Family Service Plan may contain strategies and goals to support the social-emotional, behavioral, and mental health of young children, and to strengthen the caregiver-child relationship.

From June through August 2023, HHSC ECI conducted an Infant and Early Childhood Mental Health (IECMH) consultation pilot with eight local ECI programs, using ARPA funds. The pilot gave ECI providers access to IECMH consultants from First3Years,²¹ a 501(c)(3) organization based in Texas, to assist them in their work with children and families identified as having social-emotional or mental health needs. This collaborative, promising practice, enhanced the ECI service delivery model by affording the flexibility and expertise essential for delivering quality IECMH services. Families receiving pilot services reported that the services improved their ability to help their child’s social-emotional development and to form positive relationships.

²⁰ [Chapter 531, Texas Government Code, Section 531.0991](#)

²¹ [First3years](#).

Consultants reported that the support or strategies most requested by ECI providers were:

- Engaging parents in service delivery visits and supporting the attention of their child.
- Managing challenging child behaviors.
- Advice on partnering and working with parents.

Jail-In Reach Collaborative

The Jail In-Reach Learning Collaborative (JIRLC) supports county-level forensic teams in identifying strategies to actively monitor people in county jails who have been found incompetent to stand trial and are awaiting admission to a state hospital. The forensic teams represent key stakeholders such as LMHAs and LBHAs, county sheriffs' offices, jail administration, jail medical or psychiatric providers, prosecution, defense counsel, and the judiciary.

JIRLC participants work directly with HHSC's Chief of Forensic Medicine, the Office of Forensic Coordination, Forensic Jail Diversion Services, and the Legal Services Division to receive:

- Clinical consultations:
 - ▶ Support with difficult clinical cases;
 - ▶ Assistance with medication management; and
 - ▶ Guidance on court-ordered medications.
- Forensic services:
 - ▶ Screenings and re-evaluations of competency for free;
 - ▶ Requests for expedited admission considerations;
 - ▶ Re-reviews of Maximum Security Unit waiver; and
 - ▶ Considerations of alternate dispositions.
- Legal education:
 - ▶ Guidance on legal/statutory requirements;
 - ▶ Guidance on court-ordered medication process; and
 - ▶ Guidance on alternate dispositions.

- Planning support:
 - Strengthening and engaging county forensic teams and stakeholders; and
 - Engaging in behavioral health and justice systems planning with peer-to-peer learning opportunities.

Table 7 lists the types of technical assistance services requested fiscal year 2022 to 2024, by the previous three cohorts of the collaborative.

Table 7. Number of Technical Assistance Requests by Category for fiscal years 2022 to 2024

| Technical Assistance Category | FY 2022 | FY 2023 | FY 2024 |
|-------------------------------|-----------|-----------|------------|
| Forensic Service | 13 | 64 | 146 |
| Clinical Consultation | 4 | 11 | 1 |
| Legal Education | 0 | 3 | 2 |
| Planning Support | 0 | 1 | 0 |
| Other | 4 | 2 | 0 |
| Total for Year | 21 | 81 | 149 |

Figure 14 shows the number of Maximum Security Unit re-review, expedited admissions, and standardized clinically based competency screenings requested by the collaborative cohorts from fiscal year 2022 to 2024.

Figure 14. Number of Forensic Services Requests per fiscal year from 2022 to 2024

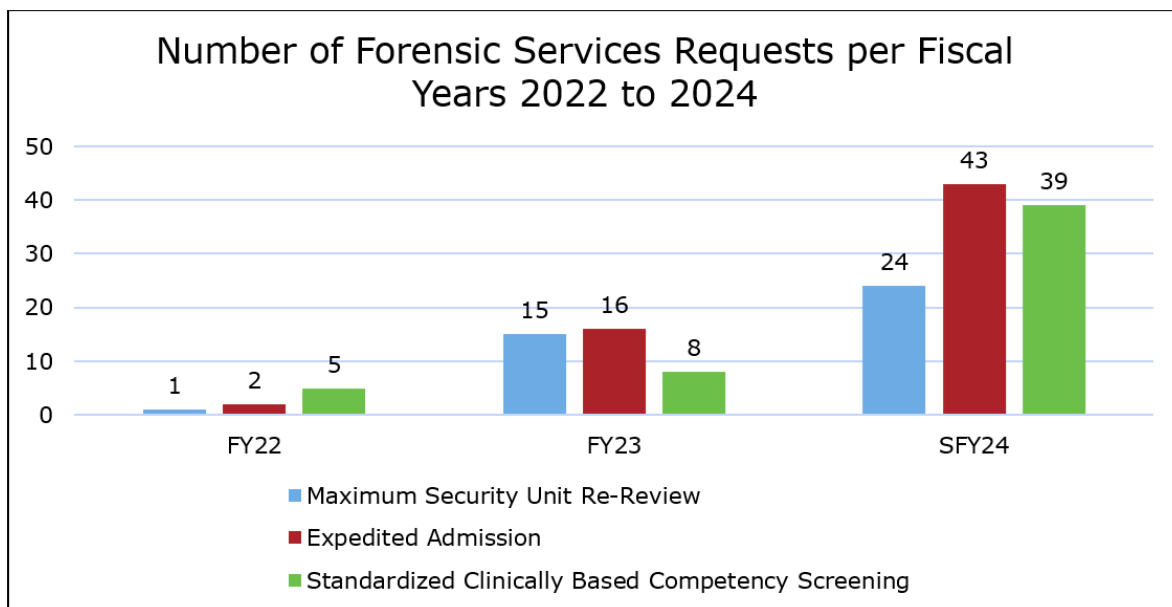


Table 8. Number of Forensic Services Requests per fiscal year 2022 to 2024 (accessible version of information in figure above)

| Forensic Service Request | FY2022 | FY2023 | FY2024 |
|--|--------|--------|--------|
| Maximum Security Unit Re-Review | 1 | 15 | 24 |
| Expedited Admission | 2 | 16 | 43 |
| Standardized Clinically Based Competency Screening | 5 | 8 | 39 |

Figure 15 shows how many trial competency re-examinations were ordered by the collaborative cohorts, how many were completed, and how many individuals were found competent to stand trial and were removed from the forensic waiting list, from fiscal year 2022 to 2024.

Figure 15. Trial Competency Re-Examination Requests for fiscal years 2022 to 2024

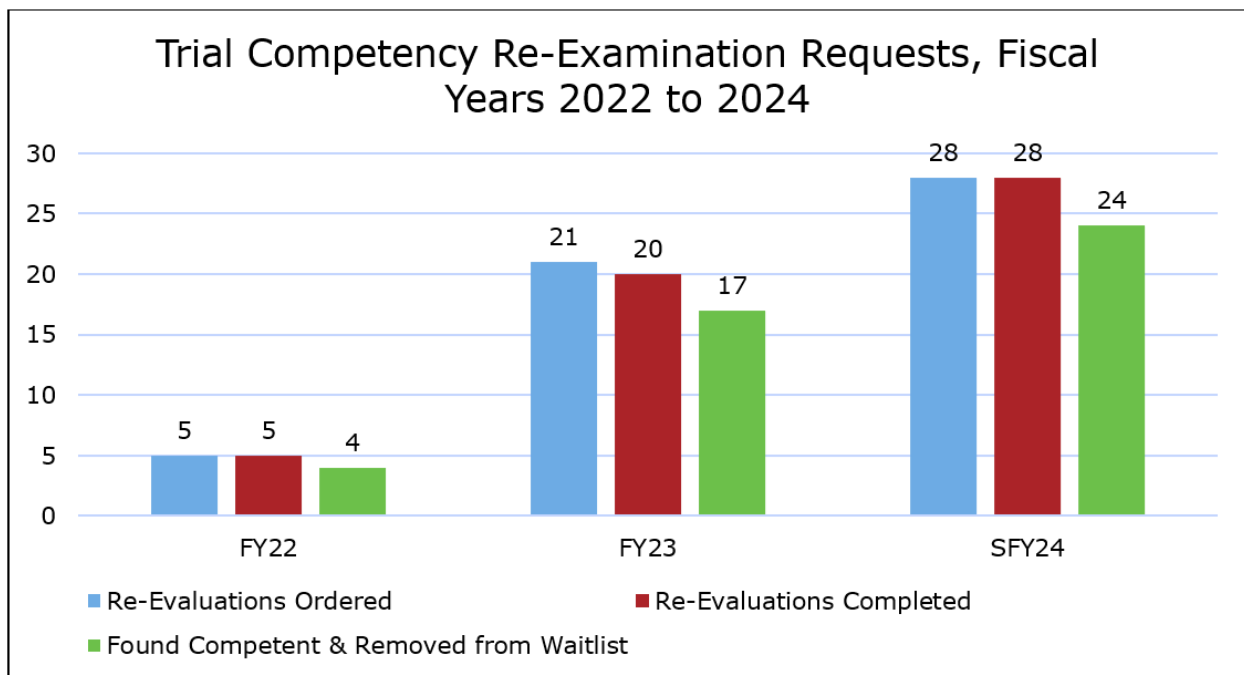


Table 9. Trial Competency Re-Examination Requests for fiscal years 2022 to 2024 (accessible version of information in figure above)

| Trial Competency Re-Examination Request | FY2022 | FY2023 | FY2024 |
|---|--------|--------|--------|
| Re-Evaluations Ordered | 5 | 21 | 28 |
| Re-Evaluations Completed | 5 | 20 | 28 |
| Found Competent & Removed from Waitlist | 5 | 17 | 24 |

JIRLC participants become part of a peer-to-peer network, learn about the Eliminate the Wait toolkit,²² build strong local cross-system forensic teams, and implement techniques for monitoring individuals on the waitlist with 46B commitments²³ in county jails. The competency to stand trial process is designed to protect the rights of persons who do not understand the charges against them and are unable to assist in their own defense. Through the JIRLC, HHSC works collaboratively with partners across the continuum of care to improve outcomes for people waiting in county jails for inpatient competency restoration services after being declared incompetent to stand trial.

HHSC is hosting a fourth cohort and discussing the following ways to enhance the collaborative experience of participants:

- Enhance participant engagement through the facilitation of more robust conversations amongst the local forensic teams via activities, breakout groups, and the exploration of in-person meeting options;
- Tailor training to address specific needs and interests identified by county forensic teams; and
- Continuously revise and enhance library and educational materials to meet the ongoing and emerging needs of county participants.

Living Room Service

Living Room service is a promising practice made available at UT Health San Antonio Transitional Care Clinic and NOW clinics. This is a walk-in urgent-care model for people experiencing mental health distress or crisis. It is a non-interventional, psychosocial treatment *only*. Skills used by staff to assess and meet client needs include distress tolerance, mindfulness and meditation, supportive listening and psychotherapy, coping skills, and ongoing assessment of risk. There is a review of crisis response plans and measurement of Subjective Units of Distress throughout the encounter (every 10 minutes). Less than 3 percent of people who used the Living Room in fiscal year 2024 were referred to a hospital or experienced an emergency detention. In fiscal year 2024, there were 260 individuals in crisis served through the Living Room service.

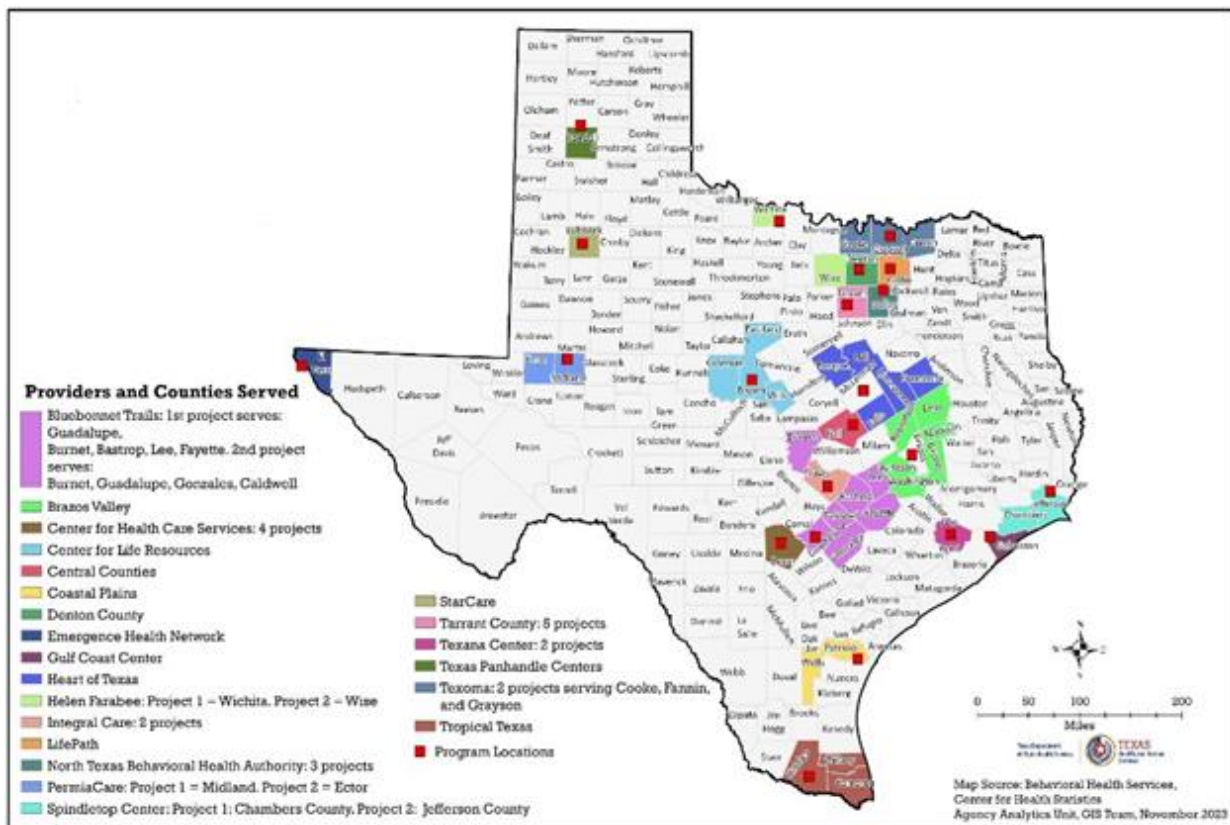
²² [Eliminate the Wait Toolkit, 2021](https://www.hhs.texas.gov/sites/default/files/documents/eliminate-the-wait-toolkit.pdf), (link: <https://www.hhs.texas.gov/sites/default/files/documents/eliminate-the-wait-toolkit.pdf>)

²³ [Texas Code of Criminal Procedure, Chapter 46B](https://statutes.capitol.texas.gov/Docs/CR/htm/CR.46B.htm), (link: <https://statutes.capitol.texas.gov/Docs/CR/htm/CR.46B.htm>)

Mental Health Grant Program for Justice-Involved Individuals

The Mental Health Grant Program for Justice-Involved Individuals is implemented to reduce recidivism rates, arrests, and incarceration among persons with mental illness and to reduce the wait time for persons on forensic commitments. These grants support community programs by providing behavioral health care services to persons with a mental illness encountering the criminal justice system and facilitating the local cross-agency coordination of behavioral health, physical health, and jail diversion services for persons with mental illness involved in the criminal justice system. Figure 16 shows the 22 grantees with 37 projects serving 48 counties across the state.

Figure 16. LMHAs and LBHAs with Programs for Justice-Involved Individuals



In fiscal year 2023, there were 30,372 people served, including over 4,700 in rural Texas. Of the nearly 18,000 people served by projects that report on prevention of arrests, there was a 96 percent rate of arrest prevention. Services resulted in a 90 percent prevention rate of immediate hospitalization for mental health, while 9,285

people were encountered through Mental Health Grant Program for Justice-Involved Individuals projects and connected to mental health services.

Peer Support Training to Individuals in Justice Facilities

TCOOMMI and the TDCJ initiated two programs, Footprints and trainings for Reentry Peer Support and Veteran Peer Support. These programs train inmates in mental health peer support to reduce recidivism and encourage successful re-entry to the community post release.

Footprints

Footprints is a federally funded peer support training program through the Bureau of Justice Assistance-Justice and Mental Health Collaboration Program. For fiscal year 2024, funding for the program is \$346,361 with the state matching up to 20 percent of costs. This program engages inmates and TCOOMMI community-based participants with mental health needs and a history of trauma. Inmates with lived experience are identified and volunteer to participate in a pre-release certification program to provide additional support and wraparound services to inmates. Upon release, these individuals may work as peers with community-based TCOOMMI services or with other community-based organizations. The program is used to identify, train, and support Certified Mental Health Peer Support Specialists. Certified Mental Health Peer Support Specialists services are eligible for Medicaid reimbursement. Due to certification restrictions for people with certain convictions,²⁴ TCOOMMI is working with the Texas Certification Board to select individuals who would be eligible to obtain certification and bill Medicaid for peer support services upon release.

The goal of the Footprints program is not just to reduce recidivism rates within TCOOMMI and reentry programming, but to improve community and family engagement, enhance public safety, and ultimately improve the quality of life for the peers and those they serve. Peer training through Footprints began in March of 2024 with 15 inmates participating and providing peer services beginning July of 2024.

²⁴ [Texas Administrative Code §354.3201, Criminal History and Registry Checks](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=354&rl=3201)
[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=354&rl=3201](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=354&rl=3201)

Reentry Peer Support and Veteran Peer Support Training

TDCJ uses state funds from their existing budget and a \$431,769 grant from the Office of the Governor to operate a Reentry Peer Support and Veteran Peer Support training. Peers serving in both programs provide services in Reentry Dormitories assisting in preparing soon-to-be-released inmates navigate issues such as financial literacy, substance use recovery, job readiness support, and general life skills. These multifaceted peer programs develop a network of individuals that are justice-impacted and can assist in lowering recidivism.

Texas State Supported Living Centers Implementation of Ukeru®

In 2019, the Ukeru® de-escalation system was implemented at State Supported Living Centers (SSLC) and is grounded in two distinct, evidenced-based structures – applied behavior analysis and trauma-informed approaches. The system centers around the philosophy of comfort versus control. It emphasizes a trauma-informed approach to addressing challenging behaviors, focusing on recognizing triggers, and using effective communication to de-escalate situations.

A key component of this approach is the use of Ukeru® pads, which, when introduced appropriately to individuals and used correctly by staff, aim to reduce the use of restraints and minimize staff injuries associated with the use of restraints. Ukeru® places a strong emphasis on training staff to respond to challenges while considering each individual's trauma history. By employing trauma-informed care strategies, such as identifying triggers, prioritizing comforting communication over controlling methods, and using Ukeru® pads to address aggression, this system facilitates more effective management of behavioral crises in high-stress situations.

Implementation of this system requires certified instructors and the purchase of the Ukeru® pads which come in various shapes and sizes. All SSLC staff who have direct contact with residents receive initial training and annual refresher training.

The certification of Ukeru® trainers and the purchase of Ukeru® pads is funded through state funds. Since implementation in 2019, the state has spent \$502,622.86 on the certification and recertification of instructors and \$1,066,690.34 on purchase of Ukeru® pads, \$725,224.03 of which was expended

during the initial purchase of pads to launch the program at all SSLCs. In total, HHSC has expended \$1,569,313.20 on the program.

From 2019 through July 2024, 30,328 staff attended initial training on the de-escalation system and 39,266 staff attended the annual refresher course. There have been 375 staff certified as Ukeru® instructors since 2019. Currently, SSLCs have 73 certified instructors. Since its implementation, there has been a decrease in staff injuries over time, with 739 staff injuries in 2019 decreasing to 253 staff injuries in 2023, as shown below (Figure 17):

Figure 17. Number of Staff Injuries at Texas HHSC SSLCs, 2019-2023

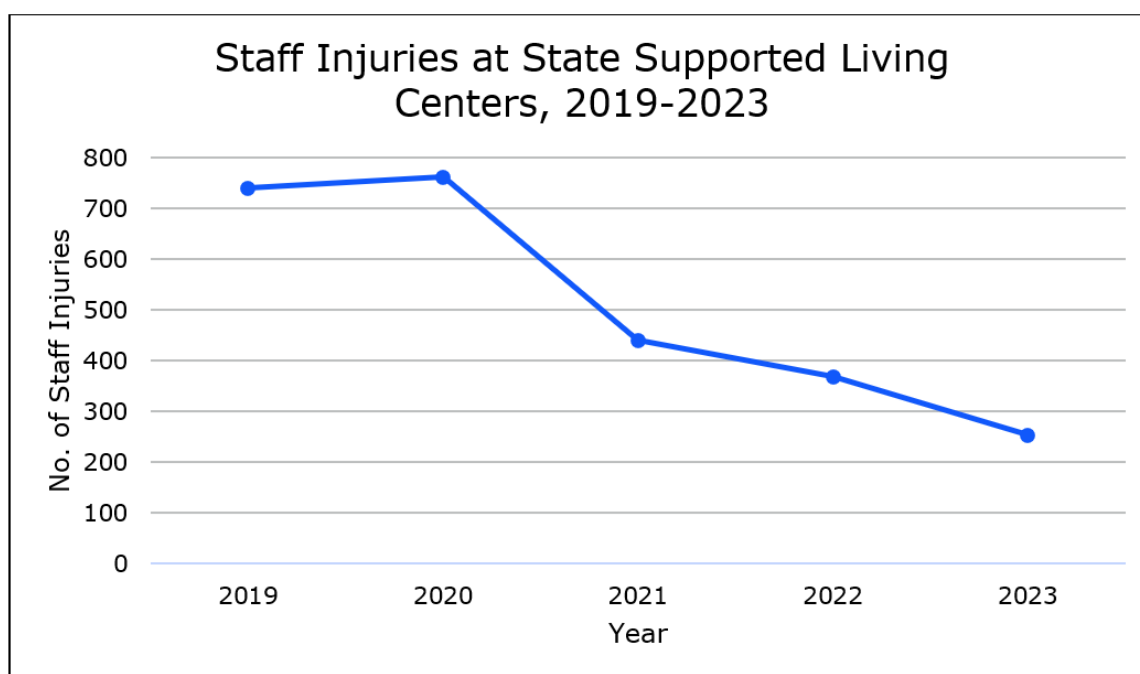


Table 10. Staff Injuries at Texas HHSC SSLCs, 2019-2023 (accessible version of information in figure above)

| Year | 2019 | 2020 | 2021 | 2022 | 2023 |
|--------------------------|------|------|------|------|------|
| Number of Staff Injuries | 739 | 761 | 440 | 368 | 253 |

Transition Support Services

Each state hospital designates at least one licensed social worker and a discharge planning specialist to provide transition support services for patients who are determined appropriate for discharge from the facility. The discharge specialist works with LMHAs and LBHAs to coordinate transition support services. These

transition support services must be designed to complement joint discharge planning efforts and may include:

- Enhanced services and supports for complex or high-needs patients. This includes services and supports necessary to create viable discharge or outpatient management plans;
- Post-discharge monitoring for up to one year after the discharge date to reduce the likelihood of readmission; and/or
- Provision of transition support services for patients who have been admitted to and discharged from a facility multiple times during a 30-day period or those who have been in the facility for longer than 365 consecutive days.

Through funding from the 88th Legislature, HHSC hired 11 discharge specialists and one transition program coordinator per state hospital. The discharge specialists have facilitated 40 discharges across all state hospitals from January through May 2024. As of May 2024:

- North Texas State Hospital – Wichita Falls had 10 discharges facilitated by their discharge specialists. Four of those patients had a length of stay of 4,000 days or more, and one patient discharged with a length of stay of 5,473 days;
- The Waco Center for Youth discharge specialist facilitated 11 discharges;
- Rusk State Hospital had four discharges; and
- El Paso Psychiatric Center had three discharges.

HHSC's Health and Specialty Care System is exploring ways to expand communication and coordination with internal and external stakeholders to strengthen transition support services. This exploration includes state hospital social work networks and HHSC's Behavioral Health Services Department to enhance access to community-based mental health services. These services may consist of access to housing, step-down programs or the LMHA or LBHA service array. HHSC is also exploring ways to increase collaboration and involvement from peer support services.

5. Implementation of Promising Substance Use Services

Community Health Workers

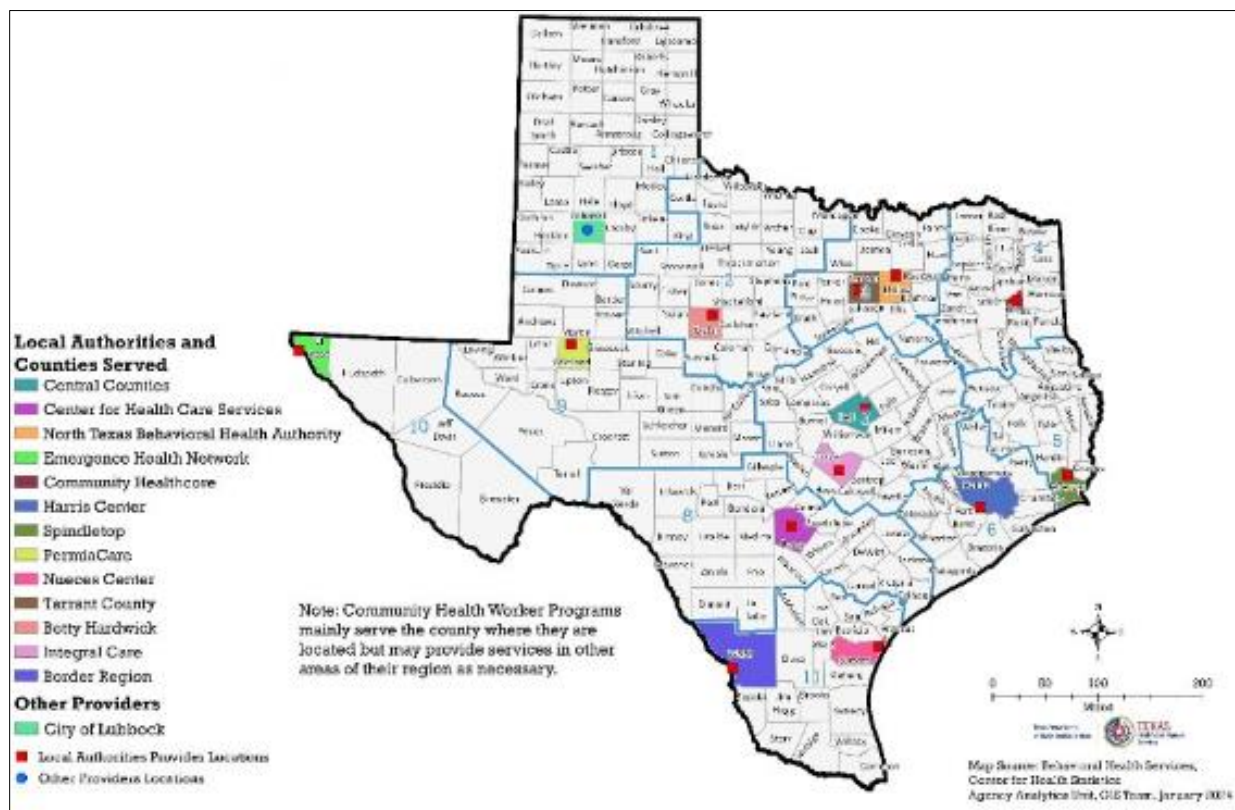
The substance use disorder Community Health Worker (CHW) program allows CHWs (also known as Promotoras) to increase access to and retention in substance use, mental health, and medical services for Texas residents living with substance use disorders. The CHW program provides services and resources to help reduce harm to people who use substances and their communities. This includes people who are marginalized or stigmatized, experiencing housing instability or homelessness, injecting substances, live with or are at risk of developing the Hepatitis C Virus or Human Immunodeficiency Virus, and experience greater barriers to entering treatment or recovery services.

The goals of the CHW program include:

- Addressing behavioral health disparities in their program service area;
- Increasing opportunities to reduce harms related to substance use;
- Helping people engage in substance use and mental health services;
- Helping people address medical needs; and
- Helping people who desire change to build a foundation for their recovery.

In fiscal year 2023, the HHSC implemented five new CHW programs across Texas. The expansion of the CHW program provides an equitable distribution of resources by positioning CHW programs in mid-sized cities that serve their adjacent rural communities. Figure 18 shows the locations of CHW programs in Texas.

Figure 18. Locations of CHW Programs in Texas



In fiscal year 2023, the CHW program:

- Interacted with 60,721 people eligible for program services;
- Provided 10,360 substance use services and supports to people eligible for program services;
- Linked 10,266 individuals to mental health services;
- Linked 3,981 individuals to medical services; and
- Distributed 7,039 overdose reversal kits.

Paramedicine Program - Emergency Medical Services Integration Expansion

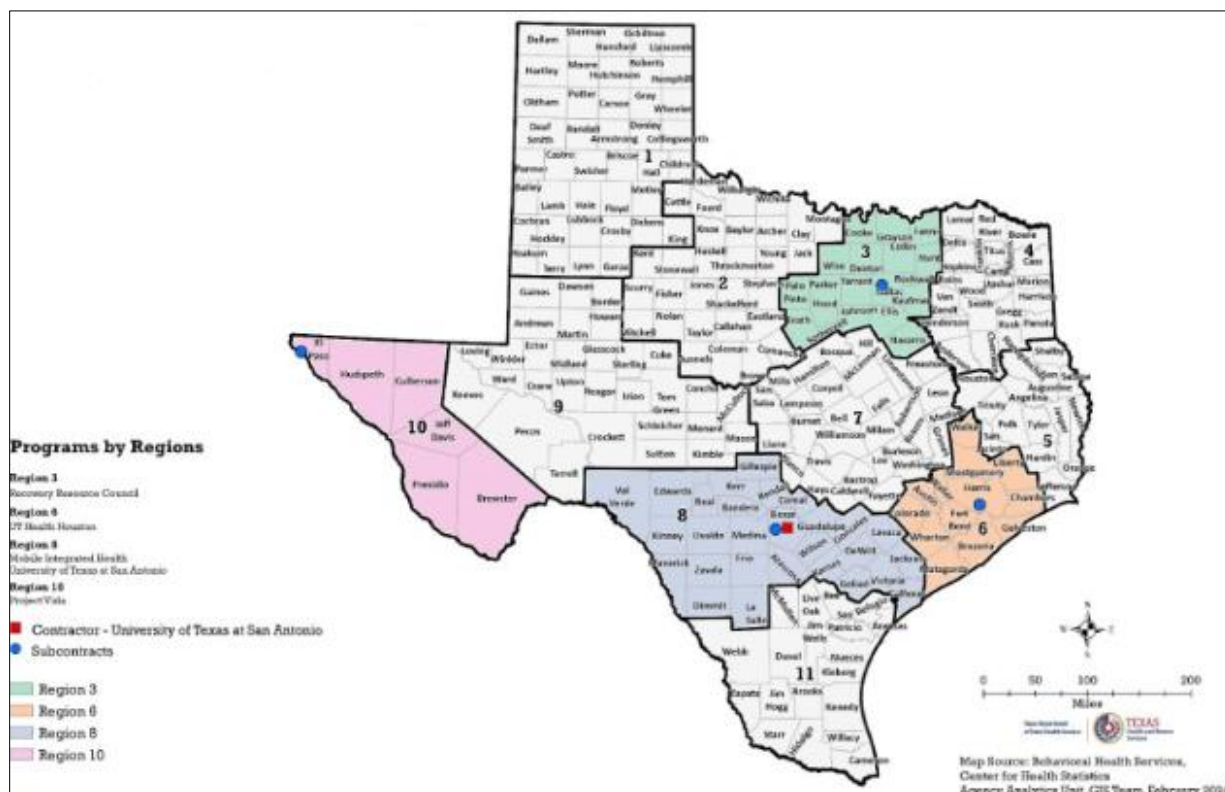
HHSC allocated funds from the Coronavirus Response and Relief Supplemental Appropriations Act and ARPA to UT Health San Antonio to expand the Paramedicine Program to reduce limitations and improve equity of existing emergency medical service (EMS) programs. These funds are used to provide substance use crisis services that include overdose prevention, peer support, and community

paramedicine support to people facing substance use disorder related crises, not opioid-related. The program includes recovery support for each overdose and community paramedicine support to remediate substance misuse and overdose-related fatalities.

This program reduces the limitations of existing EMS programs by expanding service provision to people using substances beyond opioids including alcohol, cocaine, methamphetamine, or other polysubstance use. This project is open to anyone using substances or taking prescribed medications to ensure they receive increased access to care and support.

The EMS Integration project serves urban areas and smaller cities with high prevalence of substance use, with a focus on people who have delayed seeking treatment due to COVID-19 (Figure 19).

Figure 19. Areas with EMS Integration



In fiscal year 2023, the Paramedicine Program Expansion served 1,466 individuals and disseminated over 2,000 prevention and education materials.

Parenting Awareness and Drug Risk Education Services

The Parenting Awareness and Drug Risk Education Services (PADRES) program provides community-based intervention services through case management and education to expectant parents, and parents who are at risk for developing a substance use disorder, to decrease the impact of substance use. Participants may have an active Child Protective Services case or be referred through DFPS. PADRES services include:

- Talking with parents about their needs and their children’s needs;
- Parental education classes;
- Recommending community services that can assist parents and their children; and
- Helping parents get needed services and supplies.

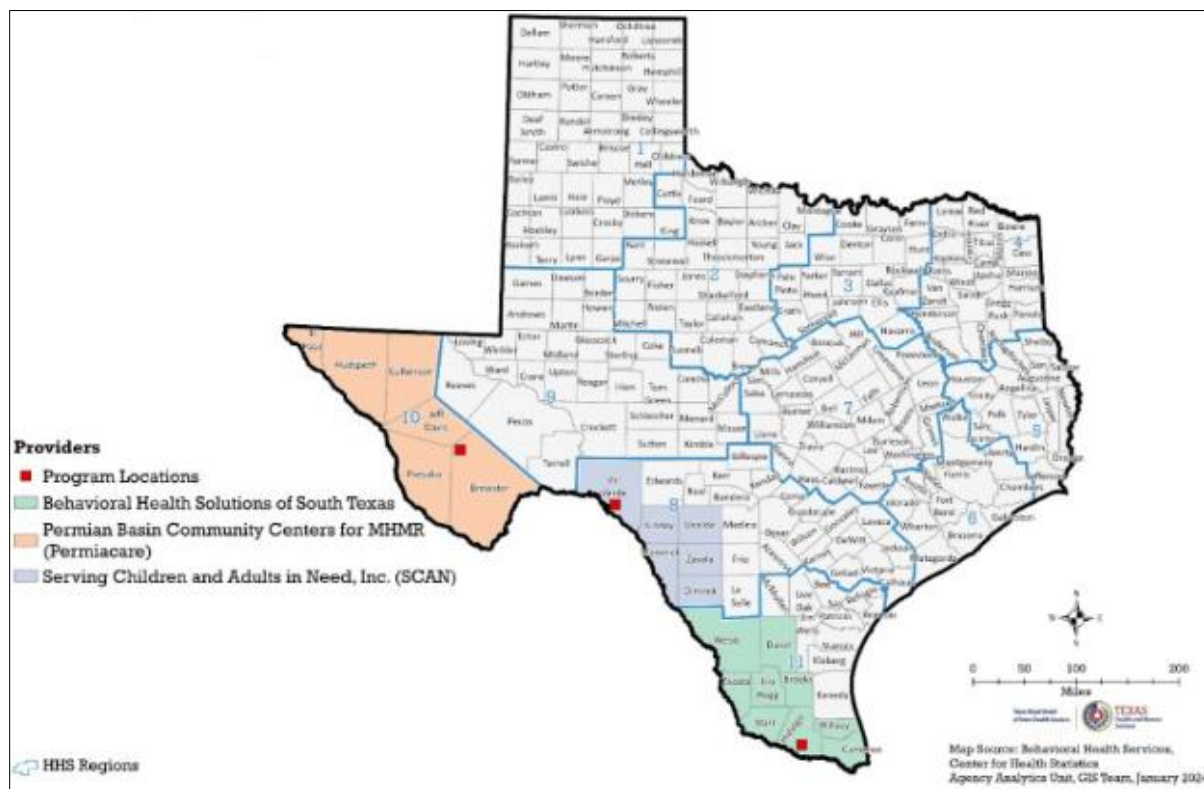
In fiscal year 2023, PADRES had:

- 6,440 open cases of which 4,284 were female and 2,156 male;
- 575 community events and presentations;
- 511 peer-led activities;
- 95.45 percent of youth and 98.59 percent of adults participating in the program were not arrested; and
- 56.85 percent of youth and 61.20 percent of adults participating in the program reported having stable housing.

Rural Border Intervention

The Rural Border Intervention (RBI) program provides community based and home-based substance use prevention and intervention services in remote rural border areas, including colonias and other resource-challenged communities, where substance use services are scarce or nonexistent. People enrolled in the RBI program receive increased knowledge of community services, increased support, necessary services, and support with healthy behavior changes. RBI is available to men and women who live in rural border counties in Texas Health and Human Service Regions 8, 10, and 11, and within 62 miles of the Texas-Mexico border. Figure 20 highlights the eligible counties and the location of RBI providers.

Figure 20. Texas Counties Eligible for the Rural Border Intervention Program



In fiscal year 2023:

- 6,092 people were served;
- 755 individuals received motivational interviewing techniques;
- 1,259 individuals received prevention education or skills training; and
- 723 people received referrals.

Texas Overdose Data to Action

On September 1, 2023, the Texas Department of State Health Services (DSHS) received funding to support a statewide approach to addressing drug poisoning with the Overdose Data to Action in States grant from the United States Centers for Disease Control and Prevention (CDC). The Texas program supporting this grant is the Texas Overdose Data to Action (TODA). This five-year agreement between DSHS and the CDC aims to curb unintentional drug poisonings in Texas.

The CDC mandates that DSHS implement three surveillance strategies to develop a thorough view of both nonfatal and fatal drug poisonings:

- Building infrastructure;
- Tracking morbidity; and
- Monitoring mortality through the gathering of data from:
 - ▶ Emergency medical services;
 - ▶ Hospitals, death certificates;
 - ▶ Medical examiners; and
 - ▶ Toxicology reports.

TODA’s prevention efforts are equally robust. DSHS partners with many organizations and state agencies to implement four key strategies.

- Focus on engaging healthcare providers and enhancing the Prescription Drug Monitoring Program. This ensures that clinicians are well-informed about safe prescribing practices and evidence-based pain management;
- Emphasize partnerships with public safety organizations. This has led to initiating an Opioid Rapid Response Program in Texas which provides resources to patients who have trouble accessing medications. DSHS collaborates with the CDC Foundation on developing a statewide drug poisoning response strategy; and
- Collaborate with the Texas HHSC Texas Targeted Opioid Response team. This connects persons at risk of drug poisoning to vital services and improves access to resources, services, and treatment. HHSC will spearhead these care linkage efforts, via the Integrated Community Opioid Network project. Performance metrics make sure prevention efforts improve access to care and treatment for people who use substances and are historically underserved by drug poisoning prevention programs. Evaluation of all TODA efforts will be conducted via a partnership with the Public Policy Research Institute at Texas A&M University.

The goal of TODA is to collect and analyze data to drive statewide prevention action. Although impact of these efforts is yet to be determined, this comprehensive approach is a promising practice to reduce unintentional drug poisonings and improve collaboration and access to services for Texans at risk.

6. Initiatives that Support the Implementation of Evidence-Based and Promising Behavioral Health Practices

In this report, initiatives that support the implementation of evidence-based and promising behavioral health services are those strategies that expand the number of behavioral health professionals, the knowledge-base and skillsets of behavioral health professionals, and target non-medical drivers of health.

Behavioral Health Workforce Expansion

Child and Adolescent Psychiatry Fellowships

The TCMHCC administers the Child and Adolescent Psychiatry (CAP) Fellowship program, which expands the number of child and adolescent psychiatry fellowship positions in Texas and the number of training programs at HRIs. Figure 21 shows the number of CAP positions filled in Texas from fiscal year 2019 to 2023.

Figure 21. CAP Fellowship Positions Filled, Fiscal Years 2019-2023/Academic Years (AY) 2019-2023

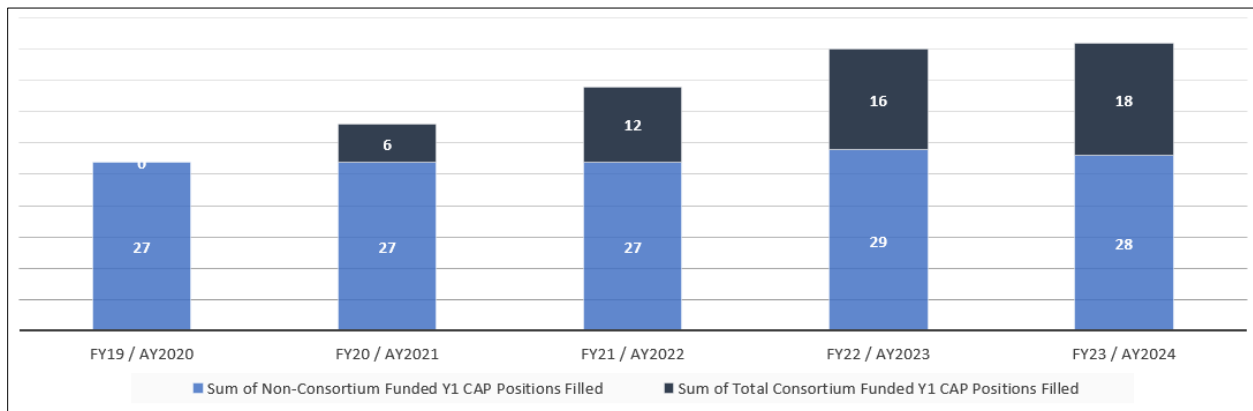


Table 11. CAP Fellowship Positions Filled, Fiscal Years 2019-2023/Academic Years (AY) 2019-2023 (accessible version of information in figure above)

| Fiscal Year and Academic Year | Sum of Non-Consortium Funded Y1 CAP Positions Filled | Sum of Total Consortium Funded AY CAP Positions Filled |
|-------------------------------|--|--|
| FY2019/AY2020 | 27 | 0 |

| Fiscal Year and Academic Year | Sum of Non-Consortium Funded Y1 CAP Positions Filled | Sum of Total Consortium Funded AY CAP Positions Filled |
|--------------------------------------|---|---|
| FY2020/AY2021 | 27 | 6 |
| FY2021/AY2022 | 27 | 12 |
| FY2022/AY2023 | 29 | 16 |
| FY2023/AY2024 | 28 | 18 |

The CAP Fellowship program has a cost of over \$5 million.

Children’s Mental Health Research

New and Emerging Child Mental Health Researcher’s Grant Program

The New and Emerging Child Mental Health Researchers Grant program supports training and research of junior and mid-level researchers, which includes funded projects on various topics including HHSC priorities related to juvenile justice and the Youth Empowerment Services program. As of July 2024, \$8.3 million in funding²⁵ has been awarded to HRIs that submitted proposals and were selected to conduct research to improve children’s mental health. Figure 22 shows there were twelve grants for research projects, ten for research career development, and three for postdoctoral fellowships and training.

²⁵ [Twenty-Five Research Proposals Accepted for Funding by the Texas Child Mental Health Care Consortium](https://tcmhcc.utsystem.edu/news/twenty-five-research-proposals-accepted-for-funding-by-the-texas-child-mental-health-care-consortium/), (link: <https://tcmhcc.utsystem.edu/news/twenty-five-research-proposals-accepted-for-funding-by-the-texas-child-mental-health-care-consortium/>)

Figure 22. Types of Grants Awarded Through the New and Emerging Child Mental Health Researchers Program, July 2024

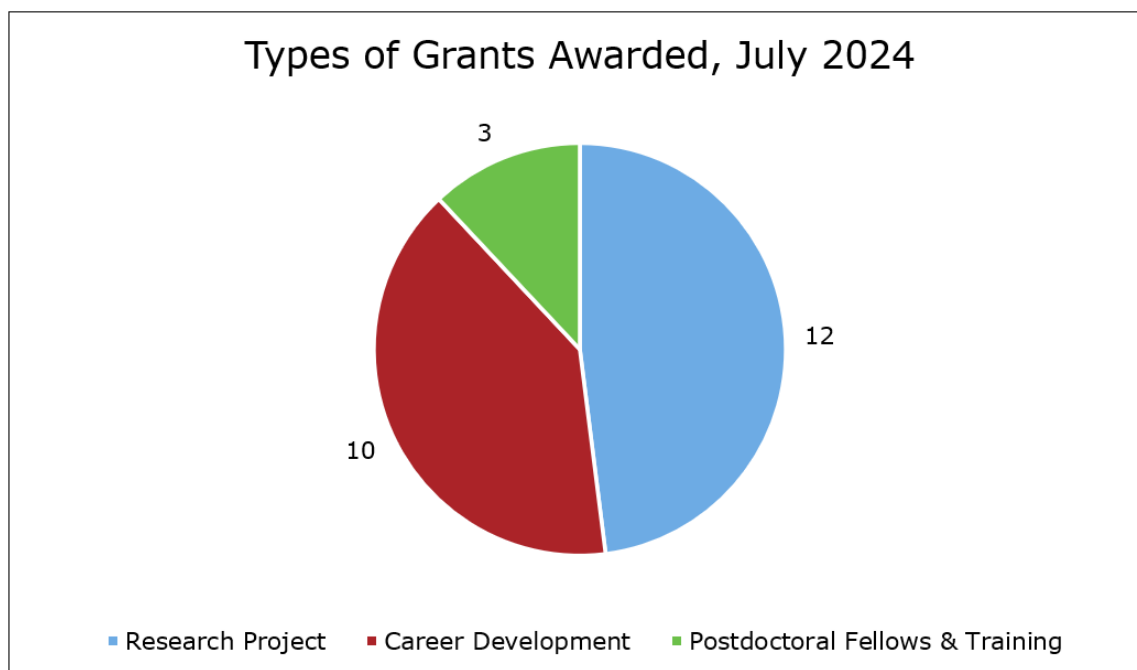


Table 12. Types of Grants Awarded Through the New and Emerging Child Mental Health Researchers Program, July 2024 (accessible version of information in figure above)

| Type of Grants | Number of Grants |
|---------------------------------|------------------|
| Research Project | 12 |
| Career Development | 10 |
| Postdoctoral Fellows & Training | 3 |

TCMHCC is looking at opportunities to align funded research projects with state priorities.

Youth Depression and Suicide Research Network and the Childhood Trauma Research Network

The TCMHCC implements the Youth Depression and Suicide Research and the Childhood Trauma Research Networks. The goals of the research networks are to better understand and improve mental health services to address youth trauma, depression, and suicide; to identify regional and statewide service delivery gaps to inform policy makers; and to improve the mental health of children and youth in Texas. Each of the networks comprises research teams from participating HRIs. Centralized management and oversight functions for each of the networks is

conducted by a “research hub” located at a HRI selected by the TCMHCC Executive Committee.

For the Youth Depression and Suicide Research Network:

- Over 1,900 youth enrolled as research subjects whose interventions have yielded clinical results that have contributed to the publication of research papers.
- Over 14,500 research study visits completed.
- Trained 34 non-licensed clinicians as Activ8²⁶ interventionists to provide innovative solution – behavioral activation to depressed teens.
- Trained 250 staff in research procedures and assessments.
- Published 19 manuscripts, 11 under review, 12 in progress analysis completed, and have 17 in progress analysis planned.
- Awarded two grants totaling \$4,010,428.

For the Childhood Trauma Research Network:

- 2,522 youth enrolled as research subjects whose interventions have yielded clinical results that have contributed to the publication of research papers.
- 8,216 research study visits completed.
- Trained 40 psychotherapists to provide Trauma Focused-Cognitive Behavioral Therapy to youth.
- Trained 140 raters to administer research interviews.
- Published six manuscripts, with an additional two in submission, and nine in development.
- Awarded two grants awarded totaling \$4,431,991.

²⁶ Active8 is an eight-week telehealth program, developed by UT Southwestern, for teens ages 12 to 18 years old and their caregiver that focuses on improving teen depression. The program is led by trained interventionists.

Behavioral Health Workforce Consultation and Training

Centralized Training Infrastructure for Evidence-Based Practices

HHSC uses funds from multiple sources including state, MBHG, ARPA, and a Transformation Transfer Initiative Grant²⁷ to contract with UT Health San Antonio’s Department of Psychiatry and Behavioral Sciences to operate the Centralized Training Infrastructure for Evidence-Based Practices (CTI-EBP). The CTI-EBP is a workforce development strategy available to employees of the LMHAs, LBHAs, and HHSC. It is designed to increase awareness of and fidelity to service implementation of evidence-based practices that align with the Texas Resiliency and Recovery Model. Trainings are available online and in-person. Technical assistance on the application of these practices is available. Table 13 highlights the number of trainings provided during fiscal years 2022 and 2023.

Table 13. Number of Trainings Conducted in fiscal year 2022-2023

| Numbers by Training Platform | FY2022 | FY2023 | Total since the start of CTI-EBP, October 2012 |
|--|------------|------------|--|
| Number of Virtual Trainings Offered | 77 | 116 | 383 |
| Number of Unique eLearning Trainings Offered | 22 | 27 | 27 |
| Number of Webinars Offered | 42 | 77 | 331 |
| Total | 141 | 220 | 741 |

Table 14 notes the number of attendees for CTI-EBP trainings for fiscal years 2022 and 2023.

Table 14. Number of Attendees for CTI-EBP Training, fiscal year 2022 and 2023

| Training Platform | FY2022 | FY2023 | Total since start of CTI-EBP, October 2012 |
|--------------------------|--------|--------|--|
| In-person/Virtual | 1,256 | 1,838 | 8,045 |

²⁷ Funding from the National Association of State Mental Health Program Directors through their partnership with SAMHSA.

| Training Platform | FY2022 | FY2023 | Total since start of CTI-EBP, October 2012 |
|-------------------------------------|---------------|---------------|---|
| Online/E-Learning | 18,640 | 19,295 | 92,751 |
| Webinar | 1,778 | 3,392 | 17,209 |
| Cognitive Behavioral Therapy | 266 | 269 | 1,836 |
| Total | 21,940 | 24,794 | 119,841 |

Competency Restoration Curriculum

A simplified and standardized competency restoration curriculum (CRC) has been developed by HHSC’s Health and Specialty Care System for use throughout state hospitals. State hospital staff and community competency restoration programs have access to the products within the curriculum which include:

- An 8-module Competency Restoration Curriculum Trainer Manual for educators.
- A Competency Restoration Study Guide to assist in the patient or defendant’s learning.
- A SharePoint Site with resources and activities with library of handouts, worksheets, and activities that align with the 8-module trainer manual.
- A link to the webinar Best Practices in Providing Effective Competency Restoration Education.

The CRC launched in May 2023. The HHSC State Hospital Central Office Forensic Team distributed a survey July 2024 as part of a formal assessment of the CRC, one year into its implementation. The team is still collecting and analyzing data. The office is updating the CRC for individuals diagnosed with IDD, in collaboration with SSLC staff and a neuropsychologist contractor. This study guide may also be used for individuals with a traumatic brain injury or cognitive issues. A Spanish translation of the patient study guide will be made available to patients and other languages will follow based on the needs assessment survey.

Psychiatric Access Networks

The TCMHCC oversees the Child Psychiatric Access Network (CPAN) and the Perinatal Psychiatric Access Network (PeriPAN), at a cost of over \$16 million and

over \$11 million, respectively. However, there is no cost to providers or their patients who participate.

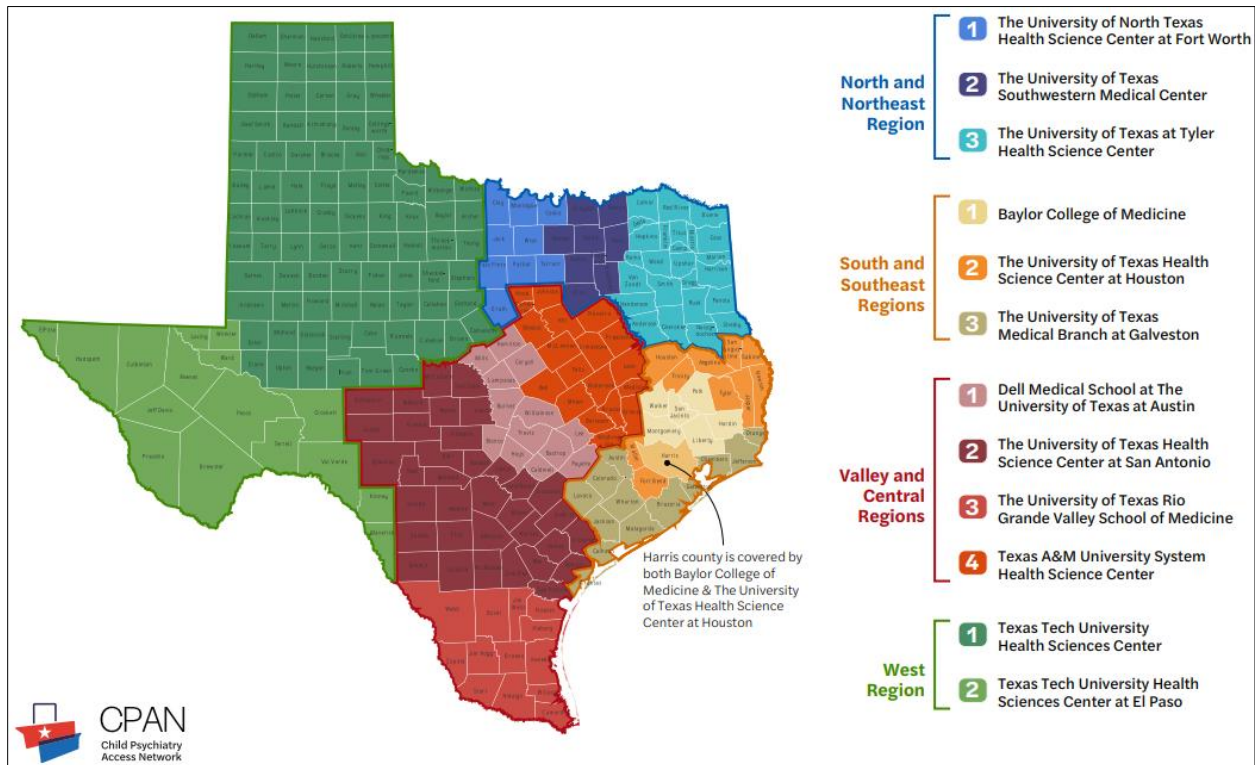
Child Psychiatry Access Network

Child Psychiatry Access Network (CPAN) is a multidisciplinary network of mental health experts that provides consultation and training opportunities for pediatricians and primary care providers operating in the respective center's geographical region. The goal is to better care for children and youth with behavioral health needs. Texas CPAN offers real-time access to a multidisciplinary network of mental health experts, including child psychiatrists. They provide peer-to-peer consults by phone, vetted and personalized referrals and resources, and behavioral health continuing medical education.²⁸

To participate providers call a toll-free number to enroll. Once enrolled, they can call or text to start their consult. A child psychiatrist will call back within 40 minutes or at a time selected by the provider. Vetted, local, and individualized referrals are sent within one business day. Figure 23 below highlights the CPAN regions color-coded by the entity that services them.

²⁸ [Child Psychiatry Access Network webpage](https://tcmhcc.utsystem.edu/child-psychiatry-access-network-cpan/) (link: <https://tcmhcc.utsystem.edu/child-psychiatry-access-network-cpan/>)

Figure 23. CPAN Network Regions in Texas



- The north and northeast region are served by:
 - ▶ The University of North Texas Health Sciences Center at Fort Worth,
 - ▶ The University of Texas Southwestern Medical Center, and
 - ▶ The University of Texas Health Science Center at Tyler.
- The south and southeast regions are served by:
 - ▶ Baylor College of Medicine,
 - ▶ The University of Texas Health Science Center at Houston, and
 - ▶ The University of Texas Medical Branch at Galveston.
- The Valley and Central Regions are served by:
 - ▶ Dell Medical School at the University of Texas at Austin,
 - ▶ The University of Texas Health Science & Center at San Antonio,
 - ▶ The University of Texas Rio Grande Valley School of Medicine, and
 - ▶ Texas A&M University System Health Science Center.
- The west region is served by:

- ▶ Texas Tech University Health Sciences Center and
- ▶ Texas Tech Health Sciences Center at El Paso.

In 2023, the TCMHCC conducted an External Evaluation CPAN Survey which included individuals who reported calling into CPAN regularly or occasionally in the past 12 months. Table 15 shows the reasons for calling CPAN, with medication management being the most common reason, followed by referral assistance, and behavioral management.

Table 15. Provider Reported Reasons for Calling CPAN, 2023

| Reasons for Calling CPAN | Regular CPAN Callers (%) | Occupational CPAN callers (%) |
|--------------------------|--------------------------|-------------------------------|
| Medication Management | 8.1 | 11.9 |
| Referral Assistance | 8.1 | 10.7 |
| Behavioral Management | 5.7 | 7.4 |
| General Resources | 4.5 | 7.4 |
| Diagnosis | 3.8 | 4.8 |
| Second Opinion | 2.9 | 4.5 |
| Advice for Parents | 2.6 | 4.0 |
| Assessment | 2.1 | 3.6 |
| Crisis | 1.7 | 2.6 |
| School Issues | 1.4 | 1.9 |

As of September 9, 2024, there were 13,238 providers enrolled, 2,691 clinics enrolled, 38,398 consults completed, and 34,241 patients served (Figure 24).

Figure 24. Number of Providers and Clinics Enrolled, Consults Completed, and Patients Served, September 2024



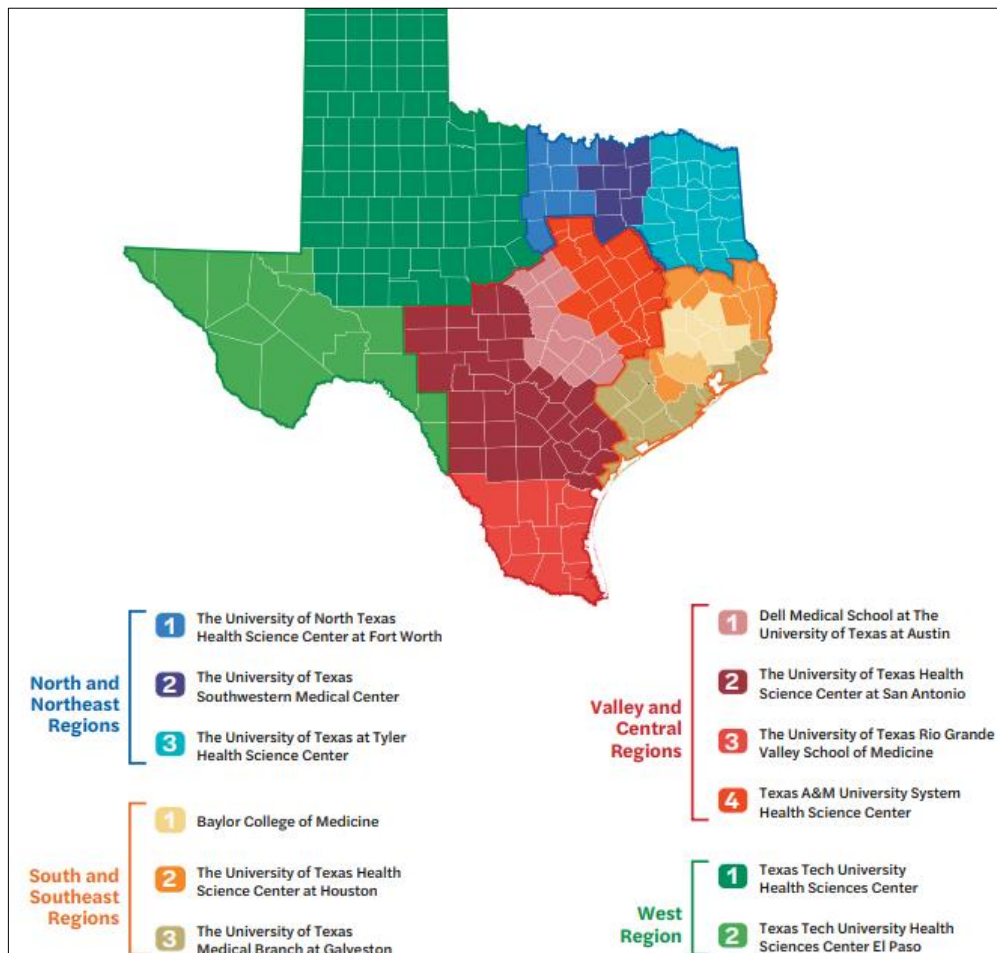
Perinatal Psychiatry Access Network

Perinatal Psychiatry Access Network (PeriPAN) is a network of mental health experts, including reproductive psychiatrists, who provide consultation services and training opportunities for clinicians operating in the respective center's geographical

region. The goal is to better care for pregnant women and new mothers with behavioral health needs.

Like CPAN, PeriPan consists of providers calling a toll-free number to enroll, calling or texting to start their consult, and having vetted, local, and individualized referrals sent within one business day. Figure 25 below highlights the PeriPan regions color-coded by the entity that services them.

Figure 25. PeriPAN Regional Map



- The north and northeast region are served by:
 - ▶ The University of North Texas Health Sciences Center at Fort Worth,
 - ▶ The University of Texas Southwestern Medical Center, and
 - ▶ The University of Texas Health Science Center at Tyler.
- The south and southeast regions are served by:
 - ▶ Baylor College of Medicine,

- ▶ The University of Texas Health Science Center at Houston, and
- ▶ The University of Texas Medical Branch at Galveston.
- The valley and central regions are served by:
 - ▶ Dell Medical School at the University of Texas at Austin,
 - ▶ The University of Texas Health Science Center at San Antonio,
 - ▶ The University of Texas Rio Grande Valley School of Medicine, and
 - ▶ Texas A&M University System Health Science Center.
- The west region is served by:
 - ▶ Texas Tech University Health Sciences Center and
 - ▶ Texas Tech Health Sciences Center at El Paso.

As of June 2024, there were 869 obstetricians, 168 obstetric clinics, 45 women’s or maternal health clinics, and 14 midwifery practices enrolled in PeriPAN. There have been 1,301 consultations as of June 2024, but consultations often consisted of providers calling for multiple reasons. Table 16 shows the types of consultations requested. Consultations about specific patients were the most common request (87 percent), followed by referral requests (66 percent). Psychiatric callbacks and emergencies had the least number of consultations at 13 percent and 3 percent, respectively.

Table 16. Types of PeriPAN Consults, June 2024

| Type of Consultations | Number and Percent of Call |
|-------------------------|----------------------------|
| Specific Patient Issues | 1,135 (87.24%) |
| Referral Request | 863 (66.33%) |
| Medication Related | 555 (42.66%) |
| Psychiatry Callback | 173 (13.3%) |
| Emergency | 44 (3.38%) |

The TCMHCC is working on obtaining legislative approval to expand TCMHCC scope to offer PeriPAN after federal funding expires and increase the number of enrolled providers.

Youth Aware of Mental Health

The TCMHCC implements the Youth Aware of Mental Health (YAM) initiative. YAM is a five-session program for students in grades 8 to 12 that promotes increased knowledge and awareness of mental health in adolescents. The program allows

adolescents to learn and develop life-long coping and resilience skills that are shown to help teens and young adults avoid high-risk and self-destructive behavior that can lead to poor academic achievement, substance use, more severe psychiatric conditions, and suicide.²⁹

The YAM program includes education on the following topics:

- Awareness about mental health;
- Self-help advice;
- Stress and crisis;
- Depression and suicidal thoughts;
- Helping a friend in need; and
- Getting advice: who to contact.

Figure 26 shows the number of students who participated in YAM during academic years 2022-2023 and 2023-April 2024, by the HRI that supported the program.

²⁹ [Youth Awareness of Mental Health](https://www.utsouthwestern.edu/education/medical-school/departments/psychiatry/research/center/programs/youth-aware-mental-health.html) (link: <https://www.utsouthwestern.edu/education/medical-school/departments/psychiatry/research/center/programs/youth-aware-mental-health.html>)

Figure 26. Number of Students in YAM per HRI for AY 2022-2023 and 2023-April 2024

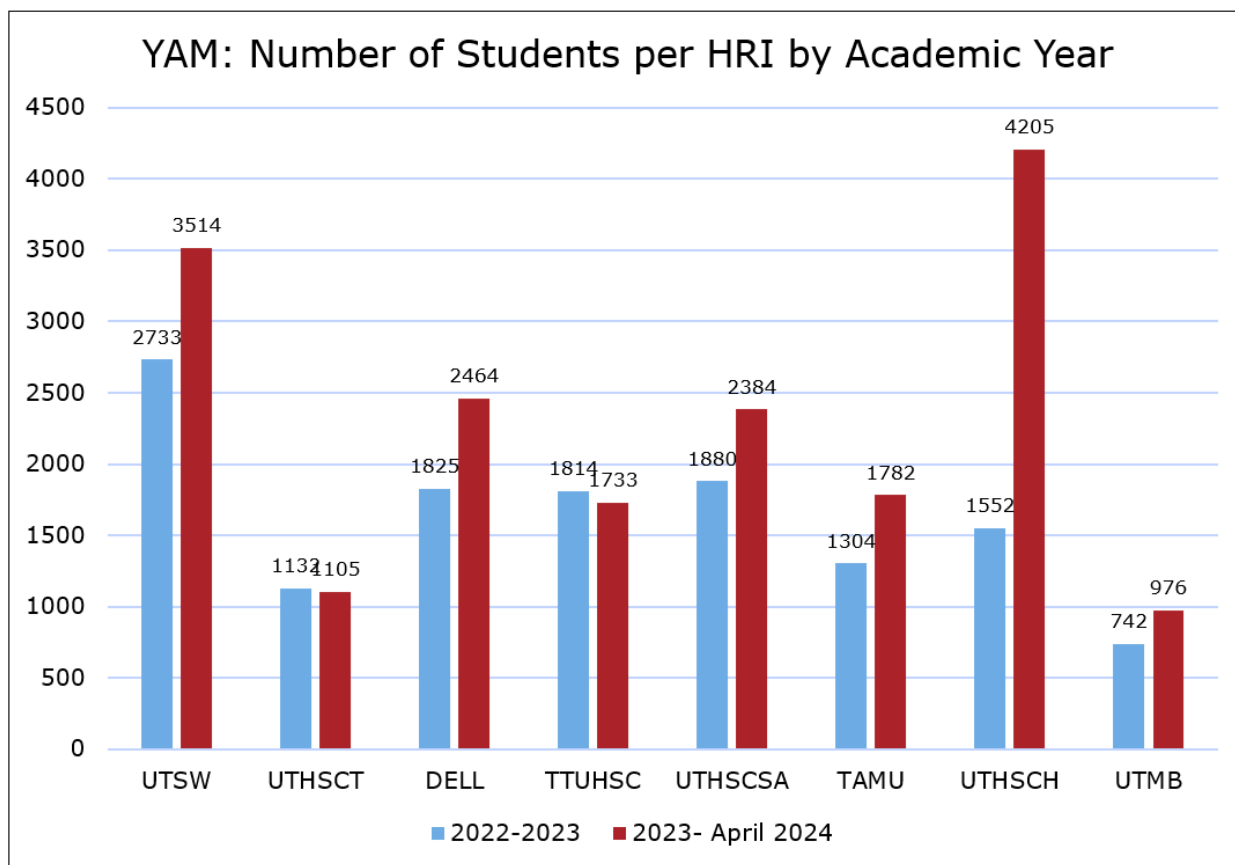


Table 17. Number of Students in YAM per HRI for AY 2022-2023 and 2023-April 2024 (accessible version of information in figure above)

| Health Related Institute (HRI) | 2022-2023 | 2023-April 2024 |
|---|-----------|-----------------|
| UT Southwester (UTSW) | 2733 | 3514 |
| UT Health Science Center at Tyler (UTHSCT) | 1132 | 1105 |
| Dell Medical School at UT Austin (DELL) | 1825 | 2464 |
| Texas Tech University Health Sciences Center (TTUHSC) | 1814 | 1733 |
| UT Health Science Center at San Antonio (UTHSCSA) | 1880 | 2384 |
| Texas A&M University (TAMU) | 1304 | 1782 |
| UT Health Science Center at Houston (UTHSCH) | 1552 | 4205 |
| UT Medical Branch (UTMB) | 742 | 976 |

The TCMHCC hopes to obtain legislative approval to expand TCMHCC’s scope to offer YAM after federal funding expires,³⁰ expand the program to more schools, identify efficiencies in recruiting and training YAM instructors, and create regional-based instructor and helper teams.

Suicide Prevention

SBHCC institutions implement suicide prevention, intervention, and postvention practices. Some of which target suicide prevention in special populations including children, military service members, and veterans.

Ask About Suicide to Save a Life (AS+K) and Counseling on Access to Lethal Means (CALM)

The Texas Veterans Commission’s (TVC) Veterans Mental Health Department (VMHD) provides any community stakeholder with access to evidence-based training on suicide prevention gatekeeping and lethal means safety. VMHD has partnered with the Texas Suicide Prevention Council to have all VMHD staff and every TVC-Certified Peer Service Coordinator of its Military Veteran Peer Network certified as trainers in Ask About Suicide to Save a Life (AS+K?)³¹ and Counseling on Access to Lethal Means (CALM).

AS+K? is a research-supported suicide prevention curriculum teaching lifesaving skills. The training includes recognizing suicidal risks, thoughts, and behaviors; identifying risk factors, warning signs, and protective factors; and learning how and where to refer those at risk. AS+K? teaches the public to recognize the warning signs, clues, and suicidal communications of people in psychological distress as well as what actions to take to prevent a possible tragedy.

CALM is an evidence-informed suicide prevention curriculum designed to help anyone implement multipronged strategies to save lives. Some initiatives include implementing the public health approach to suicide prevention, teaching the skills necessary to support a person at risk of suicide and their family, and discussing the need to put time and distance between someone at risk of suicide and a wide range of lethal means.

³⁰ THECB did not submit an Exceptional Item but funding for various TCMHCC initiatives, including YAM, is included in their LAR.

³¹ A=Ask About Suicide; S+=Seek more information, Safety First, Secure means for suicide; K=Know how and where to refer

TVC-VMHD provides both AS+K? and CALM across Texas at no cost to community stakeholders. TVC-VMHD invested \$12,375 in training and certifying a cohort of up to 15 participants in either AS+K? or CALM. Depending on the number of new staff across the Military Veteran Peer Network that need to be trained, the total number of training cohorts for any given fiscal year fluctuates.

Between fiscal year 2022 and 2024 (through August 1, 2024), TVC-VMHD staff and the TVC-Certified Peer Service Coordinators of its Military Veteran Peer Network have provided suicide prevention training including AS+K? and CALM to 9,278 veterans, family members, and veteran serving community partners. Figure 27 shows the number of individuals trained per fiscal year.

Figure 27. Number of People Trained in AS+K? and CALM, Fiscal Year 2022 through August 2024

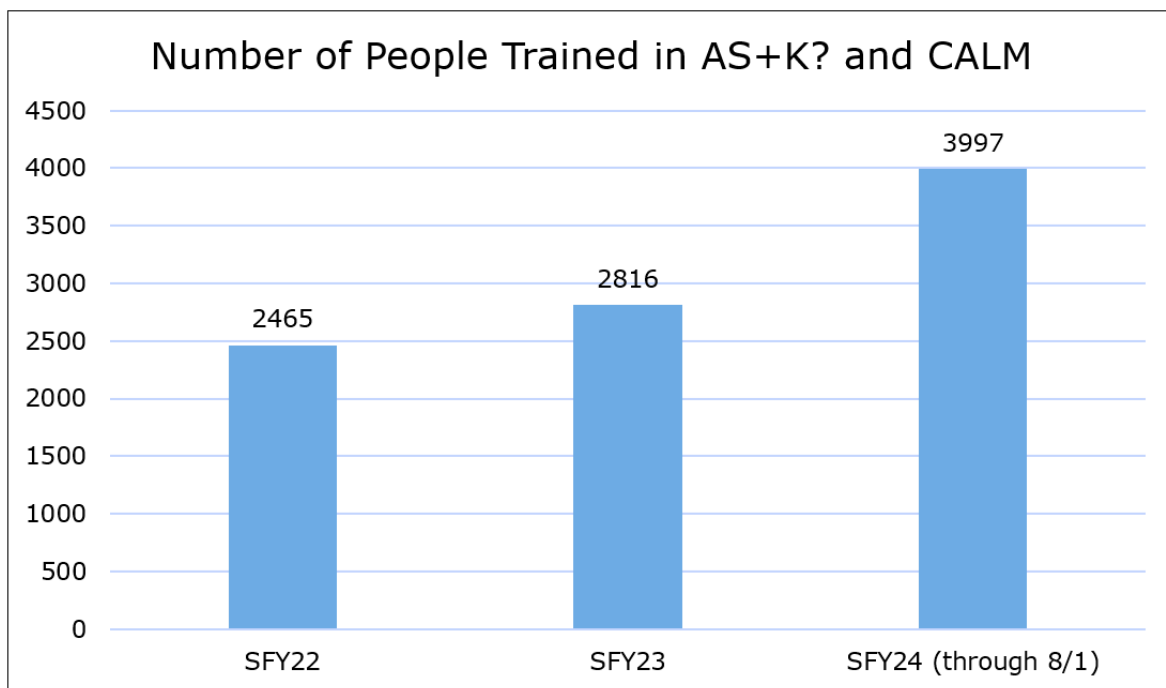


Table 18. Number of People Trained in AS+K? and CALM, Fiscal Years 22-August 2024 (accessible version of information in figure above)

| Fiscal Year | Number of People Trained |
|--------------------|--------------------------|
| 2022 | 2465 |
| 2023 | 2816 |
| 2024 (through 8/1) | 3997 |

Ask, Care, Escort Training

The Texas Military Department (TMD) provides the federally funded Ask, Care, Escort training to increase suicide awareness and improve the ability of service members to identify team members who may be suicidal and get them help. The training reinforces key suicide intervention concepts in leaders to assist them in identifying appropriate services for members at-risk for suicide so they can intervene and connect them to the appropriate resources. The Ask, Care, Escort model aims to create a more supportive and productive approach to mental health, encouraging early intervention and reducing the incidence of suicide among service members.

- **Ask** – Increases awareness and detection, reduces stigma, and empowers service members.
- **Care** – Creates a supportive environment, timely intervention, and increases the use of resources.
- **Escort** – Gives safe transition to care, builds trust, and reduction in immediate risk.

TMD is working to have Battalion or Brigade-level personnel have a designated Suicide Intervention Officer that ensures all companies have Ask, Care, Escort in their training schedule.

Safe Alternatives for Teens and Youth-Acute

The Safe Alternatives for Teens and Youth-Acute (SAFETY-A), is a trauma-informed intervention for suicidal youth presenting to primary care physicians. Under the TCMHCC, SAFETY-A trains primary care clinics to increase their competency in suicide prevention intervention so that patients can be treated in the least restrictive care setting.

As of June 2024, 161 primary care physicians expressed interest in receiving the training and 70 are trained. There is more interest in training than TCMHCC has capacity to train. However, beginning in fiscal year 2024, TCMHCC implemented a train-the-trainer model to increase capacity. To date, 14 TCMHCC staff have become trainers and can train primary care providers. Figure 28 shows the number of primary care providers trained since TCMHCC received funds to provide training. No providers were trained in fiscal year 2022 because TCMHCC was dispersing funds and creating the initial program infrastructure.

Figure 28. Number of Primary Care Providers Trained in SAFETY-A, Fiscal Years 2022-2024

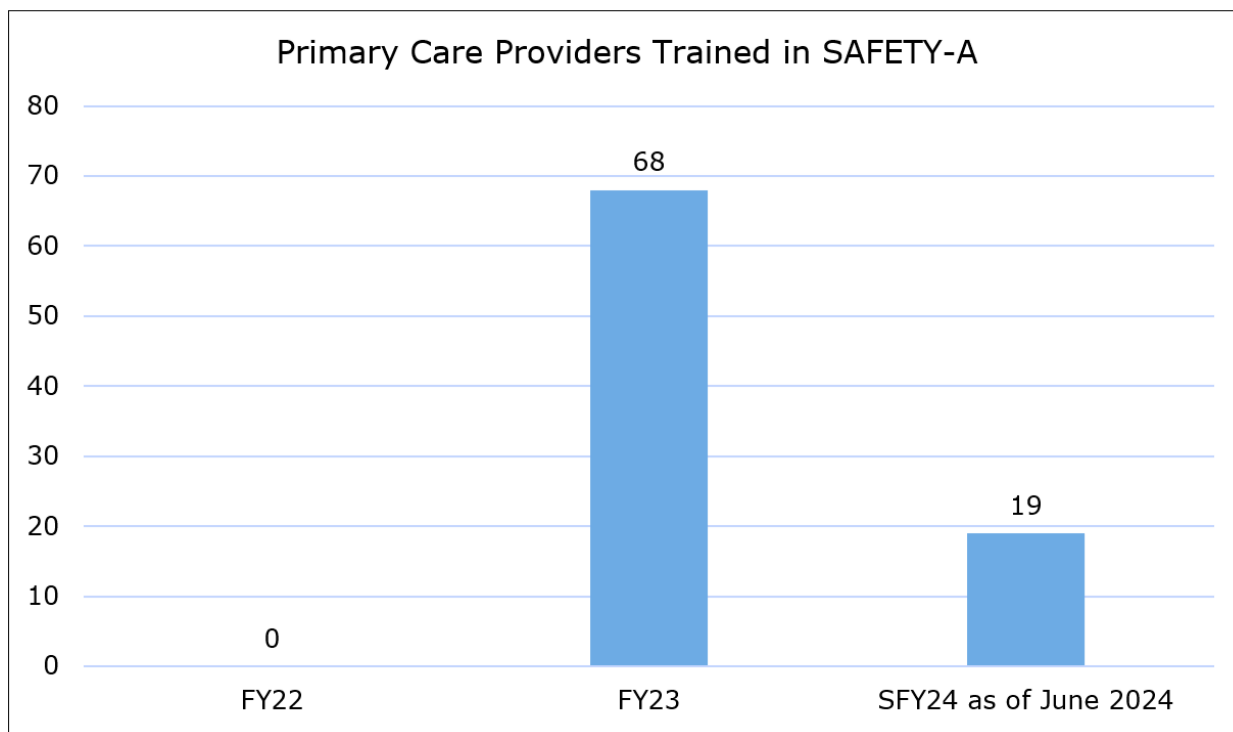


Table 19. Number of Primary Care Providers Trained in SAFETY-A, Fiscal Years 2022-2024 (accessible version of information in figure above)

| Fiscal Year | Primary Care Providers Trained in SAFETY-A |
|----------------------|--|
| 2022 | 0 |
| 2023 | 68 |
| 2024 as of June 2024 | 19 |

TCMHCC’s goals for SAFETY-A are:

- Enhance implementation of train-the-trainer.
- Conduct longitudinal surveys or interviews with primary care providers to understand the effectiveness and challenges they face.
- Integrate SAFETY-A into Child Psychiatry Access Network programming to share training resources.
- Finalize a universally accepted suicidality assessment tool to incorporate into the SAFETY-A model.

Texas State Supported Living Centers Person-Centered Thinking Project

The Texas SSLC Person-Centered Thinking Project is a promising practice for individuals with IDD living at the 13 SSLCs. According to The National Center on Advancing Person-Centered Practices and Systems:

“Person-centered thinking focuses language, values, and actions toward respecting the views of the person and their loved ones. It emphasizes quality of life, well-being, and informed choice. Person-centered planning is directed by the person with helpers they choose. It is a way to learn about the choices and interests that make up a good life and identify the supports (paid and unpaid) needed to achieve it. Person-centered practices are present when people have the full benefit of community living and supports are designed to assist people as they work toward their desired life goals.”³²

This project aims to help staff reframe their thinking towards balancing what is important *to* residents and what is important *for* residents through training on person-centered thinking, planning and testing implementation, and maintaining effectiveness of the model. It empowers residents to make their own plans and goals with support from the interdisciplinary team.

Initially, 25 to 30 staff per SSLC will be trained on Person-Centered Thinking to serve as champions of the initiative. A cohort of staff from the initial training group who also facilitate meetings, will be trained on Person Centered Planning. Eventually, Person-Centered Thinking training opportunities will be provided to additional staff outside the first cohort. SSLCs will develop ongoing training capacity by credentialing staff through The Learning Community for Person Centered Practices³³. In fiscal year 2024, SSLC leadership collected data from staff after each stage of the training to evaluate the effectiveness of the project by asking questions from the NCAPPs Person-Centered Practices Self-Assessment Tool. The goal is to look at stakeholder feedback from the viewpoint of person-centered thinking, planning, and practices. Future opportunities for enhancements and ongoing coaching will be supported through a cross-center learning collaborative with Support Development Associates.

³² [National Center for Advancing Person-Centered Practices and Systems](https://ncapps.acl.gov/about-ncapps.html), link: <https://ncapps.acl.gov/about-ncapps.html>.

³³ <https://tlcpcp.com/>

Non-Medical Drivers of Health

Non-medical drivers of health are “the conditions in the place where people live, learn, work, and play that affect a wide range of health risks and outcomes.”³⁴ Some examples of non-medical drivers of health include lack of steady employment and housing insecurity.

Employment

Supported Employment

Supported Employment services are designed to help people 17 and older with behavioral health conditions obtain and sustain competitive employment in integrated settings, meaning, working alongside people who may not have disabilities. HHSC uses state funds and MHBG to contract with 39 LMHAs and LBHAs to provide supported employment services to people they serve.

In fiscal year 2023, 41,277 people received supported employment services and below are outcomes:

- An average of 8.01 supported employment services per person with improved employment;
- 69.96 percent of adults with improved employment;
- After receiving supported employment services:
 - ▶ 55.69 percent decrease in crisis services; and
 - ▶ 66.54 percent decrease in psychiatric hospitalizations.

Housing

Healthy Community Collaborative

The Healthy Community Collaborative (HCC) program’s primary goal is to support a person’s transition from homelessness to integration in the community by engaging and assisting participants to secure housing, obtain work, and achieve sustained recovery from medical, mental, and substance use disorders. HCC follows the Housing First Model. The model is an “approach to quickly, and successfully, connect individuals and families experiencing homelessness to permanent housing

³⁴ [MCS Non-Medical Drivers of Health Action Plan](#).

without preconditions and barriers, such as sobriety, treatment, or service participation requirements.”³⁵ HCC offers supportive services that prioritize the goals of maximizing housing stability and preventing return to homelessness instead of first addressing predetermined treatment goals prior to allowing entry to permanent housing programs.

The HCC program brings together public, private, and spiritual community service providers and stakeholders to assist homeless persons mental illness, substance use disorders, or co-occurring mental illness and substance use disorder. Projects require private or local government funding or in-kind contributions. The amount required depends on the population size of the county. It must be for the full grant amount in urban counties; 50 percent for counties with populations between 250,000 and 100,000; or at 25 percent for projects in areas with populations under 250,000. Services provided include mental health and substance use treatment, case management services, primary medical care, supported employment, supported housing, and peer services. For fiscal year 2024, the HCC budget was \$16,500,000.

In fiscal year 2023:

- 7,637 people were served.
- 176,550 services were provided with the top services being mental health treatment, substance use treatment, housing services, emergency shelter, and jail diversion services.
- 2,688 job training activities were conducted.
- 2,396 people obtained housing, of which 50.1 percent maintained housing stability at program exit.

Projects for Assistance in Transition from Homelessness

The Project for Assistance in Transition from Homelessness Program (PATH) provides immediate and real-time assistance to adults 18 and older with serious mental illness who may also have a co-occurring substance use disorder. The program funds community-based outreach, mental health and substance use referral or treatment, case management, and other supportive services. It also

³⁵ U.S. Department of Housing and Urban Development, [Housing First in Permanent Supportive Housing Brief](https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf), July 2014. (link: <https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>)

provides a limited set of housing services for adults who are homeless or at imminent risk of becoming homeless.

PATH funds are available to provide outreach and supportive services to contact and engage people experiencing homelessness not currently connected to LMHA or LBHA services.³⁶

In fiscal year 2023:

- 9,772 people were contacted by PATH.
- 4,084 became enrolled in the PATH program.
- 3,438 enrolled PATH clients received mental health services.

Table 20 shows the living situation for enrolled PATH clients at program start and the housing destination at program exit.

Table 20. Living Situation of PATH-enrolled Clients at Program Start

| Living Situation at Start | Number of Clients |
|-----------------------------------|-------------------|
| Homeless | 3,641 |
| Institutional Situation | 1,052 |
| Transitional or Permanent Housing | 832 |

PATH is authorized under the Public Health Service Act, Section 521³⁷ and is funded through Substance Abuse and Mental Health Services Administration (SAMHSA) federal funds and state funds. Table 21 shows PATH locations.

Table 21. Housing Destination of PATH-enrolled Clients at Program Exit

| Housing Destination at Exit | Number of Clients |
|-----------------------------|-------------------|
| Temporary | 946 |
| Institutional Situation | 68 |
| Permanent Destination | 257 |
| Other ³⁸ | 1,060 |

³⁶ [PATH Manual, Texas Health and Human Services, September 2022](https://www.hhs.texas.gov/sites/default/files/documents/texas-path-program-manual.pdf) (link: <https://www.hhs.texas.gov/sites/default/files/documents/texas-path-program-manual.pdf>)

³⁷ [Public Health Service Act, Section 521](https://usc-cdn.house.gov/view.xhtml?jsessionid=889BEF99DB2D56B290549C6AAC1658BC?req=granuleid%3AUSC-prelim-title42-chapter6A-subchapterIII-A-partC&saved=%7CZ3JhbnVsZWlkOIVTQy1wcmVsaW0tdGl0bGU0Mi1zZWNoaW9uMjkwY2MtMjk%3D%7C%7C%7C0%7Cfalse%7Cprelim&edition=prelim) (link: <https://usc-cdn.house.gov/view.xhtml?jsessionid=889BEF99DB2D56B290549C6AAC1658BC?req=granuleid%3AUSC-prelim-title42-chapter6A-subchapterIII-A-partC&saved=%7CZ3JhbnVsZWlkOIVTQy1wcmVsaW0tdGl0bGU0Mi1zZWNoaW9uMjkwY2MtMjk%3D%7C%7C%7C0%7Cfalse%7Cprelim&edition=prelim>).

³⁸ Other = no exit interview completed, deceased, client doesn't know at the time of exit interview, or client prefers not to answer.

Section 811 Project Rental Assistance Program – Risk Mitigation Fund

Texas' Section 811 Project Rental Assistance (PRA) program produces housing and services for persons with disabilities. To maximize the impact of the Section 811 PRA Program, the Texas Department of Housing and Community Affairs (TDHCA) implemented its first Risk Mitigation Fund (RMF) through grant funding provided by HHSC under the Money Follows the Person Interagency Cooperation Contract. The RMF allows TDHCA to reimburse properties participating in the Section 811 PRA Program for damages associated with an assisted 811 PRA tenant. The RMF improves the ability to run the 811 PRA program by supporting owners and reducing perceived risk of tenants.

To date, \$29,662 of RMF funds have been used. Of those funds:

- 35 percent has been in Dallas/Fort Worth.
- 29 percent in El Paso.
- 11 percent in Austin.
- 17 percent in San Antonio.
- 4 percent in Houston.
- 4 percent in Corpus Christi.

Figure 29 shows the usage by eligible population type, with persons with severe mental illness being the highest percentage. The primary categories of damages covered have been kitchen damage, appliances, walls, doors, blinds, floors, and pest control.

Figure 29. Usage of Risk Mitigation Funds by Eligible Population Type

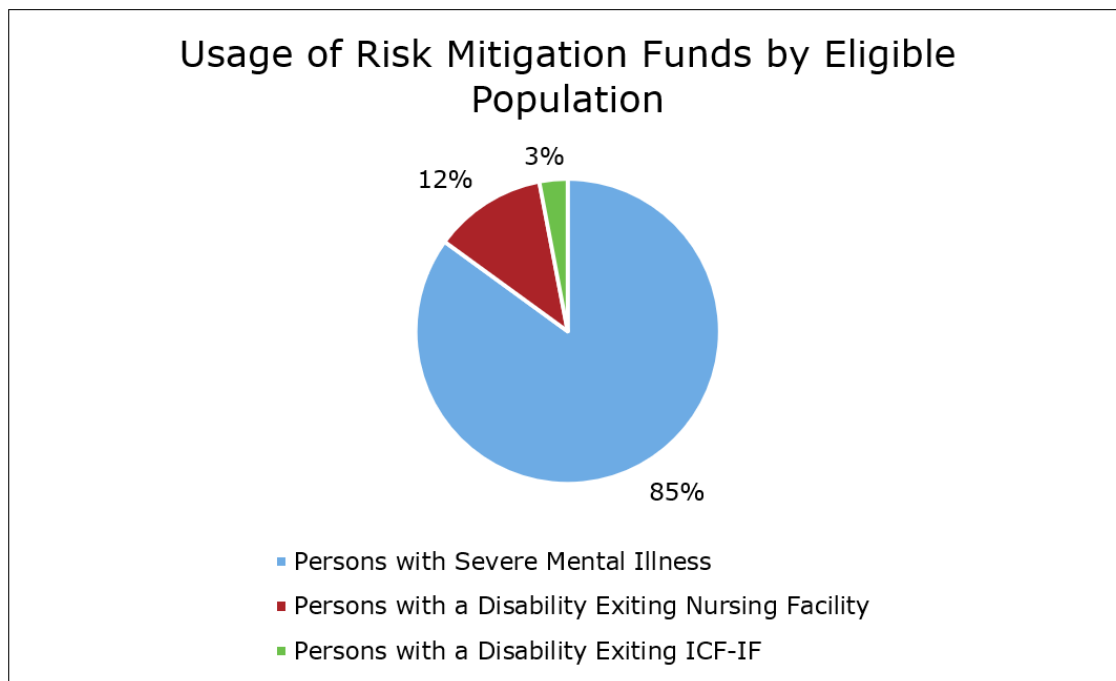


Table 22. Usage of Risk Mitigation Funds by Eligible Population Type (accessible version of information in figure above)

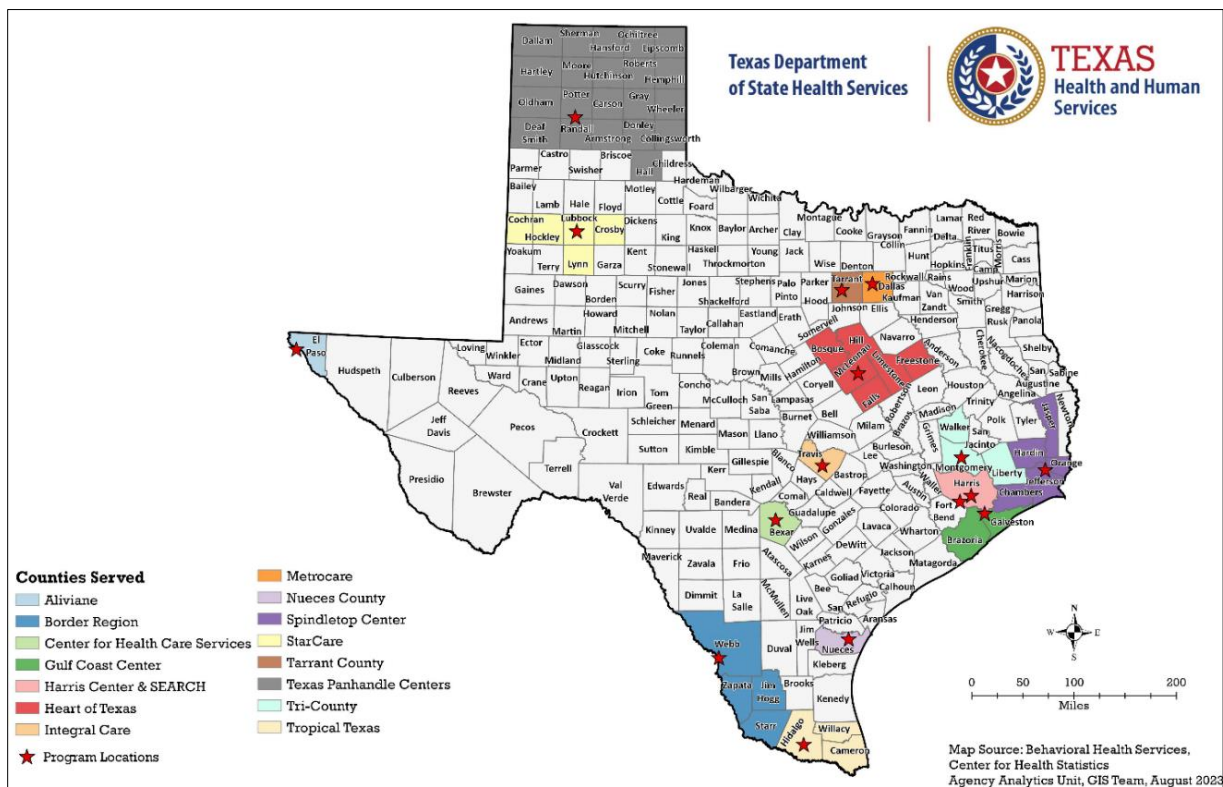
| Eligible Population | Percentage of Total |
|--|---------------------|
| Persons with Severe Mental Illness | 85% |
| Persons with a Disability Exiting Nursing Facility | 12% |
| Persons with a Disability Exiting ICF-IF | 3% |

Supportive Housing Rental Assistance

HHSC uses state funds and MHBG funds to contract with 36 LMHAs and LBHAs to provide Supportive Housing Rental Assistance (SHR) to provide clients with rental and utility assistance, supportive housing, and mental health services that assist in obtaining and maintaining housing. SHR provides up to 12 months of assistance. Priority is given to individuals transitioning from community or state psychiatric hospitals, nursing facilities, and people who frequently use crisis services.

In fiscal year 2023, 1,757 individuals received SHR, which is a 6 percent increase of individuals served from fiscal year 2022. There was a 38.28 percent decrease of crisis encounters after receiving SHR and a 70.90 percent decrease in psychiatric hospitalizations after receiving SHR.

Figure 30. Locations of Project for the Assistance in Transition from Homelessness



7. Conclusion

The use of evidence-based and promising practices has been shown to be beneficial in addressing the needs of different populations in Texas, including adults, youth, veterans, active military, people with justice involvement, and the behavioral health workforce. Adjusting practices with proven results, and learning from practices that show promise, helps the SBHCC agencies provide better care to the populations they serve.

The SBHCC acknowledges that evidence-based and promising practices can expand or change. As the needs of the state's population change, the SBHCC will need to adjust its practices to provide efficient care.

List of Acronyms

| Acronym | Full Name |
|----------------|--|
| ACT | Assertive Community Treatment |
| ARPA | American Rescue Plan Act |
| AS+K | AS+K About Suicide to Save a Life |
| CALM | Counseling Access to Lethal Means |
| CAP | Child and Adolescent Psychiatry |
| CBT | Cognitive Behavioral Therapy |
| CDC | Center for Disease Control and Prevention |
| CHW | Community Health Worker |
| CPAN | Child Psychiatric Access Network |
| CPT | Cognitive Processing Therapy |
| CRC | Competency Restoration Curriculum |
| CSC-FEP | Coordinated Specialty Care for First Episode Psychosis |
| CTI-EBP | Centralized Infrastructure Training for Evidence-Based Practices |
| DFPS | Department of Family and Protective Services |
| ECHO | Extension for Community Healthcare Outcomes |
| ECI | Early Childhood Intervention |
| HCC | Healthy Community Collaborative |
| HHSC | Health and Human Services Commission |
| HOMES | Housing for Opioid Medically-Assisted Recovery Expanded Services |
| HRI | Health-Related Institution of Higher Learning |
| ICM | Intensive Case Management |
| IDD | Intellectual and Developmental Disability |
| IECMH | Infant and Early Childhood Mental Health |
| JIRLC | Jail In-reach Learning Collaborative |
| LBHA | Local Behavioral Health Authority |
| LMHA | Local Mental Health Authority |
| MCO | Managed Care Organization |
| MHBG | Community Mental Health Services Block Grant |
| MST | Multisystemic Therapy |
| MOUD | Medications for Opioid Use Disorder |
| NOW | New Opportunities for Wellness |
| PADRES | Parenting Awareness and Drug Risk Education Services Data |
| PATH | Project Assistance in Transition from Homelessness Program |
| PeriPAN | Perinatal Psychiatric Access Network |
| PRA | Project Rental Assistance |
| RBI | Rural Border Intervention |
| RMF | Risk Mitigation Fund |
| RRH-EA | Recovery Residence Housing for Emerging Adults |
| RSS | Recovery Support Services |
| SAFETY-A | Safe Alternatives for Teens and Youth-Acute |

| Acronym | Full Name |
|----------------|--|
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| SBHCC | Statewide Behavioral Health Coordinating Council |
| SBIRT | Screening, Brief Intervention, and Referral to Treatment |
| SHR | Supportive Housing Rental Assistance |
| SSLC | State Supported Living Center |
| TCC | Transitional Care Clinic |
| TCCO | Texas Civil Commitment Office |
| TCHAT | Texas Child Health Access Through Telemedicine |
| TCMHCC | Texas Child Mental Health Care Consortium |
| TCOOMMI | Texas Correctional Office on Offenders wit Medical or Mental Impairments |
| TDCJ | Texas Department of Criminal Justice |
| TDHCA | Texas Department of Housing and Community Affairs |
| TMD | Texas Military Department |
| TODA | Texas Overdose Data Action |
| TVC | Texas Veterans Commission |
| VMHD | Veterans Mental Health Department |
| YAM | Youth Aware of Mental Health |

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 2024.

Article 1

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 victims of violent crime and who may be experiencing behavioral health issues including substance use disorders or mental health issues. | Provides grant funding to local governments and nonprofit organizations to promote a coordinated, multi-disciplinary approach to improve the justice system's response to violent crimes against women, including domestic violence, sexual assault, dating violence, and stalking. Funding supports a wide array of initiatives including behavioral health and non-behavioral health services. | No | Yes | Yes | Yes | Yes | No | No | Yes | No |
| Crime Victim Assistance; Mental Health Services; Strategy B.1.1 | Adults and juveniles who are experiencing behavioral health issues including substance use disorders or mental health issues. | Provides grant funding to local governments and non-profit organizations to provide mental health services to victims of crime. Funding supports a wide array of initiatives including behavioral health and non-behavioral health services. | 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 and are experiencing substance use disorder. | Provides grant funding to states and local governments in the development and implementation of substance use treatment programs in correctional and detention facilities. | No | Yes | Yes | Yes | Yes | No | No | No | No |
| Specialty Courts; Substance Use Disorder Services; Strategy B.1.1 | Adults and juveniles charged with a nonviolent offense and who are experiencing substance use disorders or mental health issues. | Provides grant funding for support specialty courts, including mental health court; family treatment, juvenile family treatment and adult treatment courts; veterans treatment courts; and commercially or sexually exploited persons courts, among others, as described in chapters 121-126 and 129-130 of the Texas Government Code. These specialty courts connect participants to counseling and other services that address issues including substance use disorders and mental health issues and include monitoring and evaluation of progress. | No | Yes | Yes | Yes | No | No | No | No | No |
| 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 individuals with mental illness or experiencing substance use disorders. | Provides grant funding to units of local government and nonprofit organizations to improve the juvenile justice system through increased access to mental health and substance use services. Supports a wide array of initiatives including behavioral health and non-behavioral health services. | Yes | Yes | Yes | 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 |
|--|--|---|----------------------|----------------------|----------------------|------------------|---------------------|---------|------------|---------------------|-------|
| Edward Byrne Memorial Justice Assistance; Mental Health Services; Strategy B.1.1 | Adults and juveniles charged with an offense who are experiencing substance use disorders or mental health issues. | Provides grant funding to states and local governments to improve the administration of the criminal justice system to include substance use treatment and mental health services. | No | Yes | Yes | Yes | Yes | No | No | No | No |
| State Crisis Intervention Program; Mental Health Services; Strategy B.1.1 | Adults and juveniles at-risk of committing or charged with violent and/or gang-related crimes; adults and juveniles experiencing trauma and/or serious mental illness. | Provides grant funding to local units of governments, nonprofit organizations, and state agencies to promote the prevention, intervention, and reduction of crime and violence and provide essential crisis services to at-risk populations within Texas communities. | Yes | Yes | Yes | Yes | No | No | No | Yes | Yes |

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. 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 |
| 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, Texas Department of Criminal Justice (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 adolescents 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. Person, 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. Person, 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. ³⁹ | 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, adolescents, 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, or underinsured with need for SUD 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, or treatment of SUD, including: pretreatment/recovery readiness programs, harm reduction, behavioral health counseling associated with SUD, outpatient drug-free treatment and counseling, medication assisted therapy, Neuro-psychiatric pharmaceuticals, 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 |
| 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, 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 | Yes | No |

³⁹ Please note these programs will move to HHSC on 9/1/24 and be renamed Family Support Services, as directed in Senate Bill 24, 88th Legislature, Regular Session, 2023. Future inventories will report on these activities under Goal P.

| Services & Appropriation Strategies | Target Population | Goal/Services Description | Prevention/Promotion | Screening/Assessment | Service Coordination | Treatment/Rehab. | Psychosocial Rehab. | Housing | Employment | Crisis Intervention | Other |
|---|---|--|----------------------|----------------------|----------------------|------------------|---------------------|---------|------------|---------------------|-------|
| 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 aged 0 to 21 with special health care needs. | <p>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.</p> <p>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 staff educate providers on importance of conducting risk screenings per periodicity schedule for Medicaid recipients.</p> <p>Service 3: Regional case management and 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.</p> | 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 |
|--|--|--|----------------------|----------------------|----------------------|------------------|---------------------|---------|------------|---------------------|-------|
| Early Childhood Intervention Services D.1.3 | Families of children from birth to 36 months of age who have a developmental delay or disability | Supports families of infants and toddlers with developmental delays and disabilities by teaching them strategies to help their children reach developmental milestones. Development is assessed in five areas: communication, cognition, motor, social-emotional, and self-help. Services include, but are not limited to, specialized skills training; physical, occupational, and speech therapy; nutrition; counseling; and family education. If social-emotional development is identified as an area in which support is needed or if service providers have concerns about the parent-child relationship, infant and early childhood mental health services can be provided. | Yes | Yes | Yes | Yes | No | No | No | No | No |
| Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program); Strategy E.1.2 | Low-income pregnant, postpartum, and breastfeeding women, infants, and young children up to the age of five. | WIC is a supplemental nutrition program that provides tailored nutrition education, breastfeeding support, referrals to essential health and community resources, and supplemental nutritious foods. WIC service providers are required to maintain an updated list of local health services including resources for drug and other harmful substance abuse counseling and treatment. During the WIC certification process, applicants complete a Health History Questionnaire which includes a question about substance use. Applicants that indicate substance use (i.e., drugs, alcohol, tobacco) are provided appropriate referrals. Texas WIC offers an online article on TexasWIC.org titled "Baby Blues" with links to the Postpartum Support International hotline, and online Click & Learn classes that are free and available to anyone in English and Spanish. | Yes | 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 |
|--|--|--|----------------------|----------------------|----------------------|------------------|---------------------|---------|------------|---------------------|-------|
| Family Planning Program; Strategy D.1.1 | Women and men under the age of 64 with a household income at or below 250 percent of the federal poverty level | Provide family planning services to women and men that help people determine the number and spacing of their children, reduce unintended pregnancies, improve future pregnancy and birth outcomes, and improve general health. Mental health screenings and limited pharmaceutical treatment for post-partum depression are provided. | No | Yes | No | No | No | No | No | No | No |
| Primary Health Care Program; Strategy D.1.11 | Women, men, and children with a household income at or below 200 percent of the federal poverty level | Works with clinic sites across Texas to ensure eligible Texas residents get comprehensive primary health care services to prevent, detect, and treat health problems. Mental health screenings are provided. | No | Yes | No | No | No | No | No | No | No |
| Title V Maternal and Child Health Fee-For-Service; Strategy D.1.8 and D.1.14 | Women, children, and adolescents with a household income at or below 185 percent of the federal poverty level | Provides prenatal services, up to three months postpartum services, and dental services to women while they wait for access to either Medicaid for Pregnant Women or CHIP or CHIP-Perinatal. Provides well child check-ups for youth aged 21 or younger and dental services. Mental health screenings are provided. | No | Yes | No | No | No | No | No | No | No |
| 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 |
| 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, or frequent incarcerations | Support the recovery of adults with serious mental illness who have experienced extended tenure in psychiatric hospitals, high utilization of emergency rooms, and/or frequent incarcerations by providing intensive and specialized home and community-based services. People eligible for the HCBS-Adult Mental Health (AMH) program may also be eligible for other Medicaid behavioral health services, including 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 | Yes | Yes | Yes | Yes |
| Relinquishment Slots (DFPS); Strategy D.2.2 | Children and adolescents (up to age 18) who are at risk for parental relinquishment of rights due to their child'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'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 |

| Services & Appropriation Strategies | Target Population | Goal/Services Description | Prevention/Promotion | Screening/Assessment | Service Coordination | Treatment/Rehab. | Psychosocial Rehab. | Housing | Employment | Crisis Intervention | Other |
|--|---|--|----------------------|----------------------|----------------------|------------------|---------------------|---------|------------|---------------------|-------|
| YES Waiver; Strategy D.2.5 | Children between the ages of three and 18 who are 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 | No | No | 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-based 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 include preventing the utilization of more intensive services and diverting persons with serious mental illness from hospitalizations or justice system involvement. | No | Yes | Yes | Yes | Yes | No | No | Yes | No |
| Jail-Based Competency; Community Mental Health Crisis Services; Strategy D.2.3 | People in county jails found incompetent to stand trial who are unable to be served in an outpatient competency restoration program. | Provide services to people in jail with mental health or co-occurring psychiatric and substance use disorders who have been found incompetent to stand trial. Services include competency education and behavioral health treatment focused on the objective of restoring competency. | No | Yes | Yes | Yes | No | No | No | No | No |
| Substance Use Prevention; Strategy; D.2.4 | Direct services focus primarily on youth and young adult populations. Environmental strategies are aimed at the general population and focus on risk factors relating to substance use. | Promote behavioral health and 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 connection, non-medical drivers of health, or other youth, family and community risk and protective factors. Prevention services include individual youth and family skills-building, community coalition work, data and resource hubs, and public awareness strategies. | Yes | No | 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 |
|--|---|--|----------------------|----------------------|----------------------|------------------|---------------------|---------|------------|---------------------|-------|
| Substance Abuse Intervention; Strategy D.2.4 | Adults and youth who are at risk for or have been diagnosed with a SUD | <ul style="list-style-type: none"> Reduce substance use and associated effects or harm. Outreach, Screening, Assessment, and Referral Centers provide coordinated access to a continuum of substance use services. Parenting Awareness and Drug Risk Education Services provide community-based intervention outreach services and evidenced-based education to people of childbearing age to decrease the impact of substance use. Pregnant and Parenting Intervention programs provide intervention services to reduce the impact, severity, and cost associated with substance-exposed pregnancy for the mother and child and their families. Rural Border Intervention programs provide community and home-based substance use intervention services in remote rural border area. Community Health Worker programs allow community health workers and promotoras to increase linkage and retention in substance use, mental health, and medical services for people living with SUDs in underserved communities. Comprehensive Continuum of Care program provides pregnant women and women with dependent children comprehensive case management services. These services aim to reduce barriers to treatment, encourage motivation, improve, and balance life situations, and promote engagement in long-term recovery. Drop-In Centers provide inclusive and comprehensive services for people experiencing crisis events associated with opioids as well as alcohol, stimulants, or other substances. Hospital-Based Screening, Brief Intervention, Referral Treatment (SBIRT) and Peer Support create a continuum of substance use services provided in a hospital setting to assist primary care teams in identifying people with alcohol or other SUDs. | Yes | Yes | Yes | No | No | No | No | Yes | Yes |
| Substance Abuse Treatment; Strategy D.2.4 | Adults (ages 18 and above) who are diagnosed with a SUD. Youth (aged 13-17) diagnosed with a SUD. | For youth, residential and outpatient services are available. For adults, withdrawal management, 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 SUD 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 SUD. 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 SUD 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 SUD 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 Strategy Recovery Housing D.2.4 | Adults recovering from a substance use disorder. | Recovery Housing for adults who need a supportive, substance free environment to live to maintain and work on their recovery. Recovery residences vary in intensity with the lowest intensity being Level 1 ⁴⁰ (peer run) and the highest-level being Level IV (clinical) | Yes | No | Yes | No | No | Yes | Yes | No | No |
| Substance Abuse: Neonatal Abstinence Syndrome (NAS); Strategy D.2.4 | Pregnant women diagnosed with a SUD. Pregnant and parenting women diagnosed with a SUD who have a child or children who were prenatally exposed to substances. | Reduce the incidence, severity, and costs associated with NAS. This project supports a range of substance use service types, including treatment, recovery housing, and recovery support. | Yes | Yes | Yes | Yes | No | Yes | Yes | No | No |
| 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. PAX Good Behavior Game and PAX Tools trainings equip adults with strategies to help build children's self-regulation skills. 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. | Yes | No | No | No | No | No | No | No | No |

⁴⁰ Levels are based on the [National Alliance for Recovery Residences](https://narronline.org/standards/#types-of-recovery-residences). (link: <https://narronline.org/standards/#types-of-recovery-residences>)

| Services & Appropriation Strategies | Target Population | Goal/Services Description | Prevention/Promotion | Screening/Assessment | Service Coordination | Treatment/Rehab. | Psychosocial Rehab. | Housing | Employment | Crisis Intervention | Other |
|---|--|---|----------------------|----------------------|----------------------|------------------|---------------------|---------|------------|---------------------|-------|
| 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 a recognized resource, this project has become 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 |
| Opioid Misuse Public Awareness Campaign; Strategy D.2.4 | General public | Texas Targeted Opioid Response contracts with The University of Texas at Austin to develop and disseminate an Opioid Misuse Public Awareness Campaign to all Texans. The multi-media campaign aims to increase awareness of opioid misuse and related risks, risk reduction strategies, and opioid use disorder treatment resources. | Yes | No | No | No | No | No | No | No | No |
| Opioid Surveillance Dashboards; Strategy D.2.4 | General public | Texas Targeted Opioid Response contracts with the DSHS to increase the visibility of the Texas Targeted Opioid Response program and opioid-related data. Leveraging their expertise in data analytics, DSHS maintains and expands the opioid page on the Texas Health Data website. This page serves as a valuable resource for HHSC and the public, offering access to data dashboards and various materials that describe how opioids have impacted people living in Texas overtime, by demographics, and by region or county. | Yes | No | No | No | No | No | No | No | Yes |
| Overdose Prevention Education and Naloxone; Strategy D.2.4 | General public | Texas Targeted Opioid Response contracts with UT Health San Antonio to provide overdose prevention education and access to overdose reversal medication with the goal of reducing overdose deaths. | Yes | No | No | No | No | No | No | Yes | Yes |
| Safe Disposal and Community Awareness Program; Strategy D.2.4 | General public and pharmacists | Texas Targeted Opioid Response contracts with the University of Houston to help Texans safely dispose of their unused or expired medication by providing safe drug disposal materials. The goal of the program is to reduce access, which is a major contributor to opioid misuse. | Yes | No | No | No | No | No | No | No | Yes |
| Texans Connecting Overdose Prevention Efforts (TxCOPE); Strategy D.2.4 | General public | Texas Targeted Opioid Response contracts with The University of Texas at Austin to maintain and implement a reporting platform, called Texans Connecting Overdose Prevention Efforts (TxCOPE), to improve opioid overdose monitoring and surveillance. Using TxCOPE, community members and organizations can report overdose incidents and naloxone usage, providing real-time data that informs targeted prevention and response efforts. | Yes | No | No | No | No | No | No | No | Yes |
| Texas Opioid Training Initiative; Strategy D.2.4 | Physical and behavioral health professionals | Texas Targeted Opioid Response contracts with the University of Texas at Austin to provide online education and in-person training for a broad range of health professionals to prevent opioid- and stimulant-related harm. | Yes | 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 |
|---|--|--|----------------------|----------------------|----------------------|------------------|---------------------|---------|------------|---------------------|-------|
| Educate Before You Medicate; Strategy D.2.4 | General public and pharmacists | Texas Targeted Opioid Response contracts with the University of Houston to implement the Educate Before You Medicate program that provides education to pharmacists to improve their ability to counsel patients on the safe use, storage, and disposal of medications. | Yes | No | No | No | No | No | No | No | No |
| Academic Detailing on Risk Mitigation Strategies; Strategy D.2.4 | Professionals with the ability to prescribe medications | Texas Targeted Opioid Response contracts with the University of Houston. The academic detailing on risk mitigation strategies designs and delivers an academic detailing intervention to educate prescribers on risk mitigation strategies recommended in the Centers for Disease Control and Prevention (CDC) Clinical Practice Guide for Prescribing Opioids for Pain. | Yes | No | No | No | No | No | No | No | No |
| Criminal Justice Opioid Response and Re-entry Support; Strategy D.2.4 | People preparing for release from community corrections facilities | Texas Targeted Opioid Response contracts with the Texas Department of Criminal Justice to improve access to medications for opioid use disorder and recovery services for people preparing for release from community corrections facilities. Participants receive intensive reach-in services for opioid use disorder and aftercare following release to ensure a seamless journey to recovery. | No | Yes | Yes | Yes | No | No | No | No | No |
| HEROES Helpline; Strategy D.2.4 | First responders | Texas Targeted Opioid Response contracts with the University of Texas at Houston. This initiative offers a 24/7 treatment referral line to first responders at risk for opioid use disorder. The initiative refers callers to treatment and recovery resources as well as provides in-person and online training to raise awareness among first responders of substance use, stress, and other behavioral health risks. | Yes | Yes | Yes | No | No | No | Yes | Yes | Yes |
| Integrated Community Opioid Network (ICON); Strategy D.2.4 | People misusing opioids or who have opioid use disorder | Texas Targeted Opioid Response contracts with the University of Texas at Houston. The Integrated Community Opioid Network project establishes local community partnerships to identify people with opioid use disorder and connect them to medications for opioid use disorder treatment recovery support services, and other services either in the community or through virtual resources. Partnerships consist of local stakeholders and are led by a peer specialist residing in the community. | Yes | Yes | Yes | No | No | No | No | Yes | Yes |
| Overdose Prevention Drop-In Centers; Strategy D.2.4 | People at high-risk for overdose | Texas Targeted Opioid Response contracts with drop-in centers across the state, one with the Houston Recovery Center directly and three via subcontract through UT Health San Antonio, to decrease opioid overdose death and increase recovery initiation. Drop-in Centers provide people at high-risk for overdose with access to overdose prevention education, overdose reversal medication, access to medications for opioid use disorder treatment, and recovery support. TTOR supports walk-in centers as well as pre-arrest diversion facilities. | Yes | Yes | Yes | Yes | No | No | No | Yes | Yes |
| Priority Admission Counselors; Strategy D.2.4 | People with opioid use disorder | Texas Targeted Opioid Response contracts with the Outreach, Screening, Assessment, and Referral providers. Priority Admissions Councilors (PAC) operate within OSARs and focus on priority populations with opioid use disorder. PACs provide people with screening services, engage them in a process of informed consent, ensure timely access to treatment, and provide overdose prevention education including access to naloxone. | 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 |
|---|--|--|----------------------|----------------------|----------------------|------------------|---------------------|---------|------------|---------------------|-------|
| Supported Hospital Opioid Use Disorder Treatment (SHOUT) Texas; Strategy D.2.4 | People with opioid use disorder | Texas Targeted Opioid Response contracts with UT Health San Antonio. Support Hospital Opioid Use Disorder Treatment Texas expands inpatient initiation of buprenorphine across hospital service lines, adds peer recovery support services, and provides stigma-reduction training to clinical staff in hospital emergency departments and other acute care units. | Yes | Yes | Yes | Yes | No | No | No | Yes | Yes |
| Contingency Management; Strategy D.2.4 | People with co-occurring opioid and stimulant use disorders | Texas Targeted Opioid Response contracts with UT Health San Antonio. WeConnect, a contingency management and motivational reinforcement platform, functions as a smartphone-based application that supports service for people with stimulant and opioid use disorders and extends the reach of recovery to people in treatment. Through WeConnect, clients receive assistance with performing selfcare routines including taking prescriptions, exercise, and hygiene, as well as check-ins for medical treatment, counseling, and peer support activities. | No | No | Yes | Yes | No | No | No | No | Yes |
| Medications for Opioid Use Disorder – Clinic; Strategy D.2.4 | People with opioid use disorder | Texas Targeted Opioid Response contracts with licensed Opioid Treatment Programs and UT Health San Antonio. This project increases access to all three U.S. Food and Drug Administration-approved medications for the treatment of opioid use disorder (methadone, buprenorphine, and extended-release naltrexone) by expanding capacity at new and existing clinics. This enables clinics to treat primary opioid use disorder along with co-morbid conditions such as hepatitis C, psychiatric conditions, and wound care at a single clinic site. | Yes | Yes | Yes | Yes | No | No | No | No | Yes |
| Medications for Opioid Use Disorder - Office; Strategy D.2.4 | People with opioid use disorder | Texas Targeted Opioid Response contracts with UT Health San Antonio. This project increases access to medications for opioid use disorder treatment in a variety of settings outside of the traditional clinic by increasing the number of physicians providing both buprenorphine and extended-release naltrexone, creating a professional peer mentoring network, and expanding the network of state-funded treatment providers. | Yes | Yes | Yes | Yes | No | No | No | No | Yes |
| Project ECHO; Strategy D.2.4 | Healthcare professionals | Texas Targeted Opioid Response contracts with The University of Texas Health Science Center at San Antonio. The Be Well Texas Community of Practice Extension for Community Healthcare Outcomes sessions use a web-conferencing platform to build a community of healthcare providers that share SUD treatment best practices through didactic presentations and case-based learning. | No | No | No | No | No | No | No | No | Yes |
| Housing for Medication Assisted Recovery Expanded Services and Evaluation; Strategy D.2.4 | People in recovery from opioid and/or stimulant use disorder | Texas Targeted Opioid Response contracts with The University of Texas Health Science Center at Houston for Level II and Level III National Alliance of Recovery Residences and Texas Recovery Oriented Housing Network certified recovery housing and recovery support services for people using medications for opioid use disorder and people with a history of stimulant use disorder across the state. | Yes | Yes | Yes | Yes | No | 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 |
|---|--|--|----------------------|----------------------|----------------------|------------------|---------------------|---------|------------|---------------------|-------|
| Medication-Assisted Recovery Support Training; Strategy D.2.4 | People in recovery from opioid and/or stimulant use disorder | Texas Targeted Opioid Response contracts with UT Health San Antonio. Medication-Assisted Recovery Support (MARS) Training provides training to develop peer recovery communities among patients engaged with Opioid Treatment Programs in Texas. | Yes | No | Yes | No | No | No | No | No | Yes |
| Peer Recovery Support Services; Strategy D.2.4 | People in recovery from opioid or stimulant use disorder | Texas Targeted Opioid Response contracts with UT Health San Antonio to implement a network of peer-based recovery support services organizations to increase the availability of low-barrier, evidence-based, sustainable recovery support for people with opioid and stimulant use disorders. The program also provides re-entry support to facilitate the transition of people who are incarcerated or residing in other rehabilitative settings into clinically appropriate and community-based care. | Yes | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes |
| Recovery Oriented Systems of Care Training and Technical Assistance; Strategy D.2.4 | Recovery support programs | Texas Targeted Opioid Response contracts with UT Health San Antonio who subcontracts with the Addiction Research Institute to support Recovery-Oriented Systems of Care; providing training and technical assistance to peer-based recovery support service organizations on implementing evidence-based practices. | Yes | No | Yes | No | No | No | Yes | No | Yes |
| Virtual Behavioral Health Services - Tribal Communities; Strategy D.2.4 | Alabama-Coushatta Tribe of Texas | HHSC allocated H.R. 133 and ARPA funds to the Alabama-Coushatta Tribe of Texas to enhance access to the behavioral health services continuum of care through digital and virtual platforms. This project will ensure the tribal community continues to heal from the negative impact of COVID-19. | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes |
| Mental Health Community Hospital Beds; Strategy G.2.2 | People experiencing a mental health crisis and in need of inpatient treatment. | Safely stabilize people in mental health crisis enabling them to transition to community based mental health treatment and supports. Services include diagnostics, medication management, psychosocial treatment, referral services, and coordination of a discharge plan with community providers. | No | Yes | Yes | Yes | Yes | No | No | Yes | No |
| Community Mental Health Grant Programs; Strategy D.2.6 | People with a mental illness | Healthy Community Collaborative: The goal of the Healthy Community Collaborative program is to support a person'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 SUD(s). | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Community Mental Health Grant Programs; Strategy D.2.6 | People with a mental illness | The Community Mental Health Grant Program is designed to foster community collaboration, reduce duplication of mental health services, and strengthen continuity of care for people receiving services through a diverse local provider network. | No | Yes | Yes | Yes | Yes | No | Yes | Yes | Yes |
| Mental Health Grant for Justice-Involved Programs; Strategy D.2.6 | People with a mental illness who are involved with the justice system | The Mental Health Grant Program for Justice-Involved Individuals (MHGJII) is a grant program established to reduce recidivism rates, arrests, and incarceration among people with mental illness and the wait time for people on forensic commitments. This is a matching grant program to support community projects that provide services and programs for people with mental illness who are justice-involved. | 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 |
|---|--|--|----------------------|----------------------|----------------------|------------------|---------------------|---------|------------|---------------------|-------|
| Community Mental Health Grant Programs; Strategy D.2.6 | Texas veterans and their families | <p>The Texas Veterans and Family Alliance 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.</p> <p>Grants are awarded to community collaboratives to provide mental health services, coordinate supportive services such as transportation and childcare, and support community collaboratives to be sustainable after funding ends.</p> <p>The Texas Veterans and Family Alliance 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 SUD • 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 |
| Community Mental Health Grant Programs; Strategy D.2.6 | Children and youth at-risk of future intensive, inpatient, or residential care or placement in foster care or the juvenile justice system. | <p>The Supporting Mental Health and Resilience in Texans (SMART) Innovation grant supports local solutions to encourage:</p> <ul style="list-style-type: none"> • Resiliency • Coping and social skills • Healthy social and familial relationships; and • Parenting skills and behaviors | Yes | Yes | No | Yes | No | No | No | No | No |
| Mental Health Program for Veterans; Strategy D.2.1, 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, adolescents, 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 using local resources and interagency coordination and collaboration. Local CRCG members identify service gaps and barriers and assist CRCG consumers in avoiding duplication in service provision through local CRCGs. Provide program oversight, technical assistance, training support, policy guidance, and subject matter expertise to local CRCGs through State CRCG Office and Workgroup. The State CRCG Workgroup is made up of the 11 state agencies mandated to participate in CRCG service planning and coordination at the state and local level. | 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 cross-systems framework through a five-year strategic plan to local communities throughout the state with support of state child agency leadership and advice from additional stakeholders.</p> <ul style="list-style-type: none"> Expand from pilot 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. | Provide a physical health care clinic that also makes referrals to local mental health authorities for mental health services. Funding noted supports all Rio Grande State Center Outpatient Clinic services (physical health services) in addition to behavioral health services. | Yes | Yes | Yes | Yes | Yes | No | No | Yes | Yes |
| 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. May be admitted under civil or forensic commitment, and a small number of voluntary admissions. | Provide inpatient psychiatric care, including diagnostic, treatment, rehabilitative, and referral services at nine state hospitals and one residential treatment center. Contract for 168 beds at the John S. Dunn Behavioral Sciences Center in Houston and 220 additional competency restoration beds currently awarded to Palestine Regional Medical Center. | No | Yes | Yes | Yes | Yes | No | Yes | Yes | Yes |
| Facility Capital Repairs and Renovation; Strategy G.4.2 | State Hospital & State Supported Living Center Infrastructure | Repair, renovate, and construct projects required to maintain the state hospital and state supported living centers at acceptable levels of effectiveness and safety and expand behavioral health services. | No | No | No | No | No | No | No | No | Yes |
| State Supported Living Centers; Strategy G.1.1 | Persons with intellectual and developmental disabilities who cannot be adequately served in the community. | Provide 24-hour campus-based residential care in a structured environment including individualized, onsite behavioral services, primary and specialty medical care, psychiatry, nursing services, dental care, and habilitation and vocational services emphasizing independence and self-determination. | No | Yes | Yes | Yes | Yes | Yes | Yes | 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 IDD who have significant behavioral and psychiatric challenges. | <p>Outpatient Biopsychosocial Interventions (OBI) provides outpatient mental health services for persons with IDD and mental health 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; Collaborative Care Case Management takes a 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. Skills training is offered to both people and their parent(s) or support system with training themes that address Mental Health, Skills Development, Communication/Skills, Applied Behavior Analysis/Behavior Therapy, Psychoeducation, and Case Management/Support <p>Crisis Intervention Services ensures people with IDD receive necessary services while in crisis:</p> <ul style="list-style-type: none"> Link to other LIDDA supports like the Transition Support Team; Follow-up care to monitor and provide support to people with IDD who received crisis services; and Support to existing crisis mobile units (such as a Mobile Crisis Outreach Team) to include the availability of a behavioral specialist who is specifically trained on addressing crisis situations for people with IDD/Developmental Disability. <p>Crisis Respite Services defined as therapeutic support provide in a safe environment with staff on-site providing 24-hour supervision, either in-home or out-of-home, to a person who is demonstrating a crisis that cannot be stabilized in a less intensive setting:</p> <ul style="list-style-type: none"> Out-of-home crisis respite is provided in a setting for which the state provides oversight (for example, an intermediate care facility, a Home and Community-based Services group home, an HHS-authorized crisis respite facility or crisis residential facility); and In-home crisis respite provides therapeutic support to a person who is demonstrating a crisis in the person’s home when it is deemed clinically appropriate for the person to remain in his or her natural environment and it is anticipated the crisis can be stabilized within a 72-hour period. | 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 |
|--|---|---|----------------------|----------------------|----------------------|------------------|---------------------|---------|------------|---------------------|-------|
| Transition 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 and nursing facilities. | Provide the following: <ul style="list-style-type: none"> 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 a person. | Yes | No | No | No | No | No | No | Yes | No |
| Enhanced Community Coordination and Centers for Medicare and Medicaid Services (CMS Grant Funded Initiative); Strategy A.1.1 | People with IDD residing in an institution, such as state supported living centers and nursing facilities, who are transitioning to a community Medicaid waiver program or community Intermediate Care Facilities for People with an Intellectual Disability or Related Conditions. | Provide to the following: <ul style="list-style-type: none"> The person and the person's legally authorized representative are provided information about available community living options, services, and supports in addition to the information provided during the community living options process; The person and legally authorized representative are provided opportunities to visit community resources; The person is provided intensive and flexible support to achieve success in a community setting, including arranging for support needed to prevent and manage a crisis, and is provided enhanced pre- and post- transition services for the first 365 days after transition or diversion. ECC Designated Funds are available to enhance a person's natural supports and promote successful community living, such as one-time emergency assistance for medication, minor home modifications, transportation, and vocational program tuition assistance. | Yes | No | Yes | No | No | No | No | Yes | No |
| Mental Health Wellness for Individuals with 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. | 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 Workshops 2.1, 2.4, 3.1 | The target audience that benefits from Positive Behavior Management and Support 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 | <p>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 people who engage in challenging behavior. The sessions teach participants to use positive reinforcement to "tip the scales" toward adaptive and positive behavior. Ultimately safely and effectively preventing potentially harmful behaviors.</p> <p>Research has shown that the use of Applied Behavior Analysis techniques are effective in a variety of settings when teaching adaptive skills and supporting those struggling with potentially harmful behavior.</p> <p>Reducing challenging behavior will be helpful to people exiting institutions and will help them be successful and remain in community settings.</p> <p>In 2022, the University of North Texas expanded these workshops to include Advanced Positive Behavior Management and Support that focuses on Efficient Functional Assessments and are designed to help attendees learn techniques for developing and carrying-out assessments and analyses, to understand why problem behavior is occurring, and assist in designing individualized treatments.</p> | Yes | No | No | No | No | No | No | Yes | No |
| Music and Memory Program at Austin State Hospital 2.1. 2.2, 2.4, 3.1 | People receiving services/treatment in a state hospital | <p>The Music and Memory Program supports people with serious mental illness [such as depression, schizophrenia, or bipolar disorder] at Austin State Hospital, by establishing a person-centered tool to prepare them for transition to the community.</p> <p>Music & Memory is a program that uses digital music devices filled with personalized playlists with favorite songs. Listening to favorite music can reduce anxiety, confusion, and fear while facilitating engagement and connection.</p> <p>The licenses and materials were all purchased using MFP funding that expired in December 2022; however, the project is continuing to be implemented using those materials.</p> | 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; Strategy C.1.1 | Children's Health Insurance Program provides health coverage to low-income, uninsured children in families with incomes too high to qualify for Medicaid. Children's Health Insurance Program is administered by CMS and is jointly funded by the federal government and the states. | <p>CHIP benefits include:</p> <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, as well as neuropsychological and psychological testing.</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) • Skills training (psycho-educational skill development) <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 <p>(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 4 to 12 weeks, but less than 24 hours per day.)</p> | 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 (i.e., day program for acute care needs, medication training and support, crisis intervention, skills training and development and psychological rehabilitation services)⁴¹ • Individual, family, and group psychotherapy • Psychological, neuropsychological, and neurobehavioral testing • Psychiatric diagnostic evaluation with and without medical services • Pharmacological management • Electroconvulsive therapy • SUD assessment or 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 • Collaborative Care Model (CoCM) services • Health and Behavior Assessment and Intervention (HBAI) services (age 20 and older) • Peer specialist services for SUD or mental health condition (adults aged 21 and older) | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |

⁴¹ Psychosocial rehabilitative services include housing-related and employment-related services.

| 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 | Adults with disabilities or who are age 65 or older receive services through Managed Care Organizations (MCO) under contract with the HHSC. ⁴² | <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 (i.e., day program for acute care needs, medication training and support, crisis intervention, skills training and development and psychological rehabilitation services)⁴³ • Individual, family, and group psychotherapy • Psychological, neuropsychological, and neurobehavioral testing • Psychiatric diagnostic evaluation with and without medical services • Pharmacological management • Electroconvulsive therapy • 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) • SBIRT (10 years of age and older) • Inpatient psychiatric services • CoCM services • HBAI services (age 20 and younger) * • Peer specialist services for SUD or mental health condition (adults aged 21 and older) | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes | No |

⁴² STAR+PLUS members are age 21 and older, except for members receiving Medical Breast and Cervical Cancer who are age 18 and older.

⁴³ Psychosocial rehabilitative services include housing-related and employment-related services.

| 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 | People 20 years old and younger, with disabilities, receive most of their services through 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 aged 20 or younger with disabilities. Benefits include:</p> <ul style="list-style-type: none"> • Mental health targeted case management • Mental health rehabilitation (i.e., day program for acute care needs, medication training and support, crisis intervention, skills training and development and psychosocial rehabilitation services)⁴⁴ • Individual, family, and group psychotherapy • Psychological, neuropsychological, and neurobehavioral testing • Psychiatric diagnostic evaluation with and without medical services • Pharmacological management • Electroconvulsive therapy • 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) • SBIRT (10 years of age and older) • Inpatient psychiatric services • CoCM services • HBAI services (age 20 and younger) | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |

⁴⁴ Psychosocial rehabilitative services include housing-related and employment-related services.

| 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 | <p>Primarily children and youth in conservatorship of DFPS, including those in foster care and kinship care. Services are delivered through a single MCO under contract with the HHSC. Other target populations include:</p> <p>Young adults aged 18 through the month of their 22nd birthday who voluntarily agree to continue in a foster care placement;</p> <p>Young adults aged 18 through the month of their 21st birthday who are participating in the Former Foster Care Children program or are participating in the Medicaid for Transitioning Foster Care Youth Program due to ineligibility for the Former Foster Care Children program;</p> <p>Children and youth with disabilities who are participating in the DFPS Adoption Assistance or Permanency Care Assistance programs; and</p> <p>An infant born to a Medicaid-eligible mother enrolled in STAR Health MCO.</p> | <p>STAR Health is a statewide program designed to provide medical, dental, vision, and behavioral health benefits, including unlimited prescriptions. Benefits include:</p> <ul style="list-style-type: none"> • Mental health targeted case management • Mental health rehabilitation (i.e., day program for acute care needs, medication training and support, crisis intervention, skills training and development and psychosocial rehabilitation services) ⁴⁵ • Individual, family, and group psychotherapy • Psychological, neuropsychological, and neurobehavioral testing • Psychiatric diagnostic evaluation with and without medical services • Pharmacological management • Electroconvulsive therapy • 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) • SBIRT (10 years of age and older) • Inpatient psychiatric services • CoCM services • HBAI services (age 20 and younger) • Peer specialist services for SUD or mental health condition (adults aged 21 and older) <p>In addition, the following Medicaid benefits are available outside of the state plan for STAR health members.</p> <ul style="list-style-type: none"> • Turning Point – Community-based crisis intervention and diversion from psychiatric hospitalization. The program is currently being expanded to have multiple locations across state regions with high behavioral health service utilization. | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |

⁴⁵ Psychosocial rehabilitative services include housing-related and employment-related services.

| 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 delivery system. Health care providers are paid for each service they provide, such as an office visit, test, or procedure. The fee-for-service model allows access to any Medicaid provider. The provider submits claims directly to the Texas Medicaid claims administrator for reimbursement of Medicaid covered services. | <p>Services include:</p> <ul style="list-style-type: none"> • Mental health targeted case management • Mental health rehabilitation (i.e., day program for acute care needs, medication training and support, crisis intervention, skills training and development and psychosocial rehabilitation services)⁴⁶ • Individual, family, and group psychotherapy • Psychological, neuropsychological, and neurobehavioral testing • Psychiatric diagnostic evaluation with and without medical services • Pharmacological management • Electroconvulsive therapy • SUD assessment and 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 • Collaborative care model (CoCM) services • Health and Behavior Assessment and Intervention (HBAI) services (age 20 and younger) • Peer specialist services for SUD or mental health condition (adults aged 21 and older) <p>The existing benefits listed above are evidence-based practices, such as SBIRT, HBAI, and Peer Specialist Services.</p> | Yes | Yes | Yes* | Yes | Yes | Yes | Yes | Yes | No |

⁴⁶ Psychosocial rehabilitative services include housing-related and employment-related services.

| Services & Appropriation Strategies | Target Population | Goal/Services Description | Prevention/Promotion | Screening/Assessment | Service Coordination | Treatment/Rehab. | Psychosocial Rehab. | Housing | Employment | Crisis Intervention | Other |
|-------------------------------------|--|--|----------------------|----------------------|----------------------|------------------|---------------------|---------|------------|---------------------|-------|
| 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 Disorder (SUD). | <p>Services include:</p> <ul style="list-style-type: none"> Individual, family, and group psychotherapy Pharmacological management 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 SUD or mental health condition (adults aged 21 and over) Postpartum depression screening and treatment <p>***Office visits including mental health screenings and antidepressant medications are covered in the core HTW benefit package rather than HTW Plus.</p> | 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 Behavioral Health Services; Strategy M.1.1 | <p>Sexually violent predators who suffer from a behavioral abnormality which is not amenable to traditional mental health treatment modalities.</p> <p>A portion of the sexually violent predators have concurrent mental health diagnoses that require traditional mental health or substance abuse treatment.</p> | <p>Provide and contract for behavioral health services for clients in the community:</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 to provide services for civilly committed sex offenders who reside in the community.</p> | 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 |
|--|---|---|----------------------|----------------------|----------------------|------------------|---------------------|---------|------------|---------------------|-------|
| Sexually Violent Predator Behavioral 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. | Provide and contract for behavioral health services for clients in the Texas Civil Commitment Center: <ul style="list-style-type: none"> Substance abuse treatment Assessments Substance abuse testing Rehabilitation Other related services Execute contracts to provide behavioral health services for the identified areas of need to provide services for civilly committed sex offenders who reside in the Texas Civil Commitment Center. | 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; D.1.7 | 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. | Yes | Yes | Yes | No | No | No | No | No | No |
| Texas Child Health Access Through Telemedicine; D.1.7 | 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; D.1.7 | 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; D.1.7 | Children and adolescents. | Funds additional CAP fellowship positions at health-related institutions of higher education. | No | No | No | No | No | No | No | No | Yes |
| Perinatal Psychiatric Access Network (PeriPAN) | Children and adolescents; Maternal caregivers. | PeriPAN is a network of perinatal psychiatry access centers that provides consultation services and training opportunities for clinicians operating in the center's geographical region to better care for pregnant women and new mothers with behavioral health needs. | Yes | Yes | Yes | No | No | No | No | No | No |
| SAFETY-A | Primary Care Physicians. | SAFETY-A (formerly promoted as FISP-Family Intervention for Suicide Prevention) trains primary care clinics to increase their competency in suicide prevention intervention so that patients can be treated in the least restrictive care setting. | No | 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 |
|-------------------------------------|---------------------------|--|----------------------|----------------------|----------------------|------------------|---------------------|---------|------------|---------------------|-------|
| Youth Aware of Mental Health (YAM) | Children and adolescents. | YAM is a 5-session evidence-based program facilitated in-person for students in 8th-12th grades that promotes increased knowledge and awareness of mental health in adolescents. | Yes | No | No | No | No | No | No | No | Yes |
| Other Workforce Initiatives | Children and adolescents. | Other workforce expansion initiatives funded through TCMHCC include supervised training to and funding for recent graduates of accredited mental health care programs, additional child fellows, child practicums for psychology graduate students, child and adolescent psychology internship program, and expansion of LMHA telehealth services. | No | No | No | No | No | No | No | No | Yes |

Texas Education Agency

| Services & Appropriation Strategies | Target Population | Goal/Services Description | Prevention/Promotion | Screening/Assessment | Service Coordination | Treatment/Rehab. | Psychosocial Rehab. | Housing | Employment | Crisis Intervention | Other |
|--|--|---|----------------------|----------------------|----------------------|------------------|---------------------|---------|------------|---------------------|-------|
| Fentanyl Contamination Training Strategy B.2.2 Health and Safety | Education Service Centers and School District Employees | Funds from the Opioid Abatement Account to provide training developed by The University of Texas Health Science Center at San Antonio utilizing Education Service Center (ESC) staff to train school district employees regarding the dangers of fentanyl contamination | Yes | No | No | No | No | No | No | No | Yes |
| Mental Health Services in Out of School-Time Strategy A.2.1 Statewide Educational Programs | Children and youth served in out of school-time programs, and support for the programs and professionals | To fund the Texas Partnership for Out of School Time to implement mental health programs in community-based out of school time (OST) and statewide intermediary infrastructure to support OST programs and professionals. | Yes | 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 | 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.3.1. | Children and adolescents in rural school districts | The Campus Alliance for Telehealth Resources program seeks to improve the mental health of communities across West Texas through collaboration with independent school districts and community support and organizations. It improves access to mental health care expertise for youth and families in need of urgent behavioral or emotional assessment and care. The program uses an ECHO model and other community learning collaboratives to expand and enhance learning experiences in rural communities across West Texas and support force multiplication in areas of low access, through interdisciplinary, collaborative practice to improve mental health outcomes for youth and families. | 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); 4.4 | Adults and children with mental health issues treatable in outpatient settings, including UT Physicians Clinics, Harris Health, and integrated-care community-health centers | This strategy is an Article III appropriation for research. The other services listed are not funded through a state appropriation. <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 |
| 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"> • 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; Strategy D.1.1 | Psychiatry residents, Psychology interns, and other mental health professionals and providers. | This strategy does not fund direct patient services; it funds new educational programs designed to increase the mental health workforce in rural underserved areas. Residents complete rotations in underserved areas including, but not limited to, Rusk State Hospital and Terrell State Hospital. | 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 and operating specialized mental health indigent defense programs to improve outcomes, cut unnecessary jail days, and reduce recidivism. Provide specialized attorneys and social workers to address criminal charges in the context of mental health needs, connect defendants with supports that stabilize them, and address the causes of the conduct that led to criminal charges. Social workers or case workers may provide case coordination, jail release planning, service referrals, mitigation investigations, and other support and advocacy to help stabilize defendants in the community and improve case outcomes. | 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 Department of Public Safety | <p>Texas Commission on Law Enforcement will subcontract with the Caruth Police Institute at The University of North Texas at Dallas to do the following:</p> <ul style="list-style-type: none"> Recruit peers throughout the regional catchment area to serve as volunteer peers. Provide Texas Commission on Law Enforcement 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 Texas Commission on Law Enforcement. 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 probationers 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 probationers with SUD from further court action 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 probationers with SUD 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 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 Substance Abuse Felony Punishment Facility. | 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 probationers 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 adults 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 juveniles 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 | No | No | 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 |
| 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 9-month or 18-month intensive program using a cognitive-behavioral model. | 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 |
|--|-----------------------|---|----------------------|----------------------|----------------------|------------------|---------------------|---------|------------|---------------------|-------|
| Reentry Initiatives / Transitional Coordinators; Strategy C.2.3. | Incarcerated inmates. | Provide for 10 designated reentry human service specialists to serve identified special needs inmates in reentry care linkage and coordination. | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |
| Substance Abuse Felony Punishment Facilities; 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 |
| 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 | Help 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 |

| 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: 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 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 |
| 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 or require a comprehensive psychiatric evaluation based on the assignment of a 12-month 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 Texas Juvenile Justice Department 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, 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. | Texas Juvenile Justice Department administers four specialized treatment programs: sexual behavior, capital and serious violent offender, alcohol/other drug, and mental health programs. 99 percent of youth entering the Texas Juvenile Justice Department have a need for one or more of these programs. Services include assessment, group and individual counseling, Youth Service Team collaboration, and re-integration planning which are provided by a licensed clinician or those under the supervision of a licensed clinician. | No | 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: 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 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 (TMD) 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 treatment and counseling services on the topics of stress, anxiety, depression, anger, grief, family/relationship problems, trauma, substance use, and more. Develop clinical treatment plans and support plans for TMD service members. Respond to critical incidents and provide postvention 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 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 |

| 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; Sexual Assault Response Counselor; Strategy C.1.3 | TMD members (Texas Army National Guard, Texas Air National Guard, and Texas State Guard) | <ul style="list-style-type: none"> Provide mental health treatment and counseling services on the topics of stress, anxiety, depression, anger, grief, family/relationship problems, trauma, substance use, and more. Develop clinical treatment plans, and 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. 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 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. | <p>Provide services to impaired dentists 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 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. | <p>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 identifies, monitors, and assists with locating appropriate treatment so that they may return to practice safe nursing.</p> <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.1.5 | Optometrists impaired by chemical abuse or mental or physical illness. | <p>Provide services to impaired optometrists 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 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.1.5 | 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 the program is 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 |